

Wednesday, 21 June 2023

1  
2 (10.00 am)  
3 **LADY HALLETT:** Yes, Mr Keith.  
4 **MR KEITH:** My Lady, before Ms Blackwell calls the first  
5 witness, may I just mention one matter from yesterday,  
6 to put on the record that I think I said on behalf -- or  
7 in relation to the evidence of Professor Dame  
8 Sally Davies that --  
9 **LADY HALLETT:** Microphone, Mr Keith.  
10 **MR KEITH:** It's on, it's just I'm not speaking loud enough.  
11 **LADY HALLETT:** Oh, right.  
12 **MR KEITH:** I think I suggested that there would be no  
13 questions for her under the Rule 10(4) procedure and  
14 I proceeded to ask questions myself of her. In fact  
15 permission had been given to Covid-19 Bereaved Families  
16 for Justice to ask questions themselves. So  
17 I apologise, I'm afraid I intruded on their turf and  
18 I asked the questions myself.  
19 In relation to Mr Osborne, we said that no  
20 core participant group had sought to ask questions of  
21 Mr Osborne. The correct position is that in fact one  
22 particular group, again Covid-19 Bereaved Families for  
23 Justice, had sought permission to ask questions of  
24 Mr Osborne, but permission had actually been declined.  
25 **LADY HALLETT:** Thank you.

1

1 Dealing first of all, then, with your background, so  
2 far as it's relevant to this Inquiry, you're a fellow of  
3 the Royal College of Physicians, a retired fellow of the  
4 Royal College of Pathologists, and an honorary fellow of  
5 the Royal College of Paediatrics and Child Health.  
6 You're a fellow of the Academy of Medical Sciences and a  
7 fellow council member and trustee of the Royal Society  
8 and an honorary fellow of the Royal Society of  
9 Edinburgh.  
10 You have extensive experience of strategy and policy  
11 development, the provision of science advice to  
12 government, the funding and catalysts of research,  
13 crisis management and organisational leadership, and you  
14 were director of the Wellcome Trust from 2003 to 2013.  
15 From 2013 to 2017, you were the Government Chief  
16 Scientific Adviser, and from 2017 to 2020 you were the  
17 founding chief executive officer of UKRI, that's  
18 United Kingdom Research and Innovation.  
19 You were a member of the Prime Minister's Council  
20 for Science and Technology, CST, and co-chair during  
21 your time as GCSA, and you continued to attend the CST  
22 in your role as CEO of the UKRI until 2020.  
23 Whilst you were the Government Chief Scientific  
24 Adviser, you were responsible for running GO-Science,  
25 ensuring that the Prime Minister and Cabinet received

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1 Ms Blackwell.  
2 **MR KEITH:** Good morning, my Lady. I call Sir Mark Walport.  
3 **SIR MARK WALPORT (affirmed)**  
4 **Questions from COUNSEL TO THE INQUIRY**  
5 **MS BLACKWELL:** Sir Mark, thank you for the assistance that  
6 you've given so far to the Inquiry. I know that you  
7 have provided a full and very helpful witness statement.  
8 **A.** Thank you.  
9 **Q.** Thank you for coming to give evidence today. Please  
10 keep your voice up and address your answers into the  
11 microphone so that the stenographer can hear for the  
12 transcript.  
13 We will take a break during the course of your  
14 evidence but if at any time before that you require  
15 a break, just say so and we will do that.  
16 May I bring up on screen, please, INQ000147707.  
17 Could we look at the second page, please.  
18 This is your witness statement, Sir Mark, and if we  
19 go to page 49, we can see that you have signed it,  
20 although your signature has been redacted, and that  
21 you've confirmed under the statement of truth that you  
22 believe the facts stated in the witness statement to be  
23 true; is that right?  
24 **A.** That is correct.  
25 **Q.** Thank you very much. We can take that down.

2

1 the scientific advice that they needed, and you drove  
2 systematic improvements across the government in  
3 relation to how science is used, and we will turn to  
4 that during the course of your evidence.  
5 So please explain to us, Sir Mark, what is entailed  
6 in the role of Government Chief Scientific Adviser?  
7 **A.** Okay, thank you.  
8 So the job of the Government Chief Scientific  
9 Adviser is very broadly drawn. It is essentially to  
10 advise the Prime Minister and the government on all  
11 aspects of science, engineering and technology for the  
12 whole breadth of government policy.  
13 Of course, that is not because the Government Chief  
14 Scientific Adviser has expertise on all of those  
15 matters, and in fact, you know, at some level it is  
16 incidental that I am medically qualified, and so have  
17 some background in the topics, but nevertheless my job  
18 was to work across the whole of government, and there  
19 are extensive mechanisms of science advice which the  
20 GCSA plays a role in co-ordinating.  
21 So firstly I was supported by the Government Office  
22 for Science.  
23 **Q.** Yes.  
24 **A.** Secondly, each government department has its own CSA,  
25 not all of them, but many of them, and part of the work

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1 over the last ten years or more has been to increase the  
 2 number of Chief Scientific Advisers.  
 3 **Q.** Embedded with the --  
 4 **A.** And those are appointed by the individual government  
 5 department and are usually at a director or  
 6 a director general level.  
 7 **Q.** Yes.  
 8 **A.** So my role was as a permanent secretary reporting to the  
 9 Cabinet Secretary but with direct access to the  
 10 Prime Minister and the government.  
 11 So there is the network of Chief Scientific  
 12 Advisers.  
 13 Part of the job was also to be head of the  
 14 government science and engineering profession, and there  
 15 are many thousands of scientists and engineers working  
 16 in many roles across government. There are many  
 17 advisory committees, and we'll talk, I'm sure, more  
 18 about some of the advisory committees in relation to  
 19 coronavirus.  
 20 **Q.** Yes.  
 21 **A.** There are also arm's length bodies, bodies like the  
 22 Meteorological Office, the Environment Agency, the  
 23 Health Protection Agency as was, Public Health England  
 24 it became. So there's an array of advisory committees.  
 25 The job was a mixture of providing advice in

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1 for the NRA, the NRR, itself but to provide, make sure  
 2 that there is relevant science advice wherever it is  
 3 possible. That, again, wasn't done by the GCSA and the  
 4 Government Office for Science alone, it was done with  
 5 the support of each of the CSAs for the relevant  
 6 government department, who would work within their  
 7 department, firstly, to make sure that risks where  
 8 science was involved were identified for the NRA, and,  
 9 secondly, to look at their input. But they were not  
 10 there, as it were -- the National Risk Register, the  
 11 risk assessment, is a pan-government document.  
 12 **Q.** Right, okay, so it was just to play a part in the whole  
 13 of the --  
 14 **A.** It was to play a part.  
 15 **Q.** -- of the organisation of that.  
 16 Did you also play a role in the preparedness  
 17 exercises that we have heard that the government carried  
 18 out from time to time?  
 19 **A.** Yes. So, it's, I would argue, one of the strengths of  
 20 the UK system that there is a hardwired mechanism to  
 21 provide scientific input wherever it's appropriate. By  
 22 "science" I mean that in the broadest sense, so I would  
 23 include engineering technology and, for example, the  
 24 social and behavioural sciences where that was relevant  
 25 as well.

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1 emergencies, which is obviously an important topic for  
 2 this Inquiry, but also it involved horizon scanning and  
 3 foresight work, so the government horizon scanning unit  
 4 sat in Government Office for Science, working closely  
 5 with others, and so the range of work was very large  
 6 indeed.  
 7 **Q.** Right. Well, it sounds as if it was very large indeed.  
 8 You speak very quickly, Sir Mark.  
 9 **A.** Sorry, I'll slow down.  
 10 **Q.** Could you invite you during the course of your evidence  
 11 just to slow down a little bit for the purposes of the  
 12 stenographer, thank you.  
 13 **A.** Of course.  
 14 **Q.** I would like to focus on three aspects of the role,  
 15 please, and you set these out in paragraph 15 of your  
 16 witness statement. The first is this: that as the Chief  
 17 Scientific Adviser you were supportive of the Civil  
 18 Contingencies Secretariat in the development and  
 19 updating of the national risk assessment. Can you  
 20 explain to us, Sir Mark, what your role was in relation  
 21 to the national risk assessment?  
 22 **A.** Well, so the national risk assessment, which first of  
 23 all covers both malicious threats and natural hazards,  
 24 science advice is relevant to many of those. So the job  
 25 wasn't, as it were, to have any overall responsibility

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1 **Q.** Right.  
 2 **A.** So the CSA would act as a -- it's a sort of scientific  
 3 transmission mechanism. It goes back to my point that  
 4 the GCSA is not expert on everything.  
 5 **Q.** Yes.  
 6 **A.** But the job of the GCSA is to try and find the  
 7 researchers, the scientists, who are relevant and  
 8 effectively transmit that advice to government.  
 9 **Q.** Thank you.  
 10 **A.** So yes, the job did involve attending both practice  
 11 exercises but also COBR when it involved  
 12 a scientifically relevant issue.  
 13 **Q.** Yes, because the third main role that I wanted to focus  
 14 on is that when an incident occurs, it's a big part of  
 15 your role to be --  
 16 **A.** Yes.  
 17 **Q.** -- engaged in the response to an actual emergency?  
 18 **A.** Correct.  
 19 **Q.** All right, thank you.  
 20 Tell us a little bit more, please, Sir Mark, about  
 21 GO-Science and how that interacts with government  
 22 departments and provides advice in the way that it does.  
 23 **A.** Well, I mean, so firstly GO-Science has, it's  
 24 a relatively small office overall, I mean, it was about  
 25 60 or 70 people when I was involved, and there is

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1 a group in GO-Science that specifically work on  
 2 questions of resilience, so on the risk register, but  
 3 there was also a group that were responsible,  
 4 for example, for horizon scanning and foresight work.  
 5 There was another group that worked with the science and  
 6 engineering professions as a whole. The Government  
 7 Chief Scientist was -- there were a group of analysts  
 8 across government, and the Chief Scientist was  
 9 a representative on that group.  
 10 So basically it acted as the mechanism, and  
 11 obviously we convened the Chief Scientific Advisers on  
 12 an informal basis every Wednesday morning. So we would  
 13 all meet as a group.

14 **Q.** Thank you.

15 There is a distinction, isn't there, between the  
 16 provision to government of scientific advice, the  
 17 position of policy advice, and also political  
 18 decision-making?

19 **A.** Yes.

20 **Q.** I'd like to seek your view, please, Sir Mark, on the  
 21 limitations of scientific advice within those three  
 22 areas and yet how it fits within policy advice and  
 23 political decision-making.

24 **A.** Yes. It's an important question, I think.

25 So the ultimate policymakers are the government, the  
 9

1 **Q.** The principles of scientific advice, as you set out in  
 2 your witness statement, are three-fold: clear roles and  
 3 responsibilities, independence --

4 **A.** Yeah.

5 **Q.** -- and transparency and openness.

6 **A.** Yes.

7 **Q.** Are any one of those three more important than the  
 8 other?

9 **A.** I don't think so. I think they're all equally  
 10 important. I mean, I think if you're not transparent  
 11 then it's not -- you're not communicating properly.  
 12 I think also an important part is to advise on  
 13 uncertainty.

14 **Q.** Right.

15 **A.** That is particularly important in many emerging issues,  
 16 and a pandemic is a good example of that, that in  
 17 a pandemic it is a new organism and, therefore, at the  
 18 start of it you may know very little about it. So part  
 19 of the job of a scientific adviser is to communicate  
 20 uncertainty as much as it is to say what we know. So  
 21 what we know and what we don't know.

22 **Q.** And having the confidence to do that?

23 **A.** Yes.

24 **Q.** Yes.

25 Could we display, please, INQ000204014.

11

1 ministers. They are the people that make the policy.  
 2 They, I would argue, look through three lenses when  
 3 they're deciding on policy. So the first question is:  
 4 what do I know about X or Y? That is the lens of  
 5 evidence.

6 **Q.** Yes.

7 **A.** That is where scientific advice is very important.

8 The second lens they look through is: if I make  
 9 a policy, is it deliverable? Because people are always  
 10 coming up with great ideas for policy which are utterly  
 11 undeliverable. So there is a practical question about  
 12 whether the policy is deliverable or not.

13 The third lens they look through is the lens of  
 14 their political, personal values.

15 So when they make policy they are integrating those  
 16 three things. And people used to quite often say,  
 17 you know, why don't they take any notice of the science?  
 18 Well, the answer is that actually the science is part of  
 19 the story, and at the end of the day values sometimes  
 20 trump the evidence.

21 I would say that is less an issue when it comes to  
 22 a volcano or something like that, but nevertheless those  
 23 are the three lenses that a policy maker looks through,  
 24 and the job of the scientific adviser in some ways is  
 25 much easier than the job of the politician.

10

1 This is our rather complicated --

2 **A.** Ah, yes, worrying diagram.

3 **Q.** Yes, diagram.

4 I want to use this, please, to focus in on certain  
 5 scientific advisory committees and invite you, Sir Mark,  
 6 please, to provide the Inquiry with some explanation of  
 7 what they are there for, how they work and who we might  
 8 expect to see in each of them.

9 **A.** Yes. Well, I mean, my first comment is that the  
 10 worrying diagram itself is sort of most of government.

11 **Q.** Yes.

12 **A.** I think from my perspective, there is actually a fairly  
 13 clear hardwired mechanism for scientific advice, which  
 14 is that when you look at the role of the Government  
 15 Chief Scientific Adviser, and in a -- in many  
 16 emergencies the SAGE committee, which we'll come on to  
 17 I'm sure --

18 **Q.** Yes.

19 **A.** -- would be chaired principally by the GCSA but  
 20 co-chaired, where relevant, by the relevant CSA from the  
 21 government department.

22 **Q.** Right.

23 **A.** And the CMO, who is an extremely senior figure in  
 24 government, a very old established office actually,  
 25 typically co-chairs health emergencies with the GCSA.

12

1 But when it comes to COBR, and both may end up there  
 2 actually, my job was to act as that transmission  
 3 mechanism, and then I was advised by the Scientific  
 4 Advisory Group for Emergencies, which of course is not  
 5 a standing committee, it's a committee which is  
 6 bespoke --

7 **Q.** No?

8 **A.** -- to the nature of the emergency, and SAGE itself is  
 9 then fed into by either committees set up specifically  
 10 for the purpose, so expert advisory subcommittees, or by  
 11 relevant standing committees.

12 So what you have -- and so I think actually it's  
 13 a relatively clean structure which works as well.

14 **Q.** So far as the science is concerned?

15 **A.** So far as the science. Then there are a series of  
 16 committees, bodies, in and around the  
 17 Department of Health and Social Care.

18 **Q.** Can we turn to some of those now, please.

19 **LADY HALLETT:** Both pause. I'm watching the transcript and  
 20 the poor stenographer is --

21 **A.** Oh, sorry.

22 **MS BLACKWELL:** I'm so sorry, Sir Mark, I think --

23 **A.** I will slow down again.

24 **Q.** -- I will have to ask you again to slow down. These are  
 25 matters, of course, that are familiar to you, but --

13

1 May we use you, Sir Mark, nevertheless, to provide  
 2 us with some information.

3 **A.** So the Joint Committee on Vaccination and Immunisation  
 4 is an expert committee that provides advice to the  
 5 department and the government on -- it does what it says  
 6 on the tin, in fact, on vaccines and immunisation. So  
 7 it provides advice on when vaccines are appropriate, how  
 8 they should be used, and so -- and it works, of course,  
 9 with the Medicines and Healthcare products Regulatory  
 10 Agency as well, because vaccines have to be regulated.

11 So it's a very specific advisory committee, which  
 12 was obviously relevant to coronavirus, and this  
 13 of course was the first pandemic in which it's been  
 14 possible to, from scratch, or nearly scratch, develop  
 15 a vaccine during the time course of a pandemic. Which  
 16 was a remarkable feat, actually.

17 **Q.** Thank you.

18 May I now ask you a provide a description and  
 19 explanation of the Advisory Committee on Dangerous  
 20 Pathogens, which, if we go to the other side of the  
 21 chart, we can see is now highlighted in blue.

22 **A.** Well, again, the same qualification as before, that  
 23 these are not committees I've sat on.

24 There are a series of dangerous pathogens, some of  
 25 them have been known for a very long while, anthrax

15

1 **A.** Yes -- no, I --

2 **Q.** -- not to us.

3 **A.** Forgive me.

4 **Q.** It's my fault, I should have picked up on that.

5 **LADY HALLETT:** Can we just go back, because I think there  
 6 was some overspeaking as well.

7 You said, Sir Mark, it was a relatively clean  
 8 structure. Ms Blackwell interrupt and you agreed, so  
 9 far as the science is concerned, and then you were  
 10 moving on to the series of committees and bodies.

11 **A.** Yeah.

12 **MS BLACKWELL:** All right.

13 Can we start, please, with the JCVI, I think they  
 14 are on the left-hand side, now highlighted in blue, the  
 15 Joint Committee on Vaccination and Immunisation. Who do  
 16 we expect to see on that committee and what is their  
 17 role?

18 **A.** So the first thing to say is that the Government Chief  
 19 Scientific Adviser does not attend the JCVI, or indeed  
 20 the other specific committees within the  
 21 Department of Health. So I perhaps know a little bit  
 22 more about them because I do have a medical background,  
 23 and so I can help in that respect, but not qua being  
 24 Government Chief Scientific Adviser.

25 **Q.** Thank you for making that clear.

14

1 would be an example of those, which can crop up  
 2 sporadically.

3 Again, that is a committee that is designed  
 4 specifically to provide advice on pathogens of that  
 5 sort.

6 Some may be new, but there's diseases like Ebola and  
 7 Lassa, there are a series of them which require expert  
 8 care when cases crop up in the UK from time to time.

9 **Q.** Does that committee work across a range of government  
 10 organisations such as the Health and Safety Executive  
 11 and the Department of Health and Social Care?

12 **A.** It's -- I think I can't really answer that question.

13 **Q.** All right.

14 **A.** It's not for me.

15 **Q.** Perhaps that's for someone else.

16 **A.** Yeah.

17 **Q.** May we go up to the top left of the pan, and look at  
 18 NERVTAG, the New and Emerging Respiratory Virus Threats  
 19 Advisory Group. What can you tell us about that?

20 **A.** So I think that is very important and very relevant to  
 21 this Inquiry. That is a newer committee than the  
 22 others, I think it was set up in 2014 and started its  
 23 work in 2015. That actually recognised the fact that  
 24 over the past 25 years or so, a number of new and  
 25 emerging respiratory viruses have cropped up in

16

1 different parts of the world, and so there was SARS in  
2 2003, there was the influenza pandemic in 2009, there'd  
3 been outbreaks of avian influenza, there was then MERS,  
4 and so I think an increasing recognition that viruses  
5 were continuously emerging, and I think it's a point  
6 maybe I should make now, which is that all pandemics  
7 start as emerging infections.

8 **Q.** Right.

9 **A.** That is their nature.

10 **Q.** Yes.

11 **A.** And they are typically zoonotic. That means that they  
12 start in an animal species and then jump across to  
13 humans. The reason they are dangerous is because the  
14 human populations don't have pre-existing immunity, and  
15 so they can rampage through human populations very  
16 quickly.

17 SARS, which of course we may come on to it later,  
18 has slightly different characteristics. It's been  
19 renamed as SARS-CoV-1, and the Covid-19 virus is  
20 SARS-CoV-2. SARS-CoV-1, mainly transmitted later on in  
21 infection, when people are at their most infectious, but  
22 it did nevertheless manage to travel around the world  
23 and cause a lot of the harm in people such as healthcare  
24 workers, who were looking at people at their sickest.

25 **Q.** Yes.

17

1 is a very important area.

2 **Q.** Why is it so important?

3 **A.** Well, because -- I mean, the challenge is to know how  
4 an infection is going to progress, and you can simply  
5 look at the doubling time of an effect, and sort of draw  
6 a straight line. The modellers can apply rather more  
7 sophisticated measures to that. But I think the  
8 important thing, and it really is an important point, is  
9 that what the modelling does is it provides projections,  
10 it doesn't provide predictions. And I think the other  
11 really important thing is that the uncertainty is at the  
12 greatest early in any event, when the numbers are  
13 relatively small, and so the early projections can be  
14 quite wide. So, if you like, they're starting to give  
15 you scenarios on which people can start planning what  
16 actions to take.

17 So that's what that is about. Then there's also the  
18 sort of behavioural aspects, and -- so behavioural  
19 science is important, it's important in any emergency,  
20 and that's what SPI-B in particular is about.

21 **Q.** So what is the connection between -- I'm looking below  
22 the main blue box now -- the Scientific Pandemic  
23 Influenza Group on Modelling and SPI-M-O, which is  
24 sitting just below SAGE?

25 **A.** I'm afraid I don't think I can give you a certain answer

19

1 **A.** So there was a lot of concern about these. In fact, in  
2 the foreword to the 2015 annual report, it was  
3 acknowledged that there was the potential -- these  
4 viruses all did have pandemic potential.

5 **Q.** Thank you. That's clear.

6 **LADY HALLETT:** What is the difference between the work of  
7 the Advisory Committee on Dangerous Pathogens and  
8 NERVTAG?

9 **A.** One is dealing with viruses that are fairly well known,  
10 the NERVTAG is specifically looking at new and emerging  
11 infections.

12 **MS BLACKWELL:** If we look below the main blue box in the  
13 middle of the page, we can see a small yellow box, and  
14 within it are these words:

15 "The Scientific Pandemic Influenza Group on  
16 Modelling."

17 Just before I ask you about that, can we go above  
18 the main blue box and just highlight SAGE together with  
19 the two smaller yellow boxes that are underneath, SPI-B  
20 and SPI-M-O.

21 Could you explain to us, please, Sir Mark, how those  
22 bodies and committees work together?

23 **A.** Well, these are in each case specialised subcommittees  
24 that provide scientific advice on different aspects of  
25 infections as they develop, and modelling in particular

18

1 on that here and now. I think I could come back to you  
2 on that.

3 **Q.** All right, thank you very much.

4 We can take that down now, thank you.

5 I want to go on now, please, Sir Mark, to ask you  
6 about your opinion on the way in which these scientific  
7 advisory groups are commissioned. The Inquiry has  
8 received witness statements from many people involved in  
9 them, expressing a variety of opinion about the level of  
10 freedom of thought that these committees have, outside  
11 of the precise tramlines of commissioning requests that  
12 might come from, for instance, the Department of Health.

13 What is your view about the level of freedom of  
14 thought that these groups have outside of the standard  
15 of commissioning?

16 **A.** Well, so the first thing to say is that because I was  
17 not a member or party to those groups directly, I can't  
18 comment directly on how they were asked to operate.

19 **Q.** Yes.

20 **A.** However, I can make some general comments from my  
21 perspective as GCSA on how I think they ought to  
22 operate, if I may.

23 **Q.** Right.

24 **A.** I think it turns on quite an important challenge for  
25 providing science advice, which is that science advice

20

1 is only effective if it has a customer, and so ensuring  
2 that government departments are as far as possible good  
3 customers for research is an important part of the work,  
4 because they're not instinctively necessarily looking  
5 for scientific advice.

6 In the things that we did in GO-Science, which  
7 included things like horizon scanning, a very important  
8 part of our work was to take, if you like, a bottom-up  
9 view, which is to ask the experts that we were working  
10 with to brainstorm and work out what could be the  
11 issues. So I would see a committee such as NERVTAG as  
12 not only answering specific questions that the  
13 department might have had about influenza, but also  
14 providing spontaneous input into the government  
15 department.

16 So I think that there shouldn't be a tension between  
17 being asked for advice on specific matters and offering  
18 spontaneous advice on things that the committee feels is  
19 relevant. Otherwise I don't believe that a government  
20 department is getting the most out of its expert  
21 committee.

22 **Q.** So just to summarise that, and please tell me if I don't  
23 summarise it accurately, I think what you're describing  
24 is a joined-up co-operation --

25 **A.** Yes.

21

1 including the MERS coronavirus, and it was because of  
2 that work that in 2020 Sarah Gilbert and her team in  
3 Oxford were able to take the work that in fact the  
4 British Government had funded through ODA, thinking that  
5 it would be used most likely a vaccine in the developing  
6 world, repurpose that, and that was the basis of the  
7 Oxford/AstraZeneca vaccine.

8 **Q.** ODA being the --

9 **A.** Overseas development assistance funding.

10 **Q.** Thank you.

11 **A.** So it wasn't that there wasn't a scientific recognition  
12 that these were and are very important organisms, and  
13 MERS still is a dangerous virus, and so there was  
14 vaccine preparedness.

15 **Q.** All right.

16 Just before we leave this topic, you've described in  
17 terms of the working relationship between the government  
18 department and the scientific committee as being  
19 a two-way street. That's the ideal.

20 Do you happen to know as a fact whether or not in  
21 the run-up to the pandemic that was the relationship  
22 that existed with NERVTAG?

23 **A.** I do not know as a fact. I've read the witness  
24 statements, and ...

25 **Q.** Yes. Well, the Inquiry will be able to take note of the

23

1 **Q.** -- between the requesting government department and the  
2 scientific committee, so perhaps the government  
3 department going in with an initial question but then  
4 benefitting from the advice that the committee can give  
5 it in developing those questions?

6 **A.** Yes, I think precisely so, and one of the initiatives  
7 that we undertook whilst I was the Government Chief  
8 Scientific Adviser was to ask government departments  
9 about what the research questions they were interested  
10 in were. So statements of research interest were  
11 started to be developed, reflecting the fact that  
12 science works best if it's a two-way street, in other  
13 words, if you've got an enquiring department.

14 I mean, going back to a committee with the name  
15 NERVTAG, New and Emerging Respiratory -- so it ought to  
16 be that you're using that committee to say, "There is  
17 this virus here", let's say MERS, "this is why it might  
18 or might not be relevant to do some work". I would cite  
19 as a -- you know, something that did happen was that at  
20 around 2015 the UK Vaccine Network was set up, which  
21 Sir Chris Whitty, who you'll be talking to soon,  
22 chaired --

23 **Q.** Yes.

24 **A.** -- and they did use what was then ODA funding to start  
25 preparation for vaccines for a number of viruses,

22

1 contents of those statements.

2 One of the other features of the witness statements  
3 to which we refer, from those who sat on one and  
4 sometimes multiple committees, is the danger of  
5 groupthink creeping in to a committee that might be in  
6 the process of advising the government.

7 What's your view of that, and how can that be  
8 avoided?

9 **A.** I think that, I mean, to some extent that depends on the  
10 chairing and the chemistry of the meeting, frankly. My  
11 experience of chairing groups of scientists is that  
12 groupthink is not something that they are particularly  
13 fond of. It is the nature of science to be asking  
14 questions, to be sceptical, and the recruitment to these  
15 committees -- and, you know, I obviously know many of  
16 the individuals involved -- are these are very  
17 independent-minded researchers from a variety of  
18 different backgrounds. So I think that they are more  
19 resistant to groupthink than many organisations, but,  
20 you know, it would be naive of me to say that there  
21 isn't sometimes a danger of groupthink. But the best  
22 protection against groupthink is to have a culture where  
23 people can say what they think, that challenge is  
24 welcomed, and that your customer, the government  
25 department, whichever it is, welcomes challenge. That

24

1 isn't always the case.

2 **Q.** Could we put on screen, please, INQ000101646.

3 This is the Code of Practice for Scientific Advisory

4 Committees and Councils, which was updated most recently

5 in December 2021.

6 I would like to read this, please:

7 "Given the interconnected and complex nature of many

8 of the topics on which SACs [that's scientific advisory

9 committees] advise, they should operate as an

10 interactive component of the wider science system within

11 which they are based. A successful SAC will be one that

12 collaborates widely to deliver advice that takes account

13 of the wider science system and is integrated and

14 coordinated with other parts of it. This requires SACs

15 to build appropriate connections with the other

16 components of the science system within their sponsoring

17 organisations, and to develop and/or maintain

18 relationships with stakeholders beyond their immediate

19 network."

20 This confirms the value of joined-up thinking,

21 doesn't it, across the whole scientific spectrum?

22 **A.** And I think it's a very good description of the way in

23 fact most SACs do operate, and so, as part of the

24 outside world, there are the national academies, such as

25 the Royal Society, the Royal Academy of Engineering and

25

1 secretariat, but cross membership can help. That's

2 where officials attending can be very helpful, I think.

3 **Q.** What about the suggestion that perhaps there should be

4 an annual general meeting of these committees or some

5 sort of event to bring them all together?

6 **A.** Well, again, I think the different departments will

7 handle this in different ways, and there are a series of

8 departments that have many of these bodies. DEFRA is

9 a department that has many advisory groups as well,

10 and -- yes, it makes sense, but I don't think one size

11 fits all.

12 **Q.** Thank you.

13 I'm going to move on now, please, to discuss with

14 you, Sir Mark, the role of the Government Chief

15 Scientific Adviser in relation to the national risk

16 assessments.

17 **A.** Yeah.

18 **Q.** You tell us at paragraph 15 in your report that during

19 your time as the GCSA the CCS had overall responsibility

20 for the development of the NRA and for working with

21 individual departments and across government as

22 appropriate to formulate and conduct civil contingencies

23 exercises and to provide support and logistics for COBR,

24 which you've already made mention of.

25 **A.** Yeah.

27

1 the Academy of Medicine Sciences, and indeed during the

2 Covid pandemic Patrick Vallance asked the Academy of

3 Medicine Sciences to produce a report on the winter,

4 for example. So the network of science advice, and

5 again I'm always using that in the broadest sense,

6 includes academia, it includes the academies, it is

7 quite international in its focus, and scientists can be

8 brought in from abroad, and it is a very dynamic affair.

9 So SAGE in particular is not a static committee at

10 all, it brings in expertise as needed, and so I think

11 this is a good description, and I think it is the way

12 that we tried to make it work. So the word

13 a "successful" SAC, I think those are the

14 characteristics of the successful scientific advisory

15 committee.

16 **Q.** Do you think there is merit in the suggestion that some

17 of these committees should have a common secretariat?

18 **A.** Well, I think it entirely depends on their scope, and

19 the appropriateness of that. They are within the

20 Department of Health and Social Care, it does make sense

21 that there is co-ordination between them, and I can't

22 comment on that, but I think there is -- I'm not sure if

23 there is a single answer, but when they are dealing with

24 similar topics, then cross membership is the other way

25 of doing it. You don't necessarily need a common

26

1 **Q.** You were involved in the development of, I think, two

2 NRAs during your time in office; is that right?

3 **A.** I think mainly it was the 2016 one actually.

4 **Q.** Yes, all right. Well, we'll come to the 2016 NRA, and

5 I'm going to ask you to explain certain aspects of it in

6 a moment.

7 **A.** Yeah, sure.

8 **Q.** But before we do that, I'd like to put on screen,

9 please, a letter which you sent to David Cameron

10 in October 2013. It's at INQ000142113.

11 We're going to look at three pieces of

12 correspondence, this one first and then two later

13 emails, just to set the scene of your involvement in

14 this area.

15 Thank you.

16 Now, we can see the date of this letter is

17 16 October of 2013, and it's from you to the

18 Prime Minister. We'll read through it together, please.

19 You say:

20 "I welcome the 2013 National Risk Assessment ... and

21 agree that the very high priority areas look correct; as

22 such I am happy to recommend its approval. I commend

23 the additional work on department at risks that has been

24 undertaken by departmental Chief Scientific Advisors and

25 the Natural Hazards Partnership, to ensure that the best

28

1 possible scientific evidence is used.  
 2 "However, I feel there are a number of actions which  
 3 could further strengthen the NRA:  
 4 "- As was discussed in Cabinet yesterday morning,  
 5 I agree with Francis Maude that thorough review of the  
 6 NRA for next year is necessary. The key issue is to  
 7 ensure that the NRA is used, and does not become a heavy  
 8 document that is filed in secret filing cabinets! In  
 9 particular, a good risk register should drive thinking  
 10 about how risks can be prevented, mitigated, handled if  
 11 they transpire and to clear up afterwards. The NRA is  
 12 used fairly effectively for the handling and clear-up,  
 13 but variably to drive decisions about prevention and  
 14 mitigation."

15 Let's just pause there. So what were your concerns  
 16 about the limited way in which the NRA was being  
 17 utilised?

18 **A.** Yes. So, I mean, the first thing to say is that, of  
 19 course, 2013 was the year I started as GCSA, so I came  
 20 into the process after it had been going for some time,  
 21 but one thing I did discover was that the NRA was held  
 22 at a quite highly classified level, which meant that  
 23 very few people saw it, it was actually locked in  
 24 departmental safes most of the time, and I felt that  
 25 that wasn't the most effective way to hold a risk

29

1 there are some very fundamental questions about who  
 2 pays, which again we may come on to. I could expand  
 3 that on now or later. So --

4 **Q.** Perhaps it might be appropriate for you to do that now.

5 **A.** Okay.

6 **Q.** Before we lose the --

7 **A.** So, the -- it comes to the challenge that, firstly, most  
 8 risks cover a number of government departments, it's  
 9 very rare for them to be confined to one government  
 10 department, and one of the clear issues in relation to  
 11 the coronavirus pandemic is the strength of public  
 12 health. I would argue -- and, again, this is really  
 13 from my professional knowledge rather than qua  
 14 Government Chief Scientific Adviser -- that the  
 15 challenge for public health is always that the urgent is  
 16 the enemy of the important, so a department that is  
 17 faced with waiting lists for a hospital, for example,  
 18 inevitably is going to be under pressure to solve that,  
 19 rather than taking on the long-term public health  
 20 issues, which actually will prevent people getting into  
 21 trouble later in life. So the question I think always  
 22 is: who pays for the insurance policy? In the case of  
 23 flooding, it's fine to manage the flood when it happens,  
 24 but who is actually going to pay for the flood  
 25 prevention? And if you look across the whole of

31

1 assessment.

2 Secondly, and I think this is a, quite an important  
 3 broader issue, the individual risks are held by  
 4 individual government departments. The CCS has to cover  
 5 the whole of government, with a relatively small staff,  
 6 and so most of the CCS's work was used in managing  
 7 events when they happened, in other words providing the  
 8 emergency advice, the emergency operational support, and  
 9 then to some extent helping with the clear-up, depending  
 10 on what it is. Whereas the whole point of a risk  
 11 assessment is that you ought to be able to use it to see  
 12 if you can stop something happening in the first place,  
 13 if it is going to happen to mitigate it, in other words  
 14 to reduce its effects, and then also handle and clear  
 15 up.

16 I was concerned that I didn't think there was  
 17 sufficient work on the prevention and mitigation, and  
 18 I would have had doubts then, and now, that CCS would be  
 19 the body to do that. And I think it turns on broader  
 20 questions of resilience that we may come back to.

21 **Q.** Yes. Well, whilst we're on this topic, did the use of  
 22 the NRA in areas of prevention and mitigation improve  
 23 during your time in office, in your opinion?

24 **A.** I think it was a work in progress, and I think it's  
 25 still a work in progress, because it raises some --

30

1 government, there are so many areas of national  
 2 resilience that it ultimately is a political decision to  
 3 decide how much to invest in preparation for events that  
 4 are going to happen in the future. Climate change is  
 5 another example of that.

6 **Q.** Or prevention of known risks?

7 **A.** Prevention of?

8 **Q.** Known risks.

9 **A.** Known risks, yes.

10 So I think that by devolving the budgets to  
 11 individual government departments, they are always under  
 12 pressure to deal with the immediate rather than the  
 13 future.

14 **Q.** Rather than what might be coming down the line.

15 **A.** So I think a really important question when we're  
 16 thinking about national resilience is that it does need  
 17 to be looked at as a whole cross-government issue.  
 18 I think Oliver Letwin yesterday was talking about having  
 19 a senior minister responsible for it. That obviously is  
 20 a matter for government --

21 **Q.** Is that something that you would support?

22 **A.** It is something I would support. In fact I had the  
 23 pleasure of working reasonably closely with  
 24 Oliver Letwin when he was the Chancellor of the Duchy of  
 25 Lancaster.

32

1 The other issue is the issue of cascading risks,  
2 which is that when one thing goes wrong, other things go  
3 wrong as well. So, again, to give an example which is  
4 not from health, when there were the floods in  
5 around 2013 in the southwest, the weakness of the  
6 transport links to Devon and Cornwall were exposed when  
7 part of the embankment went at Dawlish. So one event  
8 can cascade into another, and a pandemic that was even  
9 more serious than the Covid pandemic could well have  
10 caused work absenteeism and collapse of national  
11 infrastructure.

12 A good example of that is imagine the pandemic if  
13 the internet had broken down, if transport lines had  
14 broken and we couldn't even get food.

15 So as modern societies have become more efficient,  
16 they have actually become less resilient and are  
17 dependent on just-in-time supply lines. So you really  
18 do need to take a cross-government view, and I think  
19 that one of the important lessons of this pandemic is  
20 that we need to take a much more serious look at risks  
21 through the lens of resilience. And again, sort of to  
22 extend that a bit further, Ukraine has taught us the  
23 risks in terms of supply lines around grains and inert  
24 gases, for example, which are important for the lasers  
25 that make semiconductors.

33

1 risks. As part of this work I have requested that  
2 scientific briefing papers are created for each of the  
3 very high priority risks; considerable work has already  
4 been done in creating these for both T44 and H23."

5 Is H23 the pandemic --

6 **A.** Yes, T stands for threats, and H for hazards.

7 **Q.** One of each.

8 "Although a number of duplicate risks have been  
9 removed from this year's NRA, I believe more could be  
10 done to reduce the overall number of risks. Whilst I am  
11 content for risks to be moved across from the NRA to the  
12 NSRA continued scientific review of these should be  
13 conducted."

14 What was your concern there, Sir Mark?

15 **A.** I think it's a sort of -- my concern was over signal to  
16 noise ratio, if I can put it that way, which is that  
17 there were an enormous number of lists. The NRA and the  
18 NSRA have now been merged, actually.

19 **Q.** Yes.

20 **A.** The NSRA was looking -- taking a global and  
21 international view of the security risks in particular,  
22 the NRA was more local. So there was some level of  
23 duplication there. But I think that there is  
24 a corollary of this, which is that the risks come across  
25 as being very granular, and that's an issue that you've

35

1 So one's got to look at resilience at  
2 a cross-government level --

3 **Q.** Yes.

4 **A.** -- and I don't think that that has been happening  
5 sufficiently.

6 If I may make one more comment at this point, which  
7 may or may not have come up, a bit later, my sense when  
8 I arrived was that the Civil Contingencies Secretariat  
9 and a lot of the work around the risk assessment came  
10 from the world of human threats as opposed to national  
11 hazards, and so many of the staff of the CCS would have  
12 had security-type backgrounds, and I think there was  
13 much more of a focus, and Katharine Hammond in her  
14 evidence I think made this point herself, probably more  
15 focus on threats, malicious threats, than on natural  
16 hazards and I think that's quite an important issue.

17 **Q.** Yes, thank you.

18 Let's return for a moment to the letter, please.

19 **A.** Of course.

20 **Q.** Look at the second bullet point on the page where you  
21 say to the Prime Minister:

22 "I think that the NRA could also be used more  
23 effectively to prepare for the handling of emergencies  
24 as they arise. Indeed I have been working closely with  
25 the Cabinet Office to ensure scientific scrutiny of key

34

1 already spoken to a number of witnesses about, which is,  
2 in the case of hazards there are many scenarios, and so  
3 looking at risks through the lens of scenarios is  
4 an important way of doing it. In other words, rather  
5 than saying the pandemic is influenza, there are  
6 a number of possible pandemics and one needs to  
7 brainstorm each of those. That applies to almost every  
8 risk and hazard, actually, which is that earthquakes  
9 come in many forms, volcanos come in many forms, from  
10 ones that emit clouds of ash to ones that emit vast  
11 amounts of sulphur dioxide, and so almost any risk that  
12 you look at needs to be looked at through a whole  
13 variety of scenarios.

14 **Q.** Multiple scenarios?

15 **A.** Multiple scenarios, yes. Recognising -- and this is  
16 probably more so with the case of pandemics than  
17 anything else -- that it is almost impossible to predict  
18 what the next pandemic will be. With the one  
19 qualification that we know that influenza is the  
20 pandemic that keeps coming back.

21 **Q.** All right. Well, we're going to turn very shortly --

22 **A.** Yeah. Sure.

23 **Q.** -- to look at the national risk assessments and how  
24 those worked in practice. But before we do, and before  
25 we leave this letter, I'd just like to highlight the

36

1 final paragraph, because it touches upon something that  
 2 you've already begun to tell us about this morning,  
 3 Sir Mark:  
 4 "It would be helpful for future iterations to have  
 5 a behavioural science viewpoint; for example how people  
 6 react in the event of an evacuation, or how first  
 7 responders react in an emergency situation."  
 8 Just to remind ourselves, this letter was written by  
 9 you in October of 2013, as you have explained, as you  
 10 were coming into post.  
 11 Is this aspect of behavioural science as  
 12 an important consideration in terms of risk assessment  
 13 something which you saw developing during your time in  
 14 office? Is it something that has yet really to be taken  
 15 seriously?  
 16 **A.** I think it's taken seriously and I think it was taken  
 17 seriously then, but it is very protean in its nature,  
 18 and I think that, in the areas that I was involved, then  
 19 there is no doubt that behavioural science did continue  
 20 to develop and did make a difference, and the example  
 21 which is cited quite often was the Ebola pandemic --  
 22 sorry, epidemic, I'm so sorry.  
 23 **Q.** Yes.  
 24 **A.** Ebola epidemic, where behavioural science was extremely  
 25 important in understanding the mode of transmission at

37

1 a thick document. Probably not to the extent that  
 2 ultimately we need.  
 3 **Q.** All right, thank you.  
 4 Can we take that down, please, and replace it with  
 5 an email which you sent to Julian Miller in the  
 6 Cabinet Office in June of 2014. It's at INQ000142145.  
 7 Thank you.  
 8 If we could scroll down, please, to the paragraph  
 9 which begins "I remain of the opinion", and read through  
 10 that. Here you are saying to Mr Miller:  
 11 "I remain of the opinion, however, that response and  
 12 recovery is only a part of the benefit of a successful  
 13 risk management. It is surely as important to be  
 14 pro-active in taking steps to prevent events from  
 15 happening in the first place, or if that isn't possible,  
 16 to take steps to mitigate against their effects. As  
 17 such, I am keen for us to explore how Government could  
 18 use the NSRA (and indeed the NRA) [they were separate at  
 19 the time] more effectively to avoid and mitigate against  
 20 specific risks. CPNI ..."  
 21 What is that a reference to?  
 22 **A.** Oh, gosh, what's that acronym for? Centre for  
 23 Protection of National Infrastructure, I think. If I'm  
 24 wrong, we'll correct it after.  
 25 **Q.** Right. I'm glad that you struggle as much as we do, or

39

1 funerals in West Africa, and we had a specific and  
 2 expert anthropologist advising us on SAGE, who actually  
 3 helped operationally in the end, because it turned out  
 4 that burial in West Africa, respect is shown to the  
 5 corpse by touching, and sadly in Ebola, which is  
 6 transmitted by touch --  
 7 **Q.** Yes.  
 8 **A.** -- people are most infectious as they are dying and just  
 9 after they've died, and in fact the higher the status of  
 10 the corpse, the more people touch them. Of course the  
 11 simple answer was to say: well, you must just stop  
 12 touching them. But this was a culturally deeply  
 13 sensitive issue, and so anthropology was very helpful.  
 14 It's a rather detailed example but it just shows how  
 15 important it is.  
 16 There are, you know, many examples where it's  
 17 important to understand behaviours, for example telling  
 18 people not to panic buy. The rational response is to go  
 19 and panic buy. So understanding behavioural science is  
 20 quite important.  
 21 **Q.** Here you were inviting a viewpoint of behavioural  
 22 science to be included in the NRA assessments.  
 23 **A.** Yeah.  
 24 **Q.** Did that in fact happen?  
 25 **A.** Well, the NRA assessments were still -- it was quite

38

1 perhaps not quite as much.  
 2 "CPNI do this for the range of threats to the UK's  
 3 infrastructure, by developing a detailed understanding  
 4 of the impacts of such events which leads to evidence  
 5 based approaches top tackling them. They then work with  
 6 the owners and operators of the UK's national  
 7 infrastructure to provide appropriate tailored advice.  
 8 I would like to see how this approach might be widened  
 9 to cover natural hazards as well."  
 10 So here you were, Sir Mark, the following year, in  
 11 June of 2014, again expressing your view that there  
 12 needed to be more proactivity around taking steps to  
 13 prevent events from happening, and that that wasn't, in  
 14 your view, being given sufficient attention.  
 15 **A.** Yes. I mean, I think that takes me back to the point  
 16 I made about public health, which is that, in the case  
 17 of the approach to a pandemic, and again this is me  
 18 speaking really with my medical background, as it were,  
 19 and scientific background, there are two things you can  
 20 do. You can firstly try and identify the hazards at the  
 21 earliest opportunity, in other words have global  
 22 screening for emerging infections, proper transparency  
 23 and data sharing, you can be proactive in developing  
 24 vaccines that might be relevant, but the other thing you  
 25 can do is reduce the vulnerability of the population.

40

1 Q. Right.

2 A. Because a risk is basically a combination of the hazard

3 itself, the exposure to the hazard, and the

4 vulnerability of people to the hazard. So risk is the

5 sort of multiple of those three things.

6 Q. So if the state of health is poor --

7 A. So if the state of health is poor, you are going to do

8 less well. That may well be why the vulnerability to

9 the influenza pandemic at the end of the First World

10 War, where the H1N1 flu virus killed millions of people,

11 whereas a very similar virus in 2009 caused,

12 fortunately, rather smaller numbers of deaths.

13 Q. Thank you.

14 Thank you, we can take that down, please, and

15 replace it with the final piece of correspondence, which

16 was a letter from you to Felicity Oswald-Nicholls, in

17 the CCS, in October of 2014. So three months later.

18 Can we please scroll down.

19 Thank you. The middle paragraph beginning

20 "Secondly", middle bullet point, you say here:

21 "Secondly, I think there are four reasons to have

22 a risk assessment; to prevent the risk, to mitigate the

23 risk, to respond to it and to recover. The response and

24 recovery have been addressed in your work to date.

25 However, I think we need to actively look at what the

41

1 this is the right national risk assessment?

2 A. Yes, correct.

3 Q. Can we go to page 47, please.

4 As that's being done, Sir Mark, just to confirm what

5 the Inquiry has already heard, that the national risk

6 assessment is a medium-term planning tool for civil

7 emergency plans affecting the UK over the next

8 five years or so, and it should be handled consistently,

9 it should be evidence-based, and it's dealt with on the

10 basis of a reasonable worst-case scenario --

11 A. Yeah.

12 Q. -- which is an illustration of examples of the worst

13 plausible manifestation of whatever the risk or hazard

14 that's being considered; is that right?

15 A. Yes.

16 Q. Okay. So this is the page dealing with pandemic

17 influenza. We can see that in the top left-hand corner.

18 We can see that the graph at the top right-hand

19 corner, which the Inquiry has already seen -- I think

20 Sir Christopher Wormald was taken through this by

21 Mr Keith a couple of days ago -- has two axes: "Impact",

22 running vertically, and "Likelihood/Plausibility"

23 running horizontally.

24 Now, in terms of pandemic influenza, we can see that

25 in 2016 the assessment was that it posed a very high

43

1 Government can do to avoid and mitigate against the

2 risks. This remains an outstanding issue and I would

3 like to see this tackled more effectively in the coming

4 months."

5 So here you are raising the issue again several

6 months later with the Civil Contingencies Secretariat.

7 A. Yes, I'm beginning to sound like a broken record,

8 aren't I? Yes. I mean, I think that the UK has

9 a strong risk register, so I think we have to start from

10 the premise that actually it's -- not every government

11 does have, but I think it is really important to use it

12 as well as possible, and I think it is a work in

13 progress. So I think it would be unreasonable to expect

14 all these problems to have been solved in a very short

15 period, but I think it's important to keep people in

16 mind of this, and it is, again, the challenge of the

17 urgent over the important.

18 Q. Thank you.

19 We can take that down, please.

20 Let's then go to the national risk assessment of

21 2016, which had your involvement.

22 A. Yeah.

23 Q. Let's put up, please, INQ000147769. Thank you very

24 much, you're ahead of me.

25 This is the first page, we can just confirm that

42

1 risk, and we know that because we can see the words

2 "Very High" in the top left box and we can see that the

3 star indicating its position on this graph is at the

4 top, aligned with catastrophic impact and medium to high

5 likelihood/plausibility, with an arrow going in

6 a downwards direction.

7 Can you explain to us, please, what that represents?

8 A. Well, I mean, that actually is the range. In other

9 words --

10 Q. Yes.

11 A. -- the range of the assessment is that there was

12 a medium to high likelihood that there would be

13 a pandemic, of influenza in this case, and that it could

14 range between, you know, significant to catastrophic.

15 Q. Right. Can we scroll out, please, and move further down

16 the page, and look at the main box under "Outcome

17 Description", because we can see there that this

18 assessment is based on:

19 "A worldwide outbreak of influenza [occurring] when

20 a novel flu virus emerges with sustained human to human

21 transmission."

22 It's on the basis that:

23 "Up to 50% of the population may experience

24 symptoms, which could lead to up to 750,000 fatalities

25 in total in the UK. Absenteeism would be significant

44

1 and could reach 20% for 2-3 weeks at the height of the  
2 pandemic, either because people are personally ill or  
3 caring for someone who is ill, causing significant  
4 impact on business continuity. Each pandemic is  
5 different and the nature of the virus and its impacts  
6 cannot be known in detail in advance."

7 Now, just pausing there, that's something to which  
8 you've already made reference, the fact that nobody  
9 really knows the precise details of the pandemic that  
10 will hit, but these are, these figures and these  
11 assessments are based upon a reasonable worst-case  
12 scenario; is that right?

13 **A.** Yes. It's a ... there is an unreasonable worst-case  
14 scenario as well, in other words where there could be  
15 several times more that number of fatalities.

16 **Q.** Yes.

17 **A.** So there are -- I mean, one of the big issues here is  
18 the sort of slight hubris that humans can always beat  
19 nature, and a ghastly pandemic could kill an awful lot  
20 of people.

21 **Q.** Yes.

22 **A.** This was a working model, but, you know, one shouldn't  
23 place any precision around the numbers.

24 **Q.** This is an unmitigated situation, though, isn't it? So  
25 this doesn't take into account --

45

1 transmitted in different ways, and so the pandemic  
2 depends on the nature of the transmission, it depends on  
3 the nature of the organism. There are infinite  
4 variables, effectively.

5 **Q.** All right.

6 "Based on understanding of previous pandemics,  
7 a pandemic is likely to occur in one or more waves,  
8 possibly weeks and months apart. Each wave may last  
9 between 12-15 weeks."

10 What do you say of the view that's been expressed  
11 that really this reasonable worst-case scenario was  
12 somewhat out of date because it was based mainly upon  
13 what happened in the 1918 flu outbreak?

14 **A.** No, I don't think so. It's the nature of flu that it is  
15 constantly -- it has a particular capacity to evolve  
16 because it -- flu you find in three species, in humans,  
17 in pigs and in birds, and it has a particular genome  
18 which is divided into pieces, which means it can shuffle  
19 its genome relatively straightforwardly. So I think  
20 that was a perfectly plausible planning scenario. But  
21 you are -- anything like that is, as it were, making  
22 projections or -- not really predictions for the future.  
23 The retrospectroscope is a 100% accurate instrument, so  
24 governments are always best prepared for the last event.  
25 But this is a perfectly plausible scenario.

47

1 **A.** No, this one is -- this is not unmitigated. I mean,  
2 this is an example of a very severe influenza pandemic  
3 which could cause 750,000 fatalities.

4 **Q.** You have mentioned Sir Oliver Letwin's evidence to  
5 the Inquiry yesterday, in which he warned against the  
6 danger of concentrating too much, perhaps, on the  
7 likelihood of a scenario happening and, in his view,  
8 what was important was not to ignore those black swan  
9 events --

10 **A.** Yeah.

11 **Q.** -- where the likelihood might be very low or lowish, but  
12 the impact if an event like that hits would be  
13 catastrophic, would be overwhelming. What do you say  
14 about that?

15 **A.** I agree with him, actually, and I think that that  
16 sentence you read, "Each pandemic is different" --

17 **Q.** Yes.

18 **A.** -- "and the nature of the virus and its impacts cannot  
19 be known in detail in advance" -- and I think where this  
20 would have been better described would be, rather than  
21 focusing solely on influenza, it ought to have  
22 recognised the fact that pandemics come in many  
23 different forms.

24 As I think probably Sir Chris Whitty will tell you,  
25 because he has written on -- different infections are

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1 **Q.** All right. Reading on:

2 "All ages may be affected, but we cannot know until  
3 the virus emerges which groups will be most at risk."

4 **A.** Correct.

5 **Q.** "There is no known evidence of association between the  
6 rate of transmissibility and severity of infection,  
7 meaning it is possible that a new influenza virus could  
8 be both highly transmissible and cause severe symptoms."

9 That would be the worst-case scenario, would it not,  
10 because --

11 **A.** Yes, and in the rare cases where humans have caught  
12 avian influenza, it has been a highly lethal infection.  
13 Fortunately it hasn't developed into a pandemic, but  
14 there are reasons to be concerned.

15 **Q.** "Pandemics significantly more serious than the RWCS  
16 [reasonable worst-case scenario] are therefore possible.  
17 The impact of the countermeasures in any given pandemic  
18 is difficult to predict as it will depend on the nature  
19 of the virus and the [reasonable worst-case scenario]  
20 assumes countermeasures are not effective."

21 So that's what I was referring to before when  
22 I indicated that this was a reasonable worst-case  
23 scenario in unmitigated circumstances?

24 **A.** Yes, I mean, the difference between influenza and the  
25 SARS-CoV-2 virus is that there are established vaccines

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1 for influenza. They would not work for a new pandemic  
 2 strain, but they might provide some level of protection.  
 3 And antivirals have been developed, although there is  
 4 always a risk of mutation in the virus which will allow  
 5 it to escape an antiviral drug. Pretty easily,  
 6 actually. So I think that this was a perfectly  
 7 reasonable worst-case scenario but it was one of about  
 8 500 worst-case scenarios that could be written.

9 **Q.** All right.  
 10 Before we leave this page, could we just scroll down  
 11 to the next paragraph, please.  
 12 "Confidence Levels". "High confidence", we can see  
 13 that at the top of the zoomed page:  
 14 "High confidence in the overall assessment based on  
 15 a large body of knowledge of the issue and includes  
 16 evidence of a high quality informed by  
 17 consistent/relevant expert judgements."  
 18 What does that refer to, please?

19 **A.** Well, I think, if you like, the -- what we know about  
 20 pandemic infections justifies a description of  
 21 a scenario such as that.

22 **Q.** Right. Pandemic influenza infections or pandemic  
 23 infections?

24 **A.** Both.

25 **Q.** Right. Let's take that down, please, and just before we  
 49

1 nationally. This figure has been recommended by the  
 2 Scientific Pandemic Influenza Sub-Group on Modelling  
 3 (SPI-M)."  
 4 Are you able to help us with this, please, Sir Mark:  
 5 what is the process by which SPI-M would calculate the  
 6 figures and then feed them through for this reasonable  
 7 worst-case scenario to be calculated? How, practically,  
 8 does that happen?

9 **A.** I think that I'm probably not the right person to answer  
 10 that question, because -- I know what's happened  
 11 recently, which is that, certainly during coronavirus,  
 12 SAGE and the government were not reliant on a single  
 13 modelling subgroup, in other words there were groups of  
 14 modellers in different universities who were acting  
 15 independently to reach the figure. What I cannot tell  
 16 you for this, whether this was done as one modelling  
 17 group or a lot of modellers --

18 **Q.** Right.

19 **A.** -- and so I'm afraid I think that's a question for  
 20 others. But, I mean, the principles of mathematical  
 21 modelling is that you take those parameters and you use  
 22 them to make a projection.

23 **MS BLACKWELL:** Yes. Thank you. Well, we'll leave it there,  
 24 I think, and if we need to we can ask another witness to  
 25 expand on that.

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1 break, can we go to annex A of the 2016 NRA, at  
 2 INQ000176770.  
 3 Now, this relates to the same risk, it's pandemic  
 4 influenza, but this, lying as it does in annex A,  
 5 provides a greater level of information about the way in  
 6 which this risk has been assessed.  
 7 So can we scroll down, please -- thank you -- and  
 8 look at the paragraph "Specific Assumptions" at the  
 9 bottom of the page. Thank you. Here we see:  
 10 "The reasonable worst case scenario is based upon  
 11 the experience and mathematical analysis of influenza  
 12 pandemics in the 20th and 21st century, the specific  
 13 assumptions of this scenario are ..."  
 14 Then if we can scroll down to get those on the page,  
 15 please. We don't need to go through them in detail, but  
 16 can you confirm, please, Sir Mark, that this is the  
 17 calculation, these are the matters that go into  
 18 performing and making the reasonable worst-case  
 19 scenario?

20 **A.** Yeah. Yes.

21 **Q.** Just below the bullet points, we see this:  
 22 "While combining these figures can be misleading and  
 23 there is unlikely to be both high end illness and death  
 24 rates resulting in around 750,000 deaths, this is the  
 25 advised reasonable worst case for guiding planning  
 50

1 My Lady, is that a convenient time to break?  
 2 **LADY HALLETT:** Certainly. Thank you very much,  
 3 Ms Blackwell. I will return at 11.25.  
 4 **MS BLACKWELL:** Thank you.  
 5 (11.10 am)  
 6 (A short break)  
 7 (11.28 am)  
 8 **LADY HALLETT:** Sorry about the slight delay in restarting.  
 9 **MS BLACKWELL:** Not at all, my Lady.  
 10 Please could we have on screen INQ000147769 and go  
 11 to page 48, please. Could we zoom in on the top part of  
 12 the page.  
 13 This is the equivalent page for emerging infectious  
 14 diseases, and on the right-hand side, using the same  
 15 axes on the table, we can see that emerging infectious  
 16 diseases are placed by a star at moderate impact and  
 17 medium to high likelihood/plausibility, with an arrow  
 18 showing an upper range and an arrow showing a lower  
 19 range in the column of medium likelihood/plausibility.

20 **A.** Yes. I mean, what this reflects is a high degree of  
 21 uncertainty.

22 **Q.** Right.

23 **A.** So an emerging infectious disease might turn out to be,  
 24 you know, effectively a damp squib and not much happen,  
 25 or it could -- and MERS is actually a very good  
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1 example -- cause a very significant event. In Korea,  
2 for example -- and the fact that it got to Korea, it  
3 could have got to anywhere -- and there was an outbreak  
4 there that caused, I think, 38 deaths and there were  
5 about 153 cases, showing how dangerous an infection it  
6 is. So the answer is that there are many infectious  
7 diseases that emerge, and ultimately they can turn into  
8 pandemics, as we saw with SARS-CoV-2.

9 **Q.** Could we zoom out, please, and look at the confidence  
10 levels, which are just below the mid-point on the page.

11 Reflecting on what you've just said, I think,  
12 Sir Mark --

13 **A.** Yeah.

14 **Q.** "Low confidence in the overall assessment based on  
15 a relatively small body of knowledge of the issue and  
16 includes relevant evidence and somewhat  
17 consistent/relevant expert judgements."

18 Are you able to explain to us, Sir Mark, why the  
19 confidence level in relation to pandemic influenza was  
20 high but the confidence level in relation to emerging  
21 infectious diseases is low?

22 **A.** Well, so I'll deal with the latter first, which is that  
23 there are so many different emerging infections with  
24 different transmission pathways, different clinical  
25 effects, different severity, that the small body of

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1 and the scenarios at paragraph 2.1 which we can see at  
2 INQ000068403.

3 Just to put this in context, this was a review which  
4 we can see into the external -- it was an external  
5 review, sorry, of the National Security Risk Assessment  
6 methodology, conducted recently, and if we can go to  
7 page 16, and have a look at paragraph 2.1. Under  
8 "Scenario design" -- could we highlight that paragraph,  
9 please.

10 So the Royal Academy of Engineering looked into the  
11 methodology of the NSRA system and, amongst other  
12 matters, raised the following questions:

13 "What are alternative approaches to the reasonable  
14 worst-case scenario (RWCS)? What would be their added  
15 value in comparison to the [reasonable worst-case  
16 scenario]?"

17 "How are [reasonable worst-case scenarios] or other  
18 types of scenarios defined? How can consistency be  
19 ensured across a wide variety of different risks  
20 (... [both] malicious and non-malicious, chronic and  
21 acute, domestic and international, etc)?"

22 Then this:

23 "Should the NSRA focus on a single [reasonable  
24 worst-case scenario] or should it plan for more generic  
25 or multiple scenarios per risk (eg, 'pandemic influenza'

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1 knowledge is not because people are sort of foolish or  
2 ignorant about it, it's just simply these things have  
3 not existed before and, therefore, no one knows about  
4 them until they come out. The amazing power of modern  
5 science means that we were able to characterise the  
6 genome of the SARS-CoV-2 virus in a matter of weeks,  
7 whereas it took 15 years in the 1918 pandemic to  
8 discover what the agent that caused the influenza was,  
9 the virus. It was mistakenly thought to be caused by  
10 a bacterium at the time. And if you like, I think  
11 the -- sorry, I'll have a drink of water.

12 **Q.** Yes, please take your time.

13 **A.** The higher confidence in the influenza is that it was  
14 looking at a pandemic where you could be confident that  
15 if it turns into a pandemic, it would have  
16 a catastrophic impact. So one of these emerging  
17 infectious diseases when it turns into a pandemic, as it  
18 were, flips the page back to the previous one, the  
19 pandemic risk.

20 **Q.** So the level of variability, if you like, leads to the  
21 confidence being lower?

22 **A.** The -- yes, exactly, the uncertainty is much higher.

23 **Q.** Yes, all right. Thank you.

24 We can take that down now, and please could we  
25 replace it with the Royal Academy of Engineering review

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1 vs multiple pandemic scenarios)? Should different risks  
2 be grouped together and only the [reasonable worst-case  
3 scenarios] be presented (eg, 'pandemics' or 'animal  
4 disease')?"

5 What is your view, Sir Mark, on whether or not there  
6 should be a more generic or multiple scenario approach  
7 to risk planning?

8 **A.** Well, I tackle this to some extent in my witness  
9 statement, actually --

10 **Q.** Yes.

11 **A.** -- which is that I think that a scenario-based approach  
12 is a much better approach.

13 **Q.** Why?

14 **A.** Because it enables you to encompass more variability  
15 where there is variability.

16 **Q.** Yes.

17 **A.** So, as it were, a single person with a gun is fairly  
18 easy to define, but a -- the huge variability of the  
19 natural world and the hazards that we face means that  
20 you can only, I think, best think about it through  
21 a range of scenarios.

22 **Q.** All right.

23 **A.** If I may, I think it also turns on exercising as well,  
24 which is that the opportunity and real costs of one of  
25 the major national exercises is absolutely huge, which

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1 means that you can't do them very often, and so you end  
 2 up putting an enormous amount of effort into one  
 3 particular scenario, whereas if you actually, at  
 4 a smaller scale, do lots of expert assessments, tabletop  
 5 exercises, exploring a range of scenarios, then I think  
 6 that's a much more practical approach to the complexity  
 7 that the natural world throws at us.

8 **Q.** This suggestion, with which you agree, is set out in  
 9 this report which has been commissioned in recent times.

10 **A.** Yeah.

11 **Q.** Are you able to help the Inquiry with why this issue had  
 12 not been considered and grappled with back in 2016 or  
 13 2017 or 2019?

14 **A.** I think that organisations go through continuous  
 15 improvement, and I think this is part of the same thing.  
 16 I don't think anything should stay still. Should it  
 17 have happened some time ago? Yes, probably. But the  
 18 answer is that it's better late than never, and I think  
 19 that one learns lessons continuously, which is why this  
 20 Inquiry is so important, if I may.

21 **Q.** At paragraph 78 in your report, you say this:  
 22 "A key question in relation to pandemic preparedness  
 23 is whether the [United Kingdom] was too distracted by  
 24 the risk of an influenza pandemic to properly prepare  
 25 for a pandemic caused by another microorganism. I do

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1 **A.** -- he has been appointed. But I think that was  
 2 a powerful analysis, and I think if you look at the  
 3 history of public health there has been a long-standing  
 4 decline in our capacity to fight infectious disease  
 5 going back 40 or 50 years or more.

6 **Q.** How has that happened?

7 **A.** Well, those are ultimately political decisions about the  
 8 allocation of resources.

9 **Q.** Right.

10 **A.** And it goes back to the fact that the National Health  
 11 Service is, to a significant extent, the national  
 12 disease service: it is pressured -- you know, it is  
 13 treating people who are ill now. So there has been  
 14 a move away from public health. I think if you go back  
 15 to the 19th century, every part of the country had  
 16 a medical officer of health, and every year they would  
 17 write an annual report on the health of their local  
 18 communities, very largely focused on infection in those  
 19 days, and part of the control of infection is to have  
 20 an effective distributed system for testing, tracing  
 21 and, where appropriate, isolating people with infectious  
 22 diseases. We had lost that capability over a very  
 23 prolonged period. It's just one concrete example, but  
 24 there are many -- the public health laboratory system,  
 25 which was a distributed system -- and I should say

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1 not think that this is this was the case during my time  
 2 as GCSA."

3 **A.** So I think that -- I want to distinguish two things.  
 4 I think scientifically the country was quite prepared  
 5 then, in the sense that it was recognised. I think  
 6 operational preparedness is another matter, and I think  
 7 it's clear that we were not operationally prepared, and  
 8 I say that later in my witness statement actually.

9 **Q.** Could we go on to discuss that, please. What do you  
 10 mean by not being operationally prepared?

11 **A.** Well, it goes back to the discussion that we had earlier  
 12 about public health.

13 **Q.** Yes.

14 **A.** I think that a focus in richer countries moved away from  
 15 infectious diseases after the Second World War, good  
 16 public health, and with the rise of chronic inflammatory  
 17 diseases, cardiac disease, hypertension, diabetes, there  
 18 was much more focus on those and away from infection.  
 19 But I think also, and I referred in my witness statement  
 20 to a paper written by Dr Claas Kirchhelle, who wrote  
 21 a very interesting history comparing public health in  
 22 the UK, USA and Germany, going right back to 1900 --

23 **Q.** I think you know as well --

24 **A.** He is an expert --

25 **Q.** He is going to --

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1 again, I'm saying this really from my professional  
 2 knowledge, and I should also say that I am not actually  
 3 a public health physician by training, I'm  
 4 an immunologist, rheumatologist, but nevertheless that  
 5 distributed capacity for testing for disease had largely  
 6 been lost, and the closure of the public health  
 7 laboratories in about 2003 and 2004 was just one step on  
 8 the way.

9 **Q.** Well, I'd like to take up that point, please, because in  
 10 paragraph 129 of your report you provide some facts and  
 11 figures. You say that 13 of the 69 public health  
 12 laboratories were closed over a period of time and  
 13 a central laboratory of communicable disease  
 14 surveillance was created at Colindale, which led, in  
 15 your view, to a decline in the perceived importance of  
 16 the locally-based surveillance laboratories; is that  
 17 right?

18 **A.** It is. But, as I say in my witness statement, this  
 19 section of the report was heavily dependent on  
 20 Dr Kirchhelle, so you have him as your adviser.

21 **Q.** What about the fact that the public health laboratory  
 22 service was merged with the NHS local microbiology  
 23 services? What effect did that have?

24 **A.** Well, I think, again, it took them away from a sort of  
 25 broader surveillance into dealing with the everyday

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1 needs of the district hospitals, which -- you know,  
2 these aren't either/or things, we need both.

3 **Q.** Right, thank you.

4 I'd like to ask you some questions now about the  
5 biosecurity strategy, how that came into being, and how  
6 that assists in this area of risk assessment and  
7 planning.

8 **A.** Yes. So, one of the groups that I chaired when I was  
9 the Government Chief Scientific Adviser was a rather  
10 obscure committee with the name of NSC OS&T, which  
11 stands for National Security Council Offices Science and  
12 Technology, and to some extent it reflects my concern  
13 that I raised earlier that an awful lot of the focus of  
14 the work on national resilience was on malicious threats  
15 rather than natural hazards.

16 **Q.** Yes.

17 **A.** But one thing that was apparent was that biological  
18 threats come from different sources and within  
19 responsibilities of different parts of government. So  
20 there are animal diseases which were very much the  
21 responsibility of DEFRA, there were the threats from  
22 natural infections of humans which were very much the  
23 responsibility of the Department of Health and  
24 Social Care and its associated bodies, and then there  
25 was malicious biological threats as well, where the

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1 Chief Scientific Adviser?

2 **A.** I can't tell you the answer to that now, I'm afraid.

3 **Q.** All right.

4 **A.** It was initiated that way, but the strategy was not  
5 owned by -- I mean, again, it comes back to the fact  
6 that it's government departments that had to own it, so  
7 this was owned jointly across government.

8 **Q.** Yes, all right, thank you.

9 The next topic, please, the SAGE science guidance  
10 paper. I just want to touch upon this, please.

11 Could we please put up INQ000142139 and turn to  
12 page 8.

13 Can you explain to us, please, Sir Mark, what the  
14 SAGE science guidance paper is?

15 **A.** So this was commissioned as -- the challenge for SAGE  
16 is: do you start from a blank sheet of paper? Which was  
17 what was pretty much happening when I started, and it  
18 seemed to make sense to me that we should actually try  
19 to get some guidelines for SAGE so that we could kick  
20 off with a -- not a detailed plan but with an idea of  
21 the questions that might be important, and these were  
22 commissioned, and this was one of those.

23 **Q.** So a guidance document here for the members of SAGE when  
24 they are going about --

25 **A.** When they're starting their work.

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1 Home Office had quite an important role. Increasingly  
2 in the world of health, people are taking a One Health  
3 view, which is actually to say that -- different  
4 species, we are intimately interrelated to each other,  
5 so each human, as an example, carries 1 kilogram of  
6 bacteria as our microbiome, mainly in our gut, and so we  
7 are -- sorry about that -- so -- and plants and animals,  
8 and so looking at particularly infectious disease  
9 without looking across the whole of biology and  
10 different species doesn't make much sense. So we needed  
11 an integrated strategy, and that was started as a result  
12 of the work of -- it came from NSC OS&T. The work was  
13 led initially by the Home Office. It started in 2015.  
14 In 2018 the Biological Security Strategy was published  
15 for the first time and it has literally, just in the  
16 last month or two, been updated, so that is the origin  
17 of that.

18 **Q.** All right.

19 **A.** It was an example of trying to take an integrated  
20 approach to natural hazards but also threats, in the  
21 case of -- because biological agents can be used for  
22 malicious purposes as well.

23 **Q.** And is --

24 **A.** It was about integrating them.

25 **Q.** Thank you. Is the strategy overseen by the Government

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1 **Q.** -- hazard assessment, yes.

2 **A.** Okay.

3 **Q.** If we look at the bottom part of the page and the table,  
4 can you explain to us what we have on the left-hand side  
5 in conjunction with the right-hand side, please.

6 **A.** So the left-hand side is that there is an emerging  
7 disease of some kind and the government is requesting  
8 scientific advice on it. So it sets out the key  
9 questions: what do we know about the disease and the  
10 microbe that causes it? Do we know whether it kills  
11 people? What's the nature of the illness? Do we know  
12 what the microbe is? Do we know how it is transmitted?  
13 I could read through it all.

14 **Q.** Yes.

15 **A.** Then on the right-hand side key questions for SAGE are:  
16 how can we answer these questions? What do we need to  
17 know in order to generate the answers?

18 **Q.** In order to get the best out of SAGE, you would  
19 envisage, as you've described before, that ideally there  
20 would be an interconnection, there would be  
21 a conversation, a two-way street --

22 **A.** Absolutely.

23 **Q.** -- as you've described it, between COBR on one side and  
24 SAGE on the other?

25 **A.** Yes, well, I mean, the job of SAGE is to -- the object

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1 is -- the job of SAGE is to advise the Government Chief  
2 Scientific Adviser, plus or minus a relevant CSA, in  
3 this case the CMO and the CSA in health, and they go  
4 from SAGE to provide the advice at COBR, and so the  
5 right-hand side is -- these are the questions for the  
6 scientific group.

7 **Q.** How are the members of SAGE expected to utilise this  
8 guidance?

9 **A.** Well, these are the questions that -- the first meeting  
10 of SAGE would be: these are the questions we've been  
11 asked, these are the things that we need to know, can  
12 you help -- you know, what is your advice as experts in  
13 the area? And they get fed data as it comes in as well,  
14 because the -- again, it's one of the strengths of the  
15 system, actually, that the department of -- sorry, the  
16 NHS and DHSC have protocols, for example, for the first  
17 hundred patients with a new disease. So there are ways  
18 of discovering quickly the answer to these questions.

19 **Q.** All right.

20 **A.** Some of them are harder than others.

21 **Q.** Okay. Thank you, we can take that down now.

22 I want to finally ask you, please, Sir Mark, about  
23 your views on the need for a national resilience  
24 assessment to act as a basis for resilience planning.

25 At paragraph 117 in your report to us, you say:

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1 this sort is, then work out a form that's going to work.

2 Oliver Letwin suggested that there should be  
3 a minister, and that would make complete sense. And  
4 looking -- and then it's not -- this isn't, as it were,  
5 a replacement for the risk register, it's a way of  
6 looking at the risks through that lens of resilience,  
7 how -- the interdependence of different government  
8 departments in all of this, the fact it doesn't sit  
9 neatly into one government department. And I think it  
10 applies to all areas of modern life where, as I say,  
11 I think the danger for us is that, as we have become  
12 more efficient, we have become less resilient and you  
13 can have cascading failures very, very quickly.

14 So, for example, when a supertanker got stuck in the  
15 Suez Canal, then suddenly supply lines were disrupted,  
16 and if that had happened for any period it would have  
17 caused major supply issues for all sorts of things; it  
18 comes on things like the dependence on semiconductors.  
19 So it's pretty all-consuming, but it clearly has  
20 a relevance for Covid-19.

21 If I may, I'd just like to extend it to the whole  
22 question about the inequalities in health which have  
23 been already raised, and the challenge -- so there is no  
24 question, and you've had evidence from Michael Marmot  
25 and his colleagues as well, that the vulnerability of

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1 "Regardless of which approach government takes in  
2 the future to funding and providing national resilience,  
3 I think that there is a good case for government to  
4 create a National Resilience Assessment to act as a  
5 basis for resilience planning."

6 What do you mean by that idea?

7 **A.** Well, I suppose, stepping back, it seems to me that the  
8 prime duties of government are to look after the health,  
9 the well-being, the resilience and security of all of  
10 us, the citizens, and of course a component of that is  
11 the strength of the economy, because if you don't have  
12 a decent economy you can't have any of that. But the  
13 resilience is a really important lens to look at the  
14 health, well-being and security of us. And as we've  
15 discussed several times during my appearance, resilience  
16 is something that you have to look at very broadly, and  
17 so I think that -- at the end of the day, it's people  
18 that matter here. It's sort of -- you can set up all  
19 kinds of structures, but I think it's a question for  
20 government, and it's a question I think for this  
21 Inquiry, to decide -- you know, if it's agreed that  
22 resilience is an important way of looking at it, then it  
23 needs to be prioritised within government, and  
24 government needs to think about what are the -- form  
25 should follow function, so decide what the function of

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1 citizens of the UK and round the world has very much  
2 depended on their social circumstances, on how deprived  
3 they are, on black and Asian minority ethnic groups  
4 being more susceptible and more vulnerable.

5 Now, the only thing you can do there when the  
6 pandemic arises is try to reduce transmission.  
7 Resilience is actually about providing the public health  
8 coverage to reduce that vulnerability, and it is,  
9 I think, about getting public health out into the  
10 community. So a workforce that could help in screening  
11 for hypertension, diabetes, heart disease, would then be  
12 a workforce that could be re-purposed for the purposes  
13 of vaccination, and all of the things that -- testing  
14 and things like that.

15 So I think it is about how we look and see how we  
16 can make the population the most resilient, which will  
17 protect us against the effects of future pandemics. To  
18 some extent. Despite everything we do, there is always  
19 the possibility of some devastating disease emerging  
20 which we find we can do not much about.

21 **Q.** But the better --

22 **A.** It is about being prepared.

23 **Q.** Being prepared. And being resilient for what might be  
24 coming down the line?

25 **A.** Yeah. Absolutely.

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1 **Q.** Finally, then, please could I ask for your comments on  
 2 this document.  
 3 It's the witness statement of John Swinney,  
 4 INQ000185352, at paragraph 26. Thank you.  
 5 Here he says:  
 6 "One of the hallmarks of the operating approach of  
 7 the Scottish Government during the period of scrutiny in  
 8 this Module, was to engage widely with other public  
 9 authorities, public bodies, business and third sector  
 10 organisations to create a sense of common purpose in our  
 11 endeavours. This approach would involve the  
 12 establishment of a range of collaborative forums in  
 13 which the aspirations of Ministers could be set out and  
 14 practical work commissioned to try to realise these  
 15 aspirations. There was also an analytical structure put  
 16 in place to assess progress in achieving these  
 17 aspirations through a broadly endorsed National  
 18 Performance Framework ... The National Performance  
 19 Framework established an agreed set of outcomes that  
 20 organisations in Scotland were working together to  
 21 achieve. These included our collective aspirations for  
 22 children and young people, the economy, communities, the  
 23 tackling of inequalities, human rights, fair work and  
 24 business and the tackling of poverty. The fact that the  
 25 National Performance Framework was valued and supported

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1 I'm told that there are no Rule 10 questions.  
 2 **LADY HALLETT:** That is the right expression today, is it?  
 3 **MS BLACKWELL:** No, we have had Rule 10 questions but we  
 4 haven't provided permission, or, my Lady, you haven't  
 5 provided permission for them. So that, in fact,  
 6 concludes the evidence of Sir Mark Walport.  
 7 **LADY HALLETT:** Thank you very much, Ms Blackwell.  
 8 Thank you very much, Sir Mark, you have been  
 9 extremely helpful, and very interesting, so thank you  
 10 for your help.  
 11 **THE WITNESS:** Thank you, my Lady.  
 12 **(The witness withdrew)**  
 13 **MS BLACKWELL:** I think, my Lady, we're going straight into  
 14 the next witness.  
 15 **(Pause)**  
 16 **MR KEITH:** My Lady, the next witness is the Deputy  
 17 Prime Minister.  
 18 **MR OLIVER DOWDEN (sworn)**  
 19 **Questions from LEAD COUNSEL TO THE INQUIRY**  
 20 **MR KEITH:** Deputy Prime Minister, could you please provide  
 21 your name.  
 22 **A.** Yes. Oliver James Dowden.  
 23 **Q.** Thank you very much for your assistance in this Inquiry,  
 24 and for attending today.  
 25 Whilst I ask you questions, could you please

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1 by a broad range of public, private sector organisations  
 2 in Scotland helped to focus our pandemic response and  
 3 assisted our efforts to be effective, for example, in  
 4 addressing inequalities. This approach created a strong  
 5 platform for the necessary and urgent dialogue that was  
 6 required in preparing for and then ultimately managing  
 7 the pandemic."

8 I don't want to seek your views on the political  
 9 aspect of what's set out there, but broadly speaking do  
 10 you approve of and support the procedure that's being  
 11 described there in terms of the collection of  
 12 considerations of government and also of private sector  
 13 organisations?

14 **A.** Well, I think it's quite difficult to avoid the politics  
 15 here, because this is essentially a political statement.  
 16 In other words, it is a statement that they have decided  
 17 to operate through a widespread stakeholder  
 18 consultation; and that seems a perfectly reasonable  
 19 approach. But I don't think it is, in fact, science or  
 20 science advice per se, so I think it is a political  
 21 statement, to be honest.

22 **MS BLACKWELL:** All right. Well, then, I won't ask anything  
 23 further. We'll leave it there.

24 Will you excuse my back, please, my Lady?

25 **(Pause)**  
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1 remember to keep your voice up, so we may have the  
 2 benefit of hearing what you have to say, and also for  
 3 the purposes of the stenographer's record.

4 If I ask you a question which is not clear, feel  
 5 free to ask me to repeat it.

6 You have provided a witness statement dated and  
 7 signed 18 April 2023.

8 Could we have, please, on the screen INQ000183332,  
 9 thank you very much.

10 And page 5, the statement of truth to which you have  
 11 appended your signature; is that correct?

12 **A.** Yes, that's correct.

13 May I begin, Mr Keith, just by reiterating what  
 14 I said at the beginning of that statement, which is to  
 15 say that the Covid crisis that hit our nation was the  
 16 biggest challenge we faced during peacetime, and it  
 17 impacted every family in our nation, and I just want to  
 18 restate my deepest sympathies and condolences to all of  
 19 those affected and, on behalf of the government, to say  
 20 that we want to positively engage with this Inquiry and  
 21 to learn the lessons that will come out of it.

22 **Q.** Thank you.

23 Mr Dowden, you have been Deputy Prime Minister since  
 24 April of this year, and since February you have been the  
 25 newly created Secretary of State in the Cabinet Office

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1 and, since October of last year, Chancellor of the Duchy  
2 of Lancaster, but you were not always so, because in  
3 2018 you were appointed Parliamentary Secretary for the  
4 Cabinet Office, that is to say the Minister for  
5 Implementation, and then in July 2019 you were appointed  
6 to be Minister for the Cabinet Office and then  
7 Her Majesty's Paymaster General.

8 So as Minister for Implementation and then  
9 subsequently as Minister for the Cabinet Office, in  
10 a broad sense were the issues of cyber and resilience  
11 within your various portfolios?

12 **A.** Yes, that is correct.

13 **Q.** The Inquiry has noted that, as Minister for  
14 Implementation, your responsibilities included cyber and  
15 resilience. Whilst you were Minister for the  
16 Cabinet Office and Her Majesty's Paymaster General, your  
17 responsibilities included resilience. Now, currently,  
18 as Chancellor of the Duchy of Lancaster, your  
19 responsibilities include concurrent risk and supervision  
20 and the promulgation of the Resilience Framework, to  
21 which we will come back to later.

22 The ministerial structure appears to be a little  
23 diffuse, therefore, in terms of who takes responsibility  
24 for the issue of resilience.

25 Can you help us, please, by way of commencement, on

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1 indeed many of the other aspects of my portfolio then  
2 and now, a lot of them sort of interlink with one  
3 another in terms of the government's cross-cutting and  
4 co-ordinating role through the Cabinet Office to enable  
5 resilience. So cyber resilience is an important part of  
6 resilience, and in discharging duties in relation to  
7 cyber resilience, and indeed wider resilience, I would  
8 draw on the Government Commercial Function of service  
9 and -- it had different names over time, and indeed the  
10 Government Digital Service and other aspects of the  
11 portfolio.

12 **Q.** In respect specifically of the differences between the  
13 portfolios held by the Minister for Implementation, the  
14 Parliamentary Secretary for the Cabinet Office, to which  
15 you were first appointed, and the Minister for the  
16 Cabinet Office, how did those various responsibilities  
17 concerning resilience differ? Was it that the Minister  
18 for the Cabinet Office was more senior but that the  
19 Minister for the Cabinet Office and the Minister for  
20 Implementation covered broadly the same ground?

21 **A.** So first of all in respect of the Minister for  
22 Implementation, I was the responsible minister within  
23 a ministerial structure where I reported to the  
24 Chancellor of the Duchy of Lancaster, and he and I met  
25 and discussed it and he had overall responsibility for

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1 that point?

2 **A.** Yes, well, perhaps if I start with the present, as it  
3 were, which is where you ended, Mr Keith.

4 So, as Chancellor of the Duchy of Lancaster, I have  
5 responsibility for resilience and the Prime Minister has  
6 asked me to chair the national security committee  
7 subcommittee on resilience, so I have oversight in that  
8 sense as well, and as Chancellor of the Duchy of  
9 Lancaster, indeed Deputy Prime Minister, I'm the lead  
10 minister in the Cabinet Office, and many of the  
11 cross-cutting and co-ordinating functions of government,  
12 including in respect of resilience, sit within the  
13 department for which I am responsible.

14 In respect of my previous ministerial roles, when  
15 I was first appointed as Minister for Implementation, as  
16 you say that's a parliamentary secretary, so in sort of  
17 governmental language that's the junior minister,  
18 a junior minister, in the Cabinet Office, I reported in  
19 to David Lidington, who was then the Chancellor of the  
20 Duchy of Lancaster, so I had a number of specific  
21 responsibilities allocated to me, and he, in the same  
22 way that I have now, had oversight of the department.  
23 So clearly I worked closely with him on questions of  
24 resilience and cyber.

25 I think on the point about cyber and resilience, and

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1 everything within the Cabinet Office portfolio,  
2 including resilience and cyber.

3 Then what happened when Boris Johnson became  
4 Prime Minister in, I believe it was, July of 2019, he  
5 took the decision that, given that we had to be prepared  
6 for the no-deal -- it wasn't really a contingency, it  
7 was a default of the government, given that we'd made  
8 the decision to leave and we had this deadline that was  
9 going to expire by the end of the year, if we didn't  
10 reach a deal with the European Union, we would have  
11 had -- no-deal would have happened, so this was a major  
12 area that we had to be resilient to. So he said, "Look,  
13 I need the most senior minister in the Cabinet Office",  
14 who at that time was Michael Gove, "to take  
15 responsibility for no-deal preparedness" --

16 **Q.** As Chancellor of the Duchy of Lancaster?

17 **A.** -- "as Chancellor of the Duchy of Lancaster, and I want  
18 you, Oliver, as Minister for the Cabinet Office, to have  
19 responsibility for all other areas in the  
20 Cabinet Office", which of course included cyber and  
21 resilience.

22 **Q.** So from that point onwards, you took responsibility, as  
23 for the Cabinet Office, for cyber and resilience, and  
24 you took that portfolio in effect, although perhaps not  
25 set out constitutionally in writing, from the Minister

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1 for Implementation?

2 **A.** Well, I --

3 **Q.** Because formerly you had, as the Minister for  
4 Implementation, already been addressing the issue of  
5 cyber and resilience?

6 **A.** Yes, so there was a continuity, in that sense, of my  
7 responsibility for cyber and resilience across to being  
8 Minister for the Cabinet Office. Clearly my role also  
9 expanded in respect of the other ministerial duties  
10 which are set out in some of the documentation that  
11 the Inquiry has.

12 The only small caveat I would add to that is that  
13 resilience -- and it was the most significant resilience  
14 risk we faced at that moment, in respect of  
15 no-deal Brexit -- sat with Michael Gove as Chancellor of  
16 the Duchy of Lancaster.

17 **Q.** All right, thank you.

18 You made reference a few moments ago to  
19 a subcommittee, the National Security Council's  
20 subcommittee on resilience. Is that a re-formed version  
21 of what was formerly the National Security Council's  
22 Threats, Hazards, Resilience and Contingencies  
23 committee, which, to use a phrase utilised by  
24 Ms Hammond, Ms Katharine Hammond, last week, came out of  
25 the committee structure? Is it a re-formed version of

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1 You were responsible, were you not, for the Civil  
2 Contingencies Secretariat, that part of the  
3 Cabinet Office that was concerned with emergency  
4 preparedness, resilience and response. You presumably  
5 were responsible for co-ordinating, through your  
6 ministerial position, EPRR, emergency preparedness,  
7 response and resilience across government, the working  
8 with other government departments that the  
9 Cabinet Office was centrally concerned with, the liaison  
10 through the Cabinet Office with the devolved  
11 administrations and local responders, and the policy and  
12 the guidance as well as the strategising, of which we've  
13 heard a great deal from earlier witnesses.

14 So the Minister for Implementation was responsible,  
15 through the Cabinet Office, for those broad areas  
16 concerning resilience; is that broadly correct?

17 **A.** Yes, that's broadly correct, subject to two points.

18 First of all, and I know that the Inquiry has discussed  
19 this extensively, but just as a reminder from my  
20 perspective, this was in the context of the lead  
21 government department model.

22 **Q.** Yes.

23 **A.** That is to say, each of the 90-odd risks that were  
24 identified in the NRSA and the -- the precursor  
25 documents and the successor documents were allocated to

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1 that committee or is it the same committee, do you know?

2 **A.** Well, it's -- it shares some characteristics of the  
3 previous -- I believe the shorthand for it is the THRC  
4 committee -- in the sense -- so what is different  
5 between the NSCR and THRC is that the NSCR seeks to take  
6 a more upstream view of risks and resilience and look at  
7 strategies to stop risks materialising in the first  
8 place.

9 So, for example, we considered in a recent meeting  
10 the biosecurity strategy. So it takes -- it takes  
11 a sort of more strategic view in that sense. It does  
12 have the capability to make cross-governmental decisions  
13 in respect of specific risks and resilience, and so has  
14 that in common with THRC. So it shares some of the  
15 characteristics of it, but it is wider in the way that  
16 I described.

17 **Q.** All right.

18 Is that the biosecurity strategy that was, I think,  
19 published by the government last Monday?

20 **A.** That's correct, yes.

21 **Q.** All right.

22 May I then ask you to give us a broad description of  
23 the nature of your functions when you first became  
24 Minister for Implementation, with particular reference  
25 of course to resilience.

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1 individual government departments. The job of the  
2 Cabinet Office and -- as is the case in many other  
3 areas, was co-ordination and facilitation, and ensuring  
4 the bits of government stitched together to ensure that  
5 that happened.

6 The second thing is, again, further to what I said  
7 initially, that was in the structure where the  
8 Chancellor of the Duchy of Lancaster had overall  
9 responsibility for the Cabinet Office, and I reported in  
10 to him.

11 **Q.** Yes, indeed.

12 So the Cabinet Office had no operational  
13 responsibility in the field of resilience and emergency  
14 preparedness, its primary function was to set the broad  
15 direction, to deal with the strategy, the policy  
16 guidance and this crucial liaison between the various  
17 moving parts of the government, the lead government  
18 department, other government departments, devolved  
19 administrations, local responders and so on?

20 **A.** Yes, that's correct, and that is the sort of typical  
21 role of the Cabinet Office in many different areas and  
22 it was replicated in the resilience function as well.

23 **Q.** In your witness statement, you say that you were briefed  
24 that major programmes of work were under way to improve  
25 readiness across government for an influenza pandemic,

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1 and that you were generally assured that the government  
2 was reasonably and sufficiently prepared for  
3 an influenza pandemic.

4 May we presume that those briefings came from the  
5 Cabinet Office by virtue of your role initially as  
6 Minister for Implementation and then subsequently as  
7 a Cabinet Office minister?

8 **A.** Yes, that's correct. So in common when most ministers  
9 take up a new portfolio, I sought briefing across all  
10 the areas for which I was responsible, which included  
11 resilience and, as I said, the sort of 90-odd resilience  
12 risks identified in the NRSA. I should say, in addition  
13 to that there are many other areas of resilience which  
14 are not actually included in that document, whether it's  
15 sort of resilience in terms of cross-Channel strikes or  
16 all the other sort of things that government has to deal  
17 with.

18 Clearly, as part of that, I'm sure that -- I know  
19 the Inquiry is familiar with the way the risk matrix  
20 works, which is that we assess both likelihood and  
21 impact and, given that a pandemic flu consistently sat  
22 up in the top right-hand corner, that was something that  
23 I took an interest in, along with other risks, and so  
24 I asked for further specific briefing on that, received  
25 that briefing, and indeed throughout my time as

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1 to pandemic preparedness, but not perhaps the detail at  
2 a lower level?

3 **A.** Well, first of all, it would depend on the stage at  
4 which I was a minister. So when I was first appointed  
5 as the minister, you know, I was told in broad terms,  
6 you know: this is the resilience architecture, so we  
7 have the NRSA, we have the Civil Contingencies  
8 Secretariat which sits within the department, we have  
9 the lead government department model, so, for example,  
10 in relation to terrorism risks, those are held by the  
11 Home Office and the Home Secretary, in respect of health  
12 and biosecurity risks broadly those were held by the  
13 Department of Health.

14 I would then, through a process of iteration, ask  
15 further questions about specific areas within that, and  
16 then subsequently during my time in office, as issues  
17 arose I would receive further briefing, either because  
18 there was a decision that had to be made, so I had to  
19 agree and scrutinise and sign off a particular document  
20 or piece of cross-government working, or because there  
21 was something that was coming sort of up as something  
22 that was moving from risk to something that may  
23 materialise. So, for example, Ebola was an example of  
24 something that we looked at during that time. There  
25 were many other examples. And of course across the

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1 a minister received further briefings, all of which were  
2 consistent with advice that we were broadly in a pretty  
3 strong state of preparedness.

4 I relied, for example, on the international service.  
5 Now, I know there has been questions and criticisms  
6 about how those worked, but those were things that gave  
7 me assurance, and indeed there were -- throughout my  
8 time in office I received further pieces of information  
9 and briefing which reinforced that general picture.

10 **Q.** Deputy Prime Minister, to what extent, when a minister  
11 receives briefings, do the briefings descend into the  
12 specifics and the detail? You've referred to your  
13 understanding of the risk assessment process,  
14 for example. Presumably the briefings would have  
15 covered areas such as the risk assessment process, the  
16 workings of a Pandemic Flu Readiness Board, which was  
17 co-chaired by the Cabinet Office and the DHSC, the  
18 exercises, the major exercises which were being carried  
19 out by the Cabinet Office, for example Exercise Cygnus  
20 in 2016 and its aftermath, and perhaps the workings, the  
21 most important workings of the DHSC in relation to  
22 pandemic preparedness, the Pandemic Influenza  
23 Preparedness Programme, the PIPP programme. Is that  
24 broadly correct, that you would have been aware of the  
25 broad nature of the pillars of the government's approach

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1 wider resilience there was, as is the case most winters,  
2 there's flooding, there's occasional storms, there's all  
3 those sort of things that require a degree of  
4 cross-government co-ordination.

5 A lot of what you do as the Minister for the  
6 Cabinet Office, or a minister in the Cabinet Office, is  
7 you -- you kind of just -- you need to know when  
8 something remains with the lead government department or  
9 if the lead -- you often find a lead government  
10 department will come to you and say: We need some help  
11 with some cross-government work. And you'd kind of,  
12 supporting that, well, make a decision whether that was  
13 appropriate for us or something that would vest with the  
14 lead government department.

15 **Q.** So, as the minister, you're plainly dependent on  
16 anticipated risks and issues and problems being brought  
17 to your attention. You can't be responsible, of course,  
18 for every aspect of your department's operation, you  
19 won't know what all the correspondence amounts to, you  
20 are dependent on the system bringing matters which  
21 require ministerial input to your attention?

22 **A.** Yes, but in -- but that's not to say that a minister is  
23 entirely passive in this situation, one sits there and  
24 waits for officials to bring stuff to one's desk. I was  
25 very much engaged, and I know most ministers are, for

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1 want of a better word, in the wider sort of civic  
2 society in respect of that.  
3 So, just to give you some examples, frequently  
4 there'd be questions asked in Parliament, whether those  
5 were written or oral questions, there would be select  
6 committee reports produced, there would be independent  
7 bodies that produced reports, the media of course would  
8 report on these things from time to time.

9 So I would frequently pick up -- I would either have  
10 those things put in my box so I would see them or  
11 I would independently pick them up and I would walk into  
12 my private office in the morning or after the weekend  
13 with a list of things that had come to my attention that  
14 I wanted to receive a further briefing on. So it was  
15 more of a sort of interactive process.

16 But remember, my responsibility as a minister was to  
17 drive the overall direction of the department. I'm not  
18 personally an expert in the details of any of the  
19 individual risks. My job is to ensure that the  
20 department moves in the right direction, is directed in  
21 the correct way, and working closely with the  
22 Prime Minister and others to ensure that the priorities  
23 of the department and the conduct of government reflect  
24 the priorities of the government as a whole.

25 **Q.** My Lady heard evidence from Sir Oliver Letwin, you may  
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1 Lady Bracknell but, you know, we didn't want to lose  
2 another one, let's put it that way. So I spent a lot of  
3 time working with officials both on the resilience, to  
4 ensure that if we lost another one we would be resilient  
5 to it, but also with each of those strategic suppliers  
6 to understand, pretty much on a daily and then latterly  
7 a weekly basis, the financial position of those  
8 strategic suppliers, so I had a strong insight as to  
9 what the risk landscape looked like, and then off the  
10 back of that I instituted, with the Chancellor of the  
11 Duchy of Lancaster, a programme of reform of government  
12 procurement and the approach that we took to our major  
13 strategic suppliers. So -- and there are other examples  
14 like that.

15 **Q.** What about in relation to health resilience or pandemic  
16 planning, so the particular field with which of course  
17 this Inquiry is concerned?

18 **A.** There wasn't the sort of activity that I've described in  
19 respect of Carillion. It was the case, though -- two  
20 things. First of all, and I hope that the documents  
21 that the Inquiry has demonstrate it, I was reassured on  
22 a number of occasions, and I know this is subject to  
23 a subsequent debate by the Inquiry, and we can go over  
24 it in hindsight, but I was assured that we were in  
25 a strong state of resilience for it.  
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1 have seen the evidence, I don't know, but he gave  
2 evidence about how, when he was appointed as a minister,  
3 he threw himself personally into one or two aspects or  
4 a number of aspects of his department, on account of his  
5 concern about whether or not there were issues that  
6 required to be attended to, and he called for specific  
7 reviews of a number of areas, departmental areas, and  
8 carried out himself, personally, some of those reviews.

9 Given the sheer number of obligations in the  
10 portfolio of the Minister for Implementation and the  
11 Minister for the Cabinet Office, were you ever able to  
12 throw yourself personally into that sort of review of  
13 the field of civil contingencies?

14 **A.** Yes. So almost immediately after I was appointed as  
15 Minister of Implementation, Carillion, a major  
16 government supplier, essentially went bankrupt, so there  
17 were immediate challenges for me and I tended to lead on  
18 it, working with the Chancellor of the Duchy of  
19 Lancaster, to ensure that we were resilient and we  
20 responded to the collapse of this major government  
21 supplier essentially to ensure that there was  
22 a continuity of delivery of public services across the  
23 board.

24 But also I was very mindful of the resilience of the  
25 remaining providers, because -- I won't quote  
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1 But in addition to that, I did, as issues arose, ask  
2 specific questions and indeed seek routine updates as  
3 well. So, for example, I asked to have a specific  
4 overview of resilience readiness across a range of  
5 different issues. That happened periodically, and I met  
6 with officials periodically, and I would periodically  
7 pick up issues in that context.

8 **Q.** We're now going to look at some of the documents to  
9 which you've referred, Deputy Prime Minister, and it's  
10 right that in your statement you say that you were  
11 briefed that a major programme of work was under way and  
12 you were generally assured that the government was  
13 reasonably and sufficiently prepared for an influenza  
14 pandemic, and you were broadly content that the  
15 government was taking reasonable and proportionate  
16 steps.

17 May we please have INQ000145720. This is a document  
18 that you won't have seen before this Inquiry, because it  
19 wasn't sent to you. It's an email from  
20 Katharine Hammond dated 20 September 2018, and it wasn't  
21 addressed to you. But it's an email that concerns the  
22 general field of resilience and preparedness for  
23 pandemic flu, and it's an email within the  
24 Cabinet Office, between the civil servants in the  
25 Cabinet Office, concerning, in September of 2018 -- so  
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1 when you were a minister, the Minister for  
2 Implementation -- the priorities of the Pandemic Flu  
3 Readiness Board, to which we'll come back, and about  
4 which I know you're familiar.

5 At the bottom of the page, before the sign-off,  
6 before -- the penultimate paragraph, there are these  
7 words:

8 "Messages to the [Department of Health and  
9 Social Care]/[Cabinet Office] Ministers and in  
10 particular [the Chancellor of the Duchy of Lancaster] as  
11 chair of the NSC(THRC) [committee] [the committee to  
12 which you referred earlier] given there are clear risks  
13 associated with not taking forward the [Pandemic Flu  
14 Readiness Board] programme."

15 So it would seem from this internal communication  
16 within the Cabinet Office that officials were  
17 considering the nature of the message which would have  
18 to be sent to ministers, including yourself, but in  
19 particular the Chancellor of the Duchy of Lancaster,  
20 about the clear risks associated with not taking forward  
21 the Pandemic Flu Readiness Board programme.

22 So given your statement that you were generally  
23 assured that the government was reasonably and  
24 sufficiently prepared and that you were briefed that the  
25 government was in a moderately decent position and that

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1 **Q.** We will.

2 **A.** But that in respect of core areas for pandemic flu  
3 preparedness, and particularly areas for which the  
4 Cabinet Office was responsible, that work continued.

5 What I would also say is that in the -- it is the  
6 case that the way the resilience function works is it  
7 has to have flexibility. So programmes of work are set  
8 out and, as different challenges face the government, we  
9 flex resources accordingly. The key areas have to keep  
10 on going. Other areas we reach a certain state of  
11 readiness and then we resume them subsequently.

12 So this was -- this was in the context of what I was  
13 familiar with, which is the constant flexing of  
14 resources, because bearing in mind we have -- we were  
15 dealing with 90-odd different risks, some of them were  
16 materialising, others weren't, we had to make judgements  
17 across the board.

18 **Q.** Indeed. We, of course, are only concerned with the  
19 risks relating to health emergencies and -- including  
20 pandemic planning.

21 INQ000145721 is a 10 January 2019 submission to  
22 David Lidington MP, who was then, as you will recall,  
23 Chancellor of the Duchy of Lancaster, and therefore the  
24 senior minister. You were at that stage still the  
25 parliamentary secretary, and Minister for

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1 readiness was being improved, to what extent were you  
2 told at that time -- September '18 -- that there were  
3 risks in relation to the discharge of your own  
4 ministerial role associated with what was being  
5 discussed, which was not taking forward the programme at  
6 all for pandemic flu readiness?

7 **A.** Well, first of all, as you said, I didn't specifically  
8 receive this email. I would take issue with the point  
9 that you're saying that -- not taking forward at all,  
10 because the -- it was the case that I did receive advice  
11 about some of the re-prioritisation that was happening,  
12 and indeed I was specifically assured that, in respect  
13 of the two key areas that sat specifically within the  
14 Cabinet Office -- and if the Inquiry will forgive the  
15 term, it's just the wording that is used across  
16 government -- on excess deaths, that's to say the risk  
17 of increased mortality, that that work programme would  
18 continue.

19 I was also -- received assurance that the Pandemic  
20 Flu Bill preparedness would continue. So in the -- the  
21 advice that -- how this sort of transpired into the  
22 advice that I received as a minister was that  
23 re-prioritisation was happening, and we can come on to  
24 the -- if you wish to -- reasons for that  
25 re-prioritisation.

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1 Implementation.

2 This is a memo entitled "Delivery of NSC [that's the  
3 National Security Council] (THRC) [Threats, Hazards,  
4 Resilience and Contingencies] programmes".

5 To remind ourselves, the NSC(THRC) committee was the  
6 committee which was taken out of committee structure in  
7 July 2019 when, as is customary, the incoming government  
8 changed the committee structures associated with the  
9 Cabinet and its subcommittees.

10 "Delivery of work programmes commissioned by  
11 NSC(THRC) on pandemic influenza ... are expected to be  
12 affected by the step-up in planning for a no-deal exit  
13 from the European Union."

14 So in a general sense, although the evidence shows  
15 that you're absolutely right that some parts of the work  
16 programmes, and some work programmes did continue, there  
17 was a general impact on the delivery of the NSC(THRC)  
18 programmes as a result of the re-prioritisation of work  
19 necessitated by planning for a no-deal exit; that's  
20 correct, isn't it?

21 **A.** Yes. What I would say is, again, and forgive me, in the  
22 context of what I said already, namely that we had to  
23 ensure that we allocated resources according to where  
24 the greatest risk lay.

25 Now, it was the case at that time that no-deal was

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1 the default position of the government. So it was  
2 appropriate, given -- and this is worth remembering --  
3 the kind of frankly apocryphal warnings that were being  
4 delivered about the consequence of no-deal Brexit,  
5 for example in relation to medicine supplies and  
6 elsewhere, it was appropriate that we shifted the  
7 resilience function to deal with this.

8 Secondly, it was not a permanent shift. We knew  
9 that this thing would come to an end since we had an end  
10 point for -- if we didn't reach a deal, no-deal would  
11 happen.

12 The other point I would make on that, it has come  
13 out, I think, in some of the evidence, is that there was  
14 a flip side to this, which was that the preparation,  
15 particularly through the Yellowhammer structures made us  
16 match fit for when we did have to deal with the actual  
17 materialisation of the Covid pandemic. That is to say,  
18 it forced governments to -- departments to work together  
19 closely, so there was a lot more cross-government  
20 co-ordination, and in addition in relation to this we  
21 surged additional capacity into the department,  
22 I believe we recruited around 15,000 extra staff, who  
23 then were able to be re-deployed, once the threat of  
24 no-deal had passed, in order to further step up our  
25 preparedness for -- or to contribute to our Covid

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1 though they were, had a direct and significant impact  
2 upon the majority of the work programmes to prepare for  
3 pandemic influenza?

4 **A.** No, I don't actually -- I don't fully accept that.

5 So the core responsibilities that certainly I had in  
6 respect of Cabinet Office, in terms of our areas under  
7 the pandemic flu preparedness, continued, namely the  
8 excess deaths work and the work in respect of Pandemic  
9 Flu Bill drafting, both of which, by the way, were then  
10 subsequently -- the learnings from that were used when  
11 the Covid crisis hit us. It was also the case that  
12 there was this constant flexing that happened.

13 When one takes it in the round, in terms of how ...  
14 it essentially tested our ability to work together.  
15 There's countless other examples of that. So,  
16 for example, the battle rhythm of having these daily  
17 XOs, the fact that we had a realtime data coming in and  
18 going out again. All of those things actually put us in  
19 a position of being in a strong position. And the  
20 advice that I received was that the core stuff that we  
21 had to do was continuing, but in line with the normal  
22 re-prioritisation that happens -- you know, for example  
23 when Salisbury hit there was a re-prioritisation. I've  
24 just been dealing with -- chairing the COBRs on the  
25 evacuation of British nationals from Sudan. There is

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1 response.

2 **Q.** We will look in due course at the undoubted benefits,  
3 and there were benefits, from the planning associated  
4 with the planning for a no-deal exit, but in relation to  
5 your point, if I may observe, that the preparations were  
6 required, my question was premised deliberately on  
7 an acceptance that the preparations for the no-deal exit  
8 were necessitated. My Lady has the point already and it  
9 forms no part of this Inquiry to examine into the worth  
10 of those preparations. They were necessary as part of  
11 the plans for a no-deal exit.

12 **A.** What I would say briefly on that, and I say this as  
13 somebody who voted -- don't want to re-litigate it -- as  
14 somebody who voted for remain in the referendum. It was  
15 not a question of one's view on Brexiting or not, it was  
16 just a fact that we had triggered Article 50 and that  
17 the default was that without a deal we would have no  
18 deal. So that was the default. So it was really  
19 incumbent on government, and in delivering my duties in  
20 respect of resilience I appreciated very strongly I had  
21 to make sure that the United Kingdom was in the best  
22 possible position, as did every minister, to deal with  
23 no-deal. And actually in doing that, as I said, we did  
24 get some other benefits from it.

25 **Q.** But the reality was that those preparations, necessary

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1 always a flex, and if we didn't have that flex we would  
2 not be in such a strong position to respond to  
3 challenges as they hit the government.

4 **Q.** If you look at paragraph 2 of this memo, addressed to  
5 your then senior ministerial colleague,  
6 "Recommendations":

7 "2. That you agree:

8 "- That the significant majority of the pandemic  
9 influenza and [irrelevant and sensitive material is then  
10 redacted] ... due to report back to NSC(THRC) in March  
11 and February 2019 respectively, are paused until the  
12 completion of Operation Yellowhammer."

13 Operation Yellowhammer was the operational name  
14 given to the necessary preparations which were being  
15 made for a no-deal exit, is it not?

16 **A.** Yes, that is Operation Yellowhammer, yes.

17 **Q.** Therefore that paragraph states in terms that the  
18 "significant majority of the pandemic influenza and ...  
19 due to report back ... are paused". So a reference, no  
20 doubt, to the workstreams or the preparations or the  
21 plans. A significant majority are paused.

22 So my earlier question to you was: is it not right  
23 that there was a direct and significant impact on the  
24 planning for pandemic influenza as a result of the  
25 necessary plans being carried out to deal with a no-deal

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1 exit?  
2 **A.** So clearly -- and by the way I should notice, as you  
3 know, that I didn't actually receive this specific  
4 sub -- but the -- I don't dispute the pausing point. It  
5 is set out there. My -- the area where I -- I just  
6 person -- I take a different view given my experience as  
7 a minister at the time --

8 **Q.** Indeed.

9 **A.** -- was the point about the significant impact for the  
10 reasons that I set out and I won't reprise them.

11 **Q.** All right.

12 **A.** What I would also say, though, forgive me, is that it is  
13 also worth viewing this in the context of documents that  
14 I received, which gave me assurances that in respect of  
15 particularly the Cabinet Office areas for which I was  
16 responsible, that work was continuing. So I just  
17 can't -- from my perspective that was not how it was at  
18 the time.

19 **Q.** Indeed.

20 Page 2, please, of this memo, which absolutely  
21 correctly did not go to you, paragraph 8 says:

22 "The Government's decision in December 2018 to step  
23 up contingency planning ... is placing unprecedented  
24 resource pressure on both Lead Government Departments  
25 and the Civil Contingencies Secretariat, which is

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1 The other recourse that we have, which is not  
2 reflected in here, is to actively recruit additional  
3 resource from outside government, and that was the case,  
4 I believe -- I think we recruited around 15,000  
5 additional civil servants into government, and I would  
6 just sort of note in passing that that again was  
7 additional resource that was then subsequently used  
8 when --

9 **Q.** An additional?

10 **A.** -- Covid struck.

11 So I just think it's important to contextualise how  
12 this fits in with the way in which government tends to  
13 work.

14 **Q.** May we have, please, document INQ000205310.

15 This was a quarterly update, Deputy Prime Minister,  
16 on CCS, civil contingencies activity, which was prepared  
17 in fact for you as the then Minister for Implementation,  
18 and it's dated January 2019, so INQ000205310, update for  
19 the Minister for Implementation, January 2019, and you  
20 were of course still the Minister for Implementation at  
21 that time, because you remained so until 24 July 2019.

22 May we have page 2, please:

23 "Following Cabinet agreement in December we are  
24 prioritising no deal preparations from now on. This may  
25 include standing up Command, Control and Coordination

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1 co-ordinating Operation Yellowhammer across Government.  
2 A number of Departmental teams have already been  
3 re-tasked, with the majority expected to follow over the  
4 coming weeks. CCS is also prioritising  
5 Operation Yellowhammer work, and identifying non-time  
6 critical work which can be paused accordingly."

7 Is that an accurate summation, as you understood it  
8 to be, of the consequences of the decision to initiate  
9 Operation Yellowhammer, as far as you were being  
10 briefed?

11 **A.** Erm ... forgive me, just to re-read this.

12 So I think -- yes, in some respects. I would just  
13 say two -- two further things, which is that -- I won't  
14 reprise the point about the normal nature of flexing  
15 resources. Clearly this was at the extreme end of  
16 flexing those resources and that's reflected there.

17 There is -- it is also the case that when we face  
18 challenges, the other thing we all do, senior ministers,  
19 ministers and certainly my officials in my department,  
20 is we just have to work harder. So we try as much as we  
21 can to walk and chew gum at the same time, to use that  
22 colloquialism. The need to deal with the new  
23 challenges, our first recourse is just to work harder  
24 and work longer hours in order to make sure that we  
25 continue with the business as usual.

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1 arrangements for as long as required."

2 We resume that's a reference to the no-deal  
3 preparation arrangements that would need to be stood up.

4 "[The Civil Contingencies Secretariat] will continue  
5 a small number of essential activities alongside no deal  
6 preparations but have paused all other activity to  
7 enable sufficient focus on preparations for leaving the  
8 EU without a deal."

9 That would appear to indicate, would it not, that in  
10 terms of weighing up the balance of activities which  
11 were being paused or ceased, the majority of activities  
12 were paused to enable focus on preparations for  
13 a no-deal exit, and only a minority of activities in the  
14 CCS continued for other matters?

15 **A.** Well, I think it's quite important with this one --  
16 I believe it's the following slide actually makes  
17 reference to pandemic flu preparedness, so it may be --

18 **Q.** It does.

19 **A.** -- the one afterwards. So that was identified as  
20 an area where work could continue.

21 **Q.** So we will see further down the page, on this page,  
22 a reference to the "Emergency Planning College  
23 operations", which was an activity to be prioritised,  
24 and then the "National Security Risk Assessment ...  
25 completion", and we know of course that that risk

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1 assessment process was completed in 2019.  
 2 So, yes, page 3, there's a reference to:  
 3 "Pandemic Flu commitments close to completion  
 4 finalised, including Pandemic Flu Bill and Excess Deaths  
 5 Guidance."  
 6 **A.** Yes, and --  
 7 **Q.** Those are the two areas, are they not, to which you made  
 8 reference a few moments ago? Are they -- in the middle  
 9 of the page:  
 10 "Pandemic Flu commitments close to completion  
 11 finalised, including Pandemic Flu Bill and Excess Deaths  
 12 Guidance."  
 13 **A.** Yes, and those were the two principal areas which were  
 14 allocated to the Cabinet Office under those plan --  
 15 under the broader plans for pandemic flu preparedness.  
 16 **Q.** But what about all the other pandemic flu-related  
 17 obligations and recommendations which had come out of  
 18 Exercise Cygnus? Not just those relating to the  
 19 drafting of a Pandemic Flu Bill and the workstreams  
 20 relating to excess deaths guidance, the two workstreams  
 21 to which you rightly have made reference?  
 22 **A.** So this document, and you can see from the list of  
 23 things, is updating me on things that fell specifically  
 24 within my departmental brief, so the resilience  
 25 satellite network, mobile alerting and so on. Clearly

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1 was not a ministerial committee. I sit on many, many  
 2 ministerial committees and boards. This was  
 3 a cross-departmental operational board, and there are  
 4 many, many such boards that bring together officials.  
 5 So, for example, in the field of resilience for -- civil  
 6 nuclear disasters is one, there's many others of them,  
 7 I was aware and briefed of the board. But the key thing  
 8 for me was the output out of that board and this, this  
 9 document, reflects the output out of that board.  
 10 **Q.** Did you, as the Cabinet Office minister from July 2019  
 11 have responsibility for the Pandemic Flu Readiness  
 12 Board, a board which was co-chaired by your own  
 13 department?  
 14 **A.** So it was co-chaired by officials in my department, so  
 15 it's important to -- I did not -- I never sat on that  
 16 board.  
 17 **Q.** No.  
 18 **A.** The purpose of that board was to deal with that  
 19 cross-departmental working. I was briefed on the --  
 20 both the existence of the board, and you can see that in  
 21 some of the other papers, and specifically on the output  
 22 of those -- of that board, and this document in turn  
 23 reflects the output of that board. Indeed, I received  
 24 other briefings that reflected the output of it.  
 25 It was a fairly common thing for officials to get

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1 under the lead government department model, most of the  
 2 activity identified under Cygnus to be taken forward  
 3 fell to the department, DHSC, Department of Health and  
 4 Social Care. So that's sort of separate to this piece  
 5 of work that is -- this is updating me on my  
 6 Cabinet Office responsibilities.  
 7 **Q.** The Pandemic Flu Bill and the excess deaths guidance  
 8 were only a minority, were they not, of the workstreams  
 9 which were required as a result of Exercise Cygnus and  
 10 the pandemic flu planning to which the government had  
 11 committed itself, were they not?  
 12 **A.** In respect of my ministerial responsibilities in respect  
 13 of pandemic flu, we had allocated to the Cabinet Office  
 14 a small number of responsibilities. The two most  
 15 significant ones of those were Pandemic Flu Bill and  
 16 excess deaths guidance. There were a number of other --  
 17 a large number of other areas of responsibility  
 18 allocated to DHSC. I don't believe that this, this  
 19 deals with the, what fell under DHSC as the lead  
 20 government department.  
 21 **Q.** Well, there was a committee, to which you've already  
 22 made reference, the Pandemic Flu Readiness Board, which  
 23 was co-chaired by the Cabinet Office and the DHSC, was  
 24 it not?  
 25 **A.** Yes. First of all, I think it's -- I should say this

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1 together in different groupings to work through issues.  
 2 This was a sort of standing way of ensuring that that --  
 3 that that happened, and then ministers in turn would  
 4 receive reporting out of it.  
 5 **Q.** The board was a board for the cross-departmental working  
 6 and output, as you describe it, relating to pandemic flu  
 7 readiness; is that correct?  
 8 **A.** Yes, that's correct.  
 9 **Q.** Yes. And it is a board which was centrally concerned  
 10 with drawing up plans and pursuing workstreams related  
 11 to what was required to be done in relation to prepare  
 12 the country for the ordeal of addressing a pandemic flu?  
 13 **A.** Yes, that's correct, yes.  
 14 **Q.** And it was a board which was within your department,  
 15 because it was co-chaired by it. To what extent was the  
 16 work of that board, as opposed to the general work of  
 17 the Cabinet Office and the CCS, to which this document  
 18 refers, interrupted by the necessary planning that was  
 19 required to be done for a no-deal exit?  
 20 **A.** Well, I believe that the board -- I think it met in  
 21 November 2018. Is that -- I think that is correct.  
 22 **Q.** That's correct.  
 23 **A.** Then it subsequently met essentially after Yellowhammer  
 24 had been stood down, I believe in November or  
 25 December '19, and then in January 2020 again.

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1 Q. So may we take it from that that the Pandemic Flu  
2 Readiness Board did not meet from November 2018 to  
3 November 2019?  
4 A. Yes, that's correct.  
5 Q. Were you told, as the minister in charge of this  
6 particular aspect of the Cabinet Office, and as along  
7 with many others, that the board had not met for a year  
8 and had been, therefore, unable to consider in committee  
9 form the workstreams which were intended for it?  
10 A. Well, I can't actually see from the documentation that  
11 I have or the committee -- sorry, that the Inquiry has,  
12 I can't see a specific document informing me of that.  
13 I would expect that I would have been informed of it.  
14 But I think the more -- for me, the more fundamental  
15 point as the minister was: what are the outputs of this  
16 process? So essentially, as you can see from that  
17 briefing, I was being assured that the core areas for  
18 which the Cabinet Office was responsible were  
19 continuing. I was also aware that because of  
20 Yellowhammer, and I think it was the right thing to do,  
21 we were prioritising resources to make sure that we were  
22 equipped for a no-deal scenario. And by the way, if we  
23 hadn't done that re-prioritisation, we would have been  
24 in a much worse position to deal with Covid when it hit  
25 had no-deal actually occurred, in terms of medical  
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1 areas of activity where re-prioritisation, I'm sure,  
2 would have happened across those risks in many other  
3 areas, the assurance that I had, and indeed to my  
4 knowledge I didn't ever receive a document -- and  
5 believe me as a minister I frequently receive documents  
6 from officials that say to me, "Minister, this is  
7 a major problem, we need to do something about it";  
8 I did not receive that in respect of the situation with  
9 the pandemic flu board.

10 The pandemic flu board, there was an official level  
11 cross-government co-ordination body, and as part of the  
12 shifting of resources to deal with this major challenge  
13 of no-deal as it arose, that didn't meet -- that is not  
14 to say that activities didn't happen, they clearly  
15 happened here. And also in respect of other areas,  
16 they'd been commissioned -- they weren't sort of stood  
17 down, they -- as it were, we'd made progress in a lot of  
18 areas, and in those key areas for which I had  
19 responsibility, the prioritisation continued.

20 MR KEITH: All right, thank you.

21 My Lady, is that a convenient moment?

22 LADY HALLETT: Certainly.

23 I'm sorry we have to keep you over lunch. I know  
24 you have so many things to do -- well, we've been  
25 hearing about some of the things you have had to do --  
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1 supplies and so on, and that this was part of a normal  
2 re-prioritisation, albeit, I should say, at the more  
3 sort of extreme end of re-prioritisation, given the  
4 amount of resources we had to dedicate to no-deal, since  
5 it wasn't one sector specific, it cut across many  
6 different areas.  
7 Q. Is extreme re-prioritisation a metaphor for significant  
8 impact? The re-prioritisation that took place here,  
9 extreme as you describe it, in effect meant that  
10 an important committee dealing with pandemic flu  
11 readiness did not meet, and the majority of the  
12 workstreams to which the Cabinet Office refer in  
13 a general sense, but specifically in the context of  
14 pandemic flu planning, were interfered with, they were  
15 either paused or only part completed or stopped  
16 altogether, with the exception of excess death capacity  
17 management and the drafting of a pandemic Bill?  
18 A. I don't think there is a great deal I can add to what  
19 I previously said. I disagree with the point about the  
20 significant impact, because of the reassurances that  
21 I received, and I've made the point about how those  
22 pertained to -- those specific recommendations pertained  
23 to the Cabinet Office.  
24 It is the case that across all government activity,  
25 and bearing in mind this is one of 90-odd different  
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1 but I'm afraid I have to break regularly because the  
2 poor stenographer has to cope with everything you say.  
3 And I gather you've still got a little bit to go?

4 MR KEITH: Not much, but some.

5 LADY HALLETT: So I hope it's not too inconvenient, and  
6 I hope you can work over the break.

7 I shall return at 1.50.

8 MR KEITH: Thank you.

9 (12.51 pm)

10 (The short adjournment)

11 (1.50 pm)

12 MR KEITH: Deputy Prime Minister, before lunch you were  
13 giving evidence about the Pandemic Flu Readiness Board.  
14 I would like to take you, please, to another Pandemic  
15 Flu Readiness Board document, INQ000023114, please.

16 So the Pandemic Flu Readiness Board, as we've seen,  
17 was a board chaired in fact by the Cabinet Office and  
18 the DHSC, it was a joint board, and therefore a board,  
19 of course, into which both the Cabinet Office and the  
20 DHSC contributed.

21 This document is dated 23 January 2020, so it's  
22 dated in fact about three weeks before you ceased being  
23 Minister for the Cabinet Office.

24 We can see it's a PFRB document, because in the top  
25 right-hand corner you will see the reference to the  
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1 board, "PFRB". What it is is it's a dashboard of the  
 2 workstreams coming out of the Pandemic Flu Readiness  
 3 Board as at that date, 23 January 2020.  
 4 I'd like you, please, Deputy Prime Minister, to have  
 5 a look down the "Progress since the last meeting", which  
 6 is the second column, and the "Next Steps", as well as  
 7 the "Key Risks", in the last column, briefly in relation  
 8 to each of the workstreams, and consider to the extent  
 9 to which you were aware of the progress or lack of  
 10 progress for each of the workstreams.  
 11 So, the first one is healthcare:  
 12 "Progress has slowed due to extended sickness of the  
 13 NHS England Pandemic Flu Lead, EU Exit activities and  
 14 the reorganisation of NHS England ..."  
 15 In "Next Steps":  
 16 "Draft strategy to be signed off ...  
 17 "Consideration of the communications ...  
 18 "Further development of the service facing  
 19 guidance ...  
 20 "Lessons from EU Exit planning will be reflected."  
 21 And the "Key Risks", the possibility of:  
 22 "Further major incidents in London ...  
 23 "Competing demands on key NHS  
 24 [England]/[Improvement] staff.  
 25 "NHS [England]/[Improvement] change of  
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1 document goes to the desk of a minister, and you've  
 2 already made plain that this is a committee which was  
 3 concerned with workstreams that traversed not just the  
 4 Cabinet Office but the DHSC. It was a joint  
 5 Cabinet Office/DHSC committee.  
 6 **A.** And I believe other departments as well may have had  
 7 outputs from it as well.  
 8 **Q.** They may have had outputs, but it was a committee that  
 9 was co-chaired by your department?  
 10 **A.** Yes, that's correct, it was co-chaired by officials in  
 11 my department, yes.  
 12 **Q.** The Pandemic Flu Readiness Board was a board for which  
 13 you, together with the Secretary of State for the  
 14 Department of Health and Social Care, took ministerial  
 15 responsibility?  
 16 **A.** Yes. It was a way of ensuring that we had joined-up  
 17 and -- government between different parts of the  
 18 government machine, just as, for example, in relation  
 19 to, say, civil nuclear preparedness, there were similar  
 20 boards.  
 21 But this was about driving the operationalisation of  
 22 the direction that the government was taking.  
 23 **Q.** Number 2 workstream, community care:  
 24 "Progress on the community healthcare side has  
 25 slowed due to extended sickness of NHS [England]  
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1 priorities ..."  
 2 Were you aware prior to leaving ministerial office,  
 3 that that degree of progress had been made in relation  
 4 to the workstream of healthcare in relation to the  
 5 committee which the Cabinet Office co-chaired?  
 6 **A.** Well, the first thing I should say, Mr Keith, is clearly  
 7 under the departmental lead model, lead government  
 8 departmental model, these actions pertained to the  
 9 Department of Health, so the -- my expectation is those  
 10 would have been reported through to the  
 11 Department of Health, through their appropriate  
 12 processes.  
 13 As I said in my evidence prior to the break, the  
 14 purpose of this board was to bring together two  
 15 different bits of government at official level and  
 16 I would have been advised, and indeed was advised, on  
 17 the outputs, as we discussed.  
 18 So I wouldn't have expected to have been briefed  
 19 specifically on this. It could have been that I would  
 20 have done subsequently, but, given those timings,  
 21 I suspect by the time we'd gone through the process of  
 22 the board sitting, then the subs and so on, the advice  
 23 coming up to ministers, I doubt that would come across  
 24 my desk by the time I'd left.  
 25 **Q.** Deputy Prime Minister, it's obvious that not every  
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1 Pandemic Flu Lead, EU Exit activities and the  
 2 re-organisation of NHS [England]/[NHS improvement]."  
 3 Then over the page, please, "Excess Deaths", that is  
 4 the workstream to which you made reference, isn't it,  
 5 this morning?  
 6 **A.** Yes. That was one that was specifically allocated to  
 7 the Cabinet Office.  
 8 **Q.** "Workshops have been held for Body Disposal, Body  
 9 Transport, Body Storage, Coroners and Prisons."  
 10 Prisons was another area that the Cabinet Office was  
 11 particularly concerned with, and that appears to be  
 12 a workstream that was proceeded with.  
 13 **A.** Well, that would reflect the fact, again, of the  
 14 co-ordination and facilitation role of government  
 15 working with the Minister of Justice, it would have been  
 16 at that time.  
 17 **Q.** Then over the page, please, "Sector Resilience":  
 18 "There has been no further work on this work stream  
 19 as the statements of preparedness are finalised, and it  
 20 was agreed that the sharing of the business checklist  
 21 should be paused as a result of the need to communicate  
 22 other risks, including EU Exit.  
 23 So sector resilience, what is that?  
 24 **A.** So it's sort of what it says on the tin. That is, for  
 25 different parts of society and the nation, their ability  
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1 to withstand. So, for example, you might have the  
2 transport sector, you might have the education sector.  
3 It's chunks of the economy and national life. And  
4 resilience is -- clearly that's ability to withstand.  
5 **Q.** It's an important part.  
6 **A.** Yeah. And again, that would reflect the fact that  
7 sector resilience is something that cuts across  
8 different parts of government, so again it goes back to  
9 this facilitation and co-ordination.  
10 **Q.** But it includes health sector resilience, of course?  
11 **A.** Yes, of course, except that what I would say is that  
12 this is clearly demark -- health sector is the core  
13 sector for the impact of pandemic flu, so sort of  
14 implicit in that is that, given that DHSC was jointly  
15 chairing this board, that -- that would sit with them.  
16 I mean, so it's a sort of -- it's a somewhat academic  
17 distinction.  
18 In theory, I guess, health would sit within it, but  
19 manifestly given the actual facts of where this -- how  
20 government worked together, given that health were  
21 responsible, as you can see, for many of these other  
22 areas, I don't think we would have gone through  
23 a process whereby it went: Cabinet Office, back to  
24 Health, liaison, engage. Given that Health were already  
25 liaising and engaging through this forum.

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1 "All England clauses and supporting documentation  
2 ... including explanatory note and assessment of  
3 impacts."  
4 Those are things typically associated with the  
5 process of drawing up legislation.  
6 **Q.** Yes, and we can see a reference to "Legislative" in the  
7 first column, and also in the last column, the  
8 right-hand column --  
9 **A.** Yes, indeed --  
10 **Q.** -- the future risk may be a failure to complete the  
11 Bill?  
12 **A.** Yes.  
13 **Q.** All right. So that's one of the areas to which you  
14 referred earlier in relation to which work continued and  
15 it was completed?  
16 **A.** And indeed that is reflected in the --  
17 **Q.** Over the page, please.  
18 "Communications ...  
19 "Pandemic Influenza Public Health Communications  
20 Strategy content signed off by the four [United Kingdom  
21 Chief Medical Officers] ... Work stream then paused."  
22 Do you know why the workstream was then paused?  
23 **A.** No, I don't, is the short answer. I could speculate  
24 that it was to do with our previous discussion about --  
25 **Q.** Operation Yellowhammer?

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1 **Q.** Well, it was plainly an important workstream otherwise  
2 it wouldn't have appeared on the face of this document?  
3 **A.** Yes, it was, and that's -- but the role of Cabinet --  
4 the reason I think Cabinet Office had this allocated to  
5 it is the fact that dealing with all the other  
6 government departments that were not represented at this  
7 board would have required the usual role of  
8 Cabinet Office to facilitate and liaise with them.  
9 There would have been a need for the Cabinet Office to  
10 facilitate and lead with the Department of Health, since  
11 they were sat round the table when they went through all  
12 these other actions.  
13 **Q.** The only official whose name appears on this document,  
14 in the first column, is of the senior resilience  
15 officer, [redacted], at the Civil Contingencies  
16 Secretariat within the Cabinet Office, which was your  
17 department?  
18 **A.** Yes, that's correct.  
19 **Q.** Right.  
20 Number 5, "Cross Cutting Enablers". Is this  
21 a reference to the work that was done on the draft  
22 pandemic Bill, which in due course formed the basis of  
23 the Coronavirus Act of 2020?  
24 **A.** Yes, I think that is the case, if you look here in the  
25 second column across it says:

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1 **A.** -- Operation Yellowhammer, but I couldn't say for sure  
2 one way or the other.  
3 **Q.** All right. Then we've got the "Moral and Ethical ...  
4 Advisory Group". Is that the group that was instituted  
5 in order to be able tackle the extremely difficult moral  
6 and ethical issues which might arise out of triage  
7 decisions having to be made by hospitals, in essence the  
8 turning away of patients for treatment?  
9 **A.** Amongst other things, yes.  
10 So this arose from a consideration that government  
11 would have to make difficult decisions and we would have  
12 to -- it would -- as, again, the title suggests, it  
13 would give rise to moral and ethical questions, and we  
14 felt it was appropriate to have a body to help us with  
15 that. Indeed, I signed off the creation of the Moral  
16 and Ethical Advisory Group as a minister, and I believe,  
17 certainly in a previous pack, there was a sub that had  
18 details of that.  
19 **Q.** Indeed. And it had had one introductory meeting, on  
20 25 October of 2019, and there was a debate about its  
21 remit. So that structure, that committee was set up and  
22 they had one introductory meeting.  
23 Further down the page, please, over the page,  
24 "Year 2 workstreams".  
25 There is then a reference to this, the 2011 UK

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1 Pandemic Influenza Preparedness Strategy, as it says,  
 2 the document dating back to 2011.  
 3 The review was complete and commission sent to  
 4 stakeholders requesting relevant sections are updated.  
 5 "A number of updates [have been] received. Not  
 6 taken on board as workstream paused. Aware of the need  
 7 to reignite this workstream."  
 8 Was that strategy document, the 2011 strategy  
 9 document, the sole pandemic-related strategy document in  
 10 existence? It relates to pandemic influenza, it was the  
 11 only one related to pandemic influenza, and there was no  
 12 analogous strategy document for non-influenza pandemics;  
 13 is that correct?  
 14 **A.** Well, I -- I would imagine that that was the case, but  
 15 I have to say, I just want to be absolutely clear with  
 16 the Inquiry, that under the lead government departmental  
 17 model, these actions, the ones -- you can see from my  
 18 answers I'm able to answer very clearly on the ones that  
 19 pertain to Cabinet Office responsibilities. These  
 20 pertain to Department of Health responsibilities. The  
 21 lens through which I saw all of this was the NRSA and  
 22 its successor documents, and ensuring we had the  
 23 cross-government co-ordination. Indeed this is  
 24 reflected in this body and many other bodies.  
 25 So I'm sure that was the case but I can't say that

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1 **A.** I think this primarily sat with the Department of  
 2 Health. It was their document. In order to ensure the  
 3 effective delivery of government. Indeed, this is one  
 4 of the challenges that I find constantly as  
 5 a Cabinet Office minister, it's to know where to  
 6 delineate the line between the individual government  
 7 department and cross-government action. The last thing  
 8 that government departments want is another government  
 9 department trying to do the same thing as that  
 10 department. Indeed, the purpose of this board would  
 11 partly have been to de-conflict and to make sure, like,  
 12 we're clear this sits with one bit of government, that  
 13 sits with another bit of government. Indeed, that is  
 14 reflected in the allocation of workstreams in the first  
 15 column of this. Indeed, I should say this is fairly  
 16 standard **modus operandi** of government, that you have the  
 17 overall direction set, ministers are updated, and then  
 18 you have -- and ministers ask questions and all those  
 19 other things that we discussed prior to the break, but  
 20 then you have a sort of mechanism for making sure the  
 21 two bits of government work together, and this is what  
 22 this board was doing.  
 23 **Q.** But, Mr Dowden, the DHSC in the field of civil  
 24 contingencies and health emergencies is the lead  
 25 government department, but the Cabinet Office still

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1 definitely to you, because the strategies that I was  
 2 concerning myself with were all the things that  
 3 facilitated and made government work together, and we  
 4 can see that more recently with things like the  
 5 Resilience Framework, the various iterations of the  
 6 standards that were required across government, the risk  
 7 registers, and so on.  
 8 Just as with the Home Office, for example, when --  
 9 you know, Home Office leads on counterterror.  
 10 I wouldn't tend to get to the detail of each -- being  
 11 sort of cognisant in the detail of each individual  
 12 strategy. So that's why I'm a little bit reluctant to  
 13 say for certain.  
 14 **Q.** All right.  
 15 **A.** But plainly it would appear on the face of it that that  
 16 would be the case.  
 17 **Q.** As the Minister for the Cabinet Office and in charge of  
 18 resilience, civil contingencies, the Civil Contingencies  
 19 Secretariat, and the planning cross-government, through  
 20 the Cabinet Office, of pandemic influenza preparedness,  
 21 do you recall whether you were aware of the significance  
 22 of that 2011 document? Do you recall debate about that  
 23 document or the need to update it, to refresh it, or was  
 24 that something that just didn't come to you as  
 25 a Cabinet Office minister?

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1 retains its obligation to ensure that the wheels of  
 2 government turn, there is proper co-ordination and  
 3 liaison between departments, and that all the moving  
 4 parts of the health emergency civil contingencies system  
 5 continued to turn.  
 6 The Cabinet Office at no time absolved itself of the  
 7 obligation to ensure that the DHSC was on top of its  
 8 areas concerned with civil contingencies, in the same  
 9 way that the Cabinet Office was on top of its  
 10 obligations and other government departments were on top  
 11 of their obligations.  
 12 Where is the material which shows that,  
 13 ministerially, the Cabinet Office was trying to drive  
 14 this process forward, and saying, "There are gaps here,  
 15 there have been pauses in the workstreams, we, the civil  
 16 contingencies department, must try to resolve this"?  
 17 **A.** Well, I think there's -- I sort of make two reflections  
 18 on this. So, first of all, this is important that we  
 19 have a lead government departmental model, and that each  
 20 department takes its responsibility -- and by the way,  
 21 it's not as if this thing sort of sits there. That is  
 22 a clear action that is allocated to a senior responsible  
 23 officer, basically a lead civil servant in that  
 24 department. They then fit in a structure where they  
 25 will, no doubt, report to a director general or a --

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1 probably a director general Or a director and then in to  
2 a permanent secretary. Those -- and then ministers in  
3 that department have accountability for that and oversee  
4 it and drive it.

5 The separate role of the Cabinet Office is to say,  
6 "Right, how do we make sure all the different bits of  
7 government work together?" So, for example, if it was  
8 the case that the Department of Health came to us,  
9 either at ministerial level or through officials, and  
10 said, "Look, we've got a problem trying to deliver this  
11 strategy, we need to get" -- I don't know -- "Department  
12 for Transport", or some other department, "in order to  
13 make this happen, we're not getting the movement we  
14 require", then they would come to officials in my  
15 department, potentially ministers would come to me, and  
16 say, "Look, can you unblock this, can you help make this  
17 happen?"

18 My first question would usually be: have you  
19 exhausted all the things that you can do yourself? And  
20 if you can't, then we will use the machinery of  
21 government to help achieve that. What is not a good use  
22 of resource for us is to constantly second-guess things  
23 that are clearly allocated to individual government  
24 departments.

25 **Q.** But what about checking workstreams directly coming out  
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1 pandemic ... [and] I [was] broadly content that the  
2 Government took reasonable and proportionate steps  
3 commensurate with the perceived risks at the time."

4 It is your assertions in your witness statement that  
5 form the genesis for questions about the degree to which  
6 you were informed about the problems apparent on the  
7 face of this document.

8 **A.** Yes, and the reason why I said that is that -- and I can  
9 point throughout the bundles that the Inquiry has, where  
10 I am reassured about the progress that has been made in  
11 respect of pandemic flu preparedness, and indeed if you  
12 go back to one of these previous items -- I'm not asking  
13 to scroll back up, just to recall there -- at the time  
14 I received, for example, the submission on the medical  
15 ethical and advisory group, that also had a couple of  
16 annexes attached to it, which again provided updates and  
17 reassurance -- indeed, I believe in one of these  
18 documents there is a line saying "We're one of the best  
19 prepared in the world".

20 Secondly, as we developed, as sort of workstreams  
21 are shifted and adjusted in the way that we were  
22 discussing prior to the break, I received updates on  
23 those. So that is the basis on which I made that  
24 assertion.

25 Remember, of course, all of this is being done in  
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1 of a committee which your department co-chairs?

2 **A.** So if there was a significant problem in respect of  
3 this, I would expect to be, and frequently was,  
4 updated -- remember this is a non-ministerial board,  
5 this is an officials -- I would have expected to receive  
6 advice, to be informed that there was a problem -- (a)  
7 there was a problem here and (b) that it was a problem  
8 that required Cabinet Office to facilitate, help unlock  
9 and so on, in the way that I've described to you.

10 **Q.** These problems did not emerge for the first time on  
11 23 January 2020. When were you, therefore, updated and  
12 informed of the continuing problems with this process  
13 and the majority of the workstreams?

14 **A.** I can't recall now, I'm sure it's -- it would be in a --  
15 one of the documents, obviously. I don't actually  
16 recall in the documents you've showed me -- indeed,  
17 Mr Keith, I'm very happy to look at it -- one that  
18 specifically referred to this point.

19 **Q.** The reason I ask is that, of course, in your statement  
20 you say:

21 "I was briefed that there was a major programme of  
22 work underway to improve readiness across  
23 government ..."

24 "... I was generally assured that the Government was  
25 reasonably and sufficiently prepared for an influenza  
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1 the context of the information that I had at that time.

2 Of course if you now ask me with the hindsight of  
3 everything that happened subsequently, I can go into  
4 many discussions about what happened afterwards. What  
5 I was trying to convey in that statement was about my  
6 assurance as to where we were at that point, given the  
7 material that I'd received as a minister and all the  
8 information that I had as a minister at that time.

9 **Q.** This is not hindsight, is it? Because this is  
10 a document dated 23 January, produced while you were  
11 still a minister, on the eve of the pandemic, and  
12 these -- it's a reflection of workstreams that were  
13 running into problems and being paused or stopped over  
14 a matter of months, in fact 18 months prior to the  
15 pandemic.

16 **A.** Well, the first thing is that, as I said, I didn't  
17 receive an update on this. I may well have received  
18 an update and my answer to you may have been different  
19 had I received that update.

20 Secondly, this was the -- under a lead government  
21 departmental model, one would expect that those issues  
22 would primarily be raised to the relevant lead  
23 government department, which was the Department for  
24 Health. Indeed, on the assertion that these individual  
25 things had that significant impact subsequently, again  
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1 I've not -- I've not seen the evidence of that.

2 **Q.** No, indeed.

3 Could we just then conclude this document by just

4 having a look at the bottom row:

5 "Restructure of the Online Pandemic Influenza

6 Documentation/Guidance.

7 "This work stream was paused as a result of EU

8 Exit."

9 If you just go over the page, we may see the

10 continuation and conclusion of the first sentence in the

11 first column:

12 "[Government] UK and Resilience Direct."

13 Then:

14 "LRF Pandemic Flu Standard.

15 "The consultation on the Pan Flu Standard ..."

16 Which is a -- is that a testing document for local

17 resilience forums? That was completed.

18 Could we then look, and you're quite right,

19 of course, there were any number of documents after the

20 event, but they look backwards and they shed light on

21 the position prior to the pandemic.

22 INQ000057522, this was a document which concerned

23 the implementation of the recommendations that came out

24 of Exercise Cygnus, to which you referred. Just to

25 recollect the position, Cygnus was an exercise in

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1 Kingdom, something that I'm sure is -- we won't worry

2 about it, as a consequence of it -- or we had the

3 appropriate actions.

4 So that's what the Cabinet Office was doing in terms

5 of pulling that together. Under the lead government

6 departmental model, and I have subsequently seen this

7 document, you will see again, in common with the

8 pandemic flu board recommendations, under each row

9 there's an allocation of those to each government

10 department.

11 **Q.** Indeed.

12 **A.** Those that pertain to the Cabinet Office, again, I had

13 comfort that those were being conducted in the

14 appropriate way.

15 It was not the case -- and I suppose this is the --

16 maybe, Mr Keith, this is the fundamental point that you

17 are getting at with these questions, that -- I as

18 a minister had 90-odd different risks that sat

19 specifically identified in the NRSA within the

20 resilience portfolio. In addition to that there were

21 many other risks that we had to deal with.

22 Within that context, my responsibility was to make

23 sure all the different bits of government were working

24 together in terms of the overall strategy, not

25 necessarily to dive into the detail of each one of those

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1 October 2016, was it not? It reported in July 2017, and

2 thereafter, over the following three years, work was

3 done in order to implement the recommendations from

4 Exercise Cygnus.

5 Because Exercise Cygnus was an exercise in which the

6 Cabinet Office was a participant organisation, to what

7 extent, whilst a minister, were you informed about the

8 progress being made on the implementation of the

9 recommendations from Exercise Cygnus? Generally. Not

10 just those specifically concerned with the

11 Cabinet Office, but generally as a result of the

12 exercise.

13 **A.** Well, first of all, I should say in respect of this

14 document, I don't believe I was presented with this

15 document when --

16 **Q.** No, you wouldn't have been.

17 **A.** -- because it's a Department of Health document --

18 **Q.** And it's dated June 2020, after you've ceased being --

19 **A.** So that's an important piece of context for this

20 document.

21 Secondly, the core role of the Cabinet Office in

22 respect of any exercise is to make the thing happen.

23 So, for example, very recently my department and

24 I oversaw Operation Mighty Oak, which was to prepare us

25 for the eventuality if we lost power in the United

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1 90-odd risks, except if I was being advised that there

2 was a specific problem that I -- that required my

3 support in terms of dealing with it.

4 In terms of how the Cygnus then came through to

5 this, the outcome of Cygnus was then embedded into

6 actions that were being driven through government. So

7 the relevant ones for the health department were

8 embedded into the health department, and as we've seen

9 and discussed in previous exchanges, those in relation

10 to the Cabinet Office were embedded in the

11 Cabinet Office --

12 **Q.** All right.

13 **A.** -- the excess deaths and so on.

14 **Q.** We can see from this document that it refers to the fact

15 that Exercise Cygnus demonstrated four key learning

16 outcomes for the United Kingdom's preparedness and

17 response capabilities, and of course you will recall

18 that Exercise Cygnus reported that the United Kingdom's

19 preparedness and response in terms of its plans,

20 policies and capability were not sufficient to cope with

21 the extreme demands of a severe pandemic.

22 The report was supported by 22 detailed lessons:

23 "This analysis maps the 22 lessons identified

24 against policy and planning development activities

25 undertaken by the [whole of the United Kingdom]

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1 Government and Devolved Administrations through:  
 2 "- The Pandemic Flu Readiness Board ..."  
 3 The Body chaired by the Cabinet Office and the DHSC.  
 4 "- The Pandemic Influenza Preparedness  
 5 Programme ..."  
 6 Supervised by the DHSC.  
 7 "- normal 'business-as-usual' activities of those  
 8 organisations with a role in pandemic preparedness."  
 9 Paragraph 4:  
 10 "Overall, the analysis has found that:  
 11 "- eight lessons identified have been fully  
 12 addressed by Government;  
 13 "- six lessons identified have been partially  
 14 address by the development of new plans and policies,  
 15 but some work is ongoing; and  
 16 "- work to address eight lessons identified is still  
 17 ongoing."  
 18 So this is June 2020, almost four years -- three and  
 19 a half years after Exercise Cygnus.  
 20 What you say about risks, outcomes, workstreams  
 21 being assigned to a particular government department is  
 22 well understood, but which government department stood  
 23 back and, with an overarching eye, asked the question:  
 24 what generally is happening with the recommendations to  
 25 Exercise Cygnus to cover the possibility that each

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1 raise them. In addition to that, it's not -- that was  
 2 the preponderance of how it happened, but it was also  
 3 the case that there were many officials within the CCS.  
 4 They didn't sort of say, "There we are, over you go and,  
 5 you know, forget about it". There was an ongoing  
 6 dialogue. But the responsibility was very clearly set  
 7 out, as set out in the different rows of that document.  
 8 **Q.** All right.  
 9 May we please have that document removed, and  
 10 replaced by the Resilience Framework for which you took  
 11 responsibility. You drafted the foreword to it, by  
 12 virtue of your subsequent ministerial position as  
 13 Chancellor of the Duchy of Lancaster, which post you  
 14 held from October 2022, and therefore includes the  
 15 framework document INQ000097685 of December 2022.  
 16 Do you recognise that document?  
 17 **A.** Yes, I do.  
 18 **Q.** I'm going to embarrass you, Deputy Prime Minister, by  
 19 asking you to just check that the foreword and the  
 20 photograph is indeed of you and from you on page 7.  
 21 **A.** I'll wait for it to flash up on the screen.  
 22 **Q.** There we are.  
 23 **A.** Yes, it's a passing resemblance, yes.  
 24 **Q.** This document was a document prepared by the government,  
 25 with obvious good sense, in light of many of the lessons

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1 department focused on its own specific workstreams? And  
 2 no one took charge to drive the overall process forward  
 3 to make sure that no one was falling between two stools.  
 4 **A.** So the process by which this worked was each one of  
 5 those actions was, and I believe in the subsequent pages  
 6 you will see it, allocated to an individual government  
 7 department. Those government departments have  
 8 structures with them, and I see it within the  
 9 Cabinet Office, to ensure that they deliver on the areas  
 10 for which they are responsible.  
 11 So if you take those allocated to the  
 12 Department of Health, there are senior responsible  
 13 officers who have responsibility for those within the  
 14 Department of Health. They sit within reporting  
 15 structures within the Department of Health, whereby  
 16 they're held to account for those things.  
 17 The whole purpose of having an SRO is to say: we're  
 18 not going to have this confusion, this is the person to  
 19 whose name this particular responsibility is attached.  
 20 Now, in respect of those which were attached to the  
 21 Cabinet Office, those were clearly addressed in the way  
 22 that we've discussed previously.  
 23 In addition to that, the facilitating role of the  
 24 Cabinet Office was to say -- if the department came to  
 25 us and had problems with delivery of it, they would

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1 learned documents which have emanated from the Covid  
 2 pandemic, as well as, of course, the reviews carried out  
 3 by various departments concerned with civil  
 4 contingencies, and also it was a document promised in,  
 5 I think, a major government review in 2021 called the  
 6 *Integrated Review of Security, Defence, Development and*  
 7 *Foreign Policy*.  
 8 The Inquiry would just like to explore briefly some  
 9 of the commitments which had been made in the report,  
 10 because of course it forms no part of this Inquiry's  
 11 functions and my Lady's functions to make  
 12 recommendations which have already been put in place or  
 13 are being progressed.  
 14 So just briefly looking at the annex, which I think  
 15 is at -- no, perhaps let's start on page 5, which is the  
 16 executive summary. You can see there that the report is  
 17 divided up between the executive summary and the action  
 18 plans in relation to risk, responsibilities and  
 19 accountability, partnerships, communities, investment  
 20 and skills. Annex B, there is a summary on page 66,  
 21 it's page 72 online, could we have that, please, which  
 22 sets out a summary of the framework actions which your  
 23 report promotes.  
 24 The first page of annex B deals with those actions  
 25 in respect of which the United Kingdom Government is

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1 already taking action. So in relation to risk, it's  
2 already taking action by refreshing the NSRA process.  
3 Indeed in 2022 the NSRA process was revised, was it not,  
4 to take account of the possibility of multiple  
5 scenarios?

6 **A.** Yes, that's correct. Indeed, shortly we will publish  
7 the -- sorry to get into all these acronyms, but the  
8 NRR, which is the public-facing version of --

9 **Q.** The National Risk Register, the public-facing emanation  
10 of the National Security Risk Assessment.

11 Then creating a new head of resilience, so the  
12 United Kingdom Government is already taking action by  
13 creating a new head of resilience.

14 May we task you, please, with the question: has  
15 a new head of resilience been appointed?

16 **A.** Yes.

17 **Q.** Is that a post within a government department or is it  
18 a post outwith a government department?

19 **A.** It's a post within a government department. It's a post  
20 within the Cabinet Office. So one of the principal  
21 post-Covid reforms we have undertaken is to take the  
22 previous CCS, so Civil Contingencies Secretariat, and  
23 deal with one of the challenges, which is: how do you  
24 balance dealing with immediate crises as they hit whilst  
25 continuing to ensure the wider resilience picture?

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1 national resilience in the Cabinet Office?  
2 **A.** So the principal difference is the split that  
3 I described to you, namely between the -- ensuring that  
4 we have both the focus on the challenges as they hit,  
5 the immediate management of those, and taking the  
6 longer-term risk -- the longer-term view. Also I would  
7 say, the other thing that does -- and this runs through  
8 the framework -- is looking at how we try and prevent  
9 these things happening in the first place, so the  
10 sort of strategies like the Biological Security  
11 Strategy, actions in relation to critical national  
12 infrastructure resilience, resilience to cyber, net zero  
13 strategies, all of those cross-government efforts that  
14 ensure that these crises don't happen in the first  
15 place, as well as the resilience for when they do.

16 **Q.** In relation to the new resilience function, in the third  
17 bullet point, the government's already taking action by:

18 "Strengthening [the] UK Government resilience  
19 structures by creating a new resilience function ..."

20 Before the split in the Civil Contingencies  
21 Secretariat, between the new COBR unit -- which is now  
22 in the National Security Secretariat --

23 **A.** No, sorry, forgive me, so the COBR unit is the COBR  
24 unit, it reports into the national security --

25 **Q.** It is in the --

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1 So, am I at liberty to name -- it might just help  
2 to --

3 **Q.** By all means.

4 **A.** So Roger Hargreaves now runs the COBR unit. That is the  
5 crisis unit to deal with issues as they immediately  
6 emerge. So in the short term. So we don't lose sight  
7 of the longer-term challenges, Mary Jones oversees and  
8 indeed is head of resilience. They -- just in terms of  
9 the overall architecture of the Cabinet Office, they sit  
10 in slightly different reporting structures, so Mary sits  
11 within -- and forgive me, these are further details --  
12 EDS, the economic and domestic secretariat, which is the  
13 overall cross-government co-ordination function. Roger  
14 sits primarily within the NSS, the National Security  
15 Secretariat, which reflects those slightly different  
16 preponderances. One is about joining up whole of  
17 government in form of resilience, one is about the  
18 immediate crisis response.

19 **Q.** There was, before this Resilience Framework and before  
20 the full terrible impact of Covid-19 became apparent,  
21 already a director of national resilience in the  
22 Cabinet Office, a full-time job, between March 2020 and  
23 May 2022.

24 To what extent is this new head of resilience any  
25 different to the pre-existing job of being director of

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1 **A.** -- part of the national security --

2 **Q.** It is in the National Security Secretariat, and the  
3 other half of the old Civil Contingencies Secretariat is  
4 the Resilience Directorate, which is now in the economic  
5 and domestic secretariat.

6 So what extent does this new resilience function  
7 differ from half of the old Civil Contingencies  
8 Secretariat, namely the Resilience Directorate, which is  
9 now in the economic and domestic secretariat?

10 **A.** Well, I think one of the problems that we identified  
11 previously, and what we're seeking to address with this,  
12 is the tendency for the person that has overall charge  
13 of this to permanently be focused on the immediate risks  
14 and not to take that longer-term view. And I have  
15 actually seen this in action both as a minister before  
16 and afterwards. I now have totally separate meetings,  
17 regularly, with Mary Jones, who is the -- I'm referring  
18 to her from now on as the head of resilience -- who is  
19 briefing me on where we are with resilience and  
20 prevention, whereas Roger Hargreaves, as head of COBR,  
21 is the person that is briefing me on ensuring that we  
22 are across the immediate challenges we face, such as --  
23 you know, the Sudan evacuation was one of the more  
24 prominent recent challenges that we faced.

25 So I think in that way you ensure that one doesn't

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1 become the sort of poorer relation of the other.  
 2 **Q.** Page 73, please. The framework distinguishes, does it  
 3 not, between those steps in relation to which the  
 4 United Kingdom government is already taking action and  
 5 those actions which the government is committing to take  
 6 by 2025, that's on page 73, and, page 74, by 2030.

7 I want to ask you, please, about one particular  
 8 aspect of page 73, the roles which will be put in place  
 9 by 2025, halfway down the page, partnerships, because  
 10 the degree of external review, of challenge, of advice  
 11 antithetic to groupthink, is an important issue for this  
 12 Inquiry.

13 The government has agreed to:  
 14 "Grow[ing] the United Kingdom's advisory groups made  
 15 up of experts, academics and industry experts in order  
 16 to inform the NSRA. This may include establishing  
 17 a risk-focused sub-group of the UK Resilience Forum."

18 In drawing up the report, Deputy Prime Minister,  
 19 what did you have in mind in relation to what those  
 20 external experts, academics and industry experts might  
 21 consist of, given that the report in its body makes  
 22 plain that SAGE will continue to play a vital role, the  
 23 United Kingdom Resilience Forum is already set up, the  
 24 provision for a body called STACs will continue to  
 25 provide expert advice, and that the government will

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1 divergent forms of opinions and views you can get, the  
 2 better able you are to ask the right questions.

3 So within this Resilience Forum, which, as you said  
 4 earlier, I chair, I think there is value in trying to  
 5 take -- so the Resilience Forum at the moment is about  
 6 kind of pulling together, as it were, all the different  
 7 strands in line with the whole-of-society approach  
 8 that's outlined in this strategy. That would be about  
 9 providing the sort of challenge inward, as it were.

10 So I think there is value in doing that. Although  
 11 I would say that I have -- you know, I've tried to keep  
 12 up to date as much as I can with the deliberations of  
 13 this Inquiry and I think some valid points have been  
 14 made about other routes for finding that external  
 15 challenge, so we'll certainly look to the outcome of  
 16 Module 1 to see what your recommendations are in that  
 17 respect.

18 **MR KEITH:** Thank you very much.

#### 19 Questions from THE CHAIR

20 **LADY HALLETT:** Mr Dowden, as far as the head of resilience  
 21 is concerned, what level of official is it?

22 **A.** Director.

23 **LADY HALLETT:** She?

24 **A.** She is a director.

25 **LADY HALLETT:** She reports to a minister in the

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1 actively and regularly draw on expert challenge.

2 Do you know what exactly is in mind in terms of  
 3 growing those groups rather than relying upon the  
 4 existing structures?

5 **A.** Well, there's a short answer and a long answer. To give  
 6 you the long answer I'd have to go through each of those  
 7 different bodies that you listed and explain to you the  
 8 specific functions. The short version of that is that  
 9 I don't believe that any of those body performed  
 10 specifically the function of an external look and  
 11 challenge across resilience.

12 So just to take one, SAGE was -- is particularly in  
 13 relation to biological security risks and particularly  
 14 in the health sector. They wouldn't have much to say --  
 15 I wouldn't think they'd have anything to say in relation  
 16 to a severe terrorist incident. They might have  
 17 something to say in relation to, say, civil, nuclear.  
 18 So the idea is to create some further external  
 19 challenge.

20 Indeed, for me as a minister, and I find this in  
 21 conversation with other ministers, and I think you've  
 22 probably heard in evidence, and I saw briefly in the  
 23 evidence of Sir Oliver Letwin, one of the most important  
 24 challenges for us as ministers is to know what the right  
 25 questions are to ask in the first place, and the more

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1 Cabinet Office that happens to you at the moment, or to  
 2 the Deputy Prime Minister, if there is one? To whom  
 3 does she report officially?

4 **A.** She reports to -- well, she's available for all  
 5 ministers to meet with, but she will report to me,  
 6 not -- Deputy Prime Minister is sort of to one side --  
 7 as Chancellor of the Duchy of Lancaster. Chancellor of  
 8 the Duchy of Lancaster is the lead minister in the  
 9 department. Indeed, I meet very regularly with  
 10 Mary Jones, as you might imagine.

11 **LADY HALLETT:** Given the number of responsibilities that you  
 12 referred to very briefly, and I heard from  
 13 Sir Oliver Letwin, do you think there may be an argument  
 14 for saying that there needs to be a minister whose  
 15 specific responsibility is resilience?

16 **A.** I think it's a very interesting argument, and I --  
 17 you know, I saw Oliver's evidence quite late last night,  
 18 so forgive me if I didn't catch every nuance of it, but  
 19 I can see the argument he's making. The thing I would  
 20 just say to consider on the other side is two-fold.

21 First of all, if you try and pull out resilience  
 22 from all the other cross-government co-ordination that  
 23 happens in Cabinet Office, I think you'd lose something  
 24 from that. So, for example, I'm able to link across,  
 25 for example, the intelligence I receive on the NSS side,

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1 in terms of malicious threats, and indeed that is very  
2 relevant to resilience now in the context, for example,  
3 of the Russia/Ukraine developments that we've seen over  
4 the past year or so. I'm also able to link it across to  
5 the Government Commercial Function, which sits within my  
6 department, and they in turn link through to each of the  
7 commercial functions of each department.

8 So I don't think you -- if you took all of it and  
9 transferred it across, you'd basically be saying, "Have  
10 me", as it were, and -- I mean, I think that on balance  
11 it probably works better to have a senior minister, and  
12 I'm fortunate enough to have been appointed senior  
13 minister now, overseeing all of this.

14 To the other point that Oliver made, I think he made  
15 the point about having the Prime Minister's ear, being  
16 able to influence. There would inevitably be a very  
17 limited number of ministers who were able to have that  
18 kind of access to the Prime Minister. So you may well  
19 find that there could be a trade-off there, not  
20 necessarily, but I would just be concerned about how  
21 enduring that would be. So it could well be the case  
22 that when the minister was first appointed they would be  
23 somebody that the Prime Minister, you know, knew well  
24 and placed a lot of trust in. You could find over the  
25 course of reshuffles they became a less significant

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1 media interest in it. I will always make sure that if  
2 I'm going to be questioned on these things I know where  
3 we are, and when I get the responses, I will frequently  
4 say, "Well, hang on, how does that thing match up with  
5 the other thing?"

6 I've always taken the view that I welcome more  
7 external challenge. I think a diversity of views and  
8 opinions helps make for more robust decision-making and  
9 a minister that's empowered with a greater diversity of  
10 ideas is able to better perform as a minister.

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

12 Mr Keith?

13 **MR KEITH:** My Lady, there are no questions under Rule 10(4)  
14 for which you have granted permission, so that concludes  
15 the evidence of the Deputy Prime Minister.

16 **LADY HALLETT:** Thank you, Deputy Prime Minister, thank you  
17 for helping the Inquiry.

18 **THE WITNESS:** Thank you, my Lady.

19 **(The witness withdrew)**

20 **MR KEITH:** My Lady, the next witness is the Chancellor of  
21 the Exchequer.

22 **LADY HALLETT:** We're going to have to break, obviously, in  
23 the middle, so can you -- we started at 1.50. So the  
24 break would probably be at about five past, ten past.

25 **MR KEITH:** Certainly, my Lady.

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1 minister. It is always the case that the Cabinet Office  
2 is a core government department, and the role of the  
3 Chancellor of the Duchy of Lancaster, certainly for the  
4 past 20 or 30 years, has tended to be held by a senior  
5 minister, and I think that would be the thing I would  
6 weigh up in considerations.

7 **LADY HALLETT:** One last question. You've said a number of  
8 times, as is bound to be the case, that you rely on  
9 assurances that you get and briefings that you get from  
10 officials. How do you as a minister make sure that  
11 they're not marking their own homework?

12 **A.** It's a very good question. It goes back actually to the  
13 last exchanges, which was about one of the biggest  
14 challenges as a minister is knowing the right questions  
15 to ask. So all ministers rely on external input.  
16 I would say external input I rely on is first of all  
17 think tank reports, reports from all the numerous  
18 learned institutes, questions that are posed to me in  
19 Parliament, I shall, you know, for -- I shall have the  
20 joy of questions in Parliament tomorrow on the  
21 Cabinet Office and I will make sure that I'm across all  
22 the issues that are going to be raised there. That will  
23 almost certainly give rise to some external challenge,  
24 which I then put back into the system. It's also the  
25 case that there is from time to time quite considerable

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1 Yes, please.

2 **MR JEREMY HUNT (sworn)**

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

4 **MR KEITH:** Would you be good enough to give your name,  
5 please.

6 **A.** Jeremy Hunt.

7 **Q.** Chancellor, thank you very much for providing your  
8 assistance already to this Inquiry by virtue of your  
9 witness statement, which we will see at INQ000177796,  
10 dated 4 April 2023.

11 If we could have the last page, page 17, would you  
12 just be good enough to confirm that that is the  
13 statement of truth and declaration to which you appended  
14 your own signature?

15 **A.** It is.

16 **Q.** For the purposes of my Lady's Inquiry, most pertinently  
17 you were, Chancellor, weren't you, Secretary of State  
18 for Health between 6 September 2012 and 8 January 2018,  
19 and thereafter the Secretary of State for Health and  
20 Social Care until 9 July 2018, when you became  
21 Secretary of State for Foreign and Commonwealth Affairs?

22 **A.** Correct.

23 **Q.** You were also, although plainly not a minister, chair of  
24 the Health and Social Care Select Committee between  
25 January 2020 and October 2022, at which point, perhaps

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1 a couple of days earlier or a couple of days after, you  
 2 became Chancellor of the Exchequer?  
 3 **A.** Correct.  
 4 **Q.** In which post you continue to the present day.  
 5 Chancellor, it is obvious that, as  
 6 Secretary of State for the Department of Health and then  
 7 the Department of Health and Social Care, you were  
 8 keenly aware of the onerous obligations placed on you as  
 9 Secretary of State in relation to the provision of  
 10 healthcare, including the obligations associated with  
 11 the DH, and then the DHSC, being the lead government  
 12 department for pandemic risk, being a health emergency?  
 13 **A.** Correct.  
 14 **Q.** It is clear from the documents before the Inquiry the  
 15 departmental risk register, the paperwork and guidance  
 16 relating to the discharge by your department of its role  
 17 as lead government department, the legal obligation  
 18 placed on the department by virtue of being a Category 1  
 19 responder under the Civil Contingencies Act 2004, and  
 20 its supervision of a number of bodies but, most  
 21 importantly, the pandemic influenza preparedness board  
 22 and the co-chairing of the Pandemic Flu Readiness Board,  
 23 that pandemic planning lay at the heart of your  
 24 department's work?  
 25 **A.** Correct.

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1 So that was --  
 2 **LADY HALLETT:** To be clear, this was a hypothetical, just in  
 3 case anyone is switching on at this stage.  
 4 **A.** Yes. And so effectively I was being asked to flick  
 5 a switch which would have led to instant deaths, and  
 6 I wasn't prepared to do that.  
 7 Rightly or wrongly, you could obviously argue it  
 8 lots of different directions, but, you know, in  
 9 Benthamite terms, the greatest good for the greatest  
 10 number, perhaps I should have been prepared to do it,  
 11 but I wasn't prepared to do it.  
 12 I think that for the people -- and that was,  
 13 I think, for the participants quite a controversial  
 14 moment, and thankfully it was only an exercise.  
 15 But my judgement was that it was -- that any  
 16 pandemic scenario, if you were asking a human being --  
 17 and we politicians are of course human beings -- to make  
 18 a decision like that, it was fraught with risk and  
 19 danger, and I personally would have felt very, very  
 20 difficult taking that decision. So we developed new  
 21 protocols as a result of that, which meant that I think  
 22 in that -- if that situation would happen in real life,  
 23 the Secretary of State would not be asked to take that  
 24 decision.  
 25 **MR KEITH:** You made it plain that that was an intolerable

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1 **Q.** I want to ask you, please, in light of that, about  
 2 Exercise Cygnus which was in October 2016. It was  
 3 an exercise which took place between 18 and 20 October,  
 4 and it was an exercise which was reported upon in July  
 5 of 2017, the following year. You were of course  
 6 Secretary of State at the time.  
 7 To what extent do you recall the significance of  
 8 Exercise Cygnus or the recommendations that came from  
 9 it?  
 10 **A.** Well, I recall taking part in the exercise extremely  
 11 well --  
 12 **Q.** Why was that?  
 13 **A.** Because it was not just a significant chunk of time  
 14 taken out of my diary but because something quite  
 15 traumatic happened in the course of the exercise, even  
 16 though it was only an exercise, which caused me to stop  
 17 the exercise. I was basically asked in the course of  
 18 the exercise to sanction the emptying of all the  
 19 intensive care beds in the country, leading to the death  
 20 of numerous people in those intensive care beds, on the  
 21 grounds that the nursing requirement for those people in  
 22 intensive care was so big, because each intensive care  
 23 bed needed three or four nurses to look after one  
 24 patient, that those nurses could spend -- save more  
 25 lives if they operated in the community.

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1 decision to have to take for any Secretary of State and  
 2 there had to be an alternative course, and you directed  
 3 that protocols be drawn up to deal with at that  
 4 possibility?  
 5 **A.** Correct, and we have to be honest that you do have to  
 6 take those decisions in one way or another when there is  
 7 limited capacity. You know, when we saw the Covid  
 8 scenes in Lombardy, there were absolutely heart  
 9 wrenching scenes of Italian doctors saying that they're  
 10 being asked to play God because the people they were  
 11 depriving of a bed would inevitably die.  
 12 So it isn't that -- you can't duck those decisions,  
 13 but what I felt was inappropriate was those decisions,  
 14 being taken at such a long way away from the front line,  
 15 and I thought those decisions, if they have to be taken,  
 16 need to be taken by people who are familiar with what's  
 17 going on with individual patients and so I'm not at all  
 18 suggesting that there aren't incredibly difficult things  
 19 you have to decide in any pandemic, but it's just that  
 20 it felt too clinical to me, that that should be surfaced  
 21 in -- almost like a regular ministerial decision -- this  
 22 is what you do at this point -- when the human  
 23 consequences were so striking.  
 24 **Q.** Although it's not a matter for direct inquiry today,  
 25 it's outwith the scope of the areas with which we've

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1 asked you to assist, but in part as a result of that  
 2 terrible conundrum that you were faced with, was there  
 3 put in place a body called the Moral and Ethical  
 4 Advisory Group to deal with the worst types of moral and  
 5 ethical decisions which might confront clinical staff  
 6 and administrators in the event of a pandemic?  
 7 **A.** That may well have been what happened. I wasn't aware  
 8 that was the consequence. But what I was aware of was  
 9 this dreadful euphemism that was used to describe that  
 10 decision. It was described as "population triage",  
 11 which essentially was a nice way of saying making life  
 12 or death decisions about large numbers of people in one  
 13 go.  
 14 **Q.** There could, therefore, have been no doubt in your mind  
 15 as to the significance of Exercise Cygnus, which was,  
 16 I think, a cross-government exercise. It was  
 17 commissioned by your department, then the  
 18 Department of Health, to test the United Kingdom's  
 19 response to a serious pandemic influenza.  
 20 Do you recall what the general outcome was of  
 21 Exercise Cygnus, Chancellor?  
 22 **A.** I do, and I would say that I think there is quite a big  
 23 misunderstanding about Exercise Cygnus, which is that,  
 24 certainly as was described with me, it wasn't  
 25 an exercise that was to examine the UK's preparedness

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1 you deal with so many members of staff being off sick,  
 2 even if not fatally off sick.  
 3 **Q.** We'll come back to this later, but on the issue of  
 4 groupthink, it may not have had its genesis solely in  
 5 the exercises, which made assumptions of course about  
 6 numbers of deaths, it may have had its genesis also in  
 7 the risk assessment process, which made assumptions  
 8 about huge numbers of fatalities. It may have had its  
 9 genesis in the integrated management structure, IEM, for  
 10 dealing with civil contingencies and emergencies, which  
 11 again perhaps failed to focus sufficiently on preventing  
 12 devastating consequences as opposed to dealing with  
 13 them.  
 14 But Exercise Cygnus was a seminal moment, wasn't it,  
 15 because it was designed, as you say, to test the  
 16 United Kingdom's structures for dealing with a severe  
 17 pandemic, and no doubt you and your department -- and  
 18 not least yourself, because you had had this personal  
 19 involvement in the exercise -- were concerned about the  
 20 conclusions of Exercise Cygnus?  
 21 Do you recall prior to the report being published  
 22 into Exercise Cygnus -- internally, I should say, it  
 23 wasn't made publicly available -- in July 2017 whether  
 24 you were briefed as to the general conclusions of  
 25 Exercise Cygnus?

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1 for pandemic influenza, it was to establish how good the  
 2 UK -- how well the UK would cope in a situation in which  
 3 pandemic influenza had already taken hold.

4 So the starting point of the operation was we had  
 5 already had between 200,000 and 400,000 fatalities, and  
 6 I think 1.2 million people infected with pandemic flu.  
 7 So it was to see how our systems would cope in that  
 8 state of extreme pressure.

9 I know you may well want to talk about the issue of  
 10 groupthink, but I think this was the first example --  
 11 looking back with the benefit of hindsight, this is not  
 12 what I thought at the time, and I -- you know, with  
 13 retrospect, of course, I wish I had challenged it at the  
 14 time, but there were no questions asked at any stage as  
 15 to how do we stop it getting to the stage of 200,000 to  
 16 400,000 fatalities. It was an assumption that if there  
 17 was pandemic flu it would spread, using layman's terms,  
 18 like wildfire, and you pretty much couldn't stop it, and  
 19 this was how would the system cope in that extreme  
 20 situation.

21 So that's why, rather ghoulishly, when you read  
 22 through the report of the exercise, there was lots of  
 23 talk about mortuary capacity and how you would deal with  
 24 so many dead bodies, it was that kind of thing, and, as  
 25 far as the NHS and care system was concerned, how would

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1 **A.** I don't recall any particular briefing, but I had a very  
 2 close and productive working relationship with  
 3 Dame Sally Davies, and I'm sure that she would have  
 4 talked to me --  
 5 **Q.** My Lady has heard that evidence.  
 6 **A.** -- and would have kept me abreast of her thinking.  
 7 I mean, in some ways I worried about the fact that I was  
 8 not prepared to flick the switch, I had sort of let the  
 9 side down in terms of this exercise, because I think  
 10 there was, I felt, a sort of expectation that they would  
 11 need someone to take those kinds of decisions. So I'm  
 12 sure we would have had a dialogue about it.  
 13 **Q.** In your witness statement you do say the insights from  
 14 the exercise and its recommendations were made known to  
 15 you. The point I want to ask you to focus on, however,  
 16 is to what extent were you aware of the insights and the  
 17 recommendations in advance of the formal report being  
 18 made available? There was a considerable interregnum  
 19 between the exercise, in October 2016, and the report  
 20 becoming available in July.  
 21 **A.** I doubt I would have been made aware. I think it would  
 22 have been produced at arm's length from me and then  
 23 I would have seen it.  
 24 **Q.** All right.  
 25 You attended, Chancellor, a meeting of a committee

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1 that was then in place called the NSC -- the National  
2 Security Council -- (THRC), threats, hazards, resilience  
3 and contingencies ministerial committee, in February of  
4 2017. So after Cygnus, but before the report. It was  
5 a meeting chaired by the then Prime Minister,  
6 Theresa May MP.

7 May we have that on the screen, INQ000006357.

8 There we are. Those are the minutes of that meeting  
9 held in the Cabinet room at Number 10 on Tuesday,  
10 21 February, at 2 pm, with the then Prime Minister in  
11 the chair, and we can see your name, of course,  
12 Chancellor, in the bottom right-hand corner as Secretary  
13 of State for Health.

14 If we go over the page, please, we can see the  
15 remainder of those who attended. Then on page 6, the  
16 second paragraph:

17 "The Secretary of State for Health said that,  
18 contrary to the image presented in the media, the  
19 National Health Service was extremely good at responding  
20 to emergencies. This was in part of a reflection of the  
21 important contribution of the Chief Medical Officer  
22 [then Professor Dame Sally Davies] and colleagues who  
23 worked in public health. Exercise Cygnus had been  
24 a significant test of the country's readiness for  
25 a severe pandemic influenza strain [hence your

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1 So the question, Chancellor, is this: in this  
2 paragraph you refer quite plainly to the lessons that  
3 needed to be learned and to the fact that Cygnus was  
4 a test of the country's readiness, and to a particular  
5 number, two in fact, workstreams; to what extent was the  
6 NSC(THRC) committee made aware of the overall conclusion  
7 of Cygnus, which was that the preparedness and response  
8 in terms of the whole of the United Kingdom's plans,  
9 policies and capability were not sufficient to cope with  
10 the demands of a severe pandemic?

11 **A.** I think ... so we were -- this paragraph is obviously  
12 not what I would say now, with the benefit of hindsight  
13 and having gone through the pandemic. I want to answer  
14 your question exactly, so just forgive me if I take  
15 a moment to explain.

16 The issue -- what we thought we had learned from  
17 Cygnus was that the country wasn't very good at coping  
18 with a pandemic where hundreds of thousands of people  
19 were going to die because we didn't have the practical  
20 arrangements in place to deal with the dead bodies, we  
21 didn't have the decision-making structures in place that  
22 would need to do population triage, to use that  
23 euphemism, and we didn't have the legislative  
24 requirements in place to pass a law quickly through the  
25 House of Commons. So all those things are true within

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1 observation that Cygnus wasn't concerned with a general  
2 pandemic, it was concerned with a severe pandemic  
3 influenza strain] and there were three important lessons  
4 to learn. First, the plans for responding to  
5 an influenza pandemic should reflect the need for  
6 decisions to be taken at the right level ... it was not  
7 appropriate for the government to interfere with local  
8 clinical decision-making concerning access to hospital  
9 care. Second, the preparation of a Pandemic Flu Bill  
10 would help to take the various legislative measures to  
11 streamline and augment capacity in health and other  
12 services. Third, the country's capacity to manage  
13 excess deaths needed to be improved."

14 There is in that paragraph, therefore, Chancellor,  
15 references to the workstreams which continued  
16 thereafter, and my Lady has heard evidence about how the  
17 workstreams in relation to the Pandemic Flu Bill reached  
18 fruition, and the workstream in relation to excess  
19 deaths, that terrible euphemism for frankly the sheer  
20 number of deaths that would result from a severe  
21 pandemic, and how that workstream would be managed.

22 The conclusion from Exercise Cygnus was that the  
23 United Kingdom's preparedness and response in terms of  
24 its plans, policies and capability were not sufficient  
25 to cope with extreme demands of a severe pandemic.

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1 the -- if you asked the question as narrowly as we did  
2 in Cygnus, which is: how well prepared are we for this  
3 particular situation when 200,000 plus people have  
4 already died, a million people have already got the  
5 virus?

6 What we didn't ask, and this was the mistake, was:  
7 first of all, is it only pandemic flu that we're likely  
8 to be hit by, and could there be something with  
9 MERS-like characteristics that's a respiratory virus  
10 that spreads almost as fast as flu but has different  
11 characteristics? We didn't ask that question. And we  
12 didn't ask the other question, which was: what could we  
13 do to stop it getting to that point where 200,000 to  
14 400,000 people have died?

15 So I think within the narrow confines of the  
16 question we asked, we came to the right conclusions.  
17 The government accepted the 22 recommendations, from  
18 memory. They weren't all implemented.

19 But unfortunately, even if we had implemented them  
20 all, I don't think we were asking the right questions.

21 **Q.** And you said you promised us that you would return to  
22 the precise question after you had given that general  
23 explanation, which was: why is there a difference,  
24 seemingly, between the description of the important and  
25 significant outcome of Exercise Cygnus given in that

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1 meeting and the overall conclusion itself on the face of  
2 the report which hit the nail on the head by saying:  
3 across the united kingdoms, the plans, the capabilities  
4 and the abilities are not sufficient?  
5 **A.** Because what we meant by that sentence was our plans and  
6 capabilities in that very specific situation where  
7 you've been hit by a pandemic flu and you've had 2 to  
8 400,000 fatalities, if you -- what we should have done  
9 is thought much more widely about the question in the  
10 way that that sentence can be interpreted to mean, but  
11 that wasn't how we interpreted it. We thought that we  
12 had very specifically looked at this specific scenario  
13 and we did, and we addressed the weaknesses in our  
14 provision, but we should have been asking a different  
15 question in the first place.

16 **Q.** Could we have, please, INQ000187694, which is a health  
17 sector security and resilience plan produced by your  
18 department, then the Department of Health, page 3.

19 The first paragraph says under the executive  
20 summary -- and this was a document, wasn't it, which was  
21 prepared in the general field of resilience planning for  
22 the health sector?

23 "Within the health sector, there are generally good  
24 levels of resilience with good preparedness and business  
25 continuity arrangements in place."

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1 pandemics, and we all thought it. And, by the way, it  
2 wasn't just us. You know, Johns Hopkins University in  
3 America said that the UK was the second best prepared  
4 country in the world in the Global Health Security Index  
5 in 2019, and they had subcategories. One of their  
6 subcategories was which country is best prepared for  
7 preventing the spread of a virus, and scaling up  
8 treatment quickly, and we were top. We weren't second  
9 best, we were top.

10 So there was, I think, a completely wrong  
11 assumption, and I think that the truth is we were very  
12 well prepared for pandemic flu because we'd been giving  
13 a lot of thinking to it -- you know, Operation Cygnus,  
14 Exercise Cygnus was a huge thing -- but we hadn't given  
15 nearly enough thought to other types of pandemic that  
16 might emerge, and that was -- with the benefit of  
17 hindsight that was, you know, a wholly mistaken  
18 assumption, and I think that item number 1 demonstrates  
19 that.

20 **Q.** But the same Johns Hopkins Center report or a report  
21 from the same Johns Hopkins Center in December of 2019  
22 warned in the clearest terms of the dangers of focusing  
23 too much on a pandemic influenza and ignoring the  
24 significant risk of a different viral pandemic with  
25 different characteristics, including a longer incubation

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1 On the face of it, that would appear to give  
2 a different impression to the conclusions, the very  
3 clear conclusions reached by Exercise Cygnus, which was  
4 that across the board there was a significant failure in  
5 the planning, the capabilities and the abilities of the  
6 United Kingdom to deal with a severe pandemic?

7 **A.** Well, as I say, I think that Operation Cygnus had a very  
8 narrow focus, a too narrow focus. I think -- sorry,  
9 could I just ask which date this document is?

10 **Q.** Chancellor, may I say -- and I'm obviously not permitted  
11 to give evidence -- it's a very good question. I don't  
12 believe that on the face of the document we're able to  
13 give it a date, but we believe it is after  
14 Exercise Cygnus.

15 **A.** Right, and presumably when I was still health secretary.

16 **Q.** Oh, yes, it's at that time. It's not a document from  
17 years later.

18 **A.** Okay. I mean, that first sentence we know is wrong and,  
19 you know -- but I'm afraid this was also -- I'm sorry to  
20 keep going back to this but this was also part of the  
21 mistaken assumption. So alongside this assumption that  
22 it was going to be more likely to be a flu that we had  
23 to deal with than an emerging respiratory virus, which  
24 would have many fewer casualties, there was another  
25 assumption, that we were very good at dealing with

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1 period, asymptomatic transmission, higher transmission,  
2 and deadlier severity. So that was probably another  
3 instance, was it not, of the groupthink blinding us to  
4 the reality?

5 **A.** We should have -- absolutely and that same Johns Hopkins  
6 report also said no country was well prepared, even  
7 though, you know, the US and the UK it said were the  
8 best two prepared, it was very clear that no country was  
9 well prepared.

10 **LADY HALLETT:** Would that be a sensible time?

11 **MR KEITH:** Yes, thank you, my Lady.

12 **LADY HALLETT:** Sorry we have to break off, Mr Hunt, but  
13 I have to think of other people, including our very  
14 hard-working stenographer. We will ensure that we get  
15 through your evidence today so that we don't impose even  
16 more upon the burdens of government. So thank you.

(3.07 pm)

(A short break)

(3.20 pm)

20 **MR KEITH:** Chancellor, turning to a different topic, and the  
21 important question of the United Kingdom pandemic  
22 influenza strategy document 2011, there was only ever  
23 one Department of Health strategy document relating to  
24 pandemic influenza, and it was this 2011 document, and  
25 there was no analogous strategy document dealing with

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1 a non-influenza pandemic or a range of pandemic  
2 scenarios or even generically a non-influenza pandemic.  
3 Can you recall to what extent you were briefed or  
4 informed that that strategy document of 2011 required  
5 refreshment, being refreshed, as the terminology appears  
6 to describe it, being updated?

7 **A.** I don't recall ever being advised that.

8 **Q.** The evidence shows that it was due to be refreshed, to  
9 use the departmental phrase, but that in 2018 and 2019  
10 that work was paused as a result of

11 Operation Yellowhammer, to which we'll come later.

12 In the context of pandemic influenza planning,  
13 a failure to update the sole and major strategy document  
14 between 2011 and 2020 is a matter of some regret, is it  
15 not?

16 **A.** I think there was a much bigger failure, which was that  
17 we were overfocused on pandemic influenza, and I would  
18 say that, notwithstanding the fact that I don't believe  
19 I was ever advised that we should update that 2011  
20 document -- I became Health Secretary, as you know,  
21 towards the end of 2012 -- we did spend a lot of time  
22 thinking about dangerous viruses, because at the end of  
23 2014 we had the Ebola virus, which we were very directly  
24 involved in, and as a G7 Health Minister I went to a lot  
25 of summits where we discussed the global response to

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1 of the virus, I think that was deeply entrenched when  
2 Covid arrived, and we didn't look at countries like  
3 South Korea and Taiwan, which had a very different  
4 assumption about the effectiveness of quarantining.

5 So that I think -- so updating a pandemic flu  
6 document, of course all things being equal it would have  
7 been a good thing to do, but the fundamental issue is  
8 that we were -- by the way, not just us but across  
9 Western Europe and North America there was a shared  
10 assumption that herd immunity was inevitably going to be  
11 the only way that you contained a virus because it  
12 spread like wildfire, it was perceived at the outbreak  
13 of the Covid as a rather heartless approach but that  
14 wasn't really what it was. It was what scientists  
15 thought was unfortunately what was inevitable. All  
16 those assumptions would only have been challenged if  
17 we'd had a document that looked at all pandemics, not  
18 just pandemic flu.

19 **Q.** But, to be clear, it wasn't a pandemic influenza  
20 strategy document, it was the only Department of Health  
21 pandemic influenza strategy document.

22 **A.** Yes, and it was the only pandemic document, but it just  
23 happened to be about pandemic flu.

24 **Q.** The Inquiry does not exist to find fault, solely, of  
25 course. You've referred to the meetings that you

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1 Ebola and, you know, we had global health security  
2 summits -- I organised one in March 2018 -- and we had  
3 Exercise Cygnus as well.

4 So there was quite a lot of thinking, but I think,  
5 looking back on it, it's very clear that it was very  
6 deeply entrenched, almost visible in every single  
7 document relating to this that you can see, that there  
8 was an assumption that a mass fatality pandemic would be  
9 flu, and I think you're going to come on and talk about  
10 Exercise Alice --

11 **Q.** Yes.

12 **A.** -- which I wasn't briefed about, which itself is  
13 telling, that I was, you know, asked to take part in  
14 exercise -- I don't know if it's Exercise Cygnus or  
15 Operation Cygnus.

16 **Q.** That was a mistake of mine. It is Exercise Cygnet and  
17 Exercise Cygnus and Exercise Alice.

18 **A.** Right. Thank you for letting me know that. But, you  
19 know, I wasn't briefed about Exercise Alice. I was  
20 asked to take part in Exercise Cygnus.

21 But I think it's just interesting when you look at  
22 that, that that is -- the report on Exercise Alice is  
23 literally the only place that I can find which really  
24 talks about the importance of quarantining. If you look  
25 at the -- this assumption that you can't stop the spread

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1 organised. It's right that I point out that, based on  
2 your witness statement, you took a number of very  
3 important steps when taking ministerial office. You  
4 organised meetings of international health ministers to  
5 raise the alarm concerning the risk of a severe  
6 pandemic.

7 Would you just tell my Lady what was done in  
8 relation to the setting up of the UKVN, the UK Vaccine  
9 Network, after the Ebola outbreak to which you've just  
10 made reference, which was in 2014 and 2015?

11 **A.** Yes. I mean, I don't know actually if it was my direct  
12 ministerial decision, but it was a decision of the  
13 government following the Ebola outbreak to set up the UK  
14 Vaccine Network, I think chaired by Chris Whitty.

15 **Q.** Yes.

16 **A.** And I think, you know, that obviously was fundamentally  
17 very -- turned out to be very important historically  
18 because that was the basis upon which the  
19 Oxford/AstraZeneca vaccine was developed, which saved  
20 more lives than any other vaccine in the pandemic across  
21 the world -- I think about 6 million lives in total.

22 And I think that is interesting, because although we had  
23 a blind spot about flu being the thing we needed to  
24 worry about, with flu a vaccine is very important. So  
25 if you like, the other side to that coin was that right

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1 at the start of the pandemic we were one of the first  
2 countries that really were thinking about vaccines, and  
3 charging ahead with vaccines, which we did faster than  
4 pretty much anyone else, which is why we made such a lot  
5 of progress.

6 But I think Professor Whitty deserves enormous  
7 credit, and certainly not under any guidance from us as  
8 politicians, because of the scientific way that he  
9 plotted the development of that vaccines network such  
10 that it was actually able to turn into something as  
11 significant as it did.

12 **Q.** So that my Lady can understand the position, the  
13 United Kingdom Vaccine Network provided funding, of  
14 course, for research and development into vaccine  
15 discovery and that, of course, is why the  
16 Oxford/AstraZeneca vaccine was able to benefit from the  
17 programme, because of the amount of funding that it had  
18 received at the end of the day.

19 **A.** Correct.

20 **Q.** All right.

21 You've referred to the groupthink and the groupthink  
22 has been described variously as flaws in strategic  
23 thinking, as perhaps a failure to see things for how  
24 they were.

25 It may be suggested that there are a number of ways  
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1 myself, we didn't challenge.

2 **Q.** And that is why my third proposition is that there was  
3 a strategic failure to approach the risks of new and  
4 emerging respiratory viruses on the basis that it was  
5 necessary to identify multiple scenarios, not just to  
6 focus, on the one hand, on pandemic influenza with its  
7 terrible assumed consequences, and, on the other, a much  
8 more limited, generic non-influenza pandemic scenario  
9 without regard to what the specific characteristics may  
10 be?

11 **A.** Yes. I mean, I think we have to be realistic. You  
12 can't, as a government, prepare for every single  
13 scenario exhaustively, so you have to make choices as to  
14 which are the most likely scenarios that you're going to  
15 have to deal with.

16 But with the benefit of hindsight -- and I shall try  
17 not to use that phrase too often -- you know, if you  
18 look at MERS in 2015, if you look at SARS, you can see  
19 evidence of these viruses actually taking hold, and we  
20 didn't ask the searching questions as to whether you  
21 could have -- whether we should be doing more  
22 preparations for one of those viruses becoming more  
23 contagious even than MERS turned out to be in  
24 South Korea and other places.

25 **Q.** But it's not about hindsight, is it, because,  
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1 in which there was groupthink or a strategic failure.

2 The first one, to which you've already made reference,  
3 is the long-standing bias, as it's been described by,  
4 I think, Professor Dame Sally Davies and others, in  
5 favour of influenza.

6 So that's the first. Would you agree?

7 **A.** Yes.

8 **Q.** There was also, secondly, a failure to appreciate  
9 properly the risks of a non-influenza pandemic. Viral  
10 pandemics, by their nature, have variable  
11 characteristics and variable risks, and may be highly  
12 transmissible, they may have longer or shorter  
13 incubation periods, they may be more or less deadly.

14 Would you agree that there was a failure to  
15 appreciate properly the risks of a non-influenza  
16 pandemic?

17 **A.** I think in deference to my scientific colleagues they  
18 would all have said that those risks existed, but  
19 collectively we didn't put anything like the time and  
20 effort and energy into understanding those dangers, and  
21 I think if you look at the National Risk Register of  
22 2017, it sort of says these were the two things:  
23 Pandemic flu that could kill up to 750,000, or  
24 an emerging respiratory virus that could kill up to 100.  
25 That was the assumption that collectively, including  
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1 Chancellor, as you accept, and if I may say so very  
2 fairly, there was a failure at the time to ask the more  
3 searching questions that were required to be asked?

4 **A.** Correct.

5 **Q.** And the fourth strategic failure, which is more  
6 connected with the response to Covid, is that because  
7 the reasonable worst-case scenario doctrine planned for  
8 the realistic worst that could happen, and made  
9 assumptions as to the number of deaths, this tended to  
10 prevent debate and thought about what might be done to  
11 prevent those catastrophic consequences ensuing in the  
12 first place?

13 **A.** Correct. That is actually linked to the kind of "we  
14 should be worrying about flu", because --

15 **Q.** Yes.

16 **A.** -- flu has, as I understand it, a shorter incubation  
17 period, it's much more transmissible, it's much  
18 harder -- it doesn't have that asymptomatic period  
19 where -- that is why, for example, in the whole of  
20 Operation Cygnus there is no reference to testing, to  
21 quarantining. Those are not things that we put any  
22 energy into.

23 I would just add one other thing, which we did touch  
24 on earlier --

25 **Q.** East Asia?  
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1 **A.** I think there was a groupthink that we knew this stuff  
 2 best, and there was a sense that we -- with perhaps the  
 3 exception of the United States, there wasn't an enormous  
 4 amount we could learn from other countries and  
 5 certainly, you know, I didn't -- this is with,  
 6 apologies, this is with the benefit of hindsight, but  
 7 I don't think people were really registering  
 8 particularly Korea as a place that we could learn from.  
 9 I think it's very notable that Korea did not have  
 10 a lockdown in the first year of the pandemic. They  
 11 avoided a lockdown at all. What I think is interesting  
 12 is that the reason that they had to superb response --  
 13 I mean, in the second half of the pandemic, quite a lot  
 14 of East Asian countries didn't do very well because they  
 15 didn't get their vaccines out as quickly as we did here,  
 16 but in that first year I don't think there's any doubt  
 17 that Taiwan and Korea did incredibly well. But that was  
 18 actually because there was a lot of public criticism of  
 19 the Korean government after the MERS epidemic in,  
 20 I think, 2014/15 when their laboratory testing capacity  
 21 was not up to scratch, they didn't have a network in  
 22 place, and they learnt those lessons. And there was  
 23 clearly a narrowness of thinking of which, you know,  
 24 I was part, which didn't think hard enough about that  
 25 kind of potential pandemic.

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1 still this underlying assumption that you would be  
 2 likely to be dealing with something of limited total  
 3 number of fatalities --  
 4 **Q.** In a hospital setting essentially only?  
 5 **A.** Indeed, and if you look at the recommendations, I think  
 6 there were 12, and I think the Department of Health and  
 7 Social Care thinks that 11 were implemented and one  
 8 wasn't, they didn't have the urgency that you would have  
 9 wanted knowing what we went through just a few years  
 10 later.  
 11 So, for example, the PPE recommendation doesn't say  
 12 "We need to check that we've got enough PPE", it says  
 13 "Having enough" and we may not have enough PPE. It says  
 14 "Having enough PPE is very important and we should do  
 15 an instructional video to make sure that everyone across  
 16 the whole system knows the importance of having enough  
 17 PPE".  
 18 The reason that -- so I don't believe that even if  
 19 I had been shown Exercise Alice I would have necessarily  
 20 asked for things to have been done differently.  
 21 What I think is, the reason it's important, it is  
 22 literally the only thing, as we mentioned earlier, that  
 23 talks about quarantining and the importance of  
 24 quarantining, and if there was one thing that could have  
 25 slowed the progress of Covid when it actually arrived,

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1 **Q.** That fifth, I would suggest, strategic failure is  
 2 addressed at some length in your witness statement, and  
 3 to focus down on what it was that East Asian countries  
 4 had, because of their MERS and SARS experiences, thought  
 5 about planned for and debated, what was it that they had  
 6 given consideration to the funding of and the problems  
 7 associated with mass testing, mass contact tracing, and  
 8 mass quarantine in essence. And, as you say in your  
 9 statement, those were issues which we, as a country, did  
 10 not focus on.

11 But the Exercise Alice report, which you didn't see  
 12 at the time, was based upon an assumed MERS outbreak,  
 13 was it not, and the Exercise Alice report at the time,  
 14 2016, made reference, did it not, to the need for more  
 15 learning about mass testing, mass contact tracing, mass  
 16 quarantine?

17 So it's not a matter of hindsight, is it,  
 18 Chancellor? That was something that was flagged in up  
 19 respect of the East Asian learning in the context of  
 20 a MERS exercise in 2016?

21 **A.** Yes and no, if I may be so bold.

22 **Q.** Of course, if you wish.

23 **A.** I think if you read Exercise Alice you can still see  
 24 now -- obviously I didn't read it at the time because it  
 25 wasn't shown to me -- but you can see that there was

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1 it was to understand the importance of early  
 2 quarantining to stop the disease spreading and to  
 3 understand there are types of pandemic where it is worth  
 4 putting a massive amount of effort into slowing the  
 5 spread, and that one of the very first questions we  
 6 should have been asking ourselves is: is this one of  
 7 those pandemics that you can actually slow and save  
 8 lives early on or not? And I don't think we had asked  
 9 those questions.  
 10 **Q.** But the reality was, wasn't it, Chancellor, that those  
 11 lessons or actions, as they were called in  
 12 Exercise Alice, whether or not they were brought to your  
 13 attention, and you've said they weren't, and there is no  
 14 evidence that Alice was ever brought to your attention,  
 15 the report itself identified a number of actions which  
 16 self-evidently were worthy of further exploration. They  
 17 were the actions recommended by the very report itself,  
 18 by the exercise, and the actions focused on, amongst  
 19 other matters, port of entry screening, option plans for  
 20 dealing with the cost-benefits and practicality of  
 21 quarantine versus self-isolation, plan for mass  
 22 community sampling, and the development of live tools or  
 23 systems to collect data from infected persons in order  
 24 to be able to better manage testing and contact tracing.

25 So regardless of whether or not ultimately that

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1 would have been of assistance when Covid struck, the  
2 fact remains that, to a large extent, those particular  
3 recommendations for whatever reason were never carried  
4 forward to fruition?

5 **A.** That's not my understanding, but I think it's obviously  
6 something for the Inquiry to get more details from --  
7 from DHSC. My understanding is that they believe that  
8 11 of the 12 recommendations were implemented. But  
9 I think you are right to say that here was the one bit  
10 of all our pandemic preparations where we were closest  
11 to thinking about a Covid-style pandemic, and it got  
12 very little attention in the grander scheme of things.

13 **Q.** I believe that the quarantine options paper in  
14 Exercise Alice was deprioritised by the DHSC on  
15 28 September 2016. So at least in relation to that --

16 **A.** Okay.

17 **Q.** -- nothing came of that.

18 All right.

19 **LADY HALLETT:** Or is that the one to which the Chancellor  
20 was referring that the department thinks wasn't  
21 implemented?

22 **A.** It's not, my Lady.

23 **LADY HALLETT:** It's not?

24 **A.** No, the one I was thinking about was NHS communications.  
25 So I hadn't heard what Mr Keith just said.

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1 important within SAGE that there is contrary thinking  
2 and challenge going on, and I hope that SAGE is  
3 structured in a way to make that possible.

4 I think that the other thing that I would say is  
5 that, if you look at the kind of, the way government  
6 works, curiously, the kind of contrary thinking tends to  
7 come from ministers who come in with a bunch of  
8 experienced expert civil servants, highly professional,  
9 and ministers come in with their priorities and the  
10 civil servants say "We can't do that, Secretary of  
11 State, for this reason or that reason", and so that's  
12 really where the most creative discourse happens.

13 But what failed here was that of course ministers  
14 are not scientists, so the kind of challenge to  
15 groupthink when there is a scientific consensus is never  
16 going to be done by a politician in the most effective  
17 way.

18 So when it comes to things like scientific  
19 consensus, you need to have structures where you are  
20 welcoming contrary thinkers, and the Civil Service tends  
21 to be a very consensus-driven body, and I know that --  
22 I believe that you're not able to use the Health and  
23 Social Care Select Committee's evidence as evidence for  
24 your Inquiry, but if I could just put on the record that  
25 I was extremely struck when both Dominic Cummings and

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1 **MR KEITH:** So may we take it that because Exercise Alice was  
2 not brought to your attention, nor brought to your  
3 attention was any of the work done following  
4 Exercise Alice or any of the ways in which the various  
5 actions recommended in Exercise Alice were not given  
6 effect to?

7 **A.** Correct. I didn't know about Exercise Alice.

8 **Q.** All right.

9 Going back to the five strategic flaws or aspects of  
10 groupthink that I've suggested to you, does your witness  
11 statement identify that there are steps which may  
12 sensibly be taken to challenge groupthink, whether by  
13 way of greater external challenge to challenge orthodoxy  
14 or a greater awareness of the events which have befallen  
15 other countries and how they've responded, but also in  
16 relation to improving the political structure in  
17 relation to how planning is prepared for?

18 **A.** Yes. I mean, I think there are lots of things that we  
19 need to do to avoid that kind of groupthink, but I do  
20 think it's important to say this was pretty much the  
21 whole western world that was thinking this way about  
22 pandemics.

23 But the first thing I would say is that, you know,  
24 in -- we all discovered how incredibly important SAGE  
25 was at the start of Covid, and that is it's really

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1 Matt Hancock gave evidence to that committee that,  
2 you know, we said to them: why didn't you challenge this  
3 idea that you could stop the growth of the pandemic,  
4 that this was somehow inevitable? And they both said it  
5 was incredibly difficult. With an enormous amount of  
6 regret, it was just really, really difficult to  
7 challenge a deeply held consensus inside the system.

8 So I think what I'm saying in a rather long-winded  
9 way is that you need to have contrary thinking amongst  
10 the experts. You can't just rely on it being the  
11 elected representatives challenging the civil servants.  
12 That has its role, but within expert bodies you need to  
13 have that challenge, the RED team approach and so on.

14 **LADY HALLETT:** It's not always easy to get that, though, is  
15 it, Chancellor, because I remember in another world  
16 I used to be involved in criminal justice and the number  
17 of times I saw a theory develop within the medical  
18 profession about the cause of injuries or cause of death  
19 or something, and if the person who propounded the  
20 theory was sufficiently senior, forceful and had the  
21 personality to carry the day, then it seemed that a lot  
22 of their colleagues went along with them.

23 So how do you make sure you get the experts who will  
24 do the challenging?

25 **A.** I completely agree and, you know, my father was in the

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1 Royal Navy and in the military you have the same thing  
2 where sometimes it's the most junior officer who  
3 actually has worked out the solution to the problem, but  
4 if you have a rather overbearing general, they don't  
5 feel able to speak out.

6 So I think you -- in areas like pandemic  
7 preparedness, precisely because it's so difficult to see  
8 round corners what might happen, I think you have to  
9 have structured challenge one way or another in the  
10 systems, and I think that's -- you know, I would say  
11 SAGE is the most obvious place where it's important to  
12 do that, but we should think about that across  
13 government.

14 **LADY HALLETT:** It's the little boy who said the emperor's  
15 got no clothes, isn't it? How do we get a cadre --

16 **A.** And we can make life very difficult for those little  
17 boys, that's the truth.

18 **MR KEITH:** I hope he'll forgive me for verballing him,  
19 I think Sir Mark Walport said at one stage that the  
20 Government Chief Scientific Adviser was a licensed  
21 dissident; but, Chancellor, from what you say no  
22 committee, it would seem -- however diverse, experienced  
23 and wide-ranging in its composition -- is going to be  
24 sufficient to be able to address, firstly, the mare's  
25 nest of ministerial accountability that appears to have

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1 a very open press, and very extensive and respected  
2 academia where there are lots of dissident voices, and  
3 I think that if the SAGE advice to ministers had been in  
4 the public domain earlier in the pandemic, I think there  
5 would have been lots of constructive criticism from  
6 academic organisations, universities up and down the  
7 country saying, "Have we thought about this? Have we  
8 thought about that?", which could have informed SAGE's  
9 thinking.

10 I think they did come round to thinking that  
11 actually the Korean approach to a coronavirus is worth  
12 serious consideration, but it didn't happen until May,  
13 as far as I can glean, of 2020 and in that period  
14 transmission had increased to about 5,000 a day, and  
15 then it was inevitable that you were going to have to  
16 use a lockdown. Had we got on the case much earlier  
17 with that approach, we might have avoided that.

18 **Q.** Coming back to your first point about Prime Ministers in  
19 your experience having a wide range of views in front of  
20 them and of advisers not hesitating to speak truth to  
21 power and to challenge orthodoxy, isn't the problem here  
22 that it was the system which failed to provide for  
23 a sufficient degree of challenge?

24 Ministers, in their exalted status, don't know  
25 necessarily what's going on lower down in the system.

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1 been developed from having a number of ministerial  
2 positions dealing with various different aspects of  
3 resilience and, secondly, the need for that challenge to  
4 orthodoxy to come from outside government so that it is  
5 listened to, and also politically it may be better  
6 enabled to take or to recommend or advise difficult  
7 funding decisions for consideration of the government of  
8 the day; and therefore is there not a case for a senior  
9 Cabinet minister with responsibility for EPRR to be  
10 appointed, who may have the ear of the Prime Minister,  
11 and also for an independent resilience body to challenge  
12 orthodoxy and to provide guidance, set strategy,  
13 organise exercises and report to Parliament?

14 **A.** There is possibly some merit in that, but I would say  
15 that in my experience of the Prime Ministers I've worked  
16 with, the most effective ones always surround themselves  
17 with people who give them completely honest challenge to  
18 any course of action, and I would say that's a very  
19 important characteristic of successful leadership in any  
20 field, that you are getting people who aren't afraid to  
21 tell you that something you're thinking of doing is  
22 a load of rubbish. That's quite a fundamental thing,  
23 and it doesn't always happen.

24 But I think there is one other thing I would say  
25 that can help: so what we do have in this country is

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1 There needs to be a body that challenges orthodoxy on  
2 the part of the system itself. It's not  
3 a Prime Ministerial issue; it's a structural issue, is  
4 it not?

5 **A.** Yes. When I was Foreign Secretary I discovered that my  
6 predecessor William Hague had instructed his officials,  
7 as Foreign Secretary, that any time there was  
8 a disagreement inside the Foreign Office about the right  
9 course of action with respect to, I don't know, Iran or  
10 somewhere like that, he wanted to be told about the  
11 disagreement, and I think that there is a strong sense  
12 in the civil service that they need to come to  
13 a consensus view and give ministers a recommendation of  
14 a single course of action, and that makes challenging  
15 groupthink harder.

16 **Q.** All right.

17 Can I ask you, please, about a specific issue, which  
18 is -- and you'll know from the evidence of  
19 Sir Christopher Wormald -- the taking place of  
20 a departmental board meeting in September of 2016 in the  
21 Department of Health.

22 It is, please, at INQ000057271.

23 We needn't, I think, trouble you with the detail of  
24 the departmental board, because Sir Christopher has  
25 given information about what it consisted of, but these

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1 were the minutes of a particular departmental board,  
2 a very senior part of your then department, which was  
3 doing a deep dive into major infection diseases.

4 At page 6, please, at paragraphs 25 and 26, the view  
5 of the board, from which you were absent was:

6 "It was more likely than not that even a moderate  
7 pandemic would overrun the system. At the extreme,  
8 there would be significant issues if it became necessary  
9 to track or quarantine thousands of people. A decision  
10 to fund high-end quarantine facilities had already been  
11 deferred by ministers.

12 "All decisions in response to an outbreak or  
13 pandemic would need to be made by the Department, as  
14 a department of state, though [arm's length bodies]  
15 would have their role to play. There were, however,  
16 concerns about how resilient the somewhat fragment  
17 system would be -- especially in light of previous or  
18 future funding cuts."

19 The concerns expressed there, even in the context of  
20 a moderate pandemic, about tracking, quarantining, how  
21 fragmented the system was, appear now perhaps with  
22 hindsight to have been rather prescient?

23 A. Well, as you mentioned, I wasn't at that board meeting  
24 and I've checked as to why, and it was -- and if you --  
25 you will have seen from the first page you showed up

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1 You make the point in your witness statement that  
2 the NHS budget was protected from some of the most  
3 difficult elements, to use your words, of the austerity  
4 period and that in real terms health funding increased  
5 on a number of occasions, not at least in November 2015  
6 when you secured an overall increase in the NHS  
7 settlement and again in 2018.

8 But you make some observations about how, against  
9 the quite separate and extremely difficult issue of  
10 funding, something needs to be done about running the  
11 NHS hot all the time, because of the obvious deleterious  
12 consequences of doing so in terms of the resilience of  
13 the health structures as a whole, and ultimately our  
14 country.

15 How can one avoid having to run the NHS hot, whilst  
16 at the same time leaving funding questions open for  
17 future politicians?

18 A. I think it's a very, very important question to ask.

19 So I became convinced during my time as  
20 Health Secretary that the NHS needed more capacity. It  
21 wasn't because I was thinking that -- I had a crystal  
22 ball and I was thinking there could be a pandemic round  
23 the corner, it was because I was dealing with a winter  
24 crisis every year, I was seeing huge pressure in A&E  
25 departments, I was seeing pressure on waiting lists.

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1 that there were actually no politicians present at that  
2 board meeting because it was three days before the start  
3 of the Conservative party conference, and in fact I was  
4 making my biggest single announcement as  
5 Health Secretary on that first day of the conference,  
6 which was the increase in medical school training places  
7 by 25%, so there was a lot of work going on ahead of  
8 that.

9 But I have subsequently read all the minutes of that  
10 board, and indeed the presentation made by  
11 Helen Shirley-Quirk, and I think there is nothing in  
12 there that I wouldn't have known. It was a month before  
13 operation or Exercise Cygnus, I think that's why it was  
14 put on the agenda, and my attitude would have been --  
15 and, by the way, the same predisposition to worry about  
16 pandemic flu and to worry less about respiratory viruses  
17 I think is in the papers that were presented to the  
18 board. But my view would have been: I'm about to do  
19 Exercise Cygnus in which we will deal with these issues  
20 exhaustively.

21 Q. All right.

22 Could I now turn, please, to the issue of the  
23 resilience of the United Kingdom health structures, to  
24 which you've devoted a considerable part of your witness  
25 statement.

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1 And when I arrived at Health Secretary, there was a view  
2 that we would need fewer and fewer hospital beds because  
3 surgery was getting quicker and you had a lot more day  
4 surgery, you could discharge people more quickly,  
5 pregnant mums could go home much more quickly after  
6 they'd had their babies and so on; and that changed when  
7 I was there, because I thought that was more than  
8 counterbalanced by the increase in older people and the  
9 pressures caused by demography.

10 So I decided we did need more capacity, and I think  
11 the number of employees went up by over 100,000 during  
12 my time as Health Secretary, the number of doctors went  
13 up by 17,000. But it didn't happen in a structured way  
14 and I think what we need in the NHS going forward is  
15 a much more structured way of analysing how many doctors  
16 and nurses we're going to need in five, ten, 15 years'  
17 time.

18 That is for the NHS's regular business. When it  
19 comes to the pandemic, I think there's a very specific  
20 reason why that matters, because I think the NHS did  
21 extremely well in the pandemic. I think, you know, the  
22 majority, if not the vast majority of people with Covid  
23 who needed an intensive care bed got one. But we did so  
24 because we were able to do what, for example, the German  
25 health minister isn't able to do, which is through

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1 a centralised structure switch off everything else and  
2 say, "We're just going to focus the 100,000 beds we have  
3 on Covid patients and make sure that that is the  
4 priority".

5 And when you read comments in the papers about how  
6 good the NHS -- how well prepared the NHS was for  
7 a pandemic compared to other health systems, I think  
8 that's really what they were talking about. They were  
9 saying there was a centralised structure that allowed  
10 you to make big decisions from the centre in the way  
11 that other countries would not be able to do with a more  
12 fragmented healthcare system. But the price we paid for  
13 that was a big interruption to cancer care and other  
14 treatments, which is partly why we have this big backlog  
15 that we're trying to bring down now.

16 So I do think you have to make a judgement about:  
17 you can't obviously build empty hospitals, you know, to  
18 deal with a pandemic that might happen around the  
19 corner, no country in the world could afford to do that,  
20 but you do need to think about some latency in the  
21 capacity, and that was part of the reason why I argued  
22 that we should have the big funding increases that  
23 I secured in 2015 and 2018.

24 **Q.** Does the same analysis apply to workforce planning in  
25 particular and the numbers of NHS doctors and nurses?

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1 doctors coming onstream in eight or nine or ten years'  
2 time is inevitably further down the priority list, and  
3 you need to have some mechanism that makes sure that it  
4 always gets the priority it deserves, rather than what  
5 we have at the moment which is a rather lumpy way of  
6 increasing doctors.

7 I persuaded Theresa May in 2016, I was very proud to  
8 do so, and we had a big increase then, but the first  
9 doctors from that decision will be coming onstream next  
10 year, so that gives you an idea of the time delays  
11 involved.

12 **Q.** So is the stark reality that an improvement in  
13 resilience structurally walks, and can only walk, hand  
14 in hand with a general improvement in terms of workforce  
15 numbers and the health and the financing of the NHS as  
16 a whole?

17 **A.** Yes.

18 **Q.** There is no practical way of bifurcating the two issues?

19 **A.** I think that structured workforce planning will make  
20 a very big difference to our overall pandemic  
21 resilience, yes.

22 **Q.** What about social care and in particular adult social  
23 care?

24 You say in your statement that one of your regrets  
25 as Secretary of State for Health and Social Care was

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1 You refer in your statement to the fact that there  
2 have always been issues, of course, with numbers of the  
3 NHS workforce and with planning, and you describe how  
4 you became aware of the importance of workforce  
5 planning.

6 In the context of pandemic planning, is there any  
7 way in which you can have a latent capacity in terms of  
8 sheer numbers of NHS employees to be able to deal with  
9 the contingent possibility of a catastrophic pandemic?

10 **A.** I don't think any healthcare system can plan to have as  
11 many doctors or nurses as you would need in an extreme  
12 pandemic situation, just because of cost, and also  
13 because of the fact that you just don't know what kind  
14 of situation you're going to be dealing with.

15 **Q.** Indeed.

16 **A.** But I think that we should be better at long-term  
17 workforce planning, and I did conclude as  
18 Health Secretary that the structure we have -- because  
19 it takes seven years to train a doctor -- means that  
20 it's never given a higher enough priority in the system,  
21 and when a Chancellor and a Health Secretary are  
22 negotiating a spending review settlement, they're  
23 thinking about: how are we going to relieve pressure in  
24 A&E departments this year? How are we going to have  
25 more cancer treatments next year? But the number of

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1 that you were unable to secure a longer term funding  
2 settlement for social care or a long-term plan to  
3 relieve pressures and inequities in the social care  
4 system.

5 Does the same analysis apply, that an improvement in  
6 resilience must necessarily depend on improvement in the  
7 system as a whole, and of course that depends on  
8 funding?

9 **A.** It does. It's slightly more complex, because I don't  
10 think any country in the world that I'm aware of has  
11 a nationalised care system where all the care homes are  
12 owned and provided by the state, and so I think all  
13 countries have a semi-public, semi-private system.

14 Again there were -- I think there was an increase of  
15 over 100,000 in the social care workforce in my time as  
16 Health Secretary, but I wanted there to be a long-term  
17 plan for the social care sector. I negotiated the  
18 long-term plan for the NHS with Theresa May and  
19 Philip Hammond in 2018, and was hoping to do so for the  
20 social care sector, and I think that was next on their  
21 list too but then unfortunately that government fell and  
22 we had the pandemic and it didn't happen.

23 When I became Chancellor, in the autumn statement  
24 last year I did put through a £4.7 billion annual  
25 increase in the social care budget because it was

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1 unfinished business in my mind, and I hope that will  
2 make a difference.  
3 I would say that in social care, though, if I'm  
4 looking at global best practice and resilience, I think  
5 the experience of MERS and SARS in Korea and Taiwan,  
6 I did look at what they did with their care homes, and  
7 I think I spoke to a professor from Hong Kong University  
8 during the pandemic who said that they had not had  
9 a single care home death in Hong Kong, and there the key  
10 issue was not so much the long-term planning -- by the  
11 way, we should do the long-term planning anyway, because  
12 it's very important for the social care sector, but that  
13 wasn't the key issue. The key issue was the infection  
14 prevention and control, and the fact that following MERS  
15 they'd said that every care home had to have a named  
16 person responsible for pandemic planning in the care  
17 home, and they very quickly stopped external visitors  
18 going into care homes to stop infection being brought  
19 into care homes from the community, and I think they  
20 were required to have a supply of PPE as well  
21 permanently there.  
22 So I think -- and I think in Korea they had some  
23 care homes where the staff were asked to live on-site at  
24 the peak of the dangerous period to stop residents  
25 getting infections.

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1 and thereafter the necessary preparations for a no-deal  
2 exit intervened, and evidence has been heard by my Lady  
3 as to the extent of the interruption and the impact of  
4 those necessary preparations.

5 To what extent were you aware, once you had left  
6 that post as Secretary of State for Health and  
7 Social Care, of the degree to which the work that you  
8 had called to be prioritised was being affected by  
9 Operation Yellowhammer?

10 **A.** I don't think I was aware at all.

11 **Q.** And is that because of course you were  
12 Foreign Secretary?

13 **A.** I was Foreign Secretary.

14 I mean, I will say, you know, in answer to the  
15 broader question of: because the Brexit vote happened  
16 when I was Health Secretary, how did it impact my work  
17 as Health Secretary? It was really one very specific  
18 thing: I was concerned about the future of our life  
19 science industry, so I spent a lot more time than I had  
20 previously visiting life science companies in this  
21 country and around the world because I wanted to protect  
22 our ongoing life science investment, so I did spend time  
23 on that.

24 But I -- I don't recall ever hearing that pandemic  
25 preparedness had been deprioritised when I became

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1 So it was really around -- I would say the biggest  
2 difference we could make in the social care system when  
3 it comes to pandemic planning is that area.

4 **Q.** Those latter issues are of course matters which will be  
5 looked at in greater detail in my Lady's later module on  
6 social care.

7 Finally, the topic of Operation Yellowhammer, with  
8 which you'll be familiar. The emails and the letters  
9 from the Department of Health and Social Care when you  
10 were Secretary of State make plain that following that  
11 NSC(THRC) meeting to which you referred earlier, that  
12 committee had put into place, or rather the  
13 Prime Minister had directed the institution of the  
14 pandemic flu readiness programme.

15 In the bundle, as you're aware, there are a number  
16 of letters from yourself to both Theresa May MP and to  
17 two others in which you stress the vitality:

18 "It is vital that this work continues to be  
19 prioritised and resourced by departments, given the  
20 significance and scale of the risk."

21 So you were concerned to ensure that the work  
22 ordered by that committee, which is the workstreams done  
23 by the Pandemic Flu Readiness Board, be continued to be  
24 prioritised.

25 You ceased to be Secretary of State on 9 July 2018,  
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1 Foreign Secretary.

2 **MR KEITH:** My Lady, those are all the questions I have for  
3 the Chancellor.

4 May I ask you, please, for permission to publish the  
5 Chancellor's witness statement?

6 **LADY HALLETT:** Yes, and let that be a standing direction --

7 **MR KEITH:** Yes.

8 **LADY HALLETT:** -- unless anybody indicates for some reason  
9 it shouldn't be published.

10 **MR KEITH:** Then there are -- as I can see, my Lady, you are  
11 alive to -- two requests to ask questions from the  
12 core participants under Rule 10(4), Covid-19 Bereaved  
13 Families for Justice UK and Northern Ireland and the  
14 Trades Union Congress.

15 **LADY HALLETT:** Thank you. First Mr Weatherby and then  
16 Mr Jacobs, thank you.

#### Questions from MR WEATHERBY KC

17 **MR WEATHERBY:** Mr Hunt, I ask a very few questions on behalf  
18 of the Covid-19 Bereaved Families for Justice, which  
19 represents the interests of many bereaved families  
20 across the UK.

21 Just picking up from where Mr Keith left off with  
22 capacity and resilience, and particularly nursing  
23 resilience and staffing levels, were you aware that the  
24 Welsh Government put in place in 2016 legislation  
25

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1 providing for nursing staffing levels, health boards and  
 2 NHS trusts in Wales during the relevant period?  
 3 **A.** No, but I ... what happened was that -- and this may or  
 4 may not be connected to that -- we had a terrible  
 5 scandal at Mid Staffs, and we in England had a very  
 6 radical overhaul of hospital regulation and we  
 7 introduced Ofsted rating for all hospitals and so on --  
 8 **Q.** Yes.  
 9 **A.** -- and the Welsh Government were asked what they were  
 10 going to do in response to this, because there were some  
 11 issues in Welsh hospitals. I believe that might have  
 12 been their response.  
 13 **Q.** Yes. I think it was to have regard to the importance of  
 14 providing appropriate numbers of nurses in all settings.  
 15 Is that something that you ever considered, given  
 16 staffing levels in England, was that anything you  
 17 considered bringing in in terms of England?  
 18 **A.** I thought it was extremely important to have appropriate  
 19 staffing levels.  
 20 **Q.** Yes.  
 21 **A.** I think the number of nurses increased by 24,000 during  
 22 the period that I was Health Secretary. My -- the main  
 23 focus of my time as Health Secretary was patient safety,  
 24 and I was very aware as to how staffing levels would  
 25 have an impact on patient safety, and I did look at

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1 **Q.** You mentioned a couple of times the number of nurses and  
 2 the number of doctors that you put in place, but  
 3 yesterday the Inquiry heard powerful evidence from  
 4 Professor Davies, the Chief Medical Officer who worked  
 5 closely with you, and she described the disinvestment --  
 6 her word -- in the NHS as affecting resilience and the  
 7 UK being at the bottom of the table in regard to the  
 8 numbers of doctors and nurses with comparator countries.  
 9 So isn't that a powerful argument for why there  
 10 should be minimum levels of doctors and nurses, probably  
 11 other things as well, but isn't that a powerful argument  
 12 for that?  
 13 **A.** It's a powerful argument to increase the numbers of  
 14 doctors and nurses so you can put those levels in place,  
 15 safe staffing levels, and I would support that.  
 16 I wouldn't use the word "disinvestment" because, I mean,  
 17 in my time I think the investment in the NHS budget went  
 18 up from £101 billion to £124 billion.  
 19 **Q.** Yes.  
 20 **A.** But do we need greater workforce capacity? Absolutely  
 21 we do.  
 22 **Q.** Yes. I think the point was the bottom of the table in  
 23 terms of comparator countries, in terms of those  
 24 numbers.  
 25 **A.** Well, I think if you -- I don't want to suggest that we

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1 whether one way to address this was to mandate staffing  
 2 levels.  
 3 **Q.** Yes.  
 4 **A.** But I think in the end the problem with that approach is  
 5 that you can only mandate staffing levels if you  
 6 actually have the doctors and nurses to mandate, and  
 7 that's why you need a long-term workforce plan to make  
 8 sure you have the ability to do that.  
 9 **Q.** If you have staffing levels, then you've got something  
 10 to work up to, though?  
 11 **A.** Well, if you mandate it.  
 12 **Q.** Yes.  
 13 **A.** So I did look at whether you should simply say it's  
 14 a requirement, for example, that, you know, there should  
 15 be one nurse for every --  
 16 **Q.** Yes.  
 17 **A.** -- eight patients on a dementia ward. If you make that  
 18 a legal requirement, then the hospitals will have to  
 19 pull those nurses from somewhere else --  
 20 **Q.** Yes, understood.  
 21 **A.** -- and if those other areas matter, then you would cause  
 22 damage to patients in those other areas. So that's why  
 23 I didn't believe it was an option --  
 24 **Q.** Yes.  
 25 **A.** -- until we increased training levels.

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1 have got to the right place when it comes to workforce  
 2 planning, I think we need to go further. But I think  
 3 the latest figures I've seen, out of the 38 OECD  
 4 countries we're fifth in terms of the proportion of GDP  
 5 we invest in health. So I think in the period since  
 6 2010 --  
 7 **Q.** Yes.  
 8 **A.** -- compared to other countries we've grown, but I think  
 9 we can do better --  
 10 **Q.** Yes.  
 11 **A.** -- when it comes to workforce planning.  
 12 **Q.** Second point, similar point, though, that the Inquiry's  
 13 going to hear evidence from the chair of the BMA,  
 14 British Medical Association, UK Council,  
 15 Professor Banfield, and in his statement to the Inquiry  
 16 he indicates that the BMA regularly raised concerns with  
 17 government in relation to the state of public health and  
 18 healthcare systems and their lack of capacity and  
 19 resilience, and the BMA's communications ensured that  
 20 government were fully aware that the public health and  
 21 health systems were struggling to provide adequate  
 22 services even in normal times and that actions needed to  
 23 be taken; and then no doubt when he comes to give  
 24 evidence he will be able to show the documents and  
 25 reports he's referring to.

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1 But during your period, in the period running up to  
 2 the pandemic when you were in office, do you recall  
 3 those persistent concerns being raised by the BMA that  
 4 the government funding was insufficient to sustain the  
 5 NHS?  
 6 **A.** Very much so, because there was a junior doctors strike  
 7 that lasted nearly a year, and it was because I was  
 8 trying to -- the immediate cause of the strike was my  
 9 request that we should have better weekend staffing at  
 10 hospitals, because I thought that mattered for patient  
 11 safety, but in the course of that strike I was trying to  
 12 understand why it became such a bitter and long strike.  
 13 Doctors were saying "You're asking us to work more on  
 14 Saturdays but we don't have enough doctors in the  
 15 week" --  
 16 **Q.** Yes.  
 17 **A.** -- and I looked at the evidence and I thought that they  
 18 had a point, and that was why I introduced a 25%  
 19 increase in doctor training places in October 2016,  
 20 followed incidentally by a 25% increase in nurse and  
 21 midwife training places.  
 22 **Q.** Isn't the real answer to these issues that insufficient  
 23 consideration has been given, and needs now to be given,  
 24 to long-term sustainable funding for the NHS to bring  
 25 its resilience up and to ensure long-term that there is

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1 countries.  
 2 **MR WEATHERBY:** Thank you, Mr Hunt.  
 3 **LADY HALLETT:** Thank you very much, Mr Weatherby.  
 4 I said Mr Jacobs, but I can't see him.  
 5 **MR JACOBS:** I've moved to the back of the room, my Lady.  
 6 **LADY HALLETT:** Oh, there you are.  
 7 **MR JACOBS:** I may be obscured from you, but I think I can  
 8 see the Chancellor.  
 9 **Questions from MR JACOBS**  
 10 **MR JACOBS:** Good afternoon, Chancellor. I have just a few  
 11 questions on behalf of the Trades Union Congress.  
 12 Chancellor, could I start with an answer that you  
 13 gave just a few moments ago to Mr Weatherby, and your  
 14 evidence that in terms of spending on the NHS as  
 15 a proportion of GDP the UK or the NHS features fifth,  
 16 I think you said, amongst the 38 OECD countries.  
 17 When looking at NHS spend as a proportion of GDP  
 18 currently, does that in reality reflect at least in part  
 19 not so much an increase in funding but our GDP falling  
 20 behind or our growth in GDP falling behind our peer  
 21 countries?  
 22 **A.** I don't believe so, because we've grown at broadly the  
 23 same rate as Germany since 2010. I think our GDP growth  
 24 rate has -- you know, some years it's up and some years  
 25 it's down, but we've -- our GDP's actually grown faster

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1 sufficient doctors, nurses and other resources for  
 2 business as usual, but also to be able to play a full  
 3 part in emergency shocks?  
 4 **A.** I don't think you can fairly say that there weren't big  
 5 increases in the clinical workforce during either the  
 6 time I was Health Secretary or even the broader period  
 7 since 2010, but what I would say is that I don't think  
 8 it happened in a structured way that it should have, and  
 9 I think it would be much better if it was done not  
 10 because a particular Health Secretary at a particular  
 11 moment --  
 12 **Q.** Yes.  
 13 **A.** -- takes an interest in it, but because there's  
 14 a long-term plan, which includes thinking about  
 15 resilience --  
 16 **Q.** Yes.  
 17 **A.** -- as to how many doctors you're going to need in five,  
 18 ten, 15 years' time --  
 19 **Q.** And clear minimum long-term standards with proper  
 20 funding, transparent, so everybody can see?  
 21 **A.** Well, yes, but just for the avoidance of doubt I think  
 22 it is important to say that the funding levels did go up  
 23 significantly --  
 24 **Q.** Yes.  
 25 **A.** -- and we do fund comparable levels to other European

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1 than France and Japan since then, so I don't believe  
 2 that's the reason.  
 3 **Q.** Chancellor, you pick Germany. Is Germany not the sole  
 4 other G7 country that has a broadly similar GDP growth,  
 5 or lack of it, than the other G7 countries, for example?  
 6 **A.** No, I think we grew faster. If you're talking about  
 7 since 2010 as a baseline, we've grown faster than Italy,  
 8 Japan, France --  
 9 **Q.** Sorry, Chancellor, focusing on recent developments, so  
 10 during the course of the pandemic.  
 11 **A.** Well, if you're talking about we spend fifth out of 38  
 12 countries, that -- that's where we are today, and, as  
 13 I say, in terms of recent GDP growth over the last  
 14 decade I think -- I'm not sure I -- I think the point  
 15 I would say is -- I think what you might be saying is:  
 16 could we have gone up to league table quite a lot  
 17 because of growth in the last couple of years, because  
 18 of a lack of growth over the last couple of years, is  
 19 that the question you were asking?  
 20 **Q.** Well, Chancellor, let's look at it a slightly different  
 21 way, given that we are focusing on the NHS as we go into  
 22 a pandemic, at the beginning of it.  
 23 You've said where we are today, but is it right that  
 24 in the decade or so leading to the pandemic we generally  
 25 lagged behind peer countries in terms of spending on the

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1 NHS as a proportion of GDP?

2 **A.** Well, I just remember when I was asked that question as

3 Health Secretary many times, I seem to remember that we

4 were generally bang on the Western European average and

5 the OECD average during the period I was

6 Health Secretary. I don't have the exact figures in

7 front of me, but I think we were broadly at the average

8 level.

9 **Q.** However we compared, I think your evidence a few moments

10 ago was that, in your time as Secretary of State for

11 Health and Secretary of State for Health and Social

12 Care, you did become convinced of a need for more

13 capacity within the NHS; is that right?

14 **A.** Correct.

15 **Q.** One of the matters you describe in your statement is

16 that after Operation Cygnus in 2016, you agreed that

17 both the NHS and social care system were fragile and in

18 need of more funding; is that right?

19 **A.** Correct.

20 **Q.** And in response that, there was an announced increase in

21 funding in June 2018. That was when the announcement

22 was; is that right?

23 **A.** There was also an earlier announcement in October 2015,

24 or December 2015, towards the end of 2015, but the

25 bigger announcement was then, yes.

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1 the global financial crisis, and we had to do some work

2 in order to get ourselves in a position where we could

3 afford the big increase that I negotiated in 2018. So

4 I don't think it would have been possible to negotiate

5 that increase any earlier, because I don't think the

6 funding existed to do so.

7 **Q.** One final matter, Chancellor. We heard yesterday from

8 Dame Sally Davies. She was your Chief Medical Officer,

9 wasn't she, throughout your time as Secretary of State

10 for Health and for Health and Social Care? You describe

11 her in your statement, don't you, as your "excellent

12 Chief Medical Officer"; is that right?

13 **A.** Yes.

14 **Q.** What she said yesterday, and Mr Weatherby touched on

15 a part of it, she described not having resilience in

16 the NHS and by comparator data, compared to similar

17 countries, per 100,000 population, we were at the bottom

18 of the table on number of doctors, number of nurses,

19 number of beds, number of ITUs, number of respirators,

20 number of ventilators.

21 Is that a picture you recognise, and do you think

22 it's a pretty damning picture of the state and capacity

23 of the NHS as we went into the pandemic?

24 **A.** It's a picture I recognise, and I tried to do something

25 about, with big increases in doctor, nurse and midwife

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1 **Q.** Yes. So the bigger announcement, June 2018; and is it

2 right to say that that related to an increase in funding

3 over five years that was to start in 2019/2020?

4 **A.** Either 2019/20 or 2018/19.

5 **Q.** Okay. Do you think it's correct to say, Chancellor,

6 that realistically that funding would have been too

7 close to the pandemic to address the fragility in the

8 NHS that you were concerned about in 2016?

9 **A.** Well, it's -- I think the way to put it is, as

10 I mentioned earlier to Mr Keith, that when I arrived the

11 NHS budget was £101 billion, when I left it was

12 £124 billion, that was a negotiation for an additional

13 £33 billion.

14 **Q.** Yes, that might be an answer to a slightly different

15 question. My question was: you're concerned about

16 fragility in 2016, the funding increase comes in,

17 I don't think you can quite recall, but the 2019/20 tax

18 year; do you agree with the simple point that that was

19 too late to address the fragility which you yourself

20 were concerned about?

21 **A.** I don't think so, because -- look, I accept your broad

22 point that I think there needed to be more capacity,

23 that I think the system, the health and social care

24 system were fragile, but I also recognise that as

25 a country we had very fragile finances in 2010 following

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1 training places, with big increases in the NHS budget so

2 that we would be able to afford to employ them.

3 So, yes, that is exactly what I thought. I thought

4 the NHS needed more capacity to increase the doctors per

5 head to closer to Western European levels. But the

6 context, that was the NHS that the government inherited

7 and there was also a financial crisis, so it was going

8 to take some time in order to address those issues. But

9 do I agree with Dame Sally that we need to improve our

10 capacity in those areas? Absolutely, yes.

11 **MR JACOBS:** Chancellor, thank you.

12 Thank you, my Lady.

13 **MR KEITH:** My Lady, Covid-19 Bereaved Families for

14 Justice Cymru have emailed in to say that they have been

15 thoroughly traduced by my failure to ask a question that

16 they were told I would ask, and therefore they seek your

17 permission for me to put the question that wasn't put.

18 May I have your permission to do so?

19 **LADY HALLETT:** Certainly.

20 **Further questions from LEAD COUNSEL TO THE INQUIRY**

21 **MR KEITH:** Chancellor, did you have communications with the

22 Welsh ministers for health in connection with pandemic

23 preparedness and preparation, and how effective were the

24 systems of communication? Were they as effective as

25 they could have been and, if not, how could they have

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1 been improved?  
 2 It describes itself as a single question, it may not  
 3 be. What's your response?  
 4 **A.** No, and I think it's probably in response to a negative  
 5 comment in the papers from the then Welsh Health  
 6 Minister about his lack of engagement with me as  
 7 Health Secretary.  
 8 **Q.** Mr Vaughan Gething?  
 9 **A.** Correct, and the answer is that they were quite strained  
 10 relations because the Welsh Government responsible for  
 11 the NHS was Labour, the Scottish NHS was under the  
 12 control of the SNP, and I was the English  
 13 Health Secretary and I was responsible -- and I was  
 14 obviously Conservative, and the reason -- and that  
 15 doesn't mean to say you can't have cordial relations  
 16 with people from different parties, but in this  
 17 particular case the NHS was the central battleground in  
 18 every general election, and so in every general election  
 19 there was a narrative that Labour would say here,  
 20 "The NHS is in a terrible state", we would say, "It's in  
 21 an even worse state in Wales", and -- and this is not  
 22 the place obviously to get into the rights and wrongs of  
 23 those claims, but they were the claims that were made.  
 24 So we didn't have very good relations, I fully accept  
 25 that.

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1 you were very much part of that exercise?  
 2 **A.** I was there for the first day, I think in its entirety.  
 3 But, as I say, I was conscious of the political  
 4 challenges of close co-operation given the context we  
 5 were in, and so my approach was always that we should  
 6 nurture the closest possible relationship at an official  
 7 level, where those political rivalries didn't exist.  
 8 **MR KEITH:** Thank you.  
 9 **LADY HALLETT:** Thank you very much.  
 10 **MR KEITH:** My Lady, that concludes the evidence for today.  
 11 **LADY HALLETT:** Chancellor, thank you very much indeed.  
 12 I hope we haven't taken up too much of your time.  
 13 Thank you for your thoughtfulness.  
 14 **(The witness withdrew)**  
 15 **LADY HALLETT:** 10 o'clock tomorrow.  
 16 **MR KEITH:** Thank you, my Lady.  
 17 **(4.30 pm)**

**(The hearing adjourned until 10 am  
 on Thursday, 22 June 2023)**

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1 For the sake of pandemic preparedness, what was my  
 2 strategy? My strategy was that we needed to have the  
 3 best possible relations at an official level, and  
 4 I think that actually that was one of the positives that  
 5 came out of Exercise Cygnus, that the Chief Medical  
 6 Officers for the four nations did develop a network, and  
 7 actually I think that was something that worked pretty  
 8 well during the pandemic as well.  
 9 **Q.** I think I should observe, Chancellor, that given that  
 10 the etymology of this issue was Mr Vaughan Gething, that  
 11 in his witness statement to my Lady's Inquiry he says:  
 12 "In the context of Exercise Cygnus Jeremy Hunt was  
 13 the United Kingdom Government Health Secretary.  
 14 Although he was, I think, present for the opening of the  
 15 ministerial engagement element of the exercise, he was  
 16 absent for the second day and a junior UK health  
 17 minister took the chair."  
 18 And he says this:  
 19 "My impression was that UK ministers did not take  
 20 ministers and officials from the devolved governments  
 21 seriously."  
 22 Has your evidence been, in fact, that you were  
 23 present on that day when the decision had to be made by  
 24 the **de facto** Secretary of State in that exercise to make  
 25 decisions about triage to which you have referred and so

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	<b>11.25 [1]</b> 52/3 <b>11.28 am [1]</b> 52/7 <b>117 [1]</b> 65/25 <b>12 [2]</b> 171/6 173/8 <b>12-15 weeks [1]</b> 47/9 <b>12.51 pm [1]</b> 108/9 <b>124 billion [2]</b> 195/18 202/12 <b>129 [1]</b> 60/10 <b>13 [1]</b> 60/11 <b>15 [3]</b> 6/15 27/18 169/20 <b>15 years [1]</b> 54/7 <b>15 years' [2]</b> 184/16 198/18 <b>15,000 [1]</b> 99/4 <b>15,000 extra [1]</b> 93/22 <b>153 [1]</b> 53/5 <b>16 [1]</b> 55/7 <b>16 October [1]</b> 28/17 <b>17 [1]</b> 144/11 <b>17,000 [1]</b> 184/13 <b>18 [1]</b> 146/3 <b>18 April 2023 [1]</b> 72/7 <b>18 months [1]</b> 124/14 <b>19 [9]</b> 1/15 1/22 17/19 67/20 134/20 192/12 192/19 202/4 204/13 <b>1900 [1]</b> 58/22 <b>1918 [1]</b> 47/13 <b>1918 pandemic [1]</b> 54/7 <b>19th [1]</b> 59/15	<b>2014 [6]</b> 16/22 39/6 40/11 41/17 161/23 164/10 <b>2014/15 [1]</b> 169/20 <b>2015 [11]</b> 16/23 18/2 22/20 62/13 164/10 167/18 183/5 185/23 201/23 201/24 201/24 <b>2016 [20]</b> 28/3 28/4 42/21 43/25 50/1 57/12 82/20 126/1 146/2 152/19 170/14 170/20 173/15 180/20 187/7 192/25 197/19 201/16 202/8 202/16 <b>2017 [8]</b> 3/15 3/16 57/13 126/1 146/5 151/23 153/4 166/22 <b>2018 [18]</b> 62/14 73/3 88/20 88/25 97/22 104/21 105/2 144/18 144/20 161/9 162/2 183/7 185/23 188/19 190/25 201/21 202/1 203/3 <b>2018/19 [1]</b> 202/4 <b>2019 [16]</b> 57/13 73/5 76/4 91/21 92/7 96/11 99/18 99/19 99/21 101/1 103/10 105/3 116/20 159/5 159/21 161/9 <b>2019/20 [2]</b> 202/4 202/17 <b>2019/2020 [1]</b> 202/3 <b>2020 [15]</b> 3/16 3/22 23/2 104/25 108/21 109/3 114/23 122/11 126/18 129/18 134/22 144/25 161/14 179/13 202/3 <b>2021 [2]</b> 25/5 132/5 <b>2022 [5]</b> 131/14 131/15 133/3 134/23 144/25 <b>2023 [4]</b> 1/1 72/7 144/10 207/19 <b>2025 [2]</b> 137/6 137/9 <b>2030 [1]</b> 137/6 <b>20th [1]</b> 50/12 <b>21 February [1]</b> 153/10 <b>21 June 2023 [1]</b> 1/1 <b>21st [1]</b> 50/12 <b>22 [3]</b> 128/22 128/23 156/17 <b>22 June 2023 [1]</b> 207/19 <b>23 January [1]</b> 124/10 <b>23 January 2020 [3]</b> 108/21 109/3 122/11 <b>24 July 2019 [1]</b> 99/21	<b>24,000 [1]</b> 193/21 <b>25 [4]</b> 181/4 182/7 197/18 197/20 <b>25 October [1]</b> 116/20 <b>25 years [1]</b> 16/24 <b>26 [2]</b> 69/4 181/4 <b>28 September 2016 [1]</b> 173/15	127/18 128/1
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<b>1</b> <b>1 kilogram [1]</b> 62/5 <b>1.2 million [1]</b> 150/6 <b>1.50 [2]</b> 108/7 143/23 <b>1.50 pm [1]</b> 108/11 <b>10 [6]</b> 1/13 71/1 71/3 143/13 153/9 192/12 <b>10 am [1]</b> 207/18 <b>10 o'clock [1]</b> 207/15 <b>10.00 am [1]</b> 1/2 <b>100 [2]</b> 47/23 166/24 <b>100,000 [4]</b> 184/11 185/2 188/15 203/17 <b>101 billion [2]</b> 195/18 202/11 <b>11 [2]</b> 171/7 173/8 <b>11.10 am [1]</b> 52/5	<b>18 [1]</b> 90/2 <b>19 [1]</b> 104/25 <b>'animal [1]</b> 56/3 <b>'business [1]</b> 129/7 <b>'business-as-usual' [1]</b> 129/7 <b>'pandemic [1]</b> 55/25 <b>'pandemics' [1]</b> 56/3	<b>4</b> <b>4 April 2023 [1]</b> 144/10 <b>4.30 pm [1]</b> 207/17 <b>4.7 billion [1]</b> 188/24 <b>40 [1]</b> 59/5 <b>400,000 [4]</b> 150/5 150/16 156/14 157/8 <b>47 [1]</b> 43/3 <b>48 [1]</b> 52/11 <b>49 [1]</b> 2/19		
		<b>5</b> <b>5,000 [1]</b> 179/14 <b>50 [2]</b> 44/23 94/16 <b>50 years [1]</b> 59/5 <b>500 worst-case [1]</b> 49/8		
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		<b>7</b> <b>70 [1]</b> 8/25 <b>72 [1]</b> 132/21 <b>73 [3]</b> 137/2 137/6 137/8 <b>74 [1]</b> 137/6 <b>750,000 [4]</b> 44/24 46/3 50/24 166/23 <b>78 [1]</b> 57/21		
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		<b>9</b> <b>9 July 2018 [2]</b> 144/20 190/25 <b>90-odd [6]</b> 79/23 81/11 91/15 106/25		

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	110/21 159/12 163/17	126/13 129/22 132/2	92/22 94/12 97/12	34/20 37/24 38/16
	<b>we'll</b> [11] 5/17 12/16	135/15 136/10 138/5	101/16 102/19 104/11	41/10 45/14 46/11
	28/4 28/18 39/24	140/4 141/18 141/21	104/15 105/15 106/18	46/19 48/11 54/14
	51/23 70/23 89/3	141/23 143/4 146/10	109/1 112/23 112/24	56/15 59/21 61/25
	139/15 151/3 161/11	146/11 149/7 150/2	113/11 119/21 121/21	67/10 74/3 75/23 80/7
	<b>we're</b> [18] 28/11	150/9 156/2 158/7	121/25 124/4 124/4	92/23 97/5 100/20
	30/21 32/15 36/21	159/12 160/6 160/9	126/6 127/4 129/20	107/1 113/19 119/5
	71/13 88/8 119/12	162/3 169/14 169/17	129/24 134/24 136/6	120/12 120/24 123/9
	121/13 123/18 130/17	181/23 184/21 185/6	136/11 137/19 137/19	124/6 136/19 143/2
	136/11 143/22 156/7	189/20 194/11 195/11	138/2 138/24 139/16	155/18 156/13 157/6
	158/12 184/16 185/2	195/25 198/21 200/11	139/21 146/7 148/13	161/25 168/19 172/3
	185/15 196/4	200/20 201/2 202/9	148/22 149/7 149/8	173/10 175/12 175/19
	<b>we've</b> [16] 65/10	206/8 206/8	149/20 150/12 152/16	177/2 177/11 179/2
	66/14 79/12 107/24	<b>well known</b> [1] 18/9	155/5 155/12 155/16	188/11 189/23 192/22
	108/16 116/3 121/10	<b>well-being</b> [2] 66/9	156/6 156/12 157/5	200/12 200/23 203/2
	128/8 130/22 141/3	66/14	157/8 161/3 163/14	207/7
	148/25 171/12 196/8	<b>Wellcome</b> [1] 3/14	163/14 163/15 164/7	<b>whereas</b> [5] 30/10
	199/22 199/25 200/7	<b>Wellcome Trust</b> [1]	167/9 168/10 169/11	41/11 54/7 57/3
	<b>weakness</b> [1] 33/5	3/14	170/3 170/5 171/9	136/20

<b>W</b>	<b>widened [1]</b> 40/8	183/1 192/5 206/11	<b>works [7]</b> 13/13 15/8	<b>wrongly [1]</b> 147/7
<b>whereby [2]</b> 113/23	<b>wider [7]</b> 25/10 25/13	207/14	22/12 81/20 91/6	<b>wrongs [1]</b> 205/22
130/15	75/7 78/15 84/1 85/1	<b>witnesses [2]</b> 36/1	141/11 175/6	<b>wrote [1]</b> 58/20
<b>wherever [2]</b> 7/2 7/21	133/25	79/13	<b>Workshops [1]</b> 112/8	<b>X</b>
<b>whether [19]</b> 10/12	<b>widespread [1]</b> 70/17	<b>won't [7]</b> 70/22 84/19	<b>workstream [10]</b>	<b>XOs [1]</b> 95/17
23/20 51/16 56/5	<b>wildfire [2]</b> 150/18	86/25 88/18 97/10	110/4 111/23 112/4	<b>Y</b>
57/23 64/10 81/14	163/12	98/13 127/1	112/12 114/1 115/22	<b>Yeah [16]</b> 11/4 14/11
84/12 85/4 86/5	<b>will [56]</b> 2/13 2/15 4/3	<b>word [4]</b> 26/12 85/1	117/6 117/7 154/18	16/16 27/17 27/25
118/21 151/23 167/20	13/23 13/24 23/25	195/6 195/16	154/21	28/7 36/22 38/23
167/21 172/12 172/25	25/11 27/6 31/20	<b>wording [1]</b> 90/15	<b>workstreams [24]</b>	42/22 43/11 46/10
174/12 194/1 194/13	36/18 45/10 46/24	<b>words [13]</b> 18/14	96/20 101/19 101/20	50/20 53/13 57/10
<b>which [283]</b>	48/3 48/18 49/4 52/3	22/13 30/7 30/13 36/4	102/8 104/10 105/9	68/25 113/6
<b>whichever [1]</b> 24/25	68/16 70/24 72/21	40/21 44/1 44/9 45/14	106/12 109/2 109/8	<b>year [20]</b> 29/6 29/19
<b>while [3]</b> 15/25 50/22	73/21 84/10 90/14	51/13 70/16 89/7	109/10 111/3 116/24	40/10 59/16 72/24
124/10	91/1 91/22 94/2 100/4	183/3	119/14 120/15 121/25	73/1 76/9 105/7
<b>whilst [9]</b> 3/23 22/7	100/21 108/25 109/20	<b>work [92]</b> 4/18 4/25	122/13 123/20 124/12	116/24 141/4 146/5
30/21 35/10 71/25	120/25 121/20 127/7	6/3 6/5 7/6 9/1 9/4	129/20 130/1 154/15	169/10 169/16 183/24
73/15 126/7 133/24	128/17 130/6 133/6	12/7 16/9 16/23 18/6	154/17 155/5 190/22	186/24 186/25 187/10
183/15	137/8 137/22 137/24	18/22 21/3 21/8 21/10	<b>world [19]</b> 17/1 17/22	188/24 197/7 202/18
<b>Whitty [4]</b> 22/21	137/25 140/5 142/21	22/18 23/2 23/3 26/12	23/6 25/24 34/10 41/9	<b>Year 2 [1]</b> 116/24
46/24 164/14 165/6	142/22 143/1 143/3	28/23 30/6 30/17	56/19 57/7 58/15 62/2	<b>year's [1]</b> 35/9
<b>who [41]</b> 7/6 8/7 12/7	144/9 160/14 176/23	30/24 30/25 33/10	68/1 123/19 159/4	<b>years [17]</b> 5/1 16/24
12/23 14/15 17/24	181/25 182/19 187/9	34/9 35/1 35/3 40/5	164/21 174/21 176/15	43/8 54/7 59/5 126/2
22/21 24/3 31/1 31/22	187/19 189/1 190/4	41/24 42/12 49/1	185/19 188/10 191/21	129/18 129/19 142/4
31/24 38/2 45/3 51/14	191/14 194/18 196/24	61/14 62/12 62/12	<b>worldwide [1]</b> 44/19	158/17 171/9 186/19
58/20 59/13 73/23	<b>William [1]</b> 180/6	63/25 67/1 67/1 69/14	<b>Wormald [2]</b> 43/20	199/24 199/24 200/17
74/19 76/14 91/22	<b>William Hague [1]</b>	69/23 80/24 84/11	180/19	200/18 202/3
93/22 94/13 94/14	180/6	88/11 90/17 91/4 91/7	<b>worried [1]</b> 152/7	<b>years' [3]</b> 184/16
130/13 136/17 136/18	<b>winded [1]</b> 176/8	92/10 92/15 92/16	<b>worry [4]</b> 127/1	187/1 198/18
141/17 148/16 153/15	<b>winter [2]</b> 26/3	92/18 93/18 95/2 95/8	164/24 182/15 182/16	<b>yellow [2]</b> 18/13
153/22 175/7 176/19	183/23	95/8 95/14 97/16 98/5	<b>worrying [3]</b> 12/2	18/19
176/23 177/2 177/14	<b>winters [1]</b> 84/1	98/6 98/20 98/23	12/10 168/14	<b>Yellowhammer [14]</b>
178/10 178/17 178/20	<b>wish [3]</b> 90/24	98/24 99/13 100/20	<b>worse [2]</b> 105/24	93/15 96/12 96/13
184/23 189/8 195/4	150/13 170/22	102/5 104/1 104/16	205/21	96/16 98/1 98/5 98/9
<b>who voted [1]</b> 94/14	<b>withdrew [3]</b> 71/12	104/16 108/6 112/18	<b>worst [23]</b> 43/10	104/23 105/20 115/25
<b>whole [24]</b> 4/12 4/18	143/19 207/14	112/18 114/21 115/14	43/12 45/11 45/13	116/1 161/11 190/7
7/12 9/6 25/21 30/5	<b>within [44]</b> 7/6 9/21	115/21 118/3 119/21	47/11 48/9 48/16	191/9
30/10 31/25 32/17	9/22 14/20 18/14	121/7 122/22 125/7	48/19 48/22 49/7 49/8	<b>yes [153]</b> 1/3 4/23 5/7
36/12 62/9 67/21	25/10 25/16 26/19	126/2 129/15 129/16	50/10 50/18 50/25	5/20 7/19 8/5 8/10
85/24 128/25 130/17	61/18 66/23 73/11	145/24 161/10 174/3	51/7 55/14 55/15	8/13 8/16 9/19 9/24
134/16 139/7 155/8	74/12 75/22 76/1 83/8	182/7 190/18 190/21	55/17 55/24 56/2	10/6 11/6 11/23 11/24
168/19 171/16 174/21	83/15 88/23 89/16	191/7 191/16 194/10	149/4 168/7 168/8	12/2 12/3 12/9 12/11
183/13 187/16 188/7	90/13 101/24 104/14	197/13 203/1	<b>worst-case [17]</b>	12/18 14/1 17/10
<b>wholly [1]</b> 159/17	113/18 114/16 127/19	<b>worked [11]</b> 9/5	43/10 45/11 45/13	17/25 20/19 21/25
<b>whom [1]</b> 140/2	127/22 130/8 130/13	36/24 74/23 82/6	47/11 48/9 48/16	22/6 22/23 23/25
<b>whose [3]</b> 114/13	130/14 130/15 131/3	113/20 130/4 153/23	48/19 48/22 49/7	27/10 28/4 29/18
130/19 140/14	133/17 133/19 133/20	177/3 178/15 195/4	50/18 51/7 55/14	30/21 32/9 34/3 34/17
<b>why [29]</b> 10/17 19/2	134/11 134/14 139/3	206/7	55/15 55/17 55/24	35/6 35/19 36/15
22/17 41/8 53/18	141/5 155/25 156/15	<b>workers [1]</b> 17/24	56/2 168/7	37/23 38/7 40/15 42/7
56/13 57/11 57/19	157/23 175/1 176/12	<b>workforce [14]</b> 68/10	<b>worth [5]</b> 93/2 94/9	42/8 43/2 43/15 44/10
115/22 118/12 123/8	176/17 201/13	68/12 185/24 186/3	97/13 172/3 179/11	45/13 45/16 45/21
146/12 150/21 156/23	<b>without [4]</b> 62/9	186/4 186/17 187/14	<b>worthy [1]</b> 172/16	46/17 48/11 48/24
165/4 165/15 167/2	94/17 100/8 167/9	187/19 188/15 194/7	<b>would [211]</b>	50/20 51/23 52/20
168/19 176/2 181/24	<b>withstand [2]</b> 113/1	195/20 196/1 196/11	<b>wouldn't [8]</b> 110/18	54/12 54/22 54/23
182/13 184/20 185/14	113/4	198/5	114/2 118/10 126/16	56/10 56/16 57/17
185/21 194/7 194/22	<b>witness [33]</b> 1/5 2/7	<b>working [20]</b> 5/15 6/4	138/14 138/15 182/12	58/13 61/8 61/16 63/8
195/9 197/12 197/18	2/18 2/22 6/16 11/2	21/9 23/17 27/20	195/16	64/1 64/14 64/25
<b>wide [4]</b> 19/14 55/19	20/8 23/23 24/2 51/24	32/23 34/24 45/22	<b>wrenching [1]</b> 148/9	71/22 72/12 73/12
177/23 179/19	56/8 58/8 58/19 60/18	69/20 79/7 83/20	<b>write [1]</b> 59/17	74/2 77/6 78/20 79/17
<b>wide-ranging [1]</b>	69/3 71/12 71/14	85/21 86/18 87/3	<b>writing [1]</b> 76/25	79/22 80/11 80/20
177/23	71/16 72/6 80/23	103/19 104/5 112/15	<b>written [5]</b> 37/8 46/25	81/8 84/22 86/14
<b>widely [3]</b> 25/12 69/8	123/4 143/19 143/20	127/23 152/2 160/14	49/8 58/20 85/5	92/21 96/16 96/16
157/9	144/9 152/13 164/2	<b>workings [3]</b> 82/16	<b>wrong [5]</b> 33/2 33/3	
	170/2 174/10 182/24	82/20 82/21	39/24 158/18 159/10	

<p><b>Y</b></p> <p><b>yes... [69]</b> 98/12  101/2 101/6 101/13  102/25 104/8 104/9  104/13 104/13 105/4  111/10 111/11 111/16  112/6 113/11 114/3  114/18 114/24 115/6  115/9 115/12 116/9  123/8 131/17 131/23  131/23 133/6 133/16  144/1 147/4 158/16  160/11 162/11 163/22  164/11 164/15 166/7  167/11 168/15 170/21  174/18 180/5 187/17  187/21 192/6 192/7  193/8 193/13 193/20  194/3 194/12 194/16  194/20 194/24 195/19  195/22 196/7 196/10  197/16 198/12 198/16  198/21 198/24 201/25  202/1 202/14 203/13  204/3 204/10</p> <p><b>yesterday [7]</b> 1/5  29/4 32/18 46/5 195/3  203/7 203/14</p> <p><b>yet [2]</b> 9/22 37/14</p> <p><b>you [597]</b></p> <p><b>you know [45]</b> 4/15  10/17 22/19 24/15  24/20 38/16 44/14  45/22 52/24 59/12  61/1 65/12 66/21 83/5  83/6 87/1 95/22 118/9  131/5 136/23 139/11  140/17 141/23 142/19  147/8 148/7 158/19  159/2 159/13 159/17  160/7 162/1 162/13  164/16 167/17 169/5  169/23 174/23 176/2  176/25 177/10 184/21  185/17 191/14 199/24</p> <p><b>you'd [3]</b> 84/11  140/23 141/9</p> <p><b>you'll [3]</b> 22/21  180/18 190/8</p> <p><b>you're [23]</b> 3/2 3/6  11/10 11/11 21/23  22/16 42/24 84/15  89/4 90/9 92/15  125/18 162/9 167/14  175/22 178/21 186/14  190/15 197/13 198/17  200/6 200/11 202/15</p> <p><b>you've [31]</b> 2/6 2/21  22/13 23/16 27/24  35/25 37/2 45/8 53/11  64/19 64/23 67/24  82/12 88/9 102/21  108/3 111/1 122/16</p>	<p>126/18 138/21 142/7  157/7 157/7 163/25  164/9 165/21 166/2  172/13 182/24 194/9  200/23</p> <p><b>young [1]</b> 69/22</p> <p><b>your [125]</b> 2/10 2/10  2/13 2/18 2/20 3/1  3/21 3/22 4/4 6/10  6/15 6/20 8/15 9/20  11/2 20/6 20/13 24/7  24/24 27/18 27/19  28/2 28/13 29/15  30/23 30/23 35/14  37/13 40/11 40/14  41/24 42/21 54/12  56/5 57/21 60/10  60/15 60/20 65/12  65/23 65/25 69/1 70/8  71/10 71/21 71/23  72/1 72/11 73/11  73/14 73/16 73/18  78/23 79/5 80/23 81/5  82/12 84/17 84/18  84/21 88/10 89/22  90/3 94/5 96/5 103/12  104/14 111/9 114/16  122/1 122/19 123/4  123/4 131/12 132/22  139/16 144/4 144/7  144/8 144/14 145/16  145/23 149/14 149/17  151/17 152/13 153/11  153/25 155/14 157/17  160/15 164/2 170/2  170/8 172/12 172/14  174/2 174/2 174/10  175/24 179/18 179/19  181/2 182/24 183/1  183/3 186/1 187/24  187/24 197/1 199/13  201/9 201/10 201/15  202/21 203/8 203/9  203/11 203/11 204/16  204/18 205/3 206/22  207/12 207/13</p> <p><b>yourself [6]</b> 86/12  89/18 121/19 151/18  190/16 202/19</p> <hr/> <p><b>Z</b></p> <p><b>zero [1]</b> 135/12</p> <p><b>zoom [2]</b> 52/11 53/9</p> <p><b>zoomed [1]</b> 49/13</p> <p><b>zoonotic [1]</b> 17/11</p>			
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