

Tuesday, 20 June 2023

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(10.00 am)

LADY HALLETT: Good morning.

MR KEITH: My Lady, may I please call Sir Oliver Letwin.

SIR OLIVER LETWIN (affirmed)

Questions from LEAD COUNSEL TO THE INQUIRY

MR KEITH: Could you please give the Inquiry your name.

A. Oliver Letwin.

Q. Thank you very much for attending today before the Inquiry. Sir Oliver, as you give evidence, could you please remind yourself to speak clearly into the microphone in front of you, and keep your voice up so that we may all hear what you have to say. If I ask you a question which is not clear, don't hesitate to ask me to repeat it. There will probably be a break mid-evidence during the course of the morning.

You have provided a statement to this Inquiry dated 24 April 2023.

Could we have that, please, on the screen, INQ000177810. Thank you.

The first page is at page 1 there; if we go to page 16, we should see your statement of truth at the end, and you in fact signed it on 24 April, and the contents of that statement are true.

My Lady, may that please be published?

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counterparts in the Liberal Democrat Cabinet to keep the show on the road and keep resolving issues.

I was also responsible for monitoring the implementation across the field of our programme for government, and for devising the second programme for government that came along sort of halfway through the coalition, and for sitting on all Cabinet committees across the board in order to have a view of policy and where it was going and how it connected with the implementation and whether there were going to be coalition issues arising from it.

Q. All right.

A. So it was a broad portfolio --

Q. A broad portfolio.

A. -- within which resilience was, therefore, a relatively small part, which has led me to reflect, as you may wish to discuss later, that actually there really ought to be a minister solely devoted to resilience at a senior level.

Q. Well, I was going to ask you, may we take it from the fact that, whilst you were focusing on resilience as part of a wider portfolio of obligations, there was no minister and there has never been at any time a minister whose sole responsibility is emergency preparedness, resilience, response, civil emergencies?

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1 **LADY HALLETT:** Certainly.

2 **MR KEITH:** Sir Oliver, I'd like to commence, if I may, with asking you some questions about the functions that you performed whilst you held the post of Minister for Government Policy between May 2010 and July 2016, and as Chancellor of the Duchy of Lancaster between July 2014 and July 2016.

Essentially, you held the resilience portfolio whilst you held both those ministerial posts. Could you tell us, please, something about that portfolio, why it was divided between those ministerial posts and what the difference was in those ministerial posts?

A. Yes. I should clarify that I didn't become responsible specifically for resilience until some point, which I can't exactly remember, but late-ish, I think, in 2011. So, as I said in my statement, it's from 2011 to 2016 that I was specifically involved.

That was in the context of a rather wide-ranging and unusual role, which began by my taking a large part in the formation of the coalition and the negotiation of the coalition with our Liberal Democrat colleagues, and then in the drafting of the programme for Government, which came out of the two manifestos, and then, in the succeeding five years of 2010 to 2015, the years of the coalition, absolutely endless discussions with

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A. There hasn't, as far as I'm aware, and I think that that is an error. I came to that view very gradually, but by the end of my time I was pretty convinced that we ought to move, and had I remained in situ I would have tried, therefore, to move to a model where somebody took that position.

If you'll allow me, I think I should add three other points. One, there was a tendency to learn that lesson in the wrong way. The appointment of a junior minister will achieve nothing, I think, in this domain. It would have to be somebody who's senior and who's close to the Prime Minister, in order to get things done. Because this, in the end, is not about elegant committee minutes and discussions, it's about pursuing things to the end and trying to find out whether things have actually happened and whether they're going to work. That requires someone senior and close to the centre of government to get Prime Ministerial authority behind things, because that's the way things happen in government.

The second point I want to make is that whilst I think there needs to be a group of people who are devoted exclusively to resilience in the sense of preparedness, and they probably need to be separate from a group of people who are ready to service and handle

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1 emergencies as they arise. The minister, in my view,
2 needs to fulfil both of the roles that I was fulfilling
3 very part-time, full-time, but both of them
4 simultaneously.

5 You learn a lot when you're dealing even with minor
6 crises about how to prepare for other crises, including
7 complicated and major ones, and I think it's by being
8 present in, during, and taking some responsibility for
9 the handling of crises that you learn most about how to
10 prepare for them. So I would keep those two things
11 together.

12 That was one good feature of my role: because I was
13 involved in dealing with flooding, with Ebola, with
14 a whole series of fuel tanker problems and so on, at
15 least I knew some of the problems that arose when you
16 were facing a real crisis when I was trying to pursue my
17 resilience review.

18 The final point I would make is this, and I find it
19 difficult to explain this briefly and articulately, so
20 forgive me if I'm not as articulate as I should be, but
21 there's all the difference in the world between
22 discovering that something is the case, shall we say,
23 that the diesel available for back-up in local
24 authorities is all very well for the local authority
25 vans which run on diesel, but not much use for the care

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1 Could you just help us, please, with the differences
2 between the various ministerial positions to which
3 you've made reference. Is the Chancellor of the Duchy
4 of Lancaster a more senior ministerial post than,
5 for example, the Minister for the Cabinet Office?
6 **A.** The Chancellor of the Duchy of Lancaster is like the
7 Holy Roman Empire, neither holy, nor Roman, nor empire,
8 neither chancellor nor much of a duchy, and it's just
9 an honorific, an ancient honorific.

10 A minuscule proportion of my time, perhaps an hour
11 a month, was spent on Duchy of Lancaster business, and
12 that will be the same for any Chancellor. There is
13 a perfectly well-oiled machine that looks after the
14 Queen's lands in Lancaster and does not need to
15 preoccupy a minister.

16 My real role was as so-called Minister for
17 Government Policy, and actually, really, under that
18 I was simply a jack of all trades, a Mr Fixit, I did
19 what it was that the Prime Minister wanted done, and
20 that was holding the coalition together, making sure
21 that our programme for government was implemented, and
22 trying to fix crises as they arose.

23 It was really out of the third, the fixing crises as
24 they arose, role that I slipped into resilience and
25 became progressively, as I learned about it, more and

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1 responders who use petrol, and actually getting to the
2 point where there is petrol available. And you don't do
3 that by attending to it on Monday and then waiting
4 a long time; you have to attend to it on Monday and
5 Tuesday and Wednesday and Thursday. That really is very
6 difficult to do if you're doing an awful lot of other
7 things. I tried to do it in the fields that
8 I preoccupied myself with in resilience, but I'm very
9 conscious that I didn't have as much time to do as much
10 as I should have done.

11 **Q.** That's extremely helpful, thank you.

12 May we take it from what you've told us, Sir Oliver,
13 then, that the issue of resilience, of preparedness and
14 perhaps also some of the other areas involving civil
15 contingencies, such as the risk of cyber attack and so
16 on and so forth, was not a formal area which was
17 assigned, if you like, to one or other of the
18 ministerial positions that you held; it was a function
19 or a post or an area that you grew, that you devoted
20 attention to and which perhaps took up a larger amount
21 of your time? It wasn't a formal policy area for which
22 you took responsibility by virtue of one or other of
23 those ministerial posts?

24 **A.** That's correct.

25 **Q.** All right.

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1 more concerned about our state of resilience -- or lack of
2 it -- and became more and more involved in it, and
3 eventually decided that really I ought to, or somebody
4 ought to spend their entire time doing it.

5 **Q.** Whilst you were a minister, was there a position known
6 as Minister for Implementation? We've heard evidence
7 that at some point there was the creation of such
8 a post, and Oliver Dowden, I think, was the Minister for
9 Implementation from 2018 to 2019, but there was no such
10 post in existence when you were a minister, was there?

11 **A.** During the coalition Danny Alexander, my
12 Liberal Democrat counterpart, and I were effectively
13 joint Ministers for Implementation. Our job was to make
14 sure that the coalition programme was implemented, and
15 in a coalition, of course, that's a matter of
16 contractual obligation, it's not just a matter of will
17 or desire. So it was vitally important to the
18 sustaining of the coalition that we were confident that
19 that programme was being implemented.

20 **Q.** All ministers, by definition, start off, by and large,
21 as amateurs. To what extent did you have to learn on
22 the job in relation to the field of emergency
23 preparedness, resilience and response?

24 **A.** Completely. I think I can accurately say that when
25 I began it was entirely new to me. I'd been in

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1 opposition, Shadow Home Secretary, for example, so I had
2 seen some of the issues arise, but that's a whole
3 different thing from actually trying to deal with crises
4 and trying to deal with preparation.

5 It was when I actually sat in the COBR room and
6 discovered that we were not properly prepared to deal
7 with a fuel tanker crisis or to avert it, discovered
8 that the Civil Contingencies Act emergency powers were
9 powers for having an emergency rather than preventing
10 one, and discovered that it was only through the army
11 that I could actually get someone to organise for the
12 tankers to arrive at the petrol stations in order to
13 prevent the strike being effective and thereby,
14 ultimately, prevent the strike, that I discovered that
15 there was a whole set of problems here I knew nothing
16 about, and that's when I began to learn about them.

17 **Q.** Is one of the more difficult features of being
18 a minister concerned with emergency preparedness,
19 resilience and response, that you're necessarily having
20 to deal not just with the arcane world of policy and
21 guidance and the general application of principles but
22 with, to use a word that we have seen many references
23 to, operationalisation? That is to say, having to
24 respond to crises and to civil emergencies, and to have
25 to take practical operational decisions for which

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1 attention?

2 **A.** Well, they weren't, but for a reason which I've
3 described in my statement.

4 **Q.** We'll come in a moment, Sir Oliver, to your request that
5 there be a number of reviews and to what the response
6 was. But in order to gain some understanding of the
7 level to which you had to descend, in terms of looking
8 at the guidance and the policy documentation and the
9 protocols and the approaches, the written strategic
10 material relating to how to respond to a crisis, was
11 that the sort of material which would find itself to
12 ministerial level?

13 **A.** Typically, it did arrive for blessing at the end of
14 a very long bureaucratic process that had led to its
15 formulation, but in the areas that I was focusing on, as
16 I've explained in the statement, I was not focusing on
17 pandemic flu because I was advised that that was already
18 being very well dealt with, and I delegated that,
19 therefore, to Chloe Smith. You may want to come back to
20 that. It's a matter of regret on my part.

21 But in the areas I was delving into, proactively,
22 the whole of our critical national infrastructure --
23 which I believed increasingly, and still believe, is
24 wildly under-resilient -- I was not spending time
25 reading guidance documents and policy documents, I was

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1 perhaps one may not be terribly well suited or trained?

2 **A.** Yes. I mean, first of all, in answer to that, I should
3 say I don't think this is an area where policy matters
4 terribly. Policy matters where there are disagreements
5 about the direction in which some aspect of the
6 country's affairs should go, and your government has
7 a view, and then it seeks to find means of fulfilling
8 that. There are no disagreements here that I'm aware
9 of. Right across the political spectrum we all want to
10 prevent emergencies arising, we want to minimise their
11 impact when they do arise. This is not an issue for
12 argument and debate and policy. There is only one
13 policy, which is: minimise emergencies, make ourselves
14 as resilient to them as we can.

15 It's all about the operations. It's all about
16 finding out what actually is there on the ground. It's
17 all very well having committees and structures and
18 guidance documents and -- these can come out of your
19 ears without actually knowing that you've got the right
20 things there. You know, you can't -- you can have
21 a guidance manual about PPE but if there's no PPE there,
22 it won't be available.

23 **Q.** To what extent whilst you were a minister were documents
24 such as the 2011 influenza pandemic strategy or the risk
25 assessment protocols and guidance brought to your

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1 spending time with people who were running the telecoms
2 system, the grid, the district network operators, the
3 ports, the airports, the people who ran the supply
4 chains for critical chemicals, and so on, and spending
5 hours with them, hour after hour, in an inquisitorial
6 mode, rather as you're doing with me now, to try to find
7 out whether, rather than all the documents and guidance,
8 they actually had the things in place that needed to be
9 in place to make them resilient.

10 **Q.** So how does the system work in a ministerial office,
11 Sir Oliver, in relation to the signing off, if you like,
12 of important strategies, policies or guidance?

13 So take, for example, during your time in office,
14 there would have been and there were produced a number
15 of risk assessments, generally biennially, and those
16 risk assessments would be drawn up by reference to
17 particular and different risks, and they would be
18 revised and considered by any number of government
19 departments, by external advisers, by Chief Scientific
20 Advisers, by Chief Medical Officers, in relation to
21 health risks, and so on and so forth. That biennial
22 risk assessment would then come to you, as the Minister,
23 and you would be presented with it, and presumably you
24 would be asked to give your assent to its promulgation?

25 **A.** Yes, but your description is accurate, that's to say

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1 I was -- I didn't know the details, but I was aware that
2 each one of these risk assessments had been through this
3 awesome process you've described, with any number of
4 experts, and I was, of course, an entire amateur.
5 I mean, I know nothing about the science of the spread
6 of diseases or the science of almost any of the other
7 things that might have come onto the Risk Register. Nor
8 was I expected to be an expert in the science or the
9 professional judgments.

10 So it was, of course, absurd to suppose that I could
11 counteract or overrule all these experts.

12 **Q.** Or even be alive to the particularly difficult doctrinal
13 or practical issues which underpinned the particular
14 document with which you were being presented?

15 **A.** Well, I think that I should have said to myself, in
16 retrospect, not, "Are all these experts wrong?" but,
17 "Have they asked the right questions?" Because that is
18 something an amateur can do. Perhaps only an amateur
19 can do that. In a sense you have to be outside to the
20 system, I think, to a degree, to be able to ask that
21 question.

22 That's why I came to the conclusion gradually that
23 we needed a sort of RED team that was going to ask the
24 right questions, because I didn't even know enough to
25 ask the right questions or to know whether they'd asked

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1 on, will actually be about how to handle emergencies
2 and, therefore, how to exercise for emergencies and,
3 therefore, how to prepare for emergencies, to make sure
4 that you can actually handle them effectively.

5 **Q.** Does that include, therefore, by way of exercise or
6 training, enabling ministers to be able to better
7 discharge the functions imposed upon them?

8 **A.** Yes. Yes. Can I add one thing, because I hope,
9 my Lady, that this Inquiry will make this point, because
10 I think it's incredibly important: if you're a Minister
11 responsible for anything **a fortiori** resilience but even,
12 you know, really important things like health, defence,
13 for six months, you could have training for the first
14 two months but by the time you're finished your training
15 you're practically finished your job. If you're
16 an official that does a job that's related to the
17 crucial interests of the United Kingdom for 18 months,
18 and you have training, which usually takes six months to
19 arrange and, you know, six months to conduct, again by
20 the time you know you're off.

21 I, by the end of my time working on these things for
22 five years, with the exception of one or two people in
23 the Civil Contingencies Secretariat who were continuing
24 their role there and knew an awful lot, I kept on coming
25 across officials who knew less than I did, as

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1 the right questions.

2 I think, in the case of the critical national
3 infrastructure, by the end I got close enough to the
4 subjects -- although, obviously, I can't run the
5 electricity system and I don't know how the
6 telecommunications systems operate as an engineer does,
7 I did know what questions to ask by the end because
8 I had asked so many questions and seen so many answers
9 that I had begun to suspect the things I wasn't being
10 told. You can't do that for areas that you're not
11 deeply involved in.

12 **Q.** Emergencies are, by definition, of course, not business
13 as usual. Is there a case, therefore, for a formal
14 system of training of those ministers who are tasked
15 with the heavy obligation of dealing with civil
16 emergencies?

17 **A.** Not only a case, I think an overwhelming case. But
18 that's just part of a much wider need for training,
19 which emerges, I think, extraordinarily from all the
20 papers that you've asked me to review and which I got
21 the sense of gradually anyway, and why I'm so very glad
22 to see in the Resilience Framework document the
23 government has now produced that there is to be
24 an academy. I hope that, rather than just dealing with
25 how to produce guidance and how to write minutes and so

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1 an amateur, me as the amateur, because they'd actually
2 been in post for next to no time whatsoever.

3 So it of isn't just a question of training, it's
4 a question of training and having a system which keeps
5 both ministers and officials in post long enough so they
6 can use the training.

7 **Q.** Is that another way of saying that the revolving door
8 aspect of some ministerial appointments and official
9 appointments tends to undermine experience, efficacy and
10 the ability of ministers and officials to be able to do
11 the job with which they're tasked?

12 **A.** I strongly believe that it does -- I think that's true
13 as a general proposition, but we're not here to discuss
14 the whole of British government -- in this crucial
15 respect: I think having a minister responsible, whose
16 there right the way through a government, and with
17 officials who are committed to it from beginning to end
18 and, with luck, longer than that, in their careers, is
19 really critical to success.

20 **LADY HALLETT:** Sir Oliver, can I just ask: you described the
21 revolving door, and I think we're all familiar with it,
22 across government. Is that because you think there is
23 a trend to have a revolving door, with whatever
24 government, whatever political view, or because there is
25 a revolving door in this particular area because it

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1 isn't considered to be a good career stop?
 2 **A.** I think probably both, my Lady. I'm pretty certain that
 3 the entire structure of the civil service means that you
 4 can't really make progress in a career without going
 5 through endless different jobs one after another, which
 6 I regard as a disaster for the country, particularly
 7 disastrous in the case of things that have very long
 8 lead times and where learning from experience is
 9 critical.

10 As to ministers, of course the exigencies of our
 11 Parliamentary democratic system make it difficult to
 12 maintain continuity in every post, but in this
 13 particular domain, if we were really taking it with the
 14 seriousness we need to take it, I think we would have
 15 people who were there right through, and I thought one
 16 of the very good things about the way that David Cameron
 17 ran this aspect of our affairs was that I was allowed at
 18 least to learn, so that by the end I really did know
 19 much more than at the beginning.

20 **MR KEITH:** Sir Oliver, in your witness statement, you make
 21 reference to a specialist committee called the National
 22 Security Council Threats, Hazards, Resilience and
 23 Contingencies committee, which we believe was commenced
 24 around the time, I think, that you became Minister for
 25 Government Policy, but it was a committee which was very

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1 consideration of things that aren't threats.

2 So I think the answer to your question is that it
 3 was overbalanced towards threats.

4 But may I just point out something else which gets
 5 lost in the dichotomy threat/hazard: actually for most
 6 of our fellow citizens, for people who were bereaved in
 7 Covid or people who were affected by any of the other
 8 disasters which have afflicted our nation over many
 9 decades and centuries, actually it's the impacts that
 10 count and not the causes. Whether a biological agent is
 11 released by nature or by a state actor or a non-state
 12 actor, a terrorist, whether the whole of our critical
 13 national infrastructure goes down because there is space
 14 weather or because there is a cyber attack by
 15 a malicious party, it doesn't matter from the point of
 16 view of the way we prepare to respond and the response
 17 we exhibit. It's the impact that we need to deal with
 18 on behalf of our people, in particular the most
 19 vulnerable people, the people who are vulnerable to that
 20 impact. Unless you focus on impacts, you can't focus on
 21 the right vulnerabilities, because it's not the cause
 22 that causes some people to be more vulnerable than
 23 others, it's the impact that causes some people to be
 24 more vulnerable than others. Old people may be more
 25 vulnerable to some impacts, young people to others, and

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1 much within your brief, because you and David Cameron
 2 agreed that there ought to be a specialist unit in the
 3 Cabinet Office, which would deal with matters such as
 4 horizon scanning, which would feed in to that committee.

5 Can you recall whether or not the Cabinet
 6 subcommittee structure gave as much weight to the issue
 7 of hazards and civil emergencies as it did to the issue
 8 of threats, national security threats of the type,
 9 I don't know, terrorist outrages, CBRNE attacks, the
 10 behaviour of rogue states and so on and so forth? Was
 11 there equality, do you believe, between the two systems,
 12 or was the system that dealt with hazards crowded out to
 13 some extent by the focus on threats?

14 **A.** I think there is always a danger that threats are more
 15 considered in Whitehall than hazards, because there's
 16 a huge apparatus dealing with threat. MoD, the
 17 Foreign Office, the agencies, security agencies, the
 18 National Security Adviser, you know, on and on. Whereas
 19 there hasn't been, up till now, though I hope there now
 20 will be, with the head of resilience and if the
 21 Mann/Alexander suggestions for an integrated management
 22 system were adopted, or, indeed, very similar to what
 23 the Rycroft review, I now see, recommended in '22, maybe
 24 we could create if not equivalent at least
 25 a counterbalancing power in Whitehall pushing for

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1 so on.

2 So it's not so -- although I do think it's important
 3 to separate between threats and hazards because of this
 4 overbalancing towards preoccupation with threats because
 5 of the structure of government and the weight of the
 6 money, actually I think the most important shift to
 7 achieve is a shift from focusing on causes to a shift to
 8 focus on impacts and dealing with impacts and preparing
 9 to deal with impacts and minimising impacts, and,
 10 particularly, minimising impacts for the most vulnerable
 11 people in relation to that impact.

12 **Q.** Does it follow from what you've said, Sir Oliver, that,
 13 going forward, the system for the assessment of risk,
 14 for the consideration of response, for the development
 15 of resilience, needs in a general sense to focus more on
 16 impact as opposed to likelihood or cause?

17 **A.** Absolutely, and you introduce an important element that
 18 I hadn't mentioned, which is this question of
 19 likelihood. I have great respect both for economists
 20 and for the Treasury. Genuinely, it's not a snide
 21 remark. But there's a terrible danger in treasuries the
 22 world over and amongst economists the world over that
 23 they're fixated with discount rates and probabilities.
 24 So if event X has a low, very low probability of
 25 occurring, and is likely to occur a long time away, when

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1 you multiply the probability low by the discount rate
 2 high, you come to the answer that it's not worth
 3 worrying about it compared to things which are right in
 4 front of your nose. This is a very bad mistake because
 5 events with huge impacts that are very unlikely and may
 6 not occur for many years, if they do occur, will
 7 nevertheless have huge impacts. As we've discovered
 8 those are, in every sense, human terms and economic
 9 terms, incredibly costly.

10 So I think it's vital not only that we focus on
 11 impacts but that we focus on major impacts. That isn't
 12 to say we should ignore the minor ones, but actually
 13 I think we're pretty good at handling the minor ones.
 14 It's the major ones that we're not properly prepared
 15 for.

16 **Q.** My Lady has procured a copy of a book called *Apocalypse*
 17 *How?*, found, I think, in all good bookshops, but it's
 18 your book. Do you say in your book that:

19 "There has been a failure, by virtue of
 20 over-reliance on statistics and probabilities, that the
 21 system should focus remorselessly on worst-case
 22 scenarios without worrying in the least about how likely
 23 these are to occur. This ought to be obvious, but it
 24 will seem quite counterintuitive in any established
 25 bureaucracy, because bureaucracies are used not only to

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1 Minister, and you made reference in fact to your junior
 2 ministerial colleague, Chloe Smith MP.

3 Could we have, please, on the screen INQ000013404,
 4 at page 1.

5 This is a memo dated 18 January 2012 copied to
 6 a number of people, including your private secretary as
 7 well as the private secretary to Francis Maude MP and
 8 a number of senior officials. It's headed "Minister for
 9 Political and Constitutional Reform, Cabinet Office.
 10 Briefing for ministerial review of the UK's resilience
 11 to pandemic influenza". You will see that the memo
 12 concerns a prospective meeting with Anna Soubry MP to
 13 review the UK's resilience to pandemic influenza.

14 If you look at page 3, please, paragraph 12:

15 "You and Oliver Letwin will be writing to the PM
 16 with your findings (we will discuss with you when and
 17 what form this takes), but this may be some months from
 18 now. Consequently, if you have particular concerns with
 19 the adequacy of existing plans (or DH's knowledge of
 20 them), we suggest you use the meeting to commission DH
 21 to update you on progress in a few months."

22 So was this a memo, in fact, to your ministerial
 23 colleague, but it concerns, does it not, the series of
 24 reviews that you instructed be done into various aspects
 25 of civil contingencies?

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1 cost-benefit analysis of the sort that is so destructive
 2 of fallback option planning, but also to the allied
 3 pursuit of probability analysis."

4 So are you saying, Sir Oliver, that the danger --
 5 and it is a trap, of course, into which the country
 6 fell -- is of being unprepared for an event which,
 7 although it may be less likely, may have colossal
 8 impact?

9 **A.** Yes, exactly. I mean, my great regret about not having
 10 focused on pandemic flu, because I was advised it was
 11 being well looked after, is not actually about pandemic
 12 flu, I might or might not have been able to improve
 13 preparedness for pandemic flu, but that it might have
 14 occurred to me, if I had focused on that, that, despite
 15 the fact that all the scientists had concluded -- and no
 16 doubt they were right -- that there was a very tiny
 17 probability, by comparison with the probability of
 18 pandemic flu, of some other catastrophic pathogen, it
 19 might have occurred to me to say, "Well, okay, there's
 20 a tiny probability, but as a matter of fact can we, for
 21 a tiny amount of money, prepare properly to deal with it
 22 in advance?" And that would be the right question to
 23 ask.

24 **Q.** Now, you made reference a few moments ago to the reviews
 25 that you ordered be carried out whilst you were

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1 **A.** Well, we should distinguish. There were those areas
 2 that I didn't commission, I undertook the review. So
 3 with the critical national infrastructure, I didn't have
 4 meetings with other departments of the sort that's
 5 represented here. I spent, as I say, many, many hours
 6 drilling down into the detail with the actual people
 7 operating the systems in question. Because my officials
 8 in the Civil Contingencies Secretariat at the very
 9 beginning said to me, "This is the area of our national
 10 life that we think is least well prepared", and so
 11 that -- I didn't have an infinite amount of time at my
 12 disposal, I decided to focus on that and drill down into
 13 it. So I didn't ask other people to do that, I did
 14 that. Very personally, sat there hour after hour.

15 **Q.** Right.

16 **A.** Then, of course, there was all the rest of our planning,
 17 pandemic influenza, yes, but also all the sectors.
 18 There is another memorandum in the dossier here which is
 19 similar to this but relates to the care sector,
 20 for example. In all of those sectors, I asked
 21 Chloe Smith to hold a series of much less detailed
 22 meetings, assuming that the departments in question,
 23 under the lead government department model -- which you
 24 may want to discuss in a moment, I'm not a great
 25 believer in, but nevertheless -- would be concerned with

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1 preparations in those sectors, and her job was simply to
2 interrogate them and make sure that they were on the
3 job.

4 **Q.** All right. Could we please have a look at page 6 of
5 this document. There is a reference to -- maybe back
6 one page, thank you very much.

7 In the middle of the page, there is this heading:

8 "UK surveillance of other diseases with pandemic
9 potential."

10 So that is to say non-influenza diseases.

11 **A.** Yes.

12 **Q.** "The applicability of pandemic influenza planning to
13 other scenarios is good, and continues to develop."

14 Obviously the passage of time demonstrated that that
15 was not an entirely accurate prognosis. This field of
16 pandemic influenza planning and planning for other
17 scenarios, was that one of the areas in which you were
18 able yourself to carry out a review?

19 **A.** No --

20 **Q.** Now, you're shaking your head. For the transcript, can
21 you --

22 **A.** I'm sorry. No, it was not. I was advised, as I say,
23 that that was under good control, as reflected in this
24 official briefing, and therefore I made the mistake of
25 not looking into it myself --

25

1 And I was, of course, aware that the National Risk
2 Register or the National Security Risk Assessment or,
3 you know, whichever of these documents one refers to,
4 put pandemic flu high, both on impact and on
5 probability. So it was an obvious thing to put high on
6 my review, and I said to them, "Perhaps we should begin
7 with this". And they said, "Minister, that would be
8 a mistake, because there's going to be a full
9 exercise" -- which became, I think, Exercise Cygnus.

10 **Q.** Indeed.

11 **A.** "There is already a desktop exercise planned" -- which
12 I think was called Cygnet -- "there is an indefinite
13 amount of attention being paid to this by the Government
14 Chief Scientist and his team" -- which I think was
15 true -- "there is a great deal of attention focused on
16 it from the Chief Medical Officer" -- which I think was
17 true as well -- "and it's a risk which is" -- I hate to
18 use this word, but it was used frequently in
19 Whitehall -- "owned by the Department of Health, and
20 you'll really just be reinventing the wheel, why don't
21 you focus on critical national infrastructure, which is
22 much less well investigated" and I followed that advice.

23 As I say, actually it's absolutely not an excuse for
24 a minister, alas, because you can always ask the
25 following question, you don't have to accept the advice,

27

1 **Q.** Can you -- could you please tell my Lady a little bit
2 more about the way in which you asked whether this was
3 an area which required your personal attention and how
4 the response came back to the effect that this was
5 an area in which we were particularly well prepared and
6 therefore did not require your personal assistance.

7 **A.** Yes. And incidentally -- I mean, I will of course
8 answer that -- I should start by saying I don't
9 exonerate myself because actually I should probably just
10 have paid no attention whatsoever to this advice.
11 Nevertheless, I did.

12 What happened was this. When I took on the job, it
13 was, as I say, in the context of the fuel tanker crisis,
14 and I was dealing with things minute by minute. When
15 I had to time to draw breath and to consider what had
16 happened during that un-crisis, because we'd managed to
17 avert it, and what it showed about lack of resilience
18 planning, I thought I really should begin a set of
19 systematic reviews to find out whether there were other
20 areas, like fuel delivery, where we were not well
21 prepared for crisis. So I asked the CCS, how shall we
22 do this, and what --

23 **Q.** Is that a reference to the Civil Contingencies
24 Secretariat?

25 **A.** The Civil Contingencies Secretariat, I'm very sorry.

26

1 you can say, "Well, okay, I hear that advice, but
2 actually I still would like to look at it", and that is
3 actually what I should have done, and it's a matter of
4 lasting regret I didn't, but I didn't.

5 **Q.** Therefore, Sir Oliver, does it follow from that that
6 between the time when you asked that question and the
7 time that you left ministerial office, so essentially
8 2011 to 2016, there was no effective or at least no
9 effective detailed ministerial consideration of the area
10 of pandemic influenza planning or associated
11 non-influenza pathogenic planning? This was an area
12 which you yourself played no role in supervising?

13 **A.** The last part of your question is absolutely right,
14 I myself did not. I just checked from time to time with
15 the Chief Scientist and the Chief Medical Officer that
16 they were content it was progressing, and had
17 Chloe Smith doing what you see from these documents.

18 So far as that part of your question is concerned,
19 therefore, the answer is yes. But it doesn't follow
20 from that there were no other ministers who were dealing
21 with it in detail. Of course the health department
22 contained ministers who were detailing with it, as
23 I understand, in detail -- you're talking here --

24 **Q.** But you were the --

25 **A.** -- Cabinet Office --

28

1 Q. You were the minister for resilience, preparedness
2 and --
3 A. Yes.
4 Q. -- in a broad sense, civil contingencies?
5 A. Yes.
6 Q. Yes. Could we have, please, INQ000013415 on the screen,
7 at page 2. Thank you.

8 This is a memo dated 28 January 2013. It's a memo
9 from the Civil Contingencies Secretariat, and it
10 concerns the review of UK resilience planning, which was
11 being conducted by -- but not, as you've described, by
12 you.

13 At the top of the page there is a reference to --
14 perhaps we could go back one page, actually, it might be
15 a little easier. Then down to the bottom of the page:

16 "On the issue of countermeasures for pandemics, the
17 challenges of ensuring a proportionate response early on
18 in a pandemic, when knowledge of the virus was limited,
19 were noted."

20 Then this right at the bottom of the page:

21 "MPCR questioned whether the stockpiles of
22 countermeasures provided protection [then over the page]
23 from other, non-influenza pandemic disease risks."

24 So the issue is plainly raised there as to whether
25 or not the stockpiles for influenza pandemic would be

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1 transmissibility and deadly severity.

2 There also appears, in the risk assessment process,
3 to be a failure to consider multiple scenarios. There
4 was an approach by which there was a cause agnostic
5 approach, that is to say a failure to consider the
6 specific nature of a possible future pandemic, and,
7 because the worst-case scenario was focused on, that
8 there may have been a tendency to stop and think: well,
9 does there really have to be 820,000 deaths in
10 a worst-case scenario for a pandemic influenza? What
11 about trying to stop it before it gets that bad? So
12 preventing the terrible consequences from ensuing as
13 opposed to dealing with the terrible consequences once
14 they have ensued.

15 Those are all aspects of arguably a strategic
16 failure to think through the issues.

17 You've referred in your witness statement to the
18 need, therefore, for groupthink to be eradicated, to be
19 challenged, for RED teams to be put into place to
20 challenge orthodoxies, to ask the questions that have to
21 be asked.

22 What did you mean by the reference to RED teams and
23 the need to challenge groupthink?

24 A. I not only will answer that but very much want to answer
25 that. But may I just, before I do, say that I doubt

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1 sufficient for other non-influenza pandemic disease
2 risks.

3 Was that a question or an issue which was ever
4 brought specifically to your attention?

5 A. No. I obviously received both the briefing and the
6 account of the meetings that Chloe Smith had, so I will
7 have seen these documents, and I -- to that extent it
8 was brought to my attention and it looked as though, as
9 you can see from these documents, there was a consensus
10 in the Department of Health and the Health Protection
11 Agency that this was -- I don't know how to put this,
12 it's so ludicrous in retrospect, but -- under control.

13 Q. The evidence may show, it's a matter entirely for
14 my Lady, that there were a number of strategic flaws in
15 the United Kingdom's approach to pandemic planning, as
16 it turns out. You've mentioned one of them already in
17 your witness statement, a long-standing bias in favour
18 of influenza and diseases that had already occurred, in
19 particular the 1918 H1N1 Spanish flu pandemic.

20 There may also have been a failure to appreciate
21 properly that viruses were unpredictable, with variable
22 characteristics, and therefore the next pandemic may
23 very well not be an influenza pandemic but be
24 a non-influenza viral respiratory pandemic with just as
25 catastrophic consequences, because of high

30

1 that the right analysis is that there was a set of
2 experts who got it all wrong. I think it's more likely
3 that what happened was that the fact that -- it goes
4 back to the impact versus cause issue and the likelihood
5 versus impact issue. I suspect that what happened was
6 that the scientists and the medics all came to the
7 conclusion that the most likely thing was pandemic flu,
8 and that other things had a much lower chance of
9 success in attacking us, and that therefore attention
10 should be focused on pandemic flu.

11 If they had been focused on impact rather than on
12 cause, they might have observed that it was very likely
13 that, whatever particular virus it was that attacked us,
14 it would require to be tested, to be traced, to have PPE
15 associated with it, to have vaccines developed for it
16 and so on, which are dealing with the impact, and, as
17 you say, minimising it in advance, trying to avoid
18 having a catastrophe, or minimise the catastrophe,
19 rather than simply handling it.

20 I think that that was the mistake, that was the
21 strategic error to which you refer, and I think if we
22 were to reorient our resilience planning towards impacts
23 and to being prepared for them, we could make much
24 better progress. Indeed, in some respects, even at the
25 end of my time, for other reasons to do with Ebola,

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1 for example, I pressed for the Vaccine Network, which
 2 Mark Walport then took forward with Chris Whitty, and it
 3 did happen, and I think was a very helpful thing,
 4 although it wasn't developed specifically for the virus
 5 we were attacked by, because I knew nothing of it, but
 6 I did see from Ebola that there was a need to have
 7 a much better system for producing vaccines.

8 I think it's very clear, if you look at the results
 9 of Exercise Alice, which went on the very end of my time
 10 and was implemented, or perhaps not very well
 11 implemented, after my time, actually it had looked at
 12 the question of the scaling of testing, which
 13 Matt Hancock refers to in his evidence, or of a lack of
 14 ability to scale testing, and it also looks at the
 15 question of the roll-out of tracking data.

16 So these things were known, but they were not being
 17 attended to because people were not thinking about
 18 impacts in general, they were monomaniacally focused on
 19 pandemic flu. This is exactly why I think a RED team is
 20 needed.

21 **Q.** What do you mean by a RED team? How, in future, can
 22 orthodoxy be challenged effectively within the confines
 23 of a bureaucracy, in the confines of a government
 24 system?

25 **A.** It can't be challenged within the confines of the normal

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1 is no such mechanism in place.

2 **Q.** So you mentioned earlier the possibility of a new
 3 statutory resilience institute, and we'll come on to
 4 that in a moment. How would such a body, whilst
 5 providing challenge to groupthink and performing the RED
 6 team function which you've described, how would it,
 7 though, be able to exercise the political control, or
 8 how would it exercise the political influence to which
 9 you made reference earlier, in terms of being able to be
 10 near the Prime Minister and to make sure that what is to
 11 be done is done, is carried out, is put into effect?

12 **A.** Well, I'm delighted you mention the Prime Minister,
 13 because I don't think it's a matter of political
 14 influence or political power or the power to do things.
 15 It's a matter of whether this RED team reports quite
 16 directly to the minister of resilience, if there is one
 17 full-time proper, and the Prime Minister.

18 **Q.** Right.

19 **A.** If they do, things will happen. If they're siphoned off
 20 into reporting to some elaborate set of internal
 21 committees and bureaucracies, nothing at all will
 22 happen, it will be absorbed and re ... it will re-emerge
 23 as mush. It has to go directly to the people who can
 24 then say, "This can't be business as usual, the RED team
 25 has pointed out we're missing something, what is going

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1 bureaucratic system, because officials are just like the
 2 rest of us, they would like their careers to progress,
 3 and if you're a member of a team and you start being
 4 a frightful nuisance, it is not a career-enhancing move.
 5 So they need to be separate, they need to be accountable
 6 to a different person than the person who is responsible
 7 for the thing that they're meant to be enquiring about.

8 Whether, as I refer, they be completely outside
 9 government, or whether they be within government but
 10 somehow sufficiently insulated so that their careers can
 11 progress notwithstanding causing trouble for colleagues
 12 in government, is, I suppose, a matter for choice.

13 But the crucial thing is that there be -- this is
 14 not expensive, certainly -- just a smallish number,
 15 20 or 30 people with the relevant expertise -- because
 16 one of my problems in all of this, obviously, was, as
 17 you rightly described, that I was an amateur. This
 18 should be done by professionals. So you want someone in
 19 the RED team who, all right, may not be as expert as the
 20 Government Chief Scientist, but nevertheless is
 21 a plausible, credible scientist, a credible medic,
 22 a credible industrialist and so on. And if they're
 23 sitting there and they're saying, "Well, hold on, you
 24 haven't asked this question", it becomes very difficult
 25 not to start thinking about it. And at the moment there

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1 to be done about it?"

2 **Q.** You refer to mush. In November 2015, you wrote
 3 an article called "Five principles for getting things
 4 done in Whitehall":

5 "Principle 1: volume is usually in inverse
 6 proportion to effectiveness ..."

7 And you say this:

8 "... the longer the document (be it legislation,
 9 strategy or a simple submission) the less effective it
 10 is for advising ministers, communicating with the public
 11 or getting whatever result you're looking for."

12 Whilst you were a minister, what view did you form
 13 about the profusion of paperwork, the sheer number of
 14 policy documents, guidance documents, strategy material,
 15 and so on?

16 **A.** I formed the view that it was highly counterproductive.
 17 You will have seen my letter to the Prime Minister
 18 establishing the -- notifying him that I was
 19 establishing the horizon scanning for viruses after
 20 Ebola that he and I had agreed. You will have observed
 21 it's a page long. It was an absolute rule from me --
 22 I wrote endless memoranda to the Prime Minister in that
 23 role, as you might imagine. It was an absolute rule of
 24 mine that if I couldn't get it on one page, the maximum
 25 it would ever be is two, because I knew he was very busy

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1 and I wanted him to be able to find out what, in
2 essence, I was trying to say to him.
3 On the other side, I was unfortunately, as part of
4 my role, responsible for receiving every public-facing
5 document produced by Her Majesty's Government. They all
6 came across my desk. Some of them were many times
7 longer than the material warranted, and I started
8 a process of putting, in three jars, green, yellow and
9 red tags, that my private office very kindly arranged
10 for me, so we could keep track of how many of these
11 documents were ludicrously overweight and
12 incomprehensible. It was about a third, a third,
13 a third: a third were pretty good, quite short and
14 clear; a third were not very good; and a third were
15 totally catastrophic. And on the catastrophic ones
16 I sent them back and I asked for them to be produced at
17 much lesser length. In most cases I got back something
18 less than a quarter of what I'd started with. It then
19 often required further work to get it to be clear what
20 the person was saying and we could sometimes then get it
21 down to half of that length.

22 There is a huge overproduction of large documents.
23 Mann and Alexander are pretty eloquent about this, and
24 they're right.

25 **Q.** Yes, although their own report, of course, did weigh in

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1 effort, because it will just dissipate through endless
2 consultations and committees all round Whitehall and the
3 simplification exercise will become a complication
4 exercise.

5 So what's critical is to have a group of people who
6 are determined to produce clarity, and then set them to
7 the task of producing clarity out of what is currently
8 much too unclear and much too verbose.

9 **Q.** Now, Sir Oliver, may we turn just to some specific
10 issues and areas on which I want to ask you for your
11 views.

12 **LADY HALLETT:** Before you do, Mr Keith, I'm sorry to
13 interrupt.

14 Going back to the point you have just made about the
15 head of resilience and a specialist team, given the
16 point you made about somebody having the ear of the
17 Prime Minister, would your head of resilience be
18 an independent person with an independent agency or
19 would it be somebody ministerial like you who had the
20 ear of the Prime Minister?

21 **A.** Well, there are various models around the world, and
22 some of them do have an agency, and of course we have
23 agencies for some purposes, and that is a possible
24 model. I don't personally favour it, because I think
25 there is a risk that in this absolutely crucial

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1 at a monstrous 321 pages.

2 **A.** It's too long, but otherwise it's right.

3 **Q.** My Lady has heard evidence that if you happen to be
4 a local resilience forum and tasked with a primary duty
5 of responding locally to -- the duty of preparing for
6 emergencies and then also responding to them, you would
7 have to be familiar with Cabinet Office-produced
8 documents such as the *Concept of Operations* document, at
9 80 pages, the *Revision to Emergency Preparedness*
10 document, at 591 pages, multiple versions of a document
11 called *Emergency response and recovery*, there are
12 national resilience planning assumptions, engagement
13 with and guidance for emergency response, JESIP
14 paperwork, local risk management guidance, humanitarian
15 aspect guidance, Department of Health guidance, Pandemic
16 Influenza Strategic Framework guidance, and so on and so
17 forth.

18 Do you believe that there is a case for a radical
19 rewrite of the available policy strategy planning
20 documentation?

21 **A.** I don't think there is just a case, I think it obviously
22 needs to happen, but if it happens without having a well
23 organised central team, under a head of resilience who
24 has direct access to the Prime Minister and is parallel
25 to the National Security Adviser, it will be wasted

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1 function, central to the purposes of government as
2 a whole, it's very important that the person heading the
3 work and the people working under them have direct
4 access to the Prime Minister, and that's much more
5 easily done from within the centre of government than
6 anywhere else.

7 I don't think it's just a question of having
8 a minister, however, I think it needs to be, as is
9 foreshadowed in the framework, the Resilience Framework
10 just published by Oliver Dowden, a head of resilience
11 who is an official who is parallel in stature to the
12 National Security Adviser and has, as the National
13 Security Adviser has, direct access to the
14 Prime Minister.

15 If you had that combination of a full-time senior
16 Cabinet minister for resilience exclusively and a head
17 of resilience parallel to the National Security Adviser,
18 I think you would find that it worked, as I worked with
19 Jeremy Heywood when he was Cabinet Secretary on the
20 policy implementation front. He and I would meet for
21 an hour or so each day and we would go through the
22 various questions of what had or hadn't been
23 implemented, and I would ring ministers and he would
24 ring permanent secretaries, and often enough by the end
25 of the day we had actually managed to get something

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1 done, and that's what you need as a sort of pincer
2 movement. You need those people then to be able to walk
3 into the Prime Minister's office without too much ado
4 and without having to schedule it weeks off and say,
5 "We've hit a problem here, we need your help in
6 commanding that something be done". That I think would
7 be the most effective model, but I understand that there
8 are people who think that -- and there are reasons why
9 they might think that -- an independent agency would be
10 better, less captured by the system and so on. I don't
11 discount that possibility, I just think it's less
12 perfect.

13 **MR KEITH:** In your statement, you refer to, you say this:
14 "... working relationships ... are ... at least as
15 important as any structures, systems, processes, plans
16 and policies ..."
17 The system doesn't appear to have changed
18 dramatically between 2011 and 2020. Can you recall,
19 therefore, what the position was in relation to the
20 nature of working relationships with, firstly, regional
21 bodies and, secondly, the devolved administrations from
22 the viewpoint of a United Kingdom minister in the field
23 of civil contingencies?

24 **A.** Well, by the time I was dealing with resilience issues,
25 the government offices of the regions had been

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1 administrations, senior representatives of the devolved
2 administrations, appearing in COBR, usually by video,
3 and I had offline pretty continuous conversations with,
4 for example, John Swinney, who was then I think the
5 Deputy First Minister in Scotland, and I have to say
6 that although, as you might imagine, there was some
7 friction with the Scottish administration when it came
8 to constitutional issues about independence and union,
9 there was no friction when it came to dealing with
10 these -- that I could observe -- when it came to dealing
11 with these issues.

12 I -- and indeed -- indeed with -- I was at Brighton
13 when the Brighton bomb occurred, I'm not a lifelong
14 devotee of the IRA, but I had a perfectly sensible
15 conversation with McGuinness about doing things in
16 Northern Ireland in the context of these crises.

17 My experience was you could do business with the
18 devolved administrations perfectly well on the basis of
19 establishing some degree of personal trust and limiting
20 the scope of the discussion specifically to something
21 where we both had an equal interest; and they as much as
22 I wanted to protect their populations.

23 **Q.** Resilience is, as you've already observed, a devolved
24 issue, but pandemics don't recognise borders and,
25 therefore, would you agree that any proper system of

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1 abolished.

2 **Q.** Indeed, in 2011.

3 **A.** Yes, I think fairly early in 2011 it must have happened.
4 Therefore I can't comment on relations with them or how
5 effective they were. I'm very sympathetic to the view
6 that is taken in some of the papers I have now read as
7 a result of the Inquiry, including Mann/Alexander, that
8 it would be helpful to have a regional tier
9 co-ordinating local resilience forums.

10 I hadn't thought of it before reading these papers,
11 but I see now that that might well be a useful thing.

12 I can, of course, comment on relations with the
13 devolved administrations. Not actually in relation to
14 the resilience planning that I was involved in, because
15 when it came to the critical national infrastructure and
16 trying to make it more prepared for various kinds of
17 impact, that was an England exercise, because the
18 critical national infrastructure is a devolved matter,
19 and I would not have succeeded in doing the kind of
20 inquisitorial work that I was doing with the English
21 providers of the structures, the infrastructure, in the
22 devolved administrations.

23 However, when it came to handling specific crises,
24 so for example flooding, Ebola, the fuel tanker crises,
25 we did have repeated involvement of the devolved

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1 emergency preparedness and response must have in place
2 structures for dealing with other territories, other
3 nations in the United Kingdom, where there will have to
4 be a joined-up response?

5 **A.** Yes, I think that's particularly true with biological
6 agents.

7 **Q.** Indeed.

8 **A.** Although, for example, in relation to the electricity
9 grid, there is, of course, a deep interconnection with
10 Scotland, and indeed, while we're at it, with France,
11 and therefore I had discussions with the devolved
12 administration in Scotland and with French counterparts
13 when I was concerned with the protection of the grid.

14 So, yes, you have to involve all those who are
15 involved, and if you're looking at impacts, you'll
16 quickly discover who is involved, and the impact of
17 a virus is very likely to be nationwide or indeed, as we
18 saw in this case, global.

19 **Q.** But your answer, Sir Oliver, appeared to indicate that
20 the connections that you forged with the devolved
21 administrations were based more on ministerial
22 inclination and your own personal involvement than on
23 a formalised system of committees or some body which
24 would allow the devolved administrations and the
25 UK Government in Westminster to be able to liaise and

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1 plan properly and fully. Was there not in place that
2 formal structure? Did the system in fact depend too
3 much on ministerial inclination?

4 **A.** I don't know what I think about that. Half of me wants
5 to say you're right -- well, sorry, you are factually
6 right, there was not such a formal system -- and half of
7 me wants to say that, you know, that sounds like a gap.

8 The other half of me says actually you can create
9 any set of formal institutions you want, but if everyone
10 arrives ready to come to blows, you won't get anywhere.
11 If you don't have any formal system but you have good
12 personal relationships, you can probably get it done
13 pretty well informally. So --

14 **Q.** Well, isn't the answer that you don't need an overly
15 ossified system, but you need a system by which
16 everybody can expect to play their part and can envisage
17 attendance, and they can attend and do what needs to be
18 done, alongside good personal relations?

19 **A.** That would be the ideal, I agree.

20 **Q.** All right.

21 **LADY HALLETT:** Just before Mr Keith goes on, Sir Oliver, you
22 mentioned working relationships with Northern Ireland
23 and Scotland; did the same apply to Wales?

24 **A.** I didn't, as it happens, have -- oh, sorry, there was
25 one occasion when I did have relationship with the Welsh

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1 exercised for the impact of an unknown but ghastly virus
2 or bacterial agent, and we did it properly, and we
3 learned the lessons in the sense not of writing great
4 volumes about it but actually getting down to the
5 business of correcting the things that had emerged as
6 not in place, that would be pretty good. That would be
7 much better than we're likely to do at the moment.

8 But if you had, for each domain, one exercise every
9 five years, you'd be having an exercise every -- well,
10 it depends how many domains you create, but at least
11 every year. More frequently than I'm recommending, in
12 other words. My two years suggested that, for
13 a particular domain, you probably wouldn't have a repeat
14 for ten years, because you'd want to deal with the
15 impacts of virus, you'd want to deal with major impacts
16 on two or three different elements of our critical
17 national infrastructure, you'd want to deal with major
18 events of flooding. You know, there are various impacts
19 that you want to look at and exercise for. So a regular
20 programme would involve quite a long period between the
21 time when you did one, and hopefully implemented the
22 recommendations of it, and then gone on with the next
23 one on that same subject.

24 **Q.** In your statement you suggest wholesale, whole-system
25 emergency exercises, at least two in each Parliament --

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1 administration, which is in relation to flooding, which
2 happened to involve them as well as England. And
3 I think the same applied: they were present at relevant
4 COBR meetings by video, we had a perfectly working
5 relationship. As it happens, in the other cases I was
6 dealing with, Wales was not a particularly material
7 issue.

8 **MR KEITH:** Also in your statement you address the issue of
9 the need for exercises and you state that you believe
10 that the United Kingdom Government should regularise the
11 practice of simulating responses to a variety of
12 whole-system emergencies by carrying out at least two
13 such large-scale simulations in each Parliament.

14 Putting aside the resource implications, and putting
15 aside the undoubted fact that such exercises are
16 difficult and complex things to arrange, why would
17 exercises with such regularity have a demonstrably
18 beneficial impact? I mean, if there is an exercise,
19 for example, every five years, and recommendations and
20 actions which flow from the exercise are properly
21 implemented and acted upon, would that not be sufficient
22 for the foreseeable future, or at least for the next
23 five years, before having another exercise?

24 **A.** In a particular domain, I think my answer to your
25 question is yes. That is to say, if every five years we

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1 **A.** Yes.

2 **Q.** -- which would tend to suggest a greater frequency than
3 once every five years, and of course if it were focused
4 only on one contingency, you would end up with an
5 exercise in each contingency every two years --

6 **A.** Yes, but I wasn't suggesting on one contingency --

7 **Q.** Ah. Across the board?

8 **A.** Across the -- so there are lots and lots of minor
9 emergencies. I don't think you need to have
10 whole-system exercises about them. There are
11 identifiably -- you could argue five, you could argue
12 ten, but it's sort of not less than five and not more
13 than ten -- major kinds of whole-system emergency that
14 might affect the UK, leaving aside their causes.

15 If you exercise for each of those every five years,
16 you would end up with more than two a Parliament. If
17 you exercised each of those every ten years you would
18 end up with roughly two a Parliament. That was what
19 I was thinking --

20 **Q.** All right. You referred earlier to Exercise Alice and
21 you supposed that perhaps the recommendations from
22 Exercise Alice had not been or maybe they had been
23 properly implemented, it was in fact after your time,
24 and particularly in relation to Exercise Cygnet and
25 Exercise Cygnus.

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1 The recommendations and the actions which flow from
2 an exercise appear, to a very large extent, to be left
3 to the government of the day to give effect to, to the
4 ministers, to the civil servants, and of course they're
5 not all automatically put into place.

6 Is there an argument that there needs to be a fresh,
7 a new process by which we may be assured that all
8 lessons and recommendations -- which, by necessary
9 implication, are sensible ones, from an exercise which
10 challenges the country's emergency response systems --
11 are put into place and are seen to be put into place?

12 **A.** Abundantly, yes. Some of this is ground we've covered,
13 in the sense that one of the things you need is for, in
14 my view, an external RED team in a resilience institute
15 that would be keeping track of whether these things had
16 been done, and simply couldn't be stopped from doing so.

17 The second thing we haven't covered, but is covered
18 in the government's resilience and framework and is also
19 in the Mann/Alexander report and various other
20 documents, which is that there ought to be regular
21 reporting to Parliament that can't be evaded.

22 **Q.** All right.

23 **A.** Not because the Parliamentary debate in itself will shed
24 much light, but because the duty to report to Parliament
25 will cause the whole system to worry about whether it

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1 There would appear to be a problem, therefore,
2 insofar as decisions about future funding and future
3 resources have to be left to the politicians to decide.
4 But would the creation of this new architecture to which
5 you refer, a new resilience institute, be able to at
6 least address in part that problem, because it could
7 make recommendations as to how money should be spent,
8 and therefore that would give the politicians the
9 ability to be able to more transparently and more openly
10 make the decisions about future resources?

11 **A.** Absolutely. I see that as one of the major roles of the
12 resilience institute. It's extremely important to
13 realise that most of the steps that really most need to
14 be taken to improve resilience in most fields do not
15 cost very much.

16 The problem has not been that there wasn't money
17 available to stockpile PPE or that we couldn't have
18 afforded to have a scale-up process for testing. These
19 are minuscule amounts in the context of £150 billion
20 a year of health spending. One can argue till the cows
21 come home about whether it was or wasn't a good thing to
22 constrain government expenditure and put the finances
23 back in order. I would argue it was, others would argue
24 it wasn't --

25 **Q.** Shall we not go there, Sir Oliver.

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1 has actually implemented these things.

2 But the third element we have dwelt on, dealt with,
3 which is that there needs to be a sufficiently
4 well-armed body inside government, or a separate agency,
5 one or the other, which pursues these questions
6 remorselessly and at a high level and brings to the
7 attention of the Prime Minister and, if there is one,
8 the Minister of Resilience, if there are things which
9 were the product of a particular report, of a particular
10 exercise, which have not been implemented. If you had
11 that triple architecture, I think you would stand a very
12 good chance that most of the stuff would be implemented
13 pretty well.

14 **LADY HALLETT:** Are you moving to a different topic or the
15 same one?

16 **MR KEITH:** I was going to conclude with one final topic,
17 a very short one, my Lady.

18 **LADY HALLETT:** A matter for you, whichever you prefer.

19 **MR KEITH:** Shall I continue and then conclude it.

20 It's obvious that resourcing is a most difficult
21 subject, and one that is, of course, highly politicised,
22 and it forms no function of this Inquiry, of course, to
23 advise or direct that anything be done in terms of
24 resources. Resources are a matter of fact and funding
25 levels are a matter of different fact.

50

1 **A.** Exactly, leave that wholly aside. Under any
2 dispensation that is remotely plausible to the
3 United Kingdom, we could afford to do perfectly easily
4 all of the things that would most protect us against the
5 biggest impacts of these major whole-system emergencies
6 for tiny amounts of money.

7 The problem is identifying what they are and forcing
8 the money to be spent when the PAC and public opinion
9 and the media and so on are all too likely to say: the
10 money's been wasted, you have been holding this
11 stockpile for the last 15 years, we haven't had an
12 emergency, what are you doing? Then it doesn't matter
13 whether it costs £50 or £50 billion, because they all
14 sound the same, and then "It's a waste, it's a scandal".

15 We have to change the culture so that it's accepted
16 that consciously spending money that we hope will never
17 be used is a good thing to do if, in an emergency, it
18 would save us a huge amount of effect on human beings
19 and our economy.

20 That change of culture is what I hope the resilience
21 institute could begin to achieve, the reports to
22 Parliament could begin to achieve, the fact of having
23 the resilience head sitting right next to the
24 Prime Minister would begin to achieve.

25 Once you accept that this is a fundamental feature

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1 of government, and well worth spending a little bit of
2 money on, then you've changed the culture and much will
3 follow.

4 **Q.** Does that analysis apply equally to the field of public
5 health improvement which, I think it's generally
6 accepted, is a far more expensive matter than the narrow
7 area of emergency preparedness, because in the context
8 of a pandemic, a health crisis, a more resilient public
9 health structure is obviously desirable but is itself
10 perhaps very much more expensive?

11 **A.** I don't think that most of the things that are most
12 important in that domain are very expensive either by
13 comparison with the vast sums under any dispensation
14 we're going to be spending on health. It's typically
15 much, much cheaper to prevent things, whether in the
16 health domain or any other, than it is to deal with the
17 after effects. We've just spent, I don't know what it
18 is, the Inquiry will probably find out, £350 billion,
19 £450 billion on the effects of Covid. We're talking
20 about minuscule amounts by comparison with that, and
21 it's well worth investing in advance.

22 **MR KEITH:** Sir Oliver, thank you.

23 Questions from THE CHAIR

24 **LADY HALLETT:** Two short questions from me, Sir Oliver.
25 You seemed to be disparaging about the lead

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1 that they were not in charge in -- would not have been
2 charge in the response, because in response we would
3 have gathered in COBR, we would have been chaired by the
4 Prime Minister, we would have -- and I think
5 incidentally the XO and XS committees, that Michael Gove
6 established originally to deal with Brexit -- to my mind
7 the only advantage of Brexit for Covid -- were useful,
8 would be useful, in handling any future cross-government
9 whole of system emergency.

10 So it's very clear to me that you can't describe
11 these major risks, whole-system risks, as owned by
12 a department, and therefore they need to be attended for
13 by a central entity that keeps its focus on that and
14 learns continuously and has a corporate existence.

15 **LADY HALLETT:** Thank you.

16 The other question that I had was that you mentioned
17 support for the idea from Mann/Alexander about regional
18 tiers of resilience fora. I'm no lover of bureaucracy,
19 as you may have gathered from some of the things I've
20 said, Sir Oliver, but if you have a regional layer, why
21 aren't you just imposing yet another structure?
22 Somebody's got to manage the structure, call the
23 meetings, handle the minutes. Why doesn't it become
24 an unnecessary layer of bureaucracy on top of what is
25 already quite a complex system?

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1 government department model.

2 **A.** It's inevitable that the expertise on transport will lie
3 in the Department for Transport and health in the
4 Department of Health and so on. I don't -- in that
5 sense, I don't decry the idea. But when we have
6 relatively minor problems. I found myself, for example,
7 at one stage involved in what was not trivial for the
8 people involved but was not a large-scale disaster, of
9 individuals who were trapped the other side of the
10 Channel or, you know, further afield because an airline
11 was collapsing and they couldn't get home, which is
12 a minor emergency. The Department of Transport was
13 perfectly well equipped to deal with it, they knew what
14 they were doing, I sat with them but it was not
15 necessary to convoke some great, you know,
16 cross-governmental arrangement.

17 So the idea that those kinds of risks should be
18 handled by individual departments I think is perfectly
19 sensible. There are, as I say, not causes but impacts
20 that are so big that they are definitely rightly
21 described as whole of system, you know them when you see
22 them, and we could list them. For those I think the
23 idea that one department is in charge is mad. Because
24 they're not going to be in charge when you get to the
25 response. The system we were operating already meant

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1 **A.** Well, it could do, but -- perhaps it would help if
2 I illustrated this not from my Cabinet Office experience
3 but from my experiences as a local MP in West Dorset.

4 The LRF, the local resilience forum, in Dorset is
5 composed of people from Dorset, county council, police,
6 and so on, and, you know, if there's a problem at the
7 village of Piddlehinton, this is fine. But if there's
8 a widespread problem around, shall we say, the flooding
9 of the southwest, as unfortunately happens reasonably
10 frequently, first of all the ambulance service is not
11 organised on a county basis, it's organised on
12 a regional basis. Secondly, rivers, inconveniently,
13 don't follow county boundaries. So if you want to
14 manage them, you've got to manage upstream and
15 downstream, and you have several counties involved. It
16 would be tedious to go on enumerating.

17 **LADY HALLETT:** I get the point.

18 **A.** There are various respects in which, for mid-level
19 crises, regional co-ordination is necessary. It's then
20 just a question of whether you set it up ad hoc, which
21 is what happens at the moment, or whether you have it
22 there permanently.

23 My argument for having it there -- and a small,
24 I mean, I'm talking about five people or something, but
25 a small group of people being there permanently, is that

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1 then as well as bringing together the relevant people to
2 handle the emergency when it arises, they could be
3 involved in the planning in advance, and so when they
4 got to the emergency they'd know about it, the
5 co-ordination.

6 **LADY HALLETT:** Thank you very much.

7 Well, I think that's all the questions, is it?

8 **MR KEITH:** There are no Rule 10(4) questions, my Lady.

9 **LADY HALLETT:** You have been extremely helpful and it's been
10 very interesting, Sir Oliver. Thank you very much
11 indeed.

12 **THE WITNESS:** Thank you.

13 (The witness withdrew)

14 **LADY HALLETT:** I shall return at 11.40.

15 (11.24 am)

16 (A short break)

17 (11.40 am)

18 **MS BLACKWELL:** My Lady, may I call George Osborne, please.

19 Would you like to take the oath.

20 **MR GEORGE OSBORNE (sworn)**

21 **Questions from COUNSEL TO THE INQUIRY**

22 **MS BLACKWELL:** Is your full name George Gideon Oliver
23 Osborne?

24 **A.** Yes, it is.

25 **Q.** Thank you for the assistance that you have given to

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1 what those things might have been.

2 **Q.** Thank you.

3 I'm going to ask you questions about whether or not
4 the Treasury had a plan for a pandemic, and if so what
5 that was, and how the Treasury contributed to the
6 government's planning for a pandemic.

7 I emphasise from the outset that this is not
8 a discussion or a debate about the merits or otherwise
9 of the government's fiscal policy or indeed the
10 imposition of austerity. We will touch upon the effects
11 of a sustained period of austerity in the
12 United Kingdom, but only insofar as it relates to the
13 state of the country's preparedness and resilience when
14 Covid hit.

15 In order to put your evidence in context,
16 Mr Osborne, the Treasury is the government's economic
17 and finance ministry, it maintains control over public
18 spending and sets the direction of the United Kingdom's
19 economic policy. As Chancellor, you were the minister
20 of the government in charge of the Treasury.

21 There are other important entities in the financial
22 architecture that we will touch upon, including the
23 Office for Budget Responsibility, which you set up
24 during your tenure as Chancellor.

25 In your witness statement, at paragraphs 7 to 11, we

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1 the Inquiry thus far, Mr Osborne, provision of your
2 witness statement and also documents, and thank you for
3 coming to give evidence to the Inquiry today.

4 Please keep your voice up and speak into the
5 microphones so that the stenographer can hear you for
6 the transcript.

7 You were Shadow Chancellor from 2005 to 2010, then
8 Chancellor of the Exchequer from 2010 to 2016, and First
9 Secretary of State from May 2015 to July 2016.

10 Your witness statement is at INQ000187308. It's on
11 screen now. Please can you confirm that that is your
12 witness statement and that it's true to the best of your
13 knowledge and belief?

14 **A.** Yes, it is.

15 **Q.** Thank you.

16 My Lady, may we have permission to publish it?

17 **LADY HALLETT:** You may.

18 **MS BLACKWELL:** Thank you.

19 You can take that down.

20 Before we start, Mr Osborne, I understand that you
21 want to say a few words.

22 **A.** Well, I just wanted to express my heartfelt sympathy to
23 all those who lost a loved one during the pandemic, and
24 for those who feel things could have been done
25 differently, I hope the Inquiry gets to the bottom of

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1 don't need to look at it, I'm going to attempt to
2 summarise it, when you came to power immediately after
3 the 2008 financial crisis, you imposed an economic
4 policy intended to improve the United Kingdom public
5 finances, and meaning that the United Kingdom was in
6 better financial shape to face the pandemic when it hit.

7 You say in your statement that your handling of the
8 Treasury allowed the government to fund the furlough
9 scheme and the Bounce Back Loan Scheme and other
10 pandemic fallout, that you made reforms to financial
11 services which meant that there wasn't a banking crisis
12 as a result of the Covid pandemic, and that you invested
13 in research and development, importantly vaccine
14 development, which was important when Covid hit.

15 Is that a fair summary of your explanation as you
16 give it in your witness statement of the policy that you
17 implemented?

18 **A.** Yes, it is.

19 **Q.** Thank you.

20 So that gives us an understanding of how you believe
21 the Treasury, under your watch, contributed to the
22 government's preparedness for a pandemic. But I want to
23 explore with you the plan that the Treasury had for
24 a pandemic.

25 You say at paragraph 16 (sic) in your witness

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1 statement that, for the risks where the Treasury is
2 allocated as a lead department, it develops scenarios
3 and determines the potential impacts and likelihood of
4 the risk in question. That was the case prior to the
5 Covid-19 pandemic.

6 So does it follow, Mr Osborne, that where the
7 Treasury was not the lead government department, it
8 didn't develop such scenarios?

9 **A.** Basically, yes. So, if I may elaborate, I mean, there
10 are certain crises for which the Treasury is, clearly,
11 directly responsible.

12 **Q.** Such as a banking crisis?

13 **A.** A banking crisis, an economic crisis, a run on the
14 pound. Sadly our country has experienced many of these
15 over the decades, and the Treasury is clearly the lead
16 department, to pick up on the conversation that you've
17 just been having with Oliver Letwin --

18 **Q.** Yes.

19 **A.** -- for those crises. But when it comes to other kinds
20 of crises that might affect a government, the Treasury
21 is a contributor to the whole of government plan that
22 usually another department leads, in the case of
23 pandemics the Department of Health.

24 **Q.** The Department of Health, yes. So we'll look in
25 a moment at how the Treasury assisted the

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1 So, summarising those four points, you believed that
2 the Treasury's job was to plan for economic and fiscal
3 risks, a stable operation of the United Kingdom
4 financial system, setting the budgets and applying
5 spending controls, and also preparing the Treasury's own
6 corporate structures to enable effective crisis
7 management?

8 **A.** That's right, yeah.

9 **Q.** Yes. Whilst this may well be a form of pandemic
10 planning, these are all purely economic risks and
11 matters which fall directly under the Treasury's remit
12 in any event; these are the Treasury acting on business
13 as usual, aren't they?

14 **A.** Well, the only thing I would draw attention to is that
15 most whole-country crises, of which a pandemic is
16 an obvious example, but, you know, a devastating
17 military attack, you know, a catastrophic civil
18 emergency of some kind, would probably lead to a second
19 crisis, which is an economic or financial one. And
20 indeed in the spring of 2020 -- you know, I wasn't in
21 government, but it was clear for everyone observing
22 government that they were not only dealing with a health
23 emergency but they were dealing with an economic
24 emergency and a financial emergency, and a huge amount
25 of effort -- successful as it turns out -- was put into

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1 Department of Health, being the lead government
2 department for pandemic preparedness. But before we do,
3 could we please display on the screen page 8,
4 paragraph 20 of your witness statement and read through
5 it together, please. You say here:

6 "Between 2010 and 2016, [Her Majesty's] Treasury,
7 and therefore the Chancellor, contributed to
8 cross-government preparations for civil emergencies.

9 This contribution broadly fell into four categories:

10 "a) The monitoring, assessing and managing of
11 economic and fiscal risks;

12 "(b) Leading responsibility in government for
13 monitoring and responding to risks to the stable
14 operation of the UK financial system, learning the
15 lessons of the financial crisis ...

16 "(c) Setting budgets and applying spending controls
17 and/or conditions for government departments -- although
18 noting that it was ultimately for the relevant
19 Secretary of State to decide how to allocate their
20 budgets; and

21 "(d) Preparing [Her Majesty's] Treasury's own
22 corporate structures to enable effective crisis
23 management, working closely with the Permanent Secretary
24 and other senior officials, again learning from the ...
25 financial crisis ..."

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1 trying to stabilise the markets, making sure the banking
2 system didn't fall over.

3 So I think, you know, it's quite hard to think of,
4 you know, crises on the scale of Covid that would not
5 also have the potential to tip into a fiscal crisis
6 and/or a financial crisis. Fiscal being about the
7 ability of the government to fund itself, financial
8 being about the ability of the banking system to cope
9 with the crisis.

10 So I think, you know, unlike other things which you
11 might look at, the -- you know, most major civil crises
12 have the potential to tip into an economic and financial
13 crisis.

14 **Q.** All right. But given how central the Treasury is to the
15 functioning of the United Kingdom and its economy, do
16 you agree that there appears to have been no planning
17 for external shocks which would have a major economic
18 impact? In other words, no specific pandemic planning,
19 no plan in the Treasury?

20 **A.** Well, you know, I've been following the evidence given
21 to this Inquiry --

22 **Q.** Yes.

23 **A.** -- with interest before appearing here, and you've
24 covered this territory, I'm happy to cover it myself.

25 But clearly, you know, the UK, as indeed I think is the

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1 case with most western democracies at the time, has
2 an influenza plan, and the Treasury had done some work
3 on what the impact of that would be, and it's a hit to
4 GDP, there's an expected period when of the workforce
5 might be absent from work for an week or two, and there
6 is -- you know, tragically in that case there would be
7 a high mortality rate.

8 The Treasury basically had the structures to deal
9 with that because there are already sickness benefits,
10 there are already structures available for companies to
11 pay people who are not working who have the flu, and in
12 the exercises that had been done before I came into
13 office there were some very specific supply chain issues
14 that had been established, if there was an influenza
15 pandemic, around things like the impact on the travel
16 industry and the like.
17 Given what subsequently happened, very small-scale.

18 **Q.** Yes.

19 **A.** You're absolutely right that there was no planning done
20 by the UK Treasury or indeed, as far as I'm aware, any
21 western treasury for asking the entire population to
22 stay at home for months and months on end --

23 **Q.** Yes.

24 **A.** -- essentially depriving large sectors of the economy,
25 like hospitality, of all their customers for months and

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1 **Q.** All right. Well, taking other examples than lockdown
2 and furlough, using, for instance, a plan to consider
3 the economic output required for self-isolation or the
4 Covid Business Interruption Loans or any economic effect
5 of a mitigation action, none of that was done. There
6 could have been planning, joined-up planning between the
7 Department of Health identifying what the mitigation
8 actions were being considered and the Treasury then
9 coming in and dealing with a worst-case scenario,
10 a middle-case scenario, and assessing whether or not the
11 proposed mitigation actions were economically
12 worthwhile.

13 None of that sort of planning took place, did it?

14 **A.** Well, you're right that there was no planning in Britain
15 or indeed, as far as I'm aware, in France, Germany, the
16 United States or anywhere else --

17 **Q.** Well, we're dealing just with --

18 **A.** Well, it's important because I think if you're
19 challenging -- you know, the phrase that's come up
20 here -- groupthink, you know, it was not a groupthink
21 unique to this country. There was no assumption that
22 you would ask the population to stay at home -- or not
23 ask, sorry, mandate that the population stay at home for
24 months and months on end and what that ... and so there
25 was no planning for the -- for a lockdown.

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1 months to come.

2 **Q.** That could have been done, couldn't it?

3 **A.** Well, you're completely right, but if someone had
4 said -- and I know that is absolutely core to what this
5 module of the Inquiry is looking at, if someone had
6 said, "You, the UK Government, should be preparing for
7 a lockdown that might last for months", then I've
8 absolutely no doubt the Treasury would have developed
9 the schemes that it did subsequently develop, around the
10 furlough, the Covid loans and the like.

11 What I would say, you know, in defence of the
12 officials I worked with, who were some of the most
13 hardworking and dedicated public servants I've ever come
14 across, was that in 2020 it turned out to be fairly easy
15 and rapid to be able to put those support systems in
16 place. Not all the other areas we're going to, I'm
17 sure, cover around the health service, but the actual
18 economic support schemes, like furlough, were designed
19 by hard working Treasury officials in -- under
20 a pressure situation, very quickly and put in place.

21 So yes, planning could have been done for
22 an furlough scheme in advance. I'm not clear, observing
23 it as, at that point, just a citizen, I'm not clear that
24 that would have made a better furlough scheme than the
25 one we actually as a country saw.

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1 **Q.** Whose fault was it that there was no prior thinking that
2 that could take place?

3 **A.** Well, I don't think it's particularly fair to sort of
4 apportion blame, because, you know, the entire
5 scientific medical community -- again, you know, hard
6 working individuals with the best of intentions --
7 you know, were not, were not elevating this particular
8 possibility of a coronavirus that would have this level
9 of contagion, have asymptomatic patients, and that,
10 you know, the Treasury or indeed the education
11 department or the criminal justice system should pay
12 attention and come up with some plans for if that was to
13 happen.

14 If we had -- I mean, I think, if we had -- sorry
15 to -- you know, if you look then at the planning for the
16 influenza pandemic -- and of course we don't know in
17 practice whether -- had that come into contact with
18 reality, how it would have fared, but it's clear that
19 the Treasury, and indeed the rest of government,
20 responds to reasonable requests by saying yes. You
21 know, "Please stock antivirals."

22 "Yes."

23 "Please have in place advance vaccine purchasing
24 agreements."

25 "Yes."

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1 "Let's have some money set aside for call centres
2 being set up."

3 "Yes."

4 **Q.** That is very different to sitting down with the
5 Department of Health and working out whether or not
6 there would be such a catastrophic effect to a lockdown
7 that it would have to be considered, and the benefit of
8 considering that prior to the incident hitting is you're
9 not making these decisions on the hoof?

10 **A.** What I would -- what I would observe now, just as,
11 you know, a citizen who very much wants this Inquiry to
12 come up with some good answers, is I don't think we
13 still know the answer to some of those questions.

14 You know, I don't want to jump ahead for this
15 Inquiry, but should the schools have been locked down in
16 the way they were? Even now after the Inquiry -- after
17 the pandemic we don't know the answer to those
18 questions, or certainly I don't, and maybe the Inquiry
19 can get to the bottom of that.

20 **Q.** They're certainly worth asking --

21 **A.** But, you know, they are absolutely -- absolutely
22 critical questions about balancing, you know, the life
23 expectancy of a 80-year old versus the educational
24 opportunities of an 8-year-old, incredibly hard
25 questions, and it's not absolutely clear to me now that,

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1 **A.** Well, I'm -- you know, I'm -- with hindsight, yes,
2 but -- I mean, the one -- I would say the one thing
3 a Treasury can do -- and I think this is a very powerful
4 statement from the chair of the OBR, in the witness
5 evidence that I was shown, is -- you know, he says,
6 Richard Hughes, in the absence of perfect foresight,
7 fiscal space may be the most valuable risk tool.

8 Above all as a country, whatever hits you, you need
9 to be able to respond, to throw, in this case, large
10 amounts of public funds at the problem, without it
11 leading to the thing I mentioned earlier, the fiscal
12 crisis or the banking crisis that makes either the
13 situation very much worse or, indeed, just removes the
14 option of funding -- I mean, poorer countries in the
15 world were not able to afford lockdowns. Poorer
16 countries in the world were not able to provide loans
17 for businesses to stay in operation.

18 **Q.** All right.

19 **A.** So, you know, this is not some academic question. And
20 indeed in our own country in the last 12 months, we saw
21 in the autumn of last year, with the funding crisis for
22 government debt, that this is not some abstract problem
23 for the UK either. You know --

24 **Q.** No, no --

25 **A.** -- if you can't fund yourself, you cannot spend

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1 as a country, or the rest of the world, knows what the
2 answer to those things is.

3 So I think it's -- you know, the idea that all of
4 this could have been sort of forethought, I don't think
5 is the case. What I think is certainly the case is that
6 if the -- you know, if the expert community and
7 governments had anticipated that there could be
8 a pandemic that was not an influenza but was another
9 form of respiratory disease, and had characteristics
10 that weren't like influenzas, like asymptomatic patients
11 and so on, then clearly we could have done certain
12 things, which hopefully I'm sure this Inquiry will get
13 around to recommending, to prepare for those things in
14 advance, like stockpiling more PPE.

15 But I've absolutely no doubt that as Chancellor --
16 and indeed any of the Chancellors before me or
17 subsequent to me, if they'd been asked to provide
18 a budget for stockpiling PPE, £10 million, £20 million,
19 £30 million, whatever it would have been, as
20 Oliver Letwin was pointing out, these are very small
21 sums in the overall scheme of the government budget, and
22 I'm pretty certain, like, we said yesterday, everything
23 we were asked to fund with an influenza pandemic, we
24 would have said yes to those things too.

25 **Q.** Should those questions have been asked?

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1 £340 billion on Covid support.

2 **Q.** Well, you're going back, with respect, to the issue of
3 funding. The questions were based around the lack of --

4 **A.** Sure.

5 **Q.** -- preparation and the lack of planning.

6 You've raised --

7 **A.** No, no, just -- sorry -- I would say that part of
8 preparation and planning --

9 **Q.** Yes.

10 **A.** -- is, as an economy, to have flexibility to deal with
11 whatever the world's going to throw at you.

12 **Q.** But that's only part of it, isn't it?

13 **A.** Of course.

14 **Q.** And even recognising the questions that need to be asked
15 is not a plan. Once those questions have been
16 identified, there then has to be planning for the
17 practicalities of what might take place.

18 I just want to go to the statement of
19 Richard Hughes, please, as you mention him. He is the
20 chair of the Office of Budget Responsibility, as you
21 say. His statement is at INQ000130270.

22 If we could go to page 5, please, and look at
23 paragraph 6(d) of the witness statement.

24 Whilst we're waiting for that to be put up on the
25 screen, you'll be aware of the evidence that Mr Cameron

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1 gave to the Inquiry yesterday, that in his view, and
 2 indeed since he was instrumental in bringing into being
 3 the national security committee and with the security
 4 adviser supporting it, he believed that only a whole
 5 cross-government response to a pandemic and to these
 6 huge catastrophic risks was suitable and was going to
 7 work.

8 Do you agree, Mr Osborne, that unless the Treasury
 9 is involved in proper joined-up thinking with the other
 10 lead government departments, then there is a piece of
 11 the jigsaw missing and it is not a cross-government
 12 response?

13 **A.** Yes, I do agree with that, and, I mean, institutionally
 14 the Treasury is involved in every government decision,
 15 because decisions can't come to the Cabinet,
 16 for example, until the Treasury has given its sign-off.
 17 So the Treasury, uniquely among the government
 18 departments, is already in the weeds of many, many
 19 decisions across government. But obviously the nature
 20 of that involvement and the nature of the co-operation
 21 is incredibly important and, you know, I listened with
 22 great interest to what my former colleague Oliver Letwin
 23 was saying.

24 I'd make one observation to the Inquiry,
 25 unfortunately not all ministers are like Oliver Letwin,

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1 the possibility of a coronavirus pandemic, it's all
 2 sorts of other communities, including the health
 3 community.

4 **Q.** Yes.

5 **A.** So I think there is -- you know, your line of
 6 questioning is completely correct to -- because it -- in
 7 my view, you're trying to get to the point, which is --
 8 sorry, I shouldn't be anticipating what you say, but
 9 you're saying: why didn't we plan for a lockdown? Why
 10 didn't --

11 **Q.** I am.

12 **A.** Right. And the truth is we didn't plan for a lockdown.
 13 No Treasury did. Before me, after me, no Treasury as
 14 far as I'm aware in the rest of the western world. The
 15 influenza pandemic was not going -- did not pose the
 16 same economic planning challenges that coronavirus
 17 subsequently did, because in an influenza pandemic lots
 18 of people get sick, there's, you know, tragically
 19 a mortality rate, and you have to deal with that, but
 20 people are off work for one week and then they come back
 21 to work. They're not off work for months and months and
 22 months -- or not -- well, not off work but absent from
 23 the workplace for months and months and months. There
 24 are not whole sectors of the economy, like airlines that
 25 don't have anyone flying on them, or restaurants or pubs

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1 with the kind of self-starting capacity to check
 2 everything and chase everything, and you can't build
 3 an entire system unfortunately around a future supply of
 4 Oliver Letwins.

5 **Q.** No. That's a shame.

6 **A.** It is.

7 **Q.** Looking at the document that we've got on screen, then,
 8 this is, just to remind ourselves, from Richard Hughes,
 9 the Chair of the Office for Budget Responsibility, and
 10 he says this:

11 "While it may be difficult to predict when
 12 catastrophic risks will materialise, it is possible to
 13 anticipate their broad effects if they do. The risk of
 14 a global pandemic was at the top of government risk
 15 registers for a decade before coronavirus arrived but
 16 attracted relatively little (and in hindsight far too
 17 little) attention from the economic community."

18 I'm going to pause there. Do you agree with that
 19 statement?

20 **A.** Yes, I do, with --

21 **Q.** We can take that down.

22 **A.** -- as he points out, with hindsight.

23 **Q.** Yes.

24 **A.** It's not just the economic community, obviously, that
 25 doesn't give sufficient attention to the -- you know,

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1 that don't have anyone visiting them, so --

2 **Q.** No, and there is clearly a difference, isn't there --

3 **A.** So there's a massive difference. So I think, you know,
 4 on the influenza pandemic planning, the Treasury --
 5 I mean, it was -- actually the work was done before
 6 I arrived in office by the previous government, but
 7 they'd made an estimate that it would hit the economy at
 8 around 3% of GDP, they'd made an estimate about how many
 9 people would be sick over a six-month period, they had
 10 done some planning to make sure -- and indeed during my
 11 period in office, there was planning to make sure that
 12 the banking system and the financial system could cope
 13 with the expected absenteeism of people having flu at
 14 home.

15 **Q.** Yes.

16 **A.** It's completely different to what actually happened in
 17 2020/2021, where for months and months on end no one was
 18 at work.

19 **Q.** No, but if the --

20 **A.** No one was at work in the workplace, I should --
 21 obviously people were working remotely.

22 **Q.** If the analysis that you've just performed in the
 23 witness box had been undertaken prior to Covid hitting,
 24 then the Treasury would not have been flying blind in
 25 having to make the decisions and give the advice that

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1 they did. Why did that not happen?
 2 **A.** Well, because no one in -- no one said to us -- I've
 3 said this actually in my witness statement, in hind --
 4 no one said to us there could be a health pandemic that
 5 is not influenza which could -- for which the likely
 6 response is you're going to have to shut down the
 7 economy for months and months on end. So that was not
 8 elevated to us as a health risk. And obviously the
 9 Treasury, not trying to second-guess all the, you know,
 10 health experts -- and this is not -- I'm not disparaging
 11 the health experts, who I worked with very closely in
 12 government. It's just, it doesn't seem to me, you know,
 13 in all the documentation I've read, everything I've seen
 14 in the rest of much of the world, that anywhere else in
 15 the world people are saying, "You've got to prepare for
 16 this thing". And obviously the entire world is caught
 17 out by what has happened. And indeed, I don't
 18 actually -- it's an interesting question, which is only
 19 entirely sort of unknowable, would we all have gone into
 20 lockdown if China had not locked down in January or
 21 February? I think the Chinese lockdown is what gives
 22 the rest of the world the idea of a lockdown, and it's
 23 the overwhelming of the hospital system in northern
 24 Italy that leads all western governments to reach
 25 basically the same conclusion, which is: we've got to do

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1 existed, and they are appended to Catherine Little's
 2 statement, the ones that remain with the Treasury.
 3 The only material which the Inquiry has been
 4 furnished with post-2010 is a project to fund a call
 5 centre and purchase antibiotics, both in 2012, and
 6 requests dealing with the funding of the pandemic flu
 7 clinical countermeasure Tamiflu.
 8 Other than those, held within the Treasury there are
 9 no plans, no reaction to any of the Department of Health
 10 mitigation proposals, and nothing specifically relating
 11 to any pandemic threat. Do you accept that?
 12 **A.** Well, what I would accept is that there are -- I would
 13 say the items you cite are examples of -- to my
 14 knowledge, 100% of the requests made of the Treasury to
 15 fund things that would help deal with an influenza
 16 pandemic are funded. And you gave the examples there.
 17 There is also a whole set of planning that goes on
 18 during this period to deal with banking crises and
 19 endless, you know, exercises which I took part in and
 20 structures with us and the Bank of England and the
 21 Prudential Regulation Authority.
 22 **Q.** But we're talking about pandemic planning.
 23 **A.** So pandemic, I think, you know, that would have been
 24 part of the thinking, which is: look, if there's
 25 a crisis, you know, can the banking system cope? But

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1 what the Chinese have done in order to try and preserve
 2 our capacity in our emergency wards.

3 I wonder, but it's unknowable, that if we had done
 4 a kind of tabletop exercise in 2011/2012 --

5 **Q.** Yes.

6 **A.** -- that we would have come to the conclusion you could
 7 lock down the entire population, whether that would have
 8 even been a feasible policy option, as it turned out to
 9 be.

10 **Q.** Well, we'll never know because it was never done, was
 11 it?

12 We asked the Treasury to provide us with any plans,
 13 pandemic plans, and evidence of what in fact was done in
 14 the time that you were Chancellor, and Catherine Little,
 15 who was the Treasurer's second permanent secretary, has
 16 provided a witness statement which I know you will have
 17 read, Mr Osborne.

18 **A.** Yeah.

19 **Q.** In it she says that because the Treasury doesn't hold
 20 direct responsibility for pandemic preparedness, that is
 21 at the door of the Department of Health, we should ask
 22 them for any pandemic preparations and to see whether
 23 they have any records of any pandemic preparations
 24 including the Treasury.

25 So we have been provided with plans such as they

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1 there is not -- you know, we've -- well, I don't want to
 2 repeat myself, there's certainly, there is not planning
 3 for a coronavirus pandemic.

4 **Q.** Should there have been a plan, a blueprint, some sort of
 5 playbook from the Treasury containing strategies and
 6 plans that could have been turned to and considered when
 7 something like the pandemic occurred?

8 **A.** Well, with hindsight, yes. But as I've said, I question
 9 whether in 2011, 2012, 2013, if someone had come to us
 10 and said, "Right, there's going to be a coronavirus
 11 pandemic and we're going to ask the whole population to
 12 stay indoors for three months", I wonder in 2011, 2012,
 13 2013, whether anyone would have thought that was
 14 a plausible plan. I mean, it turned out to be one, but
 15 after other parts of the world had started doing it.

16 **Q.** Right. If there had been a series of papers, a series
 17 of levels of consideration given to different scenarios
 18 dealing with different assumptions, so whether what was
 19 coming down the line might be systematic or
 20 asymptomatic, how quickly it was likely to reproduce as
 21 a disease, then in advance of Covid hitting you would
 22 know, as Chancellor, which economic levers would need to
 23 be pulled and how best the Treasury could support the
 24 mitigation actions of the Department of Health. And the
 25 problem with not having that thinking taking place some

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1 time before the pandemic hits is that, as I've said
 2 before, the result of that is the Treasury's acting on
 3 the hoof?
 4 **A.** Well, I don't think that's entirely fair. So, first of
 5 all, you know, the Treasury is by its nature --
 6 you know, it's not a big delivery department. It has
 7 around a thousand individuals who are, you know,
 8 exceptionally capable civil servants who can deploy
 9 their talents and abilities to different policy problems
 10 as the world throws them. You know, in the last two
 11 years they've certainly had to deal with the Ukraine and
 12 energy supplies in the way that, you know, the Treasury
 13 would not have had a big, standing capability to deal
 14 with before, but that's one of the big strengths of the
 15 British Treasury.

16 There are definitely, you know, following your line
 17 of questioning, things that we could have done if this
 18 kind of threat of a coronavirus pandemic had been
 19 identified in advance, so we could have -- I'm making
 20 sort of, you know -- sort of I think straightforward
 21 observations, like we could have stockpiled more PPE,
 22 because we wouldn't have -- we might have anticipated
 23 that the whole world would want to get hold of this
 24 material and it was only being produced in a certain
 25 number of factories on the other side of the world, and

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1 please?
 2 **A.** So the OBR was created very shortly after I came to
 3 office, it gave an independent assessment of the public
 4 finances, and it's not just -- I think it's important
 5 for people to understand, it's not just another think
 6 tank, with a sort of -- another set of finances --
 7 sorry, another set of forecasts. These are the
 8 government's forecasts. There's not some other set of
 9 government forecasts. In other words, the forecasts for
 10 GDP, for unemployment, for tax revenues and so on are
 11 independently produced but they are the official
 12 government forecasts, and that is the central role of
 13 the OBR.

14 To do that it is privy to secret information in
 15 government. So it is privy to the budget decisions --
 16 I gave eight budgets -- it knew what was in the
 17 budget weeks before the general public did, or, indeed,
 18 weeks before members of the Cabinet would know what was
 19 in a budget. So it's a very important institution at
 20 the heart of government. And we sought to add to its
 21 capability by asking it to undertake essentially
 22 assessments of potential risks to the UK and what impact
 23 they would have --

24 **Q.** Fiscal --

25 **A.** -- on the public finances -- well, they were issues

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1 the US government was doing everything to get hold of
 2 it, and so we could have stockpiled more of that. You
 3 know, for example. We could have maybe looked at things
 4 like having more respirators in hospitals than we would
 5 normally carry in the health service, but that was not
 6 identified as a particular need.

7 I think the -- you know, the sort of broader
 8 question of -- I don't want to repeat myself, you know,
 9 would we have anticipated the lockdown? I just don't
 10 know the answer to that. All I know is that when it
 11 came -- when the actual debate came in March 2020, there
 12 was a lot of uncertainty in our own country about
 13 whether it was the right policy response and whether the
 14 population would accept it as a policy response.

15 So I wonder, ten years in advance, whether we,
 16 you know, would have resolved those questions.

17 The one thing I'm sure of is, you know, there's no
 18 point having a contingency plan you can't pay for, and
 19 absolutely central to all of this is the ability of your
 20 economy and your public finances to flex in a crisis.

21 **Q.** The OBR, mentioned it a few moments ago, is
 22 an organisation that you implemented during your time in
 23 office, and part of the assistance that it gives to the
 24 Treasury is the preparation and presentation of fiscal
 25 risk reports. Can you explain to us what those are,

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1 like -- I think, you know, they looked at everything
 2 from a no-deal Brexit to climate change to all sorts of,
 3 you know, things that might, you know, have an impact on
 4 the UK, and what the fiscal consequences of that would
 5 be. So the actual crisis was not a fiscal crisis, it
 6 was what was going to be the cost, basically, of these
 7 various things that they looked at.

8 **Q.** There were business as usual risks, as they defined,
 9 weren't there, and then there were also one-off events
 10 recognised and reflected in their risk analysis? In
 11 July of 2017, the OBR produced as part of its report
 12 this statement:

13 "On top of the business as usual risks, there could
 14 be one-off events that generate demand for additional
 15 health spending such as a large-scale outbreak of
 16 disease, for example an influenza pandemic, which the
 17 Cabinet Office considers to represent the most
 18 significant civil emergency risk. Long-term systemic
 19 cost pressures could also arise from sources such as
 20 an increase in antimicrobial resistance."

21 So there was some recognition in the risks that were
 22 identified by the OBR of that which is contained in the
 23 National Risk Register?

24 **A.** Yes, that's right. I think -- I mean, I'd left office

25 by this point -- I think the OBR actually tell us that

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1 they had considered doing the influenza scenario
 2 planning but in fact they switched their resources to
 3 looking at a no-deal Brexit scenario instead.

4 **Q.** Right. Well, my question for you on this topic is:
 5 does it surprise you, given what I've just read out, to
 6 know that, despite there being an acknowledgement of the
 7 influenza pandemic being the most significant emergency
 8 risk identified by the National Risk Register, that
 9 it -- the pandemic -- did not appear as a risk on the
 10 fiscal list?

11 **A.** Well, I think -- I mean, I don't know if you are taking
 12 evidence from the OBR, oral evidence, but, I mean,
 13 they -- they made their own decisions about what they
 14 thought were -- part of their independence was to make
 15 their own decisions about what they thought they should
 16 look at. I imagine the government at the time would not
 17 have wanted them to look at a no-deal Brexit scenario,
 18 for example, so it's incredibly important they're
 19 independent and made those decisions.

20 So you'd have to ask them that question.

21 **Q.** All right. Well, do you accept -- I appreciate you're
 22 not in office anymore, but perhaps you will accept from
 23 me -- that by July 2021 the OBR had changed its approach
 24 to risks, particularly those identified in the National
 25 Risk Register, in two ways: firstly, there was a broader

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1 important. You know, that's also important as well as
 2 trying to anticipate specific crises that you can
 3 specifically plan for.

4 **Q.** Can we put up, please, the witness statement of
 5 Sir Mark Walport, which is at INQ000147707, and go to
 6 paragraph 86 at page 33.

7 Given what you've just said, Mr Osborne, about the
 8 fact that not every eventuality can be predicted or
 9 planned for, I'd like your view on what Sir Mark says
 10 here at paragraph 86.

11 "Every national emergency has knock on effects on
 12 citizens' lives beyond the immediate impact of the
 13 emergency itself -- and there is always the possibility
 14 that the 'cure' for the specific emergency in terms of
 15 the policies and actions directed at stemming the
 16 primary damage causes harmful 'side effects'. In the
 17 case of a pandemic, lockdowns and quarantining, closing
 18 international borders and other restrictions to travel,
 19 closing of institutions such as schools and businesses
 20 all have serious adverse consequences. This raises
 21 important questions for policy makers about how to
 22 balance direct harms from the pandemic infection against
 23 the adverse consequences of interventions, singly or in
 24 combination."

25 That statement highlights, does it not, the

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1 focus in its report of three major risks, rather than
 2 97 individual risks, and one of those three major risks
 3 that is now covered in great detail is the risk of
 4 a pandemic; and, secondly, there appears to be much more
 5 joined-up thinking now between the risks identified by
 6 the OBR, the fiscal risks, and those identified in the
 7 National Risk Register? So they have adapted and
 8 learned from --

9 **A.** Yes.

10 **Q.** -- what happened during the crisis?

11 **A.** No, that's absolutely right, and I think they
 12 specifically in that case are looking at what happens if
 13 there is a coronavirus strain that the vaccines aren't
 14 work -- effective against. So yes, absolutely, but
 15 of course -- you know, look, I would say, you know, what
 16 it points to is, look, try and put in place the right
 17 machinery. You know, I wish this Inquiry, you know,
 18 every success in trying to anticipate what we could do
 19 in the future for different crises, but the truth is
 20 we're not going to be able to anticipate every crisis
 21 that hits the United Kingdom over the rest of our
 22 lifetimes, and therefore having, you know, a strong OBR,
 23 you know, a Treasury with a capacity to come up with
 24 quick policy making, central government machinery that
 25 can respond quickly to -- you know, that is also

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1 importance of a department trying its level best to
 2 anticipate not only what's coming down the line but also
 3 what is going to be the effect of the mitigation actions
 4 that might have to be taken?

5 **A.** I mean, yeah, I mean, this -- you know, I know Mark very
 6 well and have worked with him, you know, this goes, to
 7 my mind, the heart of the, you know, very difficult
 8 question that the government of the day had to wrestle
 9 with, and any future government will have to wrestle
 10 with, which is, you know, what is the -- what are the
 11 costs and benefits of dealing with the health problem,
 12 the spread of the disease, versus the impact of closing
 13 a school? I had school-age children at the time of the
 14 pandemic. You know, closing the court system, so that
 15 people don't get their trial. You know, locking down
 16 prisoners in prisons. You know, all sorts of other
 17 things that, you know, had a really --

18 **Q.** Yes.

19 **A.** -- damaging impact, and, you know, you go to the heart
 20 of very difficult sort of societal questions, of which
 21 frankly I don't -- you know, you can produce any amount
 22 of economic analysis of what's the, you know, benefit
 23 of, you know, controlling coronavirus for a day and
 24 shutting a school for a day, but I think in the end they
 25 come down to essentially kind of human societal

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1 judgments of what are the things we value, and the truth
 2 is, you know, different human beings will value
 3 different things. Some people will say the education of
 4 the child is more important than, you know, protecting
 5 older patients in, you know, our care homes. But
 6 that -- I mean, that -- ultimately we have democratic
 7 governments that are accountable to the general public
 8 in order to try and make those very difficult decisions.
 9 If this Inquiry can help any future government, I --
 10 I'm not sure, my Lady, if I'm allowed to say this, but
 11 I personally think of this, your Inquiry, which
 12 I strongly support -- if you can come -- if you can give
 13 some kind of guidance to answering that question, it is
 14 the single most useful thing this Inquiry can do for any
 15 future government, which will be faced with very
 16 difficult questions, like the government was faced in
 17 2020.

18 **Q.** Are you suggesting, Mr Osborne, in the answer that
 19 you've just given, that it was not worth the Treasury
 20 attempting to engage in any significant planning because
 21 the decisions have to be made when the pandemic hits?
 22 **A.** No, I'm -- the Treasury did not engage in the planning
 23 because no one had anticipated that you would have to --
 24 or you would have the option of, or it would be
 25 something you should consider, locking down the economy

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1 an influenza pandemic plan. I think those exercises
 2 were kind of operational exercises in how that plan
 3 might actually be put into practice in hospitals and
 4 other, you know, facilities, in which there wouldn't be
 5 a sort of particular role at that moment for a Treasury
 6 policy maker. The Treasury being, as I say,
 7 a department of policymakers rather than a delivery
 8 department, so it wouldn't have been directly affected
 9 by what the delivery services of government had to do in
 10 an influenza pandemic. You know, and there was
 11 a general -- the Treasury had signed off, indeed I had
 12 signed off on the 2011 influenza plan in which the
 13 Treasury had -- as you can see from the material,
 14 in 2009, had assessed the economic costs, had identified
 15 a couple of specific issues, but essentially was --
 16 you know, said: okay, it's a 3% hit to GDP but we're not
 17 going to have widespread sectoral impacts which we need
 18 to think of or we're not going to have to design some
 19 system to pay people to work from home.

20 **Q.** All right. Do you agree, Mr Osborne, that by the time
 21 Covid-19 hit, the consequences of austerity were
 22 a depleted health and social care capacity and rising
 23 inequality in the United Kingdom?
 24 **A.** Most certainly not. I completely reject that. I would
 25 make two points. The first of all, it's not surprising

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1 in order to deal with an asymptomatic non-influenza
 2 respiratory pandemic.

3 **Q.** Which is an answer you've already given.
 4 May I suggest that had the Treasury been interested
 5 in engaging in pre-pandemic planning, then it would have
 6 taken a bigger part in the two exercises that took place
 7 during your tenure and just after you'd left.
 8 Looking at the reports into Exercise Alice that took
 9 place in February of 2016, and indeed was an exercise
 10 dealing with the outbreak of a coronavirus, the Treasury
 11 wasn't even present. In Exercise Cygnus, which was
 12 delivered shortly after you left office but, as we know
 13 from yesterday, planning for which commenced in 2014,
 14 although the Treasury is recorded as being present at
 15 that exercise, there is no evidence whatsoever of any
 16 participation or of any evidence of any lessons to be
 17 learned.
 18 Is that the sort of action that the Treasury could
 19 have taken in order to engage itself with these
 20 important exercises looking at what the result and the
 21 reaction of the government would be in the outbreak of
 22 these sorts of diseases?
 23 **A.** Well, I -- you know, this is territory that the Inquiry
 24 has covered and we've covered a bit in the evidence,
 25 I think the Treasury was very engaged in drawing up

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1 that the biggest economic crash that Britain experienced
 2 since the 1930s has an impact on Britain and on poverty
 3 and on unemployment and on people's life chances.
 4 That's unfortunately what happens when your country
 5 experiences such a massive economic shock as we
 6 experienced in 2008/9.
 7 The -- what flows from that is a whole set of
 8 things, and one of them is seriously impaired public
 9 finances, which you then have to repair. That is what
 10 we set about doing. I would say if we had not done
 11 that, Britain would have been more exposed, not just to
 12 future things like the coronavirus pandemic but indeed
 13 to the fiscal crises which very rapidly followed in
 14 countries across Europe such as Spain, Italy, Greece,
 15 Ireland, Slovenia, all across the continent. Indeed, at
 16 one point there was a question mark over whether France
 17 itself would experience a fiscal crisis. So all across
 18 the continent other countries were experiencing problems
 19 of being unable to fund themselves on the international
 20 debt markets. As I point out, in the autumn of last
 21 year Britain went through this briefly, for a couple
 22 of weeks, so this is not some kind of academic problem
 23 that doesn't materialise, it's a very real problem. And
 24 if we had not had a clear plan to put the public
 25 finances on a sustainable path, then Britain might have

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1 had -- experienced a fiscal crisis, we would not have
2 had the fiscal space to deal with the coronavirus
3 pandemic when it hit seven years later, and indeed, as
4 Mr Cameron pointed out yesterday, the example in many of
5 those countries that did have those crises was there
6 were real cuts in health services and other public
7 services that went far beyond what the UK experienced
8 or, in the case of the NHS, actually, budgets went up in
9 real terms.

10 **Q.** Do you agree that during your time in office the state
11 of the social care system became worse?

12 **A.** I'm not sure I would accept that. I would certainly
13 accept that there are rising pressures that -- including
14 during my period in office, on the social care system.
15 They are --

16 **Q.** All right, well, can we ask you --

17 **A.** Yeah, but they are driven by the fact that Britain has
18 a rapidly ageing population.

19 **Q.** Yes.

20 **A.** Well, not rapidly, sorry --

21 **Q.** Well, we will come --

22 **A.** -- an ageing population, at a relatively rapid rate, and
23 that, you know, the cost of medical treatments are going
24 up.

25 **Q.** All right.

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1 Most notably, GPs and hospitals were missing almost all
2 routine targets while prisons had experienced a dramatic
3 increase in levels of self-harm, violence and poor
4 prisoner behaviour. This context made it far harder for
5 services to maintain acceptable standards while also
6 managing a disruption as wide-ranging and long-lasting
7 as that wrought by the coronavirus.

8 "The response has also been hampered by historic
9 underinvestment in buildings and equipment. Government
10 has consistently underspent its capital budgets, often
11 using money that had been earmarked for long-term
12 investment to cover holes in day-to-day budgets. As
13 a result, public services have had to operate out of
14 crumbling prisons, courthouses and hospitals that are
15 difficult to clean or repurpose in line with coronavirus
16 health measures."

17 Can we move down to finish this on the following
18 page, please:

19 "The sale of courthouses and police stations, and
20 the failure to build new prison places, have similarly
21 made it harder to maintain social distancing. And
22 inadequate ICT has reduced the ability of police
23 officers and local authority staff to work from home,
24 made it far harder for prisoners confined in cells for
25 more than 23 hours a day to access training or speak to

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1 **A.** Which is actually generally a good thing, because these
2 are new treatments that can help people, but, you know,
3 the UK social care and health system is experiencing
4 exactly the same kinds of pressures as the pressures
5 being experienced in most western democracies at this
6 moment.

7 **Q.** Right, well, let's look at the detail, please.

8 Can we have up on screen INQ000189677.

9 This is a report by the Institute for Government,
10 the government think tank, whose strapline is "inspiring
11 the best in government" and "working to make government
12 more effective". This is a report that was prepared by
13 the authors sitting in the bottom left-hand corner.

14 It's headed "How fit were public services for
15 coronavirus?" We don't need to go to it but just to set
16 this in context, this is a report based on extensive
17 desk research, analysis of government data and
18 interviews of civil servants, frontline staff,
19 representative bodies and other experts.

20 Can we go, please, to page 8 of this report and
21 highlight the final two paragraphs and zoom in on those.

22 "Even before the crisis began [that's the Covid
23 crisis], public services had seen reduced access, longer
24 waiting times, missed targets, rising public
25 dissatisfaction and other signs of declining standards.

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1 their families, and meant that schools, hospitals, GPs
2 and criminal courts have all struggled at times to
3 provide services remotely -- even when greatly reduced."

4 Now, there is reference, repeated reference there to
5 prisons and court centres, and indeed those will be
6 covered in detail in later modules, so I just want to
7 focus for the moment on what the Institute for
8 Government have found in terms of the state of the
9 health public services and the ability for them to react
10 to coronavirus.

11 Is that picture something that you recognise?

12 **A.** The short answer is no, because by the time I left
13 office there were more doctors working in the NHS, more
14 nurses working in the NHS, as Mr Cameron pointed out
15 yesterday diagnostic testing had increased in the NHS,
16 and public satisfaction had remained broadly constant
17 during a difficult period for the economy and for the
18 constraint of spending in public finances.

19 I would make a general observation. I mean, if you
20 put all this together, the health service, the criminal
21 justice system, the education system, the social care
22 system -- I think basically you've just left out
23 defence, but if we had some generals here they'd no
24 doubt want some more tanks -- that is public spending.
25 So you can't just say, "Well, we'd like public spending

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1 to be higher", without then explaining where you're
 2 going to get the money from. I've pointed out the risks
 3 of borrowing the money. So you can certainly go to the
 4 general population and say, "Please will you pay more
 5 taxes". I would note the present Prime Minister just
 6 last year proposed a national insurance rise to pay for
 7 the NHS and it was rejected by his own party and by the
 8 Opposition.

9 So, in other words, this is the job of the
 10 Chancellor of the Exchequer. You are going straight to
 11 the heart of it, which is you've got to balance all of
 12 these competing demands --

13 **Q.** Quite so.

14 **A.** -- within public services, for different services
 15 wanting more money, plus the, you know, constraints on
 16 a country of borrowing the money in international
 17 markets, plus the constraints on the general population
 18 just willy-nilly paying more tax. And, you know, the
 19 taxpayer is also a core participant, in that sense, to
 20 this Inquiry, which is it's got to pay for all of this.

21 **Q.** All right, I understand the point that you're making,
 22 Mr Osborne, and in your witness statement you claimed
 23 that the Department of Health funding for the NHS was
 24 ringfenced or was increased in fact year on year during
 25 the course of your time as Chancellor whilst other

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1 Can we go to page 70 and paragraph 108. I would
 2 like your comment on this, please, once we've read
 3 through it, Mr Osborne:

4 "Functioning of the new local and national ...
 5 public health structures was compromised by austerity
 6 politics. At the local level, the abolition of PCTs
 7 meant that overall public health performance was
 8 strongly dependent on local authority capabilities to
 9 commission and deliver effective services. Ministers
 10 had promised to ringfence the public health budget for
 11 local authorities. However, an in-year cut of
 12 £200 million in 2015 was followed by further reductions
 13 over the next 5 years. According to the Local
 14 Government Association, this amounted to a real term
 15 reduction of the public health grant from over
 16 £3.5 billion in 2015-16 to just over £3 billion in
 17 2020-21 ([a loss of] 14 percent). Other estimates by
 18 the Institute for Public Policy Research spoke of
 19 an even more dramatic reduction from £850 million in net
 20 expenditure between 2014/2015 and 2019/2020 with the
 21 poorest areas in England experiencing disproportionately
 22 high cuts of almost 15 percent. Resulting pressures on
 23 local public health were exacerbated by an overall
 24 49 percent real term cut in central government funding
 25 for local authorities between 2010/11 and 2016/17 and

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1 departments were reduced by up to 19%.

2 **A.** Yes.

3 **Q.** Right. Well, I'd like to explore that with you, please,
 4 in terms of --

5 **A.** I would make one point, that was --

6 **Q.** Please just let me ask my question.

7 **A.** Of course.

8 **Q.** I'd like to explore that in terms of social care and in
 9 terms of public health, because from the time of the
 10 implementation of the Health and Social Care Act of
 11 2012, it's right, isn't it, that certainly certain of
 12 the public health responsibilities moved from the
 13 National Health Service over to local authorities, and
 14 therefore came outside of the budgets, that part of the
 15 budget that the Department of Health would give to the
 16 National Health Service. Do you agree with that?

17 **A.** Yes.

18 **Q.** Yes. So in terms of whether or not the funding for
 19 public health had been ringfenced in the way in which
 20 you describe in your witness statement, what we have to
 21 in fact look at is how the local public health was being
 22 funded through the local authorities.

23 In order to do this, and to demonstrate my point,
 24 can we put up, please, INQ000205178, which is the
 25 witness statement of Dr Claas Kirchelle.

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1 a resulting practice of 'top slicing' whereby
 2 authorities re-allocated ringfenced public health
 3 budgets to other services broadly impacting health and
 4 wellbeing such as trading standards or parks and green
 5 spaces. In 2010, *Healthy Lives, Healthy People* had
 6 promised to give 'local government the freedom,
 7 responsibility and funding to innovate and develop their
 8 own ways of improving public health in their area';
 9 freedom and responsibility had been granted, but funding
 10 was often lacking."

11 What do you say about that, Mr Osborne?

12 **A.** Well, there are several things I'd say about this.

13 I mean, first of all, I think it's universally accepted
 14 that the decision, which was not mine, it was taken
 15 elsewhere in the government, but the decision to
 16 transfer public health from the NHS to local authorities
 17 has turned out to be, broadly speaking, a good thing.
 18 There is no one, as far as I'm aware, arguing that it
 19 should be returned to the NHS --

20 **Q.** What about the funding position?

21 **A.** Well, we'll come on to the funding position, but, you
 22 know, the central -- because this is actually --
 23 you know, also helps address the funding point. So,
 24 first of all, that was an important decision, and it
 25 meant that public health decisions were tied in with

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1 other decisions that local government takes around
2 housing and the like, licensing, recreation facilities,
3 and so on.

4 Second, as it happens, during the period I was
5 Chancellor the public health budget went up. The
6 numbers you refer to are from 2015 to 2020 --

7 **Q.** Yes.

8 **A.** -- and I'd left office shortly after 2015. But I would
9 make a broader point which is, you know, here there's
10 a kind of challenge, which is a classic policymaking
11 challenge, of to what extent do you try and ringfence
12 things and say local authorities must spend this money
13 on this particular thing. Indeed, public inquiries of
14 all kinds have generally led to conclusions that budgets
15 should be ringfenced for the thing the public inquiry
16 was looking at.

17 **Q.** Yes.

18 **A.** Then, over time, a local authority has less and less
19 discretion about how to spend money, because this bit's
20 ringfenced and that bit's ringfenced and so on, and you
21 either -- you (a) erode local decision-making and local
22 democracy, and you also end up with a whole load of
23 siloed individual ringfences. So, as a government, the
24 Cameron government, of which I was an active part, was
25 actually promoting localism, and indeed we went further

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1 decision to ringfence the NHS and, indeed, to ringfence
2 some of these public health grants.

3 By the way, I might just observe that Public Health
4 England, which we created, was absolutely instrumental
5 in coming up, I think within three days, for a test with
6 coronavirus. So we did put in place structures that in
7 2020 did deliver in the case of developing a very rapid
8 test which was required for this brand new disease.
9 **Q.** Well, I'm going to suggest, Mr Osborne, that Public
10 Health England failed in its mission to increase the
11 country's public health. You will know that your
12 Secretary of State for Health and then Health and
13 Social Care, Jeremy Hunt, has provided a witness
14 statement to the Inquiry in which he says that he
15 acknowledges that during his time as Secretary of State
16 the NHS required more funding. There was, as you have
17 already acknowledged, a rapidly rising demand for
18 services, an ageing population, that he considered that
19 there were staffing capacities within the system that
20 were causing difficulties, and that the NHS workforce
21 requirements, which have historically been considered in
22 an ad hoc way, need to be sorted out in order for the
23 National Health Service to properly support the capacity
24 that's required.

25 That's in normal circumstances, but when one takes

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1 in devolving power, such as indeed the NHS and public
2 health and social services in Manchester to the Greater
3 Manchester authority we created --

4 **Q.** But to work, the system has to be properly funded,
5 doesn't it?

6 **A.** Well, then you come to the point which is -- and by the
7 way, local government has its own resources, it can
8 raise -- or cut -- local taxes. Part of the taxation
9 system is in the hands of local government. But I would
10 make a --again, then I make the point, first of all,
11 money is not the solution to all public health problems.
12 I introduced a sugar tax which has had, I believe, a big
13 impact on reducing sugary drinks and helping with
14 obesity levels in the UK, smoking during the Cameron
15 government reduced as a -- quite dramatically the amount
16 of -- the proportion of the population smoking.

17 So you can do all sorts of other things to help with
18 public health. If you're coming back to, like, the
19 public health budget, well, then, you know --

20 **Q.** That's what the question was.

21 **A.** Okay, well, then, you know, that will straddle several
22 different parts of government. Again, comes into the
23 general question you've got of which budgets you're
24 going to cut or what money you're going to borrow or
25 what taxes you're going to put up. And we'd made a

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1 that into account when the pandemic hit, do you accept
2 his criticisms that the system was not working as
3 properly as it should be, and that part of the reason
4 for that must have been the funding?

5 **A.** Well, I've read his evidence, which I thought was very
6 good and had some interesting constructive ideas for the
7 future around testing capabilities and so on and lessons
8 to be learned from South Korea and Taiwan and other
9 countries. I think, from memory, he actually identifies
10 Brexit and immigration as one of the problems: that the
11 health service had relied on a stream of people coming
12 into the country to fill posts in nursing and, you know,
13 other parts of the medical profession, and that,
14 you know, proved problematic during the period he was
15 health secretary.

16 **Q.** Do you --

17 **A.** I had by then left the government.

18 **Q.** All right. Do you agree that, however well funded you
19 say the NHS was during your time as Chancellor, it
20 simply wasn't enough?

21 **A.** No, I don't accept that. I mean, what I accept is you
22 could spend more money on the NHS, just like you could
23 spend more money on the court system, more money on the
24 school system, more money on the army, but you have to
25 make a calculation of, you know, balancing the resources

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1 each of those services get, and the central calculation,
2 which every household has to make, is: what can we
3 actually afford? Because -- what's the revenue that's
4 coming in?

5 So I think, you know, we prioritised health, I would
6 also -- you know, it's not insignificant, this, that at
7 the 2010 general election this is exactly what we said
8 we were going to do, cut other areas but increase
9 health. We went into the general election telling the
10 public we were going to cut those other services. And
11 in 2015 we also said the same thing, and on both cases,
12 you know, the public put their confidence in us. So, in
13 terms of also democratic accountability, I don't think
14 the public were misled about what the government would
15 do and, the evidence of the 2015 election, were prepared
16 to continue to place their trust in us.

17 **Q.** Can we display, please, INQ0000119293.

18 This is the OBR's first fiscal risk report from July
19 of 2017. I've already made reference to it. Can we go
20 to paragraph 162 and look at -- sorry, page 162, and
21 look at paragraphs 6.66 and 6.67.

22 This was the risk report provided a year after you
23 had left office and, if we can look, please, at in fact
24 6.66 we will start with. Thank you very much. It's
25 headed "Pressures on the adult social care budget and
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1 from the NHS. Spending on adult (and children's) social
2 care exceeded local authorities' budgets in 2014-15 and,
3 by a bigger margin, in 2015-16."

4 This is the organisation that you created telling us
5 here that, so far as local authority budgets are
6 concerned, and adult social care is concerned, the
7 picture was not great. Do you agree?

8 **A.** Well, I'm not saying -- I'm sure it does say that, to be
9 honest. I mean, I think it points out that there are
10 pressures on the adult social care system. That's
11 a statement of the obvious. In all advanced democracies
12 at the moment. Then it goes to point out that there
13 were reductions in the local government budget.

14 Yes, there were. We announced -- they're not like
15 secret reductions in the local government budget. They
16 were publicly announced as part of a programme of trying
17 to reduce government expenditure. But if you exclude
18 local government, education, defence, criminal justice,
19 and the NHS, you haven't got anything left. That is
20 what public expenditure is. Plus welfare spending,
21 which, you know, people are also not keen on having
22 reduced, welfare entitlement.

23 So yes, there were reductions in local government
24 budgets. That's because the country had had an enormous
25 financial crash, was poorer than it had been before, was
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1 how government has responded":

2 "As with health, there are visible signs of pressure
3 on the adult care system. In the past two years,
4 governments have announced top up funding and delayed
5 reforms that would increase costs further. This
6 Government has stated that 'further reform is required
7 to ensure that the system is prepared to meet the
8 challenges of the increasing numbers of over 75s' and
9 that it will 'work with partners at all levels,
10 including those who use services and who work to provide
11 care, to bring forward proposals for public
12 consultation'.

13 "6.67 Signs and sources of pressure on the adult
14 social care budget include:

15 "Pressure on local authority budgets has fed through
16 to adult social care: For those authorities in England
17 with responsibility for adult social care, it is their
18 largest item of discretionary spending. Local authority
19 budgets have been squeezed by cuts to grant funding and
20 limits on council tax rises. As a result, English local
21 authorities' total net current expenditure fell by 13.3
22 per cent in real terms between 2010-11 and 2015-16.
23 Within this, total spending on adult social care fell by
24 less, but local authority spending on it still fell by
25 9.1 per cent over the same period, including transfers
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1 going to be permanently poorer, there was an impact
2 on -- you know, its permanent potential had been
3 impacted by the crash, and we had to try to make sure
4 that public expenditure fitted the size of the economy,
5 whilst getting the economy growing and putting people
6 into work and reducing poverty, which all happened under
7 our watch as well. So we got the economy going so that
8 you could afford to spend, ultimately, more on those
9 things.

10 I would just say, on social care it's really
11 straightforward. There are two people who can pay for
12 social care: the taxpayer can pay, and then you've got
13 to be prepared for higher levels of general taxation.
14 Rishi Sunak's NHS and social care levy was rejected by
15 the Conservative Party and the Labour Party in the last
16 year. Or you can ask people to sell their homes, the
17 assets they have, to pay for that social care. There is
18 no one else who is going to pay for it. The taxpayer or
19 the individual. And the political system for 20 years
20 under governments of all colours have rejected those two
21 options, which is why you continually read that there is
22 an ongoing, you know, debate about what the -- the
23 social care problem is unsolved. That's because the
24 solutions are currently unpalatable to the political
25 system, which I would suggest is a reflection of being
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1 unpalatable to the broader taxpayer and society.
 2 **Q.** But what about the effect of falling expenditure? You
 3 know that last week the Inquiry has heard from
 4 Professors Marmot and Bambra, who told the Inquiry that
 5 changes in the social determinants of health because of
 6 austerity since 2010 were likely to be the causes of the
 7 adverse changes in health and health inequalities in
 8 the UK.

9 Also I know that you've had sight of the statement
 10 of Professor Kevin Fenton, the president of the
 11 United Kingdom Faculty of Public Health, who has told
 12 the Inquiry that a key lesson learned through the
 13 pandemic has during been the importance of robust
 14 engagement with potentially disproportionately affected
 15 populations both in the planning and preparedness.

16 What I want you to consider, Mr Osborne, is,
 17 firstly, that government policy had an effect on health
 18 and social care which meant that those in the worst
 19 situations of society were disproportionately affected
 20 when Covid hit; and secondly, that that was
 21 identifiable, it was predictable, and it should have
 22 been part of the government planning?

23 **A.** I just completely reject that. And, you know, in the
 24 case of the Marmot and Bambra report, you know -- and
 25 obviously they -- there's a lot of very interesting work

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1 and then even in the same paragraph go on to point out
 2 that Iceland had some severe health effects from the
 3 crisis. And they leave out the United States, which was
 4 the primary example of a country in the west that tried
 5 a stimulus programme as opposed to an austerity
 6 programme, because they say, oh, yes, well, actually,
 7 mortality fell there. I've even done my own research
 8 and found out that mortality fell in Germany for the
 9 poorest part of the population during the period I was
 10 Chancellor, and I don't think anyone thinks that Germany
 11 pursued a particularly tough austerity programme during
 12 that period. So I just reject --

13 **Q.** All right, I understand.

14 **A.** I just reject -- I would centre on their central
 15 conclusion, which is:

16 "National economic wealth ... has long been
 17 considered as the major global determinant of population
 18 health ..."

19 **Q.** So your evidence, Mr Osborne, is that, although you
 20 acknowledge that, in certain aspects, the effects of
 21 Covid were felt more keenly by those most disadvantaged
 22 in society, that has no connection whatsoever to the
 23 effects of austerity that were brought in in 2010?

24 **A.** That's absolutely my contention.

25 **Q.** Right.

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1 on health inequalities which we did a huge amount to
 2 seek to address, they had this statement, at
 3 paragraph 151:

4 "National economic wealth (ie ... [GDP]) has long
 5 been considered as the major global determinant of
 6 population health ..."

7 Of course. In other words, that's what happened.
 8 Britain had a huge economic crash, the greatest since
 9 the 1920s and '30s Great Depression, and of course that
 10 had an impact on poverty in the country. It would have
 11 been worse, in my view, and in the view of many other
 12 people, including the Governor of the Bank of England at
 13 the time, Mervyn King, had we not then also tried to
 14 address the risk to the public finances, because that
 15 would have led to a fiscal crisis, like you saw across
 16 much of Europe, that would have meant even less funding
 17 for these public services. We tried to protect to
 18 health service during that austerity programme. And
 19 I -- you know, Marmot and Bambra themselves say that
 20 they can't directly establish causality between
 21 austerity and the mortality rates they look at, and the
 22 only example I can find in their report of a country
 23 that they cite that had a stimulus programme is
 24 Iceland -- which, by the way, has a population about the
 25 size of the borough that this courthouse is in -- right,

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1 **A.** It is true that pandemics will affect poorer people --

2 **Q.** Yes.

3 **A.** -- more severely, and that is one of the great
 4 tragedies, which -- I was trying to try to alleviate
 5 poverty and direct services towards them. I think
 6 everything we did, to try and ringfence the NHS budget,
 7 to provide stable finances so that they were not further
 8 affected by fiscal crisis, things like universal credit
 9 which were introduced, all of these things were done to
 10 try and protect the poorest part of the population.
 11 Indeed, I was the first Chancellor ever to publish
 12 distributional analysis of the effect of my policies,
 13 budget after budget, precisely to show that we were
 14 trying to direct resources in constrained times to the
 15 poorest and most vulnerable --

16 **Q.** Yes, all right --

17 **A.** -- who are, indeed, generally more exposed to things
 18 like pandemics, tragically.

19 **LADY HALLETT:** Ms Blackwell, how are we doing? Because
 20 I think, if I may say so, Mr Osborne and I share
 21 a tendency which is to speak very fast, and the
 22 stenographer, I'm afraid, has had a tough morning.

23 **MS BLACKWELL:** I only have two more questions.

24 **LADY HALLETT:** You think you can finish by 1.00?

25 **MS BLACKWELL:** Yes, I will finish by 1.00.

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1 **A.** Can I apologise through you, my Lady, for talking too
2 quickly for the stenographer.
3 **LADY HALLETT:** Don't worry, I do it too.
4 **MS BLACKWELL:** Two final questions, please, the first going
5 back to health economics, and I'd like to put to you the
6 statement made by Professor Sir Chris Whitty in his
7 witness statement -- we don't need to put it up, but he
8 has told the Inquiry this:
9 "There may be a need to look at operational issues
10 and the cost-effectiveness of particular interventions
11 within CMO or SAGE advice, so health economics ... may
12 be relevant to the medical and scientific advice. This
13 is because giving advice which is operationally
14 unfeasible or substantially disproportionate in cost or
15 difficulty is not especially helpful."
16 That is mirrored and expanded by the witness
17 statement of Professor John Edmunds from the department
18 of infectious disease epidemiology at the London School
19 of Hygiene and Tropical Medicine. He says this:
20 "There needs to be far greater attention paid to the
21 economic impact of pandemics and the interventions aimed
22 at controlling them."
23 Thank you very much, it's on the screen.
24 "The economics of outbreaks is a specialised field.
25 Interventions can have major knock-on effects, so that

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1 education over health, in some cases, you know, and that
2 is a very, very -- or -- and other examples like that.
3 And that's an incredibly hard trade-off which I guess we
4 have, in our country, elected governments to try and
5 make on our behalf.
6 **Q.** All right, thank you.
7 Finally, let's just look at the consequences of
8 failing to plan, and can we display, please,
9 INQ000087205 and look at paragraph 16 at page 4 of the
10 Pandemic Diseases Capabilities Board review of
11 April 2022.
12 Paragraph 16, please:
13 "... in line with the National Security Risk
14 Assessment ... methodology, revised pandemic reasonable
15 worst-case scenario models ... represent unmitigated
16 scenarios and so do not include a full risk assessment
17 for the use of NPIs [non-pharmaceutical interventions].
18 Given that the imposition of lockdown in part accounted
19 for a 25% drop in GDP between February and April 2020,
20 the largest drop on record, and numerous secondary and
21 tertiary impacts on all sectors, this represents
22 a significant gap in the UK's assessment of pandemic
23 risk. Noting that, even without government
24 intervention, we would anticipate spontaneous behaviour
25 change and subsequent economic damage. What is more,

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1 individuals who are not directly reached or targeted by
2 the intervention can still benefit, as they have
3 a reduced risk of infection from others. These knock-on
4 effects need to be incorporated into the analysis to
5 avoid underestimating the benefits of public health
6 actions."
7 Pausing there, do you agree with these two
8 scientific experts that there needs to be joined-up
9 thinking between the science and the economy?
10 **A.** Yes, absolutely. I mean -- but I would observe that,
11 you know, if you're trying to think through how a future
12 government might deal with a pandemic --
13 **Q.** Yes.
14 **A.** -- it's not just the health impacts. You know, you have
15 to -- what I think the government wrestled with at the
16 time, I wasn't in it but I can see as an external
17 observer and with my experience, was also the
18 educational impacts, the criminal justice impacts and
19 the like of the lockdown and trying to balance those, if
20 you can apply more -- and, indeed, you know, the impact
21 on businesses and, you know, people's employment. If --
22 you know, trying to -- you can certainly apply more
23 analysis to all of that. I personally think you're
24 going to end up with a very different, difficult
25 essentially sort of human judgment of are you valuing

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1 the secondary and tertiary impact of these measures will
2 have been unevenly spread throughout society,
3 highlighting -- and in areas exacerbating --
4 pre-existing inequalities."
5 Can we go to page 5 and paragraph 18, and can we
6 highlight 18, 19 and 20, please:
7 "The unprecedented use of NPIs and significant
8 changes in public behaviour seen during the Covid-19
9 pandemic required the provision of far greater economic
10 support than pre-Covid planning assumptions suggested.
11 "The planning assumptions in the 2011 UK Influenza
12 Pandemic Preparedness Strategy focused on the economic
13 impacts of sickness absences. As a result, the strategy
14 did not include many of the significant economic impacts
15 we have seen during this pandemic, such as the dramatic
16 drops in economic activity, significant shifts and
17 reductions in consumer spending and disruption to global
18 supply chains. The OBR's fiscal risks report from
19 July 2021 [which we've looked at] suggests the
20 United Kingdom's real GDP declined by an
21 unprecedented 9.8% in 2020 and, as of September 2021,
22 the NAO estimated the lifetime cost of government
23 spending on Covid-19 will reach £370 billion.
24 "Clearly then, in line with recommendation 2.1, our
25 economic risk assessment for pandemics must be updated

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1 to include a broader range of impacts, including the
2 significant potential impacts of NPIs and behavioural
3 changes on different sectors of the economy."

4 Do you agree with that conclusion, Mr Osborne?

5 **A.** Well, I do, I absolutely agree with the conclusion.
6 Knowing the brilliant civil servants of the Treasury,
7 I suspect they've already done it for you. There
8 already will be a load of internal assessments of the
9 future effect of, for example, coronavirus variations
10 that don't have vaccines at the moment that are
11 effective, were they to emerge.
12 **Q.** Yes.
13 **A.** But I would make, you know, I would -- I guess my
14 sort of -- where we started with this was: did the
15 Treasury or indeed any other government, or part of
16 government, or indeed any other western government,
17 anticipate that it might require a lockdown that would
18 impact the economy, as it says here, by a drop of 25%
19 GDP? No, they didn't. But we -- through the programme
20 we pursued, as a government, we created the fiscal space
21 so we could end up spending £370 billion to help people
22 deal with all the adverse effects that the lockdown
23 introduced in terms of their education, the way the
24 criminal justice system worked and, above all, their
25 employment, and we kept people, as a country,

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1 **LADY HALLETT:** I will indeed. I shall come back at 2.00.
2 Thank you very much indeed, Mr Osborne, and I'm glad we
3 could complete you before lunch.
4 Thank you.

5 **(The witness withdrew)**

6 **(1.02 pm)**

7 **(The short adjournment)**

8 **(2.00 pm)**

9 **LADY HALLETT:** Yes, Mr Keith.

10 **MR KEITH:** My Lady, this afternoon we're hearing from
11 Professor Dame Sally Davies, notably the former Chief
12 Medical Officer for England between 2010 and 2019.

13 **DAME SALLY DAVIES (sworn)**

14 **Questions from LEAD COUNSEL TO THE INQUIRY**

15 **MR KEITH:** Dame Sally, could you give the Inquiry, please,
16 your name.

17 **A.** Sally Claire Davies.

18 **Q.** Thank you.

19 Dame Sally, thank you very much for your assistance
20 to the Inquiry. You have been provided with a great
21 deal -- many documents, and I know a considerable amount
22 of midnight oil has been burnt in preparation.

23 Whilst you give evidence, could you please keep your
24 voice up so that we may hear your evidence and of course
25 so that the stenographer can hear you for the

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1 economically in a much better shape than they would have
2 been if we had not been able to spend that money. And
3 that's because we created the fiscal space, it meant we
4 avoided the banking crisis and we did that because of
5 the reforms that happened during the period that I was
6 in government and as a result of the determined effort
7 to fix the roof.

8 **Q.** I'm sure that in subsequent modules the Inquiry will be
9 told whether or not these plans are indeed now in
10 practice, but if that's right, Mr Osborne, it's a shame
11 that this wasn't done before, isn't it?

12 **A.** Well, I would just point out no one I'm aware of
13 anywhere in the western world, maybe anywhere in the
14 world, said, "You know what governments should prepare
15 for? They should prepare for a coronavirus pandemic
16 that will require us to lock down the entire economy for
17 months on end". Obviously if someone had said then that
18 there would be a legitimate question, which is: why
19 aren't you preparing for it? But unfortunately no one
20 did. And as I say in my own evidence, I of course
21 dearly wish that they had.

22 **MS BLACKWELL:** My Lady, that concludes my questioning of
23 this witness. There are no Rule 9 requests by any other
24 core participant. It's now 1.00. Would you like to
25 rise, please?

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1 transcript.

2 If I ask a question which is not clear, please don't
3 hesitate to ask me to repeat it.

4 You provided, helpfully, a witness statement dated
5 4 May 2023. Could we have, please, INQ000184637, and
6 page 14. There is the statement of truth and the
7 declaration dated 4 May 2023.

8 My Lady, could that be published?

9 **LADY HALLETT:** Certainly.

10 **MR KEITH:** Dame Sally, you were from 2004 to 2016 the Chief
11 Scientific Adviser to what was then known as the
12 Department of Health, but which became the
13 Department of Health and Social Care, and also
14 Director General for Research in the Department of
15 Health.

16 You were, between June 2010 and October 2019 the
17 Chief Medical Officer for England.

18 Between 2014 and 2016, you were a member of the
19 executive board of the World Health Organisation.

20 Between 2017 and 2020 you were a co-convenor of the
21 United Nations Interagency Coordination Group on
22 Antimicrobial Resistance.

23 Are you currently Master of Trinity College
24 Cambridge?

25 **A.** Yes, the post that you omitted that would be useful for

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1 the Inquiry to be aware of is that, as Chief Medical
2 Officer for England, I was also the UK Government's most
3 senior medical adviser.

4 **Q.** Thank you.

5 That is in fact where I propose to start. Could you
6 tell the Inquiry, please, something about the role of
7 being the Chief Medical Adviser and being the Chief
8 Medical Officer.

9 **A.** So, Mr Keith, the Chief Medical Officer is by nature
10 a doctor, a leader, appointed as an independent adviser
11 to government, cross-government and contributing to
12 cross-government as needed or asked, COBR, SAGE -- which
13 I'm sure we'll talk about -- with high security
14 clearance that was needed during the Novichok time.

15 I -- when I started in 2010, I was interim for
16 one year before I was appointed through a competitive
17 process. I had no Deputy Chief Medical Officers and no
18 budget for them, despite the fact that my predecessor at
19 one point had had five Deputy Chief Medical Officers and
20 a broad span. The maximum my office came to was
21 13 people, including those two DCMOs, when I got the
22 money and appointed -- for instance I headhunted
23 Jonathan Van-Tam, I appointed the present --
24 Jenny Harries, the present head of UKHSA, both of whom
25 are superb, as you know.

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1 that span.

2 As CMO for England, I was **primus inter pares** with
3 the other Chief Medical Officers of the devolved
4 administrations, and met them regularly. I expect
5 you'll want to talk about that.

6 I was head of profession for doctors in the
7 government, but part of the collective leadership of
8 medicine with presidents of royal colleges.

9 So I think that probably gives you a feel for it.

10 **Q.** Yes, that is a broad scope, if I may say so, Dame Sally.

11 Very broadly, within your functions -- and you've
12 just referred to these two general categories -- you
13 were responsible therefore for health protection. In
14 that very broad categorisation, do we include matters
15 such as health emergencies, the risk of infectious
16 diseases, pathogenic pandemics, antimicrobial
17 resistance, all things which pose a threat by virtue of
18 hazard to the health protection of England?

19 **A.** Mr Keith, I was not responsible, I advised on all those
20 issues, and cared about them, because I care about the
21 public. Patients, for me as a doctor, always came
22 first, but I needed to get the advice from experts such
23 as Public Health England, academia.

24 **Q.** I didn't in fact suggest that you were primarily or --

25 **A.** Thank you.

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1 I had a statutory responsibility to write an annual
2 report on the state of the nation's health in whatever
3 way I chose.

4 My predecessor focused on patient safety, and
5 I focused, following my first annual report in 2013, on
6 antimicrobial resistance, AMR, which are superbugs.
7 That's the grand ongoing pandemic, killing across the
8 world 1.2 million every year, the third most important
9 underlying cause of death; and so I imagine as we
10 talk -- or I expect as we talk about pandemics, I will
11 be able to show you how difficult it is to raise
12 awareness and get action even when the deaths are
13 happening, and AMR is a very good example of that.

14 I had a responsibility to communicate as CMO, often
15 known in inverted commas as the nation's doctor, we saw
16 that during the pandemic but I played my role there, and
17 of course no CMO can cover every area and be expert.

18 My background is haematology, I'm a sickle cell
19 disease expert as a matter of fact, whereas my successor
20 is an epidemiologist in infectious disease, and my
21 predecessor was straightforward public health with some
22 orthopaedic surgery before. And that's why we need
23 Deputy Chief Medical Officers, who have different
24 expertises, one in health improvement, one in health
25 security, or protection, so that the office can cover

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1 **Q.** -- even solely responsible for those areas. I was
2 asking you whether or not the broad nature of the
3 functions that you discharged could be divided into
4 those two categories --

5 **A.** Yes.

6 **Q.** -- health protection, and health improvement?

7 **A.** Yes.

8 **Q.** Right.

9 So under health protection, AMR, health emergencies,
10 pandemic outbreaks, the risk of pathogenic disease and
11 so on, and what is health improvement concerned with?

12 **A.** Health improvement. Well, one reason we had a bad
13 outcome from Covid -- and I presume would get from flu,
14 but we have thankfully not tried it -- is because of
15 what you have been told are health inequalities.
16 I would talk about the lack of resilience in the
17 public's health. 25% of children in year 6 are obese,
18 60% of adults are obese or overweight, we have high
19 levels of diabetes. It's -- the health improvement is:
20 how does government play a role improving the health of
21 people? Because there is a libertarian view that it's
22 all down to each of us as individuals and how strong we
23 are, but of course it isn't about that. It is much more
24 about the structure of our society and how to make the
25 healthy choice the easy choice, whether it's activity or

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1 what we eat or anything else.

2 **Q.** Are you able to say what proportion of your time was
3 spent on health protection as opposed to health
4 improvement, or is that an impossible question?

5 **A.** It's so varied from month to month. I mean, I'll take
6 Novichok again, because I mentioned it. Over the period
7 of a month, I did nothing but Novichok, and the Russians
8 poisoning people. But other times I could do more. For
9 instance, when the policy team were thinking about
10 obesity, then they would come and consult me.
11 I discussed with the Treasury the framing and the work
12 on the sugar levy, I set up a challenge meeting inviting
13 Cabinet Office, Prime Minister's office, as well as our
14 policy teams with academics, around obesity, both to
15 hear the latest evidence but to model to people in
16 government that I could say I didn't know, "Please help
17 me, please tell me". And that seemed to me important,
18 not only the information but the style of how you go
19 about making policy.

20 **LADY HALLETT:** What do you mean by a challenge meeting?

21 **A.** I got in people who were expert at things and we would
22 structure it so they would give short interventions with
23 slides and then allow policymakers to say, "But we
24 thought this", or "We want to do this", my Lady, or then
25 to say "You seem to be going, policymakers, in this

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1 then move.

2 **Q.** Before you were Chief Medical Officer, as I summarised
3 earlier, you were Chief Scientific Adviser in the
4 department -- what was then the Department of Health.
5 Is the role of Chief Medical Officer equivalent at all
6 to the role of a departmental Chief Scientific Adviser,
7 or does it have a greater degree of independence?

8 **A.** Oh, the CMO has, at least as I was, total independence
9 of thought and ability to advise. The Chief Scientific
10 Adviser is there to advise their department, and in that
11 role I would try and help policy teams and ministers
12 know what the latest science was, or if they'd
13 commissioned something, look at it for some sanity or
14 recommend peer reviewers.

15 Of course, it was me in -- I was appointed in 2004
16 at director general level -- who persuaded government to
17 let me set up the National Institute of health research,
18 so that we had much more applied research and science
19 and so that we could develop the infrastructure that
20 then saved many lives, of the NIHR managed -- note
21 "managed" -- clinical research networks, which were the
22 networks that ran all the trials that gave us treatments
23 that worked, ran the trials to show whether vaccines
24 worked. So I, as CSA, did most on setting up NIHR and
25 making it effective and deliver for the nation and the

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1 direction and our evidence suggests that this doesn't
2 work, or you'd be better doing the following". So
3 trying to get a constructive, challenging in
4 a constructive way discussions on some subjects.

5 **MR KEITH:** May I now ask you to put the position of Chief
6 Medical Officer structurally into the right place in the
7 overarching nature of the government, by which I mean
8 the CMO does not sit in any government department but
9 was there any kind of administrative structure around
10 you -- an office, for example -- and to what extent were
11 you obliged to liaise with government departments,
12 whether it be the Department of Health, whether it be
13 the Cabinet Office, the Department for Levelling Up,
14 Housing and Communities, and so on?

15 **A.** So the Chief Medical Officer sits in the
16 Department of Health, now DHSC, supported by a small
17 team, as I said, only 13 in total in the
18 Department of Health, working mostly on health with
19 health, but working also with the Cabinet Office,
20 Number 10, and other departments.

21 I did quite a bit of work with DfID and the
22 Foreign Office, because of global health. Not only do
23 I care how people live and their health round the world,
24 but our best insurance to nasty things coming here is
25 making sure they don't overwhelm those countries and

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1 nation's health more than looking inwards.

2 **Q.** As the Chief Scientific Adviser to the
3 Department of Health and as a Director General in the
4 Department of Health, were you more closely concerned,
5 therefore, with workstreams, with work being done within
6 the Department of Health as opposed to the discharge of
7 your functions latterly as Chief Medical Officer?

8 **A.** No, I ran the R&D directorate, but I didn't have any
9 other directorates. I attended the board and things
10 like that and contributed, but they are moderately
11 independent, managed. I was performance managed by the
12 chief -- by the permanent secretary, and of course
13 I think you will have heard something about holding, but
14 the whole point of how we commission research in this
15 country is that the politicians can not only set the
16 budget but decide on big areas they want investment, but
17 they can't decide where the money goes.

18 Indeed, one of my clashes with ministers was when
19 they didn't like a recommendation that I had to clear
20 with them, which had been put -- advised by
21 an international panel, and I had to say, "It is your
22 right to overrule me, but if you do I will resign".
23 I was not overruled.

24 **Q.** No one in this country could be unfamiliar now with
25 SAGE, the scientific advisory group connected with

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1 emergencies. What is the role of the Chief Medical
2 Officer when it comes to SAGE, where SAGE is dealing
3 with a major health emergency?

4 **A.** So when I started in 2010, the pandemic 9/10 of flu was
5 declared over. In fact, in that first winter of
6 Christmas 2010/2011, I realised I was in wave 3 of the
7 flu pandemic. We've also reviewed how things had gone
8 in the 9/10 pandemic, and one of the things that came
9 out of it was that the SAGE had been chaired by the
10 government's Chief Scientific Adviser, and though our
11 Chief Scientific Adviser -- me at that time -- had gone
12 to SAGE, this wasn't a very good way of knitting
13 together all the different bits of advice and trying to
14 make it as effective as it should be.

15 I would sit there and listen in SAGE to people
16 talking about, "Well, is it safe to transfuse blood" or
17 something, and I'd say, "But we have an expert
18 committee, SaBTO, we have to ask them because they know
19 what they're talking about".

20 So we then discussed it and over the next couple of
21 years came to an agreement that when there was a medical
22 emergency or an emergency with health impact, that the
23 CMO would co-chair.

24 **Q.** So in fact you participated in SAGE in a number of
25 different roles and with a number of hats on, because

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1 **A.** Yes.

2 **Q.** You've said, Dame Sally, you've reminded us that you're
3 an expert in haematology; where a CMO co-chairs
4 a health-convened SAGE, may that SAGE call upon not just
5 the assistance, the expertise of the attendants at that
6 particular meeting -- so in your case your
7 haematological experience -- but the expertise of
8 everybody at the meeting but also of a number of other
9 bodies, subcommittees and advisory groups who may be
10 staffed by experts in other different fields?

11 **A.** I was very strong that we should, where we had
12 an existing expert committee, call on them, and we did.

13 **Q.** Could we have on the screen INQ000204104.

14 Would you please help us, Dame Sally, with getting
15 our bearings in relation to some of the bodies which
16 advise in the field of health emergencies.

17 This is what's now familiarly become known as the
18 spaghetti chart, but it is a schematic representation,
19 Dame Sally, of most, not all of the bodies concerned in
20 pandemic preparedness and response structures in the
21 United Kingdom and England -- this is not the chart
22 relating to Scotland, Wales or Northern Ireland -- and
23 it faithfully attempts to recreate the position as at
24 August 2019.

25 It's actually quite difficult to alight upon any

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1 you were initially --

2 **A.** Yes.

3 **Q.** -- a participant in SAGE because you were the
4 Department of Health Chief Scientific Adviser, that was
5 in relation to swine flu, the 2009 pandemic, then in
6 relation to Ebola you were on SAGE, or rather pre-SAGE?

7 **A.** Yes.

8 **Q.** Then after that, you participated in the SAGE that was
9 convened to deal with the Novichok poisoning in
10 Salisbury and Amesbury because by then you were the
11 Chief Medical Officer of England?

12 **A.** Correct.

13 **Q.** Is it part of the role of the Chief Medical Officer to
14 provide technical insight and guidance and of course
15 advice to SAGE as well as chairing it or co-chairing it
16 in the event of a major health emergency?

17 **A.** Well, as CMO, I'm quite careful about what I really know
18 and what I don't, so if it came into my personal
19 expertise, I would put it in, but in general I went to
20 those meetings briefed not only by Public Health England
21 and other experts but also aware of the situation in the
22 NHS, and so I was there bringing that understanding and
23 the kind of common sense as a doctor who had worked with
24 patients and the system for many, many years.

25 **Q.** So to some extent a clinical view as well?

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1 particular name in the mass of names and bodies, but
2 towards the top of the page in yellow you will see COBR,
3 the Cabinet Office Briefing Rooms, and underneath that
4 you will see the Chief Medical Officer, England, and
5 that was you at the relevant time.

6 To the right, Government Chief Scientific Adviser.
7 Did the Government Chief Scientific Adviser co-chair
8 SAGE in the event of a health emergency?

9 **A.** Yes.

10 **Q.** And underneath the CMO and the GCSA, we can there see
11 SAGE, Scientific Advisory Group for Emergencies.

12 What were -- because we're going to hear a great
13 deal more about them in due course -- SPI-B to the left
14 and SPI-M-O to the right?

15 **A.** So I should say that it was the Government's Chief
16 Scientific Adviser who was the senior chair, because
17 their office provided the secretariat for SAGE and they
18 ran all the other SAGES.

19 The SPI-B was a group that could be set up on
20 behaviour, so trying to advise on how the public might
21 respond to various issues. It arose during the Ebola
22 14/15 time when we realised that anthropologists and
23 ethnography were terribly important to the response and
24 was reconvened thereafter when SAGES were needed,
25 definitely in Covid.

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1 SPI-M is the modelling subgroup, O because during
2 Covid it was active, out of an emergency it's just
3 SPI-M. It brings together modellers -- here we're
4 talking about infectious diseases but you can model any
5 emergency, whether it's flooding or anything else from
6 the relevant departments -- with academics coming in,
7 and the objective was to bring their different models
8 and come with a consensus agreement to SAGE that then
9 generally the GCSA would take into COBR the modelling.

10 **Q.** All right. When you say SPI-M-O was active, does that
11 mean it was operational, hence O?

12 **A.** Yes.

13 **Q.** And SPI-B is the group in relation to behaviours --

14 **A.** Thank you.

15 **Q.** -- and therefore SPI-B.

16 On the right-hand side of the page, you will see the
17 reference to other government departments and,
18 underneath that box, departmental Chief Scientific
19 Advisers.

20 You've referred already to the Government's Chief
21 Scientific Adviser, but did major government departments
22 have their own internal Chief Scientific Advisers?

23 **A.** Almost all of them did, and they met weekly with the
24 Chief Scientific Advisers, so it was a broad network.

25 **Q.** At the top left-hand of the page, you will see NERVTAG,
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1 **MR KEITH:** Yes --

2 **A.** Yes, it's three-dimensional.

3 **MR KEITH:** -- but I can't even pray in aid a dotted line.

4 There is no link at all on this chart.

5 **LADY HALLETT:** But it is an important connection,
6 Dame Sally, so you're quite right to point it out.

7 **MR KEITH:** So we can see there, Dame Sally, Chief Medical
8 Officers for each devolved nation, and of course that
9 includes all the nations.

10 Further down the page, so to the right of Chief
11 Medical Officers for each devolved nation but above the
12 big blue box in the middle, there is something called
13 the Moral and Ethical Advisory Group, MEAG. Was that
14 also a permanent body which provided advice on moral and
15 ethical matters?

16 **A.** No, that was set up much more recently. It may be
17 permanent now, but that was not, as far as I'm aware,
18 present through most of my time.

19 **Q.** Right, it is permanent but it wasn't in place, you're
20 quite right, throughout the currency of your holding of
21 the post of CMO.

22 Then in the middle, because this is a health
23 emergency, the lead government department is the
24 Department for Health and Social Care, and within that
25 blue box, just to the right of the marked-up passage,
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1 New and Emerging Respiratory Virus Threats Advisory
2 Group. Was that a body which reported in to SAGE when
3 required but also permanently gave advice on, as it says
4 on the tin, respiratory virus threats?

5 **A.** As it says on the tin, yes, new and emerging respiratory
6 threats, not predicting what might appear, they reported
7 in to the department and myself as Chief Medical
8 Officer; we took their advice into SAGE and COBR.

9 I think you've done really well with this, because
10 of course it's a three-dimensional spaghetti mess.

11 **Q.** Yes.

12 **A.** And I would just say that the Office of the Chief
13 Medical Officer supported the Chief Medical Officer and
14 the Deputy Chief Medical Officer, so I would have put
15 them all together. I would have put them kind of much
16 closer to the Department of Health but not fully in it,
17 and I do want to point out that I worked, as does my
18 successor, very closely with the CMOs in the devolveds
19 as well.

20 **Q.** Yes. Well, there is a -- yes, there's no direct link,
21 is there, on the chart between Chief Medical Officers
22 for each devolved nation and the Office of the Chief
23 Medical Officer?

24 **LADY HALLETT:** I think we've got quite a few links,
25 Mr Keith.

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1 DHSC Chief Scientific Adviser, so there is the CSA for
2 the Department of Health and Social Care.

3 **A.** Who reported to the CMO, and then if you really want to
4 add to your things, of course the health protection
5 research units that you've got bottom left are funded by
6 the NIHR. It was money that I took from Public Health
7 England because I wasn't happy enough with their
8 research and I didn't feel that they linked enough to
9 academia, so I took £20 million and, following
10 discussion with them and policy leads, chose subjects
11 and we commissioned a series -- and they're
12 recommissioned every five years -- of health protection
13 research units run -- commissioned out of NIHR.

14 **Q.** Right.

15 Then just above there, we can see, above the words
16 "Operational response centre", which is a part of the
17 Department of Health and Social Care which came into
18 existence latterly, you can see "Director of Emergency
19 Preparedness and Health Protection". That is one of the
20 major directorates in the Department of Health and
21 Social Care, is it not?

22 **A.** Yes.

23 **Q.** All right.

24 Somewhere on this chart will be Public Health
25 England or the United Kingdom Health Security Agency.

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1 Ah, yes --

2 **LADY HALLETT:** Underneath --

3 **A.** Bottom left, yes.

4 **MR KEITH:** Thank you very much. My eyes are beginning to

5 cross.

6 Public Health England, DHSC. Could you just very

7 shortly explain what was then the function of Public

8 Health England?

9 **A.** Public Health England was a result of the Health and

10 Social Care Act, it brought together the Health

11 Protection Agency and a number of other bodies, I think

12 there were about 70, but essentially bringing together

13 health protection and health improvement, both as

14 an advisory body on policy issues but particularly as

15 a delivery body for public health. They had

16 responsibility for assisting local authorities in

17 appointing their directors of public health in local

18 authorities, and they played a major role in pandemics

19 and health exercises.

20 **Q.** And, Dame Sally, is it Public Health England that was

21 subsequently abolished and its functions divided between

22 the United Kingdom Health Security Agency, to which

23 you've already referred, and a number of other bodies

24 including --

25 **A.** Yeah.

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1 things, can inform each other, and our public health

2 speciality as they train has three pillars, I imagine

3 they call them, that they train in. One is health

4 protection, one is health improvement, one is health

5 services. So people could move between them. So

6 Jenny Harries was doing health protection in Public

7 Health England, I appointed her as my deputy on health

8 improvement, and as a regional director of public health

9 she was rather good, she managed both. So they were

10 trained in all of them. So that was it.

11 I presume that the splitting -- again, going back to

12 what was there before Public Health England -- was

13 an effort to really have a, not just a focus but a grip

14 on response for emergencies.

15 **LADY HALLETT:** Thank you.

16 **MR KEITH:** Finally -- I think I may have said finally

17 already, but finally finally -- there is an important

18 part of the public health structure which is reflected

19 in this chart, which is the local directors of public

20 health, towards the bottom of the page in the middle,

21 below NHS England. Who are directors of public health?

22 **A.** They are a wonderful -- no, a community of some

23 wonderful people who are either doctors or specialists

24 in public health and they have trained in those three

25 areas that I've talked about -- many of them are

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1 **Q.** -- DHSC, NHS and regional health authorities?

2 **A.** Yes.

3 **Q.** All right.

4 Then finally on this chart, towards the right-hand

5 side of the page, up against the departmental Chief

6 Scientific Advisers and all the government departments

7 thereunder, we can see three groups in faint yellow, the

8 UK Zoonoses, Animal Diseases and Infections Group, the

9 Advisory Committee on Dangerous Pathogens, ACDP, and

10 HAIRS, the Human Animal Infections and Risk Surveillance

11 group.

12 Do they all, broadly speaking, do what they say on

13 the tin?

14 **A.** Yes.

15 **LADY HALLETT:** Dame Sally, forgive the comment, but some of

16 us may get the impression occasionally that there's

17 change for change's sake in names of different groups or

18 bodies. What was the rationale between bringing

19 together health protection with Public Health England

20 and then separating it again with other bodies? I mean,

21 why?

22 **A.** My Lady, they were both political decisions. There is

23 a rationale for putting all of the public's health

24 together, because then you have a critical mass and

25 things like data collection and processing, all sorts of

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1 epidemiologists -- and they are situated in local

2 authorities.

3 This was a change that was brought in in the

4 2012 Act. It's reminiscent of the middle of the last

5 century when public health was a local issue, and public

6 health directors were the local medical officers, and

7 they looked after outbreaks and food health safety and

8 things there.

9 So it sounds a really good idea, but of course the

10 government gave budgets with them to local authorities

11 and they were very vulnerable and they ended up cut. So

12 I think they have found it a very difficult role.

13 **Q.** You referred to the 2012 Act. In fiscal terms, and as

14 far as the directors of public health were concerned,

15 did that Act transfer fiscal responsibility for those

16 directors away from central government to local

17 authority, and that of course is why you refer to the

18 fact that local authorities then controlled the budget?

19 So if local authority budgets are cut, equally the

20 budgets of their local directors of public health are

21 cut?

22 **A.** That was in effect what happened, the budget went from

23 the Department of Health to Public Health England -- at

24 least this is how I understood it -- and then out to the

25 directors of public health and became part of the local

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1 authority budget. Public Health England collected the
2 data and accounted for it, but it was cut by local
3 authorities when they needed saving.

4 **Q.** Given what you said earlier about the important
5 functions of the CMO, including health improvement as
6 well as public health, to what extent does the CMO
7 England and Scotland and Wales and Northern Ireland
8 collaborate with and engage with local directors of
9 public health?

10 **A.** So the structures were different in the other devolved
11 and they had roles within the NHS, in their NHSs, which
12 I didn't. I met at least once a year with directors of
13 public health by sharing a conference with the
14 Association of Directors of Public Health; I met the
15 president or chair of the Association of Directors of
16 Public Health more often; I tried some phone-ins, but
17 not many people phoned in. So if I met them, they said,
18 "Oh, so I face" --

19 **Q.** "You are the CMO".

20 **A.** -- "I face very similar issues to you", because I would
21 talk about how you have to try and persuade politicians
22 to put money into things or to recognise the importance
23 of a policy, and I would talk about how difficult it
24 could be, and they'd say "Oh, that's exactly what
25 happens to me".

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1 met four times a year formally, had dinner before to try
2 and build trust, and I involved them in many projects.

3 So I was asked by David Cameron to write guidelines
4 on alcohol consumption, I asked them to join me -- the
5 same with physical activity, the same with the report on
6 screen time -- because doing the work together made it
7 much more powerful, it built our relationships for when
8 there were different times, and actually it's much
9 easier for citizens across the UK if it's one set of
10 guidelines for the whole of the UK.

11 So I did quite a lot of work with them, as did my
12 office, and the civil servants, whether from Public
13 Health England or the department, who were leading bits
14 of this work on my behalf.

15 **Q.** Thank you very much.

16 Could we now turn to the issue of risk assessment.
17 My Lady has heard a considerable amount of evidence
18 concerning what is now known as the National Security
19 Risk Assessment process. You were CMO until October of
20 2019. I think the National Security Risk Assessment for
21 2019 was approved in July of that year, prior to you
22 leaving the Office of the Chief Medical Officer in
23 October 2019.

24 Do you recall having any input into or debating or
25 discussing the draft 2019 National Security Risk

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1 So we had similar jobs, but I didn't have a strong
2 relationship.

3 **Q.** What about with local authorities more generally? So,
4 for example, my Lady has heard evidence about local
5 resilience forums who play an important part locally in
6 civil contingency, they're on the bottom of the chart at
7 the bottom left. Were there any meaningful links
8 between the Office of the Chief Medical Officer or the
9 Chief Medical Officer and them?

10 **A.** No, those links were either with Public Health England
11 or with the EPRR programme.

12 **Q.** All right.

13 And finally on this topic, the devolved
14 administrations. You had regular meetings, did you not,
15 with the CMOs and the deputy CMOs of the devolved
16 administrations, and no doubt you had meetings with the
17 national analogue of Public Health England, so Public
18 Health Wales and the Public Health Agency in
19 Northern Ireland and Health Protection Scotland? Were
20 they all bodies with whom you communicated at some
21 point?

22 **A.** No. I regularly met in different ways with members of
23 Public Health England. I did not have accountability
24 meetings with Public Health England, that sat with the
25 right director general. I met just with the CMOs. We

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1 Assessment?

2 **A.** I don't recall, to be honest, but on the other hand
3 a lot of documents went past me -- and I don't have the
4 world's greatest memory, which is why I've had to bring
5 some notes -- and if I thought it was all right, it
6 wouldn't be likely to stick.

7 **Q.** A point made by the Cabinet Office, both in writing and
8 orally before this Inquiry last week, was that the risk
9 assessment process -- in particular the National
10 Security Risk Assessment for 2019 -- was subject to
11 a considerable degree of external validation, checking,
12 and it was examined by departmental Chief Scientific
13 Advisers, I quote, "policy subject experts, external
14 experts", the Scientific Pandemic Influenza Group on
15 Modelling, the Risk Assessment Steering Group, RASG, and
16 what are known as expert challenge groups, to which you
17 referred earlier.

18 Did they include the CMO?

19 **A.** Not that I recall, but if the CSA -- at that time was
20 Professor Chris Whitty -- was there, I would not feel
21 the need. I trusted him, and he was CSA. I mean,
22 there's a limit to the duplication.

23 **Q.** No, indeed.

24 The Chief Medical Officer of course after you, as
25 you said, is an expert in epidemiology. One of the

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1 major risks, in fact the primary risk, a Tier 1 risk,
2 the highest overall risk in that entire risk assessment
3 process, was of influenza pandemic, of course closely
4 related to the issue of epidemiology.

5 Do you think there was a case for involving or maybe
6 now involving the Office of the Chief Medical Officer in
7 that risk assessment process in order to ask the right
8 questions, to challenge and to probe?

9 **A.** I think it ... it does depend on who is the CSA and who
10 is the CMO. I would be surprised if I could
11 second-guess Chris Whitty. I did -- do know that I made
12 sure that antimicrobial resistance stayed on the list,
13 because I've had such trouble trying to raise awareness
14 of this.

15 **Q.** In your witness statement, you say -- you express your
16 belief that the UK's preparations for a pandemic of
17 influenza reflected a long-standing bias in our
18 preparations in favour of influenza and diseases that
19 had already occurred with, we now know,
20 an underestimation of the impact of novel and
21 particularly zoonotic disease.

22 Part of that underestimation or an explanation for
23 that underestimation may in part be found in that risk
24 assessment process, which focused on pandemic influenza
25 as you know, and arguably failed to give sufficient

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1 about SARS, more recently MERS and Ebola, that they were
2 unlikely to present a wider threat to the UK through
3 sustained spread.

4 So I -- I mean, that was what I was being told.
5 I went to Korea, I came back, and I asked for a MERS
6 practice, and we did Exercise Alice that you may come
7 to.

8 **Q.** Yes.

9 **A.** So I did put some challenge into it, but maybe this is
10 the moment to say how sorry I am to the relatives who
11 lost their families. It wasn't just the deaths, it was
12 the way they died. It was horrible, and I heard a lot
13 about it from my daughter on the frontline as a young
14 doctor in Scotland. It was harrowing, and it remains
15 horrible.

16 **Q.** Indeed.

17 In September of 2019, Johns Hopkins Center for
18 Health Security published a paper entitled "Preparedness
19 for a high impact respiratory pathogen pandemic". Could
20 we have, please, INQ000198916, I think page 6, please.

21 The report examined from a well known, renowned body
22 the current state of preparedness, just on the eve of
23 the pandemic, for pandemics caused by high impact
24 respiratory pathogens, that is pathogens with
25 a potential for widespread transmission and high

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1 attention to the risks of other pandemic pathogens and
2 of their varying characteristics, which may include
3 different incubation periods, asymptomatic transmission,
4 higher transmissions, greater severity and so on.
5 You're familiar with the issues.

6 Why do you think that long-standing bias occurred,
7 and/or was allowed to continue?

8 **A.** So, I've said previously something about groupthink, and
9 there was groupthink, but it wasn't just us; this was
10 the whole global north, the western world thought that
11 flu was the thing to focus on. Let me be quite clear:
12 we've had, in just over a century, four flu pandemics.
13 We will have more, it's only a question of when. So for
14 me the issue is not: should we not prepare for flu; we
15 must prepare for flu. The question is what else we do
16 over and above that, and clearly we could have done more
17 thinking. So we needed -- the system, which included me
18 in that way, needed more challenge.

19 I tried, I -- following a visit to Hong Kong where
20 I learnt a lot about SARS, I did ask unofficially: what
21 about doing a SARS review? And was told, "Oh, no, it
22 won't come here". And I found in a document that is --
23 you have -- someone's given me in an evidence pack,
24 INQ000056256, the national research register -- national
25 risk assessment from January 2016, that it actually says

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1 observed mortality.

2 "Were a high impact respiratory pathogen to emerge,
3 either naturally or as the result of accidental or
4 deliberate release, it would likely have significant
5 public health, economic, social, and political
6 consequences. Novel high-impact respiratory pathogens
7 [so, just pausing there, not just of course influenza]
8 have a combination of qualities that contribute to their
9 potential to initiate a pandemic. The combined
10 possibilities of short incubation periods and
11 asymptomatic spread can result in very small windows for
12 interrupting transmission, making such an outbreak
13 difficult to contain."

14 Of course, Dame Sally, a longer incubation period
15 whilst one is becoming infected, which is asymptomatic,
16 so that one doesn't know one is infected, gives an even
17 greater potential to spread an infection before one
18 becomes aware of the symptoms.

19 "The potential for high-impact respiratory pathogens
20 to affect many countries at once will likely require
21 international approaches ..."

22 The article goes on to raise a general concern about
23 the lack of global attention and consideration of this
24 threat, and it calls for a general better understanding
25 of levels of preparedness structures and capabilities,

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1 and observes that there are notable existing gaps.
 2 In this field of pathogenic learning, it was well
 3 understood, wasn't it, that the next pathogenic pandemic
 4 could have very different characteristics, not just
 5 influenza but differences in terms of transmission,
 6 incubation period and asymptomatic infection?

7 You must have given a very great deal of thought to
 8 this issue. Why did that whole process of risk
 9 assessment, of preparing, producing influenza
 10 strategies, of preparing workstreams to deal with the
 11 consequences and the impact of an influenza pandemic,
 12 not address that feature?

13 **A.** I think the answer is in two halves. So, the first is
 14 of course it was this group that said "We in the States
 15 were in a wonderful position and top of -- along with
 16 the WHO -- top of the charts for our pandemic flu
 17 preparation", which --

18 **Q.** I'm sorry to interrupt, do you mean by there the
 19 reference to the --

20 **A.** Johns Hopkins, yes.

21 **Q.** No, the grading carried out under the auspices of the
 22 World Health Organisation, the joint evaluation, and
 23 also the GHSI chart?

24 **A.** Yes.

25 **Q.** Right.

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1 The second part of the answer is: yes, we did not
 2 have -- the government didn't do the plans, but we
 3 didn't have resilience either and, as I said earlier,
 4 you can't get a good outcome if you don't have
 5 resilience in the public's health, resilience in the
 6 public health system -- it had been disinvested in --
 7 resilience in the NHS, and by comparator data compared
 8 to similar countries, per 100,000 population we were at
 9 the bottom of the table on number of doctors, number of
 10 nurses, number of beds, number of ITUs, number of
 11 respirators, ventilators. We needed resilience in
 12 social care, that was clearly missing, resilience in the
 13 life sciences, about manufacturing, we didn't have that.

14 The only thing we had resilience in, and I'm very
 15 proud of, and it did save millions of lives across the
 16 world, was R&D. But if we don't build those, no plan
 17 will work.

18 **Q.** Dame Sally, could you just explain what you mean by R&D?
 19 Do you mean the clinical expertise, the scientific and
 20 research base in the United Kingdom?

21 **A.** So following Ebola, led by Oliver Letwin, some
 22 considerable amount of money, more than £400 million
 23 Official Development Assistance was made available and
 24 we set up, I think it was £110 million, the
 25 Vaccine Network to look at what we could do -- and

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1 **A.** So that reassured me as a non-expert, but part of that
 2 part of the answer is that first of all I believed that
 3 if we prepared well for flu we should be able to pivot
 4 pretty effectively, and we can't prepare for everything.
 5 Meanwhile, we did a lot of learning as we went. So
 6 after 9/10 there was the Hine review and that 2011
 7 pandemic plan, I came into my role, was to consult on
 8 it, to consult widely, and no one said, "Ah, you've got
 9 it wrong". We were hoping to update it, or at least the
 10 department was intending to in about 2014, but then
 11 Ebola came. But we learnt during Ebola about things.
 12 We -- the Public Health England on behalf of government
 13 put in place screening at the airport, looked at and
 14 modelled quarantining in a hotel and some other facility
 15 which didn't sound very nice, but they did do pieces of
 16 work that I knew we could call on.

17 I knew that during Ebola, because we would
 18 inevitably import some cases, that because of the
 19 pressure I put on the NHS, they had had to make sure
 20 they not only in 2015 had reliable PPE, but I was
 21 assured by their chief medical director that they had
 22 been trained to use that effectively. So I went forward
 23 believing that we had quite a bit of the other things
 24 that we might need in place. Public Health England was
 25 advising on the PPE stockpile.

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1 I chaired the first meeting, then Chris Whitty took
 2 over -- to help prepare for infections that didn't have
 3 vaccines that might occur in low and middle income
 4 countries and might spill over.

5 We funded into Oxford for a MERS vaccine, that was
 6 the basis of the successful Oxford/Cambridge/AstraZeneca
 7 vaccine that saved more lives probably across the world
 8 than the other ones.

9 **Q.** Indeed.

10 **A.** We had -- I'm having to think of all the different
 11 things. Also we put in place after Ebola a rapid
 12 support unit which was co-commissioned out of the London
 13 School of Hygiene and Tropical Medicine and Public
 14 Health England, on the grounds that if you get -- sniff
 15 out something that happens quickly, it's much better and
 16 cheaper, and they would go, at WHO or country request,
 17 all round the world to help countries on breakouts of
 18 Ebola, cholera, things like that. I put in place the
 19 research units, we had the research networks to deliver
 20 all of the clinical trials.

21 I know I've got more I should tell you, but I can't
 22 remember it all.

23 **Q.** Rather than turning this into a memory test, but if
 24 I may say so a very impressive answer, we'll come back
 25 to some of the specifics a little later.

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1 A. Thank you.

2 Q. Therefore just standing back, in terms of -- to use your
3 expression -- the pillars of the United Kingdom's
4 ability to respond and its response, the three areas
5 appear to be the question of resilience -- about which
6 you've spoken, if I may say so, very eloquently -- the
7 issue of research and development, the scientific and
8 research base which led to diagnostic tests being made
9 available extremely quickly, vaccines, of course,
10 antivirals, clinical treatment, the trials and all the
11 data research from Vivaldi and Zoe and the various
12 systems that were put in place.

13 Then the third area is, I suppose, countermeasures,
14 the political and administrative system which was
15 designed to prepare the country for a possible pandemic,
16 and it's in relation to the areas of resilience and
17 countermeasures that you have spoken in the terms that
18 you have in your witness statement.

19 The pandemic preparedness strategy 2011 to which
20 you've referred, INQ000022708, Dame Sally, I daresay
21 that when the strategy came to you for your review --
22 you said you had an input into it -- of course it called
23 itself the influenza pandemic strategy, so I don't
24 suppose anybody was thinking about what other pandemics
25 this strategy document should be designed to address?

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1 relating to non-influenza pandemics?

2 A. No, but I suppose in a way that's why I wanted, I mean,
3 practices, because do you need something else written
4 and long? What you need is the people who will be
5 involved to learn lessons and know how to put it into
6 practice. So I asked, after the German outbreak of
7 E.coli where a number of children died, that we should
8 do an E.coli exercise; I asked about SARS; I initiated,
9 by asking for it, the MERS one.

10 Q. As far as you are aware, did anybody stand up and say
11 "Well, this strategy is solely reliant upon a pandemic
12 influenza, there appears to be no strategy document
13 dealing with non-influenza, where are they? Where is
14 that document?"

15 A. I can remember no one saying that to me. I think
16 I would remember that.

17 Q. In your witness statement, turning now to a different
18 topic, you say this:
19 "As a system, we need to open ourselves up better to
20 challenge, including from external experts."
21 You will know from your comprehensive review of the
22 documentation that the Department of Health and
23 Social Care after the Covid pandemic acknowledges that
24 the department would have benefitted from a fuller
25 understanding of the response by Asian countries, of

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1 A. I was not. It was the beginning of my period. I had
2 a lot to learn.

3 Q. Page 15 says this:
4 "A pandemic is most likely to be caused by a new
5 subtype of the Influenza A virus but the plans could be
6 adapted and deployed for scenarios such as an outbreak
7 of another infectious disease, eg ... SARS in health
8 care settings ..."

9 I pause there, in healthcare settings because SARS
10 wasn't generally understood to be something that was
11 capable of spreading healthcare settings.
12 " ... with an altogether different pattern of
13 infectivity."

14 Is that the same point that you made earlier, which
15 is that you understood that the strategy was to have
16 a plan for influenza which could then be adapted for the
17 purposes of a non-influenza pandemic?

18 A. This was written by my predecessor, who knew much more
19 about this than me. I mean, looking at it now, I still
20 think that some of the plan is, was very useful and can
21 be very useful, but there was more we should have done.

22 Q. Do you recall any debate, when you were the Chief
23 Medical Officer, on the need to update this single --
24 there was no other strategy for influenza pandemic --
25 this single strategy, or to produce a strategy document

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1 course the responses to their experiences of SARS and
2 MERS, both of which had had repeated outbreaks.

3 Can you assist the Inquiry, please, as to -- again
4 you must have given this a great deal of thought -- how
5 we can better learn from the experience of other
6 countries, other systems, and perhaps overseas experts?
7 Because that appears to have been missing in the system
8 at the time.

9 A. So we need to continue to engage with WHO and through
10 WHO we build relationships with other countries. We
11 have two quite useful systems. One is called GHSI,
12 Global Health Security Initiative, which is G7 health
13 ministers plus Mexico, who have met a number of times
14 and we've done exercises with the ministers and their
15 senior advisers. Those have been useful. G20, when
16 Germany was chair we did an exercise in Berlin on Ebola,
17 that was very important for the health ministers,
18 I learnt some things. I actually went and ran one on
19 antimicrobial resistance for the Argentinian G20 that
20 they found very useful. But I also think we need to
21 look at how we bring in external challenge, and it is
22 something about an open policy approach which I was
23 clearly made for, in that I love to have a debate and
24 see if someone can best me and make me change my mind.

25 LADY HALLETT: Do they?

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1 A. Occasionally. Yes.

2 MR KEITH: So, Dame Sally, have you identified, therefore,
3 a second important doctrinal approach, that there can no
4 longer be the level of groupthink to which you referred
5 earlier, but there must be more external challenge and
6 a doing away of what you describe as United Kingdom
7 exceptionalism, the belief -- utterly ill-founded --
8 that we know better?

9 A. I absolutely agree, but I would also say that as we do
10 this, we've got to remember that we have a limited
11 amount of money and limited people, both in the policy
12 space and in the delivery space, whether it's the NHS or
13 public health. And so we also have to, while listening
14 with respect to some of our academic colleagues who come
15 up with things and say: yes, but what is the risk of
16 that happening? Is that something that we need to do
17 a special plan for, or can we do -- can we amend a plan?

18 I mean, it's clear that no one thought about
19 lockdown. I still think we should've locked down the
20 first time, though a week earlier. But during that we
21 should have thought: do we need to further?

22 The damage I now see to children and students from
23 Covid and the educational impact tells me that education
24 has a terrific amount of work to do. We have damaged
25 a generation and it is awful, as head of a college in

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1 A. Yeah, and the impact of that on both the public but the
2 front lines, we had to think about how we should scale,
3 both scale effectively but then maintain that response.
4 And while I'm on it, we should as a government have --
5 well, I'm not government, but I wish that someone had
6 looked at logistics and thought about logistics and
7 supply chains and data better.

8 Q. May we come back to that in the context of some of the
9 recommendations from Alice and Cygnus which of course
10 deal with that.

11 You referred a few moments ago to the failure to
12 think more about how to prevent. Is that a reference to
13 perhaps a further doctrinal error or a strategic error,
14 which was the focus on trying to deal with the assumed
15 catastrophic consequences of an emergency as opposed to
16 trying to prevent those catastrophic consequences from
17 occurring in the first place? What did you mean by
18 that?

19 A. Yes, that was what I was referring to, that we worked on
20 response and I do not remember a conversation about: so
21 how do we stop it getting here? In part because the
22 International Health Regulations of the WHO, to which
23 almost every country signed up to, say that when
24 a pandemic kicks off you do not close the borders. But
25 I did learn during Ebola some important lessons. So the

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1 Cambridge, watching these young people struggle; and
2 I know in the pre-school they haven't learned how to
3 socialise and play properly, they haven't learned how to
4 read at school. We must have plans for those.

5 Q. Well, they, Dame Sally, of course, are all terrible
6 consequences from the lockdown itself, but for the
7 purposes of this module, the position was, wasn't it,
8 that the possibility of a lockdown itself was neither
9 foreseen nor planned for, that is the reality, isn't it?

10 A. True.

11 Q. And it was that failure in the context of planning for
12 a pandemic that is one of the more notable failures in
13 this strategic planning?

14 A. I still -- yeah. All right. I'm sorry we didn't plan
15 for that. I think we -- I would prefer to have planned
16 to not get us to that stage, but we didn't recognise
17 that it could -- something could get to that stage and
18 then how would we manage it.

19 The other thing, another thing which I would say we
20 didn't plan for was flu has peaks that go for 12 to
21 16 weeks; we never planned for something that was
22 unremitting for a couple of years, I mean, and may not
23 have gone away yet, we could have some more mutations.

24 Q. The risk assessment document to which you referred talks
25 only in terms of a 15-week wave.

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1 government, David Cameron, wanted to look at closing
2 borders, Public Health England said it wasn't
3 cost-effective, and what I learnt was there are times
4 when you have to do things that may not look
5 cost-effective because the nation needs them.

6 Q. May I now turn to Exercise Alice and Cygnus.

7 You will be of course very familiar with both
8 exercises -- not least because the evidence before
9 the Inquiry says that Exercise Alice was prompted by
10 a request from you personally -- and it was a tabletop
11 exercise conducted in February of 2016 in London to deal
12 with the assumed large-scale outbreak of MERS
13 coronavirus, and it was a very significant exercise, was
14 it not?

15 A. Yes.

16 Q. The objectives of the exercise were to plainly observe
17 and confirm the health capabilities and capacities of
18 our country, to explore and report upon the
19 communications and the control mechanisms as to how this
20 emergency would be dealt with, and also public messaging
21 and contact tracing and so on and so forth.

22 But two very important parts of Exercise Alice and
23 the report dealt with the possible need -- I emphasise
24 "possible need" -- for mass contact tracing if MERS, the
25 assumed exercise, were to get out of control and not

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1 just be confined to health settings, and also the
2 possible need for large-scale quarantining, again if the
3 virus were to get out of control and were to overwhelm
4 the relatively small systems for dealing with
5 high-consequence infectious diseases, which are
6 basically run by Public Health England and specialists
7 who go in and sort out the problem.

8 Can you recall now why the workstreams that were
9 designed to give effect to the Exercise Alice
10 recommendations, particularly in relation to
11 quarantining and mass contact tracing, don't appear to
12 have borne fruit?

13 **A.** No. I instigated it, I felt we needed it. If you look
14 at the report, you will see it was published, written by
15 Public Health England. My understanding was having
16 written the report, which of course I saw,
17 I participated and saw that they would get on and make
18 sure that they addressed the agreed recommendations. It
19 wasn't me saying "I think you should do this".

20 **Q.** No, it was the report?

21 **A.** Yeah. From them.

22 **Q.** So looking back, does it appear to be the case that the
23 system, for which of course you're not personally
24 responsible, but the system failed to ensure that within
25 a reasonable amount of time, practically the

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1 hearing from Mr Hunt tomorrow -- says he was not
2 involved in Exercise Alice and neither the department --
3 that's the Department of Health and Social Care -- nor
4 the Chief Medical Officer believe any recommendations
5 from the exercise reached his desk, which rather
6 suggests that he's asked you or he's made some enquiries
7 as to whether or not you knew that the recommendations
8 had not reached his desk.

9 **A.** So I developed a trusting relationship with that
10 particular Secretary of State, and felt that I should
11 get on with my work and go to him when I needed to.
12 I asked for this, there were good recommendations,
13 I don't think I did take it to him because it seemed to
14 me the work was done, he shouldn't -- he was busy, he
15 didn't need to worry about it.

16 **Q.** You could sensibly presume that the system would be in
17 place to ensure that the recommendations were acted
18 upon --

19 **A.** Yes.

20 **Q.** -- and the steps were taken?

21 Exercise Cygnus was an even bigger exercise, was it
22 not? It was a Tier 1 national level pandemic influenza
23 exercise in October of the same year with near on
24 a thousand representatives, and it was designed to test
25 the United Kingdom's preparedness in response to

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1 recommendations of Exercise Alice were put into place,
2 that plans were drawn up along the lines of those
3 recommendations?

4 **A.** I would have expected them to be. It appears they
5 weren't.

6 **Q.** In relation to Exercise Alice, after it was completed --
7 and in general terms it set out and highlighted a number
8 of areas in which recommendations were made and areas in
9 which improvements were suggested -- do you recall any
10 debate at the level of the Office of the CMO as to how
11 progress was being made in terms of putting those
12 recommendations into place?

13 **A.** No.

14 **Q.** All right.

15 **A.** You must understand I was terrifically hard-worked and
16 actually spent rather a lot of time on another health
17 emergency, the antimicrobial resistance pandemic.

18 **Q.** Let me make absolutely plain, the system did not provide
19 for or anticipate that the Chief Medical Officer should
20 oversee this process and make sure it was put into
21 place. I'm merely enquiring as to whether or not the
22 system happened to provide for the CMO to be told of
23 progress and what was happening.

24 **A.** I don't recall it.

25 **Q.** Jeremy Hunt, in his witness statement -- and we'll be

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1 a pandemic influenza outbreak commissioned by the
2 Department of Health, and commissioned I think at
3 a stage when you would by then have ceased being the
4 Chief Scientific Adviser in the Department of Health?

5 **A.** Yeah.

6 **Q.** I say this advisedly: you were merely at that stage just
7 the CMO, but you weren't directly engaged within the
8 Department of Health. To what extent were you aware of
9 the outcome of Exercise Cygnus?

10 **A.** I was not party to the work in 2014, and in August there
11 was a one-day Exercise Cygnet that set up Cygnus.

12 **Q.** Yes.

13 **A.** Cygnus itself went for three days in October. I was
14 part of that in receiving both briefings, briefing the
15 Secretary of State, and going to the mock COBRs and
16 commenting and advising.

17 **Q.** The report makes plain that you yourself had called for
18 more regular programmes of Tier 1 pandemic flu
19 exercises --

20 **A.** Yes.

21 **Q.** -- is that correct?

22 **A.** Along with the permanent secretary, who agreed with me.

23 **Q.** It was your position, and you publicly stated it, that
24 it was essential to build on the learnings from
25 Exercise Cygnus to ensure continuity in the country's

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1 preparedness, and you suggested that in future Tier 1
2 pandemic flu exercises be conducted coinciding with the
3 beginning of every new Parliament, which would ensure
4 regular and significant exercises.

5 **A.** Yes.

6 **Q.** Do you know what came of your public and consistent
7 recommendation to that effect?

8 **A.** No, but we probably aren't in a new Parliament and Covid
9 came, but I don't.

10 **Q.** The conclusion from Exercise Cygnus -- and my Lady has
11 heard this conclusion stated a number of times -- is
12 that the United Kingdom's preparedness and response in
13 terms of its plans, policies and capability were not
14 sufficient to cope with extreme demands of a severe
15 pandemic that would have a United Kingdom-wide impact.

16 This was an exercise which, at least indirectly, you
17 had called for, which you promoted and you supported and
18 you wanted such exercises to take place more regularly.

19 Were you extremely concerned by that conclusion, the
20 conclusion of the process to which you had lent your
21 support?

22 **A.** I thought it was a correct conclusion, and I hoped that
23 it would spur more work. It did set off some streams of
24 work that I was concerned about, one being how, if our
25 NHS is overwhelmed, should we triage the work, and that

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1 draft pandemic Bill to deal with providing the necessary
2 regulatory powers for a pandemic, although in the event,
3 as we all know, the lockdown regulations in the main
4 were promulgated under earlier public health legislation
5 dating back to 1964.

6 A second workstream was dealing with the medical and
7 ethical consequences flowing from the terrible decisions
8 of hospital staff to triage patients.

9 A third workstream was dealing with surge capacity.

10 A fourth was dealing with the impact in prisons.

11 Were you aware that of the 22 or so recommendations
12 only, I think, a bare majority were actually completed
13 or in part completed?

14 **A.** No, I wasn't. But the CMO has strength by being
15 advisory and independent, so there is a limit to what
16 that office can do with only 13 people. The Chief
17 Scientific Adviser has 100 people.

18 **MR KEITH:** Thank you.

19 Would you give me one moment?

(Pause)

21 Dame Sally --

22 **LADY HALLETT:** Are you going on to a different subject?

23 **MR KEITH:** I was going to ask one more question, yes.

24 **LADY HALLETT:** On this one? Right.

25 **MR KEITH:** Just generally, and that, in fact, would conclude

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1 piece of work went through and it was in fact that which
2 set -- which precipitated or pushed for the need to have
3 a medical and ethical group that you referred to
4 earlier.

5 Another piece was, as we worked through it and
6 things were clearly out of control, somebody
7 representing a minister, or a minister, or someone would
8 say, "Well, we could take emergency powers for ...", and
9 I highlighted that we should work out what were all
10 these possible emergency powers and draft a draft Act so
11 that we were prepared, and over the next two years that
12 was worked on.

13 So I had feedback occasionally from the civil
14 services contingency on how that was progressing, very
15 slowly, and the triage work from the NHS, which I saw
16 through to a conclusion and shared with ministers.

17 The other work I was not particularly party to.

18 **Q.** Is that because, Dame Sally, the Chief Medical Officer
19 was not expected and in no way expected to be able to
20 supervise the outcome of the recommendations and whether
21 they were implemented, let alone the workstreams which
22 were designed to give effect to those recommendations?

23 So some of the workstreams came across your desk
24 because they happened to be within the reach of the CMO.

25 So, for example, one was drafting a Bill called the

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1 my examination.

2 **LADY HALLETT:** Oh, right.

3 **MR KEITH:** You have been good enough to provide my Lady with
4 a number of observations and thoughts and suggestions in
5 relation to how this system could be made better. Are
6 there any other general recommendations or suggestions
7 that you'd like to make that we've not touched upon yet?

8 **A.** I -- I think there were two issues, as we went through
9 Covid, that I saw that I worried about, and the first
10 was that SAGE is by definition a biomedical model --

11 **Q.** Could you explain what you mean by that?

12 **A.** So it is about science and about health and very
13 practical and evidence-based, and where the behaviour
14 groups by B came in on behaviour, which is much more
15 societal, which is where I'm going. They just opined
16 based on no evidence that the public wouldn't like
17 lockdowns so they wouldn't do it. There was no
18 evidence, and what they should have said was, "There is
19 no evidence, you will want to consider ..."

20 And it seemed to me that, sitting outside it all --
21 which gives you some advantages in thinking and
22 challenging, of course -- that what we needed to do was
23 balance the biomedical model with the economic and
24 social, that ministers and government need to be
25 presented not only with the biomedical advice but also

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1 what's the impact on the economy, on the social cohesion
2 of our community, and on education. And so we needed,
3 as a nation, a second group advising on all of that, and
4 I -- I wondered whether you would use, just as we have
5 the Chief Scientific Adviser, perhaps the Chief
6 Economist from the Treasury and the Bank of England to
7 bring in education, well-being and all of those things,
8 because I don't think we as a nation considered those
9 issues effectively.

10 The other very big concern I had as we went through
11 this was data, and how it was handled to help the nation
12 do better. I mean, to find that Public Health England
13 were collecting data into Excel spreadsheets is bad, but
14 then didn't know they only had 300 lines so data dropped
15 off the bottom, and they didn't know that they'd lost
16 some patients at one point, is appalling.

17 But we weren't, as far as I could see, accessing and
18 using all data. So before I go on, let me just say I
19 was very quiet about Covid, because it seemed to me that
20 a lot of people were commentating, and I know from when
21 I was CMO that you know a lot, because people are
22 synthesising stuff and there is data, and that many
23 people were setting themselves up on experts on
24 television who weren't and very few external people knew
25 the whole picture, so I was keen not to.

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1 a black box with 70 more parameters. Using data from
2 Addenbrooke's Hospital in Cambridge from the year before
3 Covid and then Covid, they think they've found the Covid
4 signature.

5 Just imagine, using AI you can find that, so then as
6 people come in you can stream them, you can triage.

7 The winner was a Thai one, where farmers photograph
8 sick and dead animals and send it to a vet, who then
9 begin to put data together and advise them, because it
10 matters to them economically, but thinking about
11 diseases in animals that could hop to humans, and visit
12 if needed.

13 So I felt we could use data better and differently,
14 and I think as we go forward we need not only to fund --
15 to work cross-government to make -- and it will be
16 statutory, what's needed -- to make the resilience of
17 the public health right, but also we're going to have to
18 fund much better data, probably in partnership with
19 academics, because governments find it difficult to be
20 at the cutting edge.

21 I remember quite early in the pandemic some of our
22 Cambridge mathematicians coming to me saying: the
23 modelling's out of date and it's for flu, we can do much
24 better. So I asked them to go to the Royal Society, and
25 then they were brought in by Patrick Vallance into the

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1 The only time I did make comment was once in
2 The Telegraph and that taught me I shouldn't do it
3 again. Though the reason I did it, perhaps I could just
4 say this, was because I had written a book. I thought
5 that Covid would start a debate on the health of our
6 public and inequalities and I wanted to contribute to
7 that, and I've written a book, and I brought you a copy,
8 my Lady, to give you for your summer reading.

9 **LADY HALLETT:** Thank you very much.

10 **A.** Because I thought you might find it interesting about
11 these issues.

12 So I was quite careful. But the other thing I did
13 do, because I didn't think we were using data well, is
14 I raised £7.5 million and set up a charity called The
15 Trinity Challenge to look at how we could use data from
16 different sources better, to predict a pandemic,
17 diagnose it, prevent it, manage it, and we got 340
18 applications from 62 countries, and we have the most
19 amazing prize winners from all round the world, using
20 data differently that could then help our response.

21 One of the second prize winners was from Cambridge,
22 are mathematicians. 3.4 billion blood counts are done
23 across the world. The print-out looks like when I was
24 a student, which was decades ago. 80% are done on
25 a Japanese technology where under the desk there's

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1 modelling, and then we had much better modelling. But
2 we have to find ways to work much better with the
3 cutting edge of our superb academics.

4 **MR KEITH:** May I be permitted to thank you for those
5 thoughts. I should say that they're all areas which
6 my Lady will be addressing in Module 2, so specifically
7 data, the diversity and make-up of SAGE, and modelling.

8 But if I may ask you one further question, to tie
9 some of the points that you've made to this module and
10 preparedness.

11 You've referred to the fact that the advisers and
12 experts who were having to grapple with Covid may have
13 failed to pay sufficient regard to behavioural change,
14 in essence the issue, if I can put it perhaps rather
15 crudely, the possibility that the country and its
16 citizens would react instinctively to the need to
17 protect themselves from Covid, and therefore an issue
18 arose as to whether or not a lockdown was required,
19 because the populus might just self-isolate naturally
20 and in any event.

21 Was behavioural change something that had come out
22 of a survey of South Korea's response to the MERS
23 pandemic, and which was the subject of a specific
24 recommendation in Exercise Alice which was the assumed
25 MERS exercise in the United Kingdom?

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1 **A.** I don't think I know what you're getting at. What
2 I would say as came out of both SARS and MERS in
3 Asia was the desire when there's a respiratory risk to
4 wear a mask, and WHO would not recommend masks because
5 there were no randomised controlled trials. Well, blow
6 me, you can't do a randomised controlled trial properly
7 because you don't know whether someone's infected or
8 not, you don't know whether they're wearing them
9 properly or not. But common sense says that wearing
10 masks will give some protection, and actually I think
11 that's where the science has ended up.

12 So that came out of MERS and SARS, but that wasn't
13 what you were getting at.

14 **Q.** The issue of behavioural change was something that was
15 flagged up in the Exercise Alice report.

16 **A.** Yeah.

17 **Q.** But very little appears to have been done in relation to
18 taking that thought or that workstream, to use a word
19 beloved of the bureaucracy, further thereafter?

20 **A.** True, and I think I'm arguing by saying we need
21 a separate committee that thinks about behaviour and
22 society so that it's not locked into health behaviour
23 people, but is a much broader church of experts.

24 **Q.** I'm sorry for turning my back, I do apologise, I was
25 just receiving a message.

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1 **LADY HALLETT:** Thank you very much.

2 Thank you very much indeed, Dame Sally, I'm very
3 grateful, and I shall read your book.

4 **THE WITNESS:** Thank you.

5 **LADY HALLETT:** Summer reading, you said, rather than bedtime
6 reading.

7 **THE WITNESS:** Yes.

8 **LADY HALLETT:** Thank you very much indeed for your help, and
9 for your work.

10 **THE WITNESS:** Thank you.

11 **(The witness withdrew)**

12 **MR KEITH:** My Lady, that concludes the evidence for today.

13 **LADY HALLETT:** Very good.

14 Apologies to the stenographer for going on over the
15 hour and a quarter, I hope she'll forgive us.

16 Very well, 10 o'clock tomorrow morning.

17 **MR KEITH:** Please.

18 **LADY HALLETT:** Thank you.

19 **(3.30 pm)**

20 **(The hearing adjourned until 10 am
21 on Wednesday, 21 June 2023)**

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1 My Lady, I believe there has been a request under
2 Rule 10(4) for me to ask a question about
3 Exercise Cygnus, if I may do that.

4 I think the evidence shows that Exercise Cygnus was
5 originally planned for 2014 but was delayed for a number
6 of reasons. Can you recall why the carrying out of
7 Exercise Cygnus was delayed?

8 **A.** Well, 14/15 was when we had Ebola, wasn't it? 14 to 16
9 was when Ebola was in West Africa. We mobilised -- we
10 were asked by the Sierra Leone government to lead or to
11 support them in their response, they had many cases,
12 many deaths -- we mobilised a hospital ship, we
13 mobilised military on the ground to build hospitals and
14 diagnosis and treatment centres, we sent NHS staff.
15 I mean, we learnt a lot, but --

16 **Q.** But it delayed the exercise.

17 Was there also not a strike by junior doctors,
18 around about the same time, which impacted upon the
19 operational date of the exercise? If you can't
20 recall --

21 **A.** That would not, as far as I'm concerned, have impacted
22 doing an exercise, but I think they were contemporary.

23 **MR KEITH:** All right.

24 My Lady, those are all the questions that I have for
25 Dame Sally.

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