

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.

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

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

2

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

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1 not all of them, but many of them, and part of the work
2 over the last ten years or more has been to increase the
3 number of Chief Scientific Advisers.

4 **Q.** Embedded with the --

5 **A.** And those are appointed by the individual government
6 department and are usually at a director or
7 a director general level.

8 **Q.** Yes.

9 **A.** So my role was as a permanent secretary reporting to the
10 Cabinet Secretary but with direct access to the
11 Prime Minister and the government.

12 So there is the network of Chief Scientific
13 Advisers.

14 Part of the job was also to be head of the
15 government science and engineering profession, and there
16 are many thousands of scientists and engineers working
17 in many roles across government. There are many
18 advisory committees, and we'll talk, I'm sure, more
19 about some of the advisory committees in relation to
20 coronavirus.

21 **Q.** Yes.

22 **A.** There are also arm's length bodies, bodies like the
23 Meteorological Office, the Environment Agency, the
24 Health Protection Agency as was, Public Health England
25 it became. So there's an array of advisory committees.

5

1 wasn't, as it were, to have any overall responsibility
2 for the NRA, the NRR, itself but to provide, make sure
3 that there is relevant science advice wherever it is
4 possible. That, again, wasn't done by the GCSA and the
5 Government Office for Science alone, it was done with
6 the support of each of the CSAs for the relevant
7 government department, who would work within their
8 department, firstly, to make sure that risks where
9 science was involved were identified for the NRA, and,
10 secondly, to look at their input. But they were not
11 there, as it were -- the National Risk Register, the
12 risk assessment, is a pan-government document.

13 **Q.** Right, okay, so it was just to play a part in the whole
14 of the --

15 **A.** It was to play a part.

16 **Q.** -- of the organisation of that.

17 Did you also play a role in the preparedness
18 exercises that we have heard that the government carried
19 out from time to time?

20 **A.** Yes. So, it's, I would argue, one of the strengths of
21 the UK system that there is a hardwired mechanism to
22 provide scientific input wherever it's appropriate. By
23 "science" I mean that in the broadest sense, so I would
24 include engineering technology and, for example, the
25 social and behavioural sciences where that was relevant

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1 The job was a mixture of providing advice in
2 emergencies, which is obviously an important topic for
3 this Inquiry, but also it involved horizon scanning and
4 foresight work, so the government horizon scanning unit
5 sat in Government Office for Science, working closely
6 with others, and so the range of work was very large
7 indeed.

8 **Q.** Right. Well, it sounds as if it was very large indeed.

9 You speak very quickly, Sir Mark.

10 **A.** Sorry, I'll slow down.

11 **Q.** Could you invite you during the course of your evidence
12 just to slow down a little bit for the purposes of the
13 stenographer, thank you.

14 **A.** Of course.

15 **Q.** I would like to focus on three aspects of the role,
16 please, and you set these out in paragraph 15 of your
17 witness statement. The first is this: that as the Chief
18 Scientific Adviser you were supportive of the Civil
19 Contingencies Secretariat in the development and
20 updating of the national risk assessment. Can you
21 explain to us, Sir Mark, what your role was in relation
22 to the national risk assessment?

23 **A.** Well, so the national risk assessment, which first of
24 all covers both malicious threats and natural hazards,
25 science advice is relevant to many of those. So the job

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1 as well.

2 **Q.** Right.

3 **A.** So the CSA would act as a -- it's a sort of scientific
4 transmission mechanism. It goes back to my point that
5 the GCSA is not expert on everything.

6 **Q.** Yes.

7 **A.** But the job of the GCSA is to try and find the
8 researchers, the scientists, who are relevant and
9 effectively transmit that advice to government.

10 **Q.** Thank you.

11 **A.** So yes, the job did involve attending both practice
12 exercises but also COBR when it involved
13 a scientifically relevant issue.

14 **Q.** Yes, because the third main role that I wanted to focus
15 on is that when an incident occurs, it's a big part of
16 your role to be --

17 **A.** Yes.

18 **Q.** -- engaged in the response to an actual emergency?

19 **A.** Correct.

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

21 Tell us a little bit more, please, Sir Mark, about
22 GO-Science and how that interacts with government
23 departments and provides advice in the way that it does.

24 **A.** Well, I mean, so firstly GO-Science has, it's
25 a relatively small office overall, I mean, it was about

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1 60 or 70 people when I was involved, and there is
 2 a group in GO-Science that specifically work on
 3 questions of resilience, so on the risk register, but
 4 there was also a group that were responsible,
 5 for example, for horizon scanning and foresight work.
 6 There was another group that worked with the science and
 7 engineering professions as a whole. The Government
 8 Chief Scientist was -- there were a group of analysts
 9 across government, and the Chief Scientist was
 10 a representative on that group.

11 So basically it acted as the mechanism, and
 12 obviously we convened the Chief Scientific Advisers on
 13 an informal basis every Wednesday morning. So we would
 14 all meet as a group.

15 **Q.** Thank you.

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

20 **A.** Yes.

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

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

9

1 much easier than the job of the politician.

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

5 **A.** Yeah.

6 **Q.** -- and transparency and openness.

7 **A.** Yes.

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

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

15 **Q.** Right.

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

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

24 **A.** Yes.

25 **Q.** Yes.

11

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

7 **Q.** Yes.

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

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

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

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

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

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1 Could we display, please, INQ000204014.

2 This is our rather complicated --

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

4 **Q.** Yes, diagram.

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

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

12 **Q.** Yes.

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

19 **Q.** Yes.

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

23 **Q.** Right.

24 **A.** And the CMO, who is an extremely senior figure in
 25 government, a very old established office actually,

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

8 **Q.** No?

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

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

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

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

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

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

22 **A.** Oh, sorry.

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

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

25 **Q.** -- I will have to ask you again to slow down. These are

13

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

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

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

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

18 **Q.** Thank you.

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

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

25 There are a series of dangerous pathogens, some of

15

1 matters, of course, that are familiar to you, but --

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

3 **Q.** -- not to us.

4 **A.** Forgive me.

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

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

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

12 **A.** Yeah.

13 **MS BLACKWELL:** All right.

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

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

14

1 them have been known for a very long while, anthrax
 2 would be an example of those, which can crop up
 3 sporadically.

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

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

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

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

14 **Q.** All right.

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

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

17 **A.** Yeah.

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

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

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

9 **Q.** Right.

10 **A.** That is their nature.

11 **Q.** Yes.

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

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

17

1 infections as they develop, and modelling in particular
2 is a very important area.

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

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

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

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

19

1 **Q.** Yes.

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

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

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

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

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

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

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

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

24 **A.** Well, these are in each case specialised subcommittees
25 that provide scientific advice on different aspects of

18

1 **A.** I'm afraid I don't think I can give you a certain answer
2 on that here and now. I think I could come back to you
3 on that.

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

5 We can take that down now, thank you.

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

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

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

20 **Q.** Yes.

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

24 **Q.** Right.

25 **A.** I think it turns on quite an important challenge for

20

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

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

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

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

21

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

9 **Q.** ODA being the --

10 **A.** Overseas development assistance funding.

11 **Q.** Thank you.

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

16 **Q.** All right.

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

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

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

23

1 **A.** Yes.

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

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

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

24 **Q.** Yes.

25 **A.** -- and they did use what was then ODA funding to start

22

1 **Q.** Yes. Well, the Inquiry will be able to take note of the
2 contents of those statements.

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

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

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

24

1 department, whichever it is, welcomes challenge. That
2 isn't always the case.
3 **Q.** Could we put on screen, please, INQ000101646.
4 This is the Code of Practice for Scientific Advisory
5 Committees and Councils, which was updated most recently
6 in December 2021.

7 I would like to read this, please:

8 "Given the interconnected and complex nature of many
9 of the topics on which SACs [that's scientific advisory
10 committees] advise, they should operate as an
11 interactive component of the wider science system within
12 which they are based. A successful SAC will be one that
13 collaborates widely to deliver advice that takes account
14 of the wider science system and is integrated and
15 coordinated with other parts of it. This requires SACs
16 to build appropriate connections with the other
17 components of the science system within their sponsoring
18 organisations, and to develop and/or maintain
19 relationships with stakeholders beyond their immediate
20 network."

21 This confirms the value of joined-up thinking,
22 doesn't it, across the whole scientific spectrum?

23 **A.** And I think it's a very good description of the way in
24 fact most SACs do operate, and so, as part of the
25 outside world, there are the national academies, such as

25

1 of doing it. You don't necessarily need a common
2 secretariat, but cross membership can help. That's
3 where officials attending can be very helpful, I think.

4 **Q.** What about the suggestion that perhaps there should be
5 an annual general meeting of these committees or some
6 sort of event to bring them all together?

7 **A.** Well, again, I think the different departments will
8 handle this in different ways, and there are a series of
9 departments that have many of these bodies. DEFRA is
10 a department that has many advisory groups as well,
11 and -- yes, it makes sense, but I don't think one size
12 fits all.

13 **Q.** Thank you.

14 I'm going to move on now, please, to discuss with
15 you, Sir Mark, the role of the Government Chief
16 Scientific Adviser in relation to the national risk
17 assessments.

18 **A.** Yeah.

19 **Q.** You tell us at paragraph 15 in your report that during
20 your time as the GCSA the CCS had overall responsibility
21 for the development of the NRA and for working with
22 individual departments and across government as
23 appropriate to formulate and conduct civil contingencies
24 exercises and to provide support and logistics for COBR,
25 which you've already made mention of.

27

1 the Royal Society, the Royal Academy of Engineering and
2 the Academy of Medicine Sciences, and indeed during the
3 Covid pandemic Patrick Vallance asked the Academy of
4 Medicine Sciences to produce a report on the winter,
5 for example. So the network of science advice, and
6 again I'm always using that in the broadest sense,
7 includes academia, it includes the academies, it is
8 quite international in its focus, and scientists can be
9 brought in from abroad, and it is a very dynamic affair.

10 So SAGE in particular is not a static committee at
11 all, it brings in expertise as needed, and so I think
12 this is a good description, and I think it is the way
13 that we tried to make it work. So the word
14 a "successful" SAC, I think those are the
15 characteristics of the successful scientific advisory
16 committee.

17 **Q.** Do you think there is merit in the suggestion that some
18 of these committees should have a common secretariat?

19 **A.** Well, I think it entirely depends on their scope, and
20 the appropriateness of that. They are within the
21 Department of Health and Social Care, it does make sense
22 that there is co-ordination between them, and I can't
23 comment on that, but I think there is -- I'm not sure if
24 there is a single answer, but when they are dealing with
25 similar topics, then cross membership is the other way

26

1 **A.** Yeah.

2 **Q.** You were involved in the development of, I think, two
3 NRAs during your time in office; is that right?

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

5 **Q.** Yes, all right. Well, we'll come to the 2016 NRA, and
6 I'm going to ask you to explain certain aspects of it in
7 a moment.

8 **A.** Yeah, sure.

9 **Q.** But before we do that, I'd like to put on screen,
10 please, a letter which you sent to David Cameron
11 in October 2013. It's at INQ000142113.

12 We're going to look at three pieces of
13 correspondence, this one first and then two later
14 emails, just to set the scene of your involvement in
15 this area.

16 Thank you.

17 Now, we can see the date of this letter is
18 16 October of 2013, and it's from you to the
19 Prime Minister. We'll read through it together, please.
20 You say:

21 "I welcome the 2013 National Risk Assessment ... and
22 agree that the very high priority areas look correct; as
23 such I am happy to recommend its approval. I commend
24 the additional work on department at risks that has been
25 undertaken by departmental Chief Scientific Advisors and

28

1 the Natural Hazards Partnership, to ensure that the best
2 possible scientific evidence is used.

3 "However, I feel there are a number of actions which
4 could further strengthen the NRA:

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

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

19 **A.** Yes. So, I mean, the first thing to say is that, of
20 course, 2013 was the year I started as GCSA, so I came
21 into the process after it had been going for some time,
22 but one thing I did discover was that the NRA was held
23 at a quite highly classified level, which meant that
24 very few people saw it, it was actually locked in
25 departmental safes most of the time, and I felt that

29

1 still a work in progress, because it raises some --
2 there are some very fundamental questions about who
3 pays, which again we may come on to. I could expand
4 that on now or later. So --

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

6 **A.** Okay.

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

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

31

1 that wasn't the most effective way to hold a risk
2 assessment.

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

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

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

25 **A.** I think it was a work in progress, and I think it's

30

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

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

8 **A.** Prevention of?

9 **Q.** Known risks.

10 **A.** Known risks, yes.

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

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

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

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

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

32

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

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

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

33

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

6 Is H23 the pandemic --

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

8 **Q.** One of each.

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

15 What was your concern there, Sir Mark?

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

20 **Q.** Yes.

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

35

1 that make semiconductors.

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

4 **Q.** Yes.

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

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

18 **Q.** Yes, thank you.

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

20 **A.** Of course.

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

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

34

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

15 **Q.** Multiple scenarios?

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

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

23 **A.** Yeah. Sure.

24 **Q.** -- to look at the national risk assessments and how
 25 those worked in practice. But before we do, and before

36

1 we leave this letter, I'd just like to highlight the
 2 final paragraph, because it touches upon something that
 3 you've already begun to tell us about this morning,
 4 Sir Mark:

5 "It would be helpful for future iterations to have
 6 a behavioural science viewpoint; for example how people
 7 react in the event of an evacuation, or how first
 8 responders react in an emergency situation."

9 Just to remind ourselves, this letter was written by
 10 you in October of 2013, as you have explained, as you
 11 were coming into post.

12 Is this aspect of behavioural science as
 13 an important consideration in terms of risk assessment
 14 something which you saw developing during your time in
 15 office? Is it something that has yet really to be taken
 16 seriously?

17 **A.** I think it's taken seriously and I think it was taken
 18 seriously then, but it is very protean in its nature,
 19 and I think that, in the areas that I was involved, then
 20 there is no doubt that behavioural science did continue
 21 to develop and did make a difference, and the example
 22 which is cited quite often was the Ebola pandemic --
 23 sorry, epidemic, I'm so sorry.

24 **Q.** Yes.

25 **A.** Ebola epidemic, where behavioural science was extremely

37

1 **A.** Well, the NRA assessments were still -- it was quite
 2 a thick document. Probably not to the extent that
 3 ultimately we need.

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

5 Can we take that down, please, and replace it with
 6 an email which you sent to Julian Miller in the
 7 Cabinet Office in June of 2014. It's at INQ000142145.
 8 Thank you.

9 If we could scroll down, please, to the paragraph
 10 which begins "I remain of the opinion", and read through
 11 that. Here you are saying to Mr Miller:

12 "I remain of the opinion, however, that response and
 13 recovery is only a part of the benefit of a successful
 14 risk management. It is surely as important to be
 15 pro-active in taking steps to prevent events from
 16 happening in the first place, or if that isn't possible,
 17 to take steps to mitigate against their effects. As
 18 such, I am keen for us to explore how Government could
 19 use the NSRA (and indeed the NRA) [they were separate at
 20 the time] more effectively to avoid and mitigate against
 21 specific risks. CPNI ..."

22 What is that a reference to?

23 **A.** Oh, gosh, what's that acronym for? Centre for
 24 Protection of National Infrastructure, I think. If I'm
 25 wrong, we'll correct it after.

39

1 important in understanding the mode of transmission at
 2 funerals in West Africa, and we had a specific and
 3 expert anthropologist advising us on SAGE, who actually
 4 helped operationally in the end, because it turned out
 5 that burial in West Africa, respect is shown to the
 6 corpse by touching, and sadly in Ebola, which is
 7 transmitted by touch --

8 **Q.** Yes.

9 **A.** -- people are most infectious as they are dying and just
 10 after they've died, and in fact the higher the status of
 11 the corpse, the more people touch them. Of course the
 12 simple answer was to say: well, you must just stop
 13 touching them. But this was a culturally deeply
 14 sensitive issue, and so anthropology was very helpful.
 15 It's a rather detailed example but it just shows how
 16 important it is.

17 There are, you know, many examples where it's
 18 important to understand behaviours, for example telling
 19 people not to panic buy. The rational response is to go
 20 and panic buy. So understanding behavioural science is
 21 quite important.

22 **Q.** Here you were inviting a viewpoint of behavioural
 23 science to be included in the NRA assessments.

24 **A.** Yeah.

25 **Q.** Did that in fact happen?

38

1 **Q.** Right. I'm glad that you struggle as much as we do, or
 2 perhaps not quite as much.

3 "CPNI do this for the range of threats to the UK's
 4 infrastructure, by developing a detailed understanding
 5 of the impacts of such events which leads to evidence
 6 based approaches to tackling them. They then work with
 7 the owners and operators of the UK's national
 8 infrastructure to provide appropriate tailored advice.
 9 I would like to see how this approach might be widened
 10 to cover natural hazards as well."

11 So here you were, Sir Mark, the following year, in
 12 June of 2014, again expressing your view that there
 13 needed to be more proactivity around taking steps to
 14 prevent events from happening, and that that wasn't, in
 15 your view, being given sufficient attention.

16 **A.** Yes. I mean, I think that takes me back to the point
 17 I made about public health, which is that, in the case
 18 of the approach to a pandemic, and again this is me
 19 speaking really with my medical background, as it were,
 20 and scientific background, there are two things you can
 21 do. You can firstly try and identify the hazards at the
 22 earliest opportunity, in other words have global
 23 screening for emerging infections, proper transparency
 24 and data sharing, you can be proactive in developing
 25 vaccines that might be relevant, but the other thing you

40

1 can do is reduce the vulnerability of the population.

2 **Q.** Right.

3 **A.** Because a risk is basically a combination of the hazard

4 itself, the exposure to the hazard, and the

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

6 sort of multiple of those three things.

7 **Q.** So if the state of health is poor --

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

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

10 the influenza pandemic at the end of the First World

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

12 whereas a very similar virus in 2009 caused,

13 fortunately, rather smaller numbers of deaths.

14 **Q.** Thank you.

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

16 replace it with the final piece of correspondence, which

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

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

19 Can we please scroll down.

20 Thank you. The middle paragraph beginning

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

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

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

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

25 recovery have been addressed in your work to date.

41

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

2 this is the right national risk assessment?

3 **A.** Yes, correct.

4 **Q.** Can we go to page 47, please.

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

6 the Inquiry has already heard, that the national risk

7 assessment is a medium-term planning tool for civil

8 emergency plans affecting the UK over the next

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

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

11 basis of a reasonable worst-case scenario --

12 **A.** Yeah.

13 **Q.** -- which is an illustration of examples of the worst

14 plausible manifestation of whatever the risk or hazard

15 that's being considered; is that right?

16 **A.** Yes.

17 **Q.** Okay. So this is the page dealing with pandemic

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

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

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

21 Sir Christopher Wormald was taken through this by

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

23 running vertically, and "Likelihood/Plausibility"

24 running horizontally.

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

43

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

2 Government can do to avoid and mitigate against the

3 risks. This remains an outstanding issue and I would

4 like to see this tackled more effectively in the coming

5 months."

6 So here you are raising the issue again several

7 months later with the Civil Contingencies Secretariat.

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

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

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

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

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

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

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

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

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

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

18 urgent over the important.

19 **Q.** Thank you.

20 We can take that down, please.

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

22 2016, which had your involvement.

23 **A.** Yeah.

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

25 much, you're ahead of me.

42

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

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

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

4 star indicating its position on this graph is at the

5 top, aligned with catastrophic impact and medium to high

6 likelihood/plausibility, with an arrow going in

7 a downwards direction.

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

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

10 words --

11 **Q.** Yes.

12 **A.** -- the range of the assessment is that there was

13 a medium to high likelihood that there would be

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

15 range between, you know, significant to catastrophic.

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

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

18 Description", because we can see there that this

19 assessment is based on:

20 "A worldwide outbreak of influenza [occurring] when

21 a novel flu virus emerges with sustained human to human

22 transmission."

23 It's on the basis that:

24 "Up to 50% of the population may experience

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

44

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

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

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

17 **Q.** Yes.

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

22 **Q.** Yes.

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

25 **Q.** This is an unmitigated situation, though, isn't it? So

45

1 because he has written on -- different infections are
2 transmitted in different ways, and so the pandemic
3 depends on the nature of the transmission, it depends on
4 the nature of the organism. There are infinite
5 variables, effectively.

6 **Q.** All right.

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

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

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

47

1 this doesn't take into account --

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

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

11 **A.** Yeah.

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

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

18 **Q.** Yes.

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

25 As I think probably Sir Chris Whitty will tell you,

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1 But this is a perfectly plausible scenario.

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

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

5 **A.** Correct.

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

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

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

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

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

25 **A.** Yes, I mean, the difference between influenza and the

48

1 SARS-CoV-2 virus is that there are established vaccines
2 for influenza. They would not work for a new pandemic
3 strain, but they might provide some level of protection.
4 And antivirals have been developed, although there is
5 always a risk of mutation in the virus which will allow
6 it to escape an antiviral drug. Pretty easily,
7 actually. So I think that this was a perfectly
8 reasonable worst-case scenario but it was one of about
9 500 worst-case scenarios that could be written.

10 **Q.** All right.

11 Before we leave this page, could we just scroll down
12 to the next paragraph, please.

13 "Confidence Levels". "High confidence", we can see
14 that at the top of the zoomed page:

15 "High confidence in the overall assessment based on
16 a large body of knowledge of the issue and includes
17 evidence of a high quality informed by
18 consistent/relevant expert judgements."

19 What does that refer to, please?

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

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

25 **A.** Both.

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1 advised reasonable worst case for guiding planning
2 nationally. This figure has been recommended by the
3 Scientific Pandemic Influenza Sub-Group on Modelling
4 (SPI-M)."

5 Are you able to help us with this, please, Sir Mark:
6 what is the process by which SPI-M would calculate the
7 figures and then feed them through for this reasonable
8 worst-case scenario to be calculated? How, practically,
9 does that happen?

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

19 **Q.** Right.

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

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

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1 **Q.** Right. Let's take that down, please, and just before we
2 break, can we go to annex A of the 2016 NRA, at
3 INQ000176770.

4 Now, this relates to the same risk, it's pandemic
5 influenza, but this, lying as it does in annex A,
6 provides a greater level of information about the way in
7 which this risk has been assessed.

8 So can we scroll down, please -- thank you -- and
9 look at the paragraph "Specific Assumptions" at the
10 bottom of the page. Thank you. Here we see:

11 "The reasonable worst case scenario is based upon
12 the experience and mathematical analysis of influenza
13 pandemics in the 20th and 21st century, the specific
14 assumptions of this scenario are ..."

15 Then if we can scroll down to get those on the page,
16 please. We don't need to go through them in detail, but
17 can you confirm, please, Sir Mark, that this is the
18 calculation, these are the matters that go into
19 performing and making the reasonable worst-case
20 scenario?

21 **A.** Yeah. Yes.

22 **Q.** Just below the bullet points, we see this:

23 "While combining these figures can be misleading and
24 there is unlikely to be both high end illness and death
25 rates resulting in around 750,000 deaths, this is the

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1 expand on that.

2 My Lady, is that a convenient time to break?

3 **LADY HALLETT:** Certainly. Thank you very much,
4 Ms Blackwell. I will return at 11.25.

5 **MS BLACKWELL:** Thank you.
6 (11.10 am)

(A short break)

7
8 (11.28 am)

9 **LADY HALLETT:** Sorry about the slight delay in restarting.

10 **MS BLACKWELL:** Not at all, my Lady.

11 Please could we have on screen INQ000147769 and go
12 to page 48, please. Could we zoom in on the top part of
13 the page.

14 This is the equivalent page for emerging infectious
15 diseases, and on the right-hand side, using the same
16 axes on the table, we can see that emerging infectious
17 diseases are placed by a star at moderate impact and
18 medium to high likelihood/plausibility, with an arrow
19 showing an upper range and an arrow showing a lower
20 range in the column of medium likelihood/plausibility.

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

23 **Q.** Right.

24 **A.** So an emerging infectious disease might turn out to be,
25 you know, effectively a damp squib and not much happen,

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1 or it could -- and MERS is actually a very good
2 example -- cause a very significant event. In Korea,
3 for example -- and the fact that it got to Korea, it
4 could have got to anywhere -- and there was an outbreak
5 there that caused, I think, 38 deaths and there were
6 about 153 cases, showing how dangerous an infection it
7 is. So the answer is that there are many infectious
8 diseases that emerge, and ultimately they can turn into
9 pandemics, as we saw with SARS-CoV-2.

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

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

14 **A.** Yeah.

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

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

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

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1 replace it with the Royal Academy of Engineering review
2 and the scenarios at paragraph 2.1 which we can see at
3 INQ000068403.

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

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

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

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

23 Then this:

24 "Should the NSRA focus on a single [reasonable
25 worst-case scenario] or should it plan for more generic

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

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

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

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

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

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

25 We can take that down now, and please could we

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

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

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

11 **Q.** Yes.

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

14 **Q.** Why?

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

17 **Q.** Yes.

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

23 **Q.** All right.

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

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

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

11 **A.** Yeah.

12 **Q.** Are you able to help the Inquiry with why this issue had
13 not been considered and grappled with back in 2016 or
14 2017 or 2019?

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

22 **Q.** At paragraph 78 in your report, you say this:

23 "A key question in relation to pandemic preparedness
24 is whether the [United Kingdom] was too distracted by
25 the risk of an influenza pandemic to properly prepare

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

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

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

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

10 **Q.** Right.

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

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1 for a pandemic caused by another microorganism. I do
2 not think that this is this was the case during my time
3 as GCSA."

4 **A.** So I think that -- I want to distinguish two things.

5 I think scientifically the country was quite prepared
6 then, in the sense that it was recognised. I think
7 operational preparedness is another matter, and I think
8 it's clear that we were not operationally prepared, and
9 I say that later in my witness statement actually.

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

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

14 **Q.** Yes.

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

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

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

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

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

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

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

25 **A.** Well, I think, again, it took them away from a sort of

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1 broader surveillance into dealing with the everyday
2 needs of the district hospitals, which -- you know,
3 these aren't either/or things, we need both.

4 **Q.** Right, thank you.

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

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

17 **Q.** Yes.

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

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1 **Q.** Thank you. Is the strategy overseen by the Government
2 Chief Scientific Adviser?

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

4 **Q.** All right.

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

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

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

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

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

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

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

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

19 **Q.** All right.

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

24 **Q.** And is --

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

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

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

3 **A.** Okay.

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

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

15 **Q.** Yes.

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

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

23 **A.** Absolutely.

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

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

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

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

20 **Q.** All right.

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

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

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

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1 should follow function, so decide what the function of
 2 this sort is, then work out a form that's going to work.

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

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

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

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1 At paragraph 117 in your report to us, you say:
 2 "Regardless of which approach government takes in
 3 the future to funding and providing national resilience,
 4 I think that there is a good case for government to
 5 create a National Resilience Assessment to act as a
 6 basis for resilience planning."

7 What do you mean by that idea?

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

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

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

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

22 **Q.** But the better --

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

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

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

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1 **(Pause)**
 2 I'm told that there are no Rule 10 questions.
 3 **LADY HALLETT:** That is the right expression today, is it?
 4 **MS BLACKWELL:** No, we have had Rule 10 questions but we
 5 haven't provided permission, or, my Lady, you haven't
 6 provided permission for them. So that, in fact,
 7 concludes the evidence of Sir Mark Walport.
 8 **LADY HALLETT:** Thank you very much, Ms Blackwell.
 9 Thank you very much, Sir Mark, you have been
 10 extremely helpful, and very interesting, so thank you
 11 for your help.

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

13 **(The witness withdrew)**

14 **MS BLACKWELL:** I think, my Lady, we're going straight into
 15 the next witness.

16 **(Pause)**

17 **MR KEITH:** My Lady, the next witness is the Deputy
 18 Prime Minister.

19 **MR OLIVER DOWDEN (sworn)**

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

21 **MR KEITH:** Deputy Prime Minister, could you please provide
 22 your name.

23 **A.** Yes. Oliver James Dowden.

24 **Q.** Thank you very much for your assistance in this Inquiry,
 25 and for attending today.

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

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

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

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

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

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1 Whilst I ask you questions, could you please
 2 remember to keep your voice up, so we may have the
 3 benefit of hearing what you have to say, and also for
 4 the purposes of the stenographer's record.

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

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

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

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

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

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

23 **Q.** Thank you.

24 Mr Dowden, you have been Deputy Prime Minister since
 25 April of this year, and since February you have been the

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

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

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

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

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

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

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

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

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1 Can you help us, please, by way of commencement, on
 2 that point?

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

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

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

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1 and discussed it and he had overall responsibility for
 2 everything within the Cabinet Office portfolio,
 3 including resilience and cyber.

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

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

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

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

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1 set out constitutionally in writing, from the Minister
2 for Implementation?

3 **A.** Well, I --

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

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

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

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

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

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1 of course to resilience.

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

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

18 **A.** Yes, that's broadly correct, subject to two points.
19 First of all, and I know that the Inquiry has discussed
20 this extensively, but just as a reminder from my
21 perspective, this was in the context of the lead
22 government department model.

23 **Q.** Yes.

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

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1 the committee structure? Is it a re-formed version of
2 that committee or is it the same committee, do you know?

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

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

18 **Q.** All right.

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

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

22 **Q.** All right.

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

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

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

12 **Q.** Yes, indeed.

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

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

24 **Q.** In your witness statement, you say that you were briefed
25 that major programmes of work were under way to improve

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

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

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

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

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1 broad nature of the pillars of the government's approach
2 to pandemic preparedness, but not perhaps the detail at
3 a lower level?

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

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

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1 that briefing, and indeed throughout my time as
2 a minister received further briefings, all of which were
3 consistent with advice that we were broadly in a pretty
4 strong state of preparedness.

5 I relied, for example, on the international service.

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

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

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

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

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

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

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1 very much engaged, and I know most ministers are, for
2 want of a better word, in the wider sort of civic
3 society in respect of that.

4 So, just to give you some examples, frequently
5 there'd be questions asked in Parliament, whether those
6 were written or oral questions, there would be select
7 committee reports produced, there would be independent
8 bodies that produced reports, the media of course would
9 report on these things from time to time.

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

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

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

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

19 **A.** There wasn't the sort of activity that I've described in
20 respect of Carillion. It was the case, though -- two
21 things. First of all, and I hope that the documents
22 that the Inquiry has demonstrate it, I was reassured on
23 a number of occasions, and I know this is subject to
24 a subsequent debate by the Inquiry, and we can go over
25 it in hindsight, but I was assured that we were in

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1 **Q.** My Lady heard evidence from Sir Oliver Letwin, you may
2 have seen the evidence, I don't know, but he gave
3 evidence about how, when he was appointed as a minister,
4 he threw himself personally into one or two aspects or
5 a number of aspects of his department, on account of his
6 concern about whether or not there were issues that
7 required to be attended to, and he called for specific
8 reviews of a number of areas, departmental areas, and
9 carried out himself, personally, some of those reviews.

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

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

25 But also I was very mindful of the resilience of the

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1 a strong state of resilience for it.

2 But in addition to that, I did, as issues arose, ask
3 specific questions and indeed seek routine updates as
4 well. So, for example, I asked to have a specific
5 overview of resilience readiness across a range of
6 different issues. That happened periodically, and I met
7 with officials periodically, and I would periodically
8 pick up issues in that context.

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

18 May we please have INQ000145720. This is a document
19 that you won't have seen before this Inquiry, because it
20 wasn't sent to you. It's an email from
21 Katharine Hammond dated 20 September 2018, and it wasn't
22 addressed to you. But it's an email that concerns the
23 general field of resilience and preparedness for
24 pandemic flu, and it's an email within the
25 Cabinet Office, between the civil servants in the

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1 Cabinet Office, concerning, in September of 2018 -- so
2 when you were a minister, the Minister for
3 Implementation -- the priorities of the Pandemic Flu
4 Readiness Board, to which we'll come back, and about
5 which I know you're familiar.

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

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

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

23 So given your statement that you were generally
24 assured that the government was reasonably and
25 sufficiently prepared and that you were briefed that the

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1 re-prioritisation.

2 **Q.** We will.

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

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

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

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

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

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

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

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

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1 parliamentary secretary, and Minister for
2 Implementation.

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

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

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

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

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

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

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

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

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1 **Q.** But the reality was that those preparations, necessary
2 though they were, had a direct and significant impact
3 upon the majority of the work programmes to prepare for
4 pandemic influenza?

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

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

14 When one takes it in the round, in terms of how ...
15 it essentially tested our ability to work together.

16 There's countless other examples of that. So,
17 for example, the battle rhythm of having these daily
18 XOs, the fact that we had a realtime data coming in and
19 going out again. All of those things actually put us in
20 a position of being in a strong position. And the
21 advice that I received was that the core stuff that we
22 had to do was continuing, but in line with the normal
23 re-prioritisation that happens -- you know, for example
24 when Salisbury hit there was a re-prioritisation. I've
25 just been dealing with -- chairing the COBRs on the

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1 preparedness for -- or to contribute to our Covid
2 response.

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

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

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1 evacuation of British nationals from Sudan. There is
2 always a flex, and if we didn't have that flex we would
3 not be in such a strong position to respond to
4 challenges as they hit the government.

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

8 "2. That you agree:

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

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

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

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

23 So my earlier question to you was: is it not right
24 that there was a direct and significant impact on the
25 planning for pandemic influenza as a result of the

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1 necessary plans being carried out to deal with a no-deal
2 exit?

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

9 **Q.** Indeed.

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

12 **Q.** All right.

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

20 **Q.** Indeed.

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

23 "The Government's decision in December 2018 to step
24 up contingency planning ... is placing unprecedented
25 resource pressure on both Lead Government Departments

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1 continue with the business as usual.

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

10 **Q.** An additional?

11 **A.** -- Covid struck.

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

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

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

23 May we have page 2, please:

24 "Following Cabinet agreement in December we are
25 prioritising no deal preparations from now on. This may

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

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

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

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

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

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1 include standing up Command, Control and Coordination
2 arrangements for as long as required."

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

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

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

16 **A.** Well, I think it's quite important with this one --

17 I believe it's the following slide actually makes
18 reference to pandemic flu preparedness, so it may be --

19 **Q.** It does.

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

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

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1 completion", and we know of course that that risk
2 assessment process was completed in 2019.

3 So, yes, page 3, there's a reference to:

4 "Pandemic Flu commitments close to completion
5 finalised, including Pandemic Flu Bill and Excess Deaths
6 Guidance."

7 **A.** Yes, and --

8 **Q.** Those are the two areas, are they not, to which you made
9 reference a few moments ago? Are they -- in the middle
10 of the page:

11 "Pandemic Flu commitments close to completion
12 finalised, including Pandemic Flu Bill and Excess Deaths
13 Guidance."

14 **A.** Yes, and those were the two principal areas which were
15 allocated to the Cabinet Office under those plan --
16 under the broader plans for pandemic flu preparedness.

17 **Q.** But what about all the other pandemic flu-related
18 obligations and recommendations which had come out of
19 Exercise Cygnus? Not just those relating to the
20 drafting of a Pandemic Flu Bill and the workstreams
21 relating to excess deaths guidance, the two workstreams
22 to which you rightly have made reference?

23 **A.** So this document, and you can see from the list of
24 things, is updating me on things that fell specifically
25 within my departmental brief, so the resilience

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1 **A.** Yes. First of all, I think it's -- I should say this
2 was not a ministerial committee. I sit on many, many
3 ministerial committees and boards. This was
4 a cross-departmental operational board, and there are
5 many, many such boards that bring together officials.
6 So, for example, in the field of resilience for -- civil
7 nuclear disasters is one, there's many others of them,
8 I was aware and briefed of the board. But the key thing
9 for me was the output out of that board and this, this
10 document, reflects the output out of that board.

11 **Q.** Did you, as the Cabinet Office minister from July 2019
12 have responsibility for the Pandemic Flu Readiness
13 Board, a board which was co-chaired by your own
14 department?

15 **A.** So it was co-chaired by officials in my department, so
16 it's important to -- I did not -- I never sat on that
17 board.

18 **Q.** No.

19 **A.** The purpose of that board was to deal with that
20 cross-departmental working. I was briefed on the --
21 both the existence of the board, and you can see that in
22 some of the other papers, and specifically on the output
23 of those -- of that board, and this document in turn
24 reflects the output of that board. Indeed, I received
25 other briefings that reflected the output of it.

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1 satellite network, mobile alerting and so on. Clearly
2 under the lead government department model, most of the
3 activity identified under Cygnus to be taken forward
4 fell to the department, DHSC, Department of Health and
5 Social Care. So that's sort of separate to this piece
6 of work that is -- this is updating me on my
7 Cabinet Office responsibilities.

8 **Q.** The Pandemic Flu Bill and the excess deaths guidance
9 were only a minority, were they not, of the workstreams
10 which were required as a result of Exercise Cygnus and
11 the pandemic flu planning to which the government had
12 committed itself, were they not?

13 **A.** In respect of my ministerial responsibilities in respect
14 of pandemic flu, we had allocated to the Cabinet Office
15 a small number of responsibilities. The two most
16 significant ones of those were Pandemic Flu Bill and
17 excess deaths guidance. There were a number of other --
18 a large number of other areas of responsibility
19 allocated to DHSC. I don't believe that this, this
20 deals with the, what fell under DHSC as the lead
21 government department.

22 **Q.** Well, there was a committee, to which you've already
23 made reference, the Pandemic Flu Readiness Board, which
24 was co-chaired by the Cabinet Office and the DHSC, was
25 it not?

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1 It was a fairly common thing for officials to get
2 together in different groupings to work through issues.
3 This was a sort of standing way of ensuring that that --
4 that that happened, and then ministers in turn would
5 receive reporting out of it.

6 **Q.** The board was a board for the cross-departmental working
7 and output, as you describe it, relating to pandemic flu
8 readiness; is that correct?

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

10 **Q.** Yes. And it is a board which was centrally concerned
11 with drawing up plans and pursuing workstreams related
12 to what was required to be done in relation to prepare
13 the country for the ordeal of addressing a pandemic flu?

14 **A.** Yes, that's correct, yes.

15 **Q.** And it was a board which was within your department,
16 because it was co-chaired by it. To what extent was the
17 work of that board, as opposed to the general work of
18 the Cabinet Office and the CCS, to which this document
19 refers, interrupted by the necessary planning that was
20 required to be done for a no-deal exit?

21 **A.** Well, I believe that the board -- I think it met in
22 November 2018. Is that -- I think that is correct.

23 **Q.** That's correct.

24 **A.** Then it subsequently met essentially after Yellowhammer
25 had been stood down, I believe in November or

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1 December '19, and then in January 2020 again.

2 **Q.** So may we take it from that that the Pandemic Flu
3 Readiness Board did not meet from November 2018 to
4 November 2019?

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

6 **Q.** Were you told, as the minister in charge of this
7 particular aspect of the Cabinet Office, and as along
8 with many others, that the board had not met for a year
9 and had been, therefore, unable to consider in committee
10 form the workstreams which were intended for it?

11 **A.** Well, I can't actually see from the documentation that
12 I have or the committee -- sorry, that the Inquiry has,
13 I can't see a specific document informing me of that.
14 I would expect that I would have been informed of it.
15 But I think the more -- for me, the more fundamental
16 point as the minister was: what are the outputs of this
17 process? So essentially, as you can see from that
18 briefing, I was being assured that the core areas for
19 which the Cabinet Office was responsible were
20 continuing. I was also aware that because of
21 Yellowhammer, and I think it was the right thing to do,
22 we were prioritising resources to make sure that we were
23 equipped for a no-deal scenario. And by the way, if we
24 hadn't done that re-prioritisation, we would have been
25 in a much worse position to deal with Covid when it hit

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1 and bearing in mind this is one of 90-odd different
2 areas of activity where re-prioritisation, I'm sure,
3 would have happened across those risks in many other
4 areas, the assurance that I had, and indeed to my
5 knowledge I didn't ever receive a document -- and
6 believe me as a minister I frequently receive documents
7 from officials that say to me, "Minister, this is
8 a major problem, we need to do something about it";
9 I did not receive that in respect of the situation with
10 the pandemic flu board.

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

21 **MR KEITH:** All right, thank you.

22 My Lady, is that a convenient moment?

23 **LADY HALLETT:** Certainly.

24 I'm sorry we have to keep you over lunch. I know
25 you have so many things to do -- well, we've been

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1 had no-deal actually occurred, in terms of medical
2 supplies and so on, and that this was part of a normal
3 re-prioritisation, albeit, I should say, at the more
4 sort of extreme end of re-prioritisation, given the
5 amount of resources we had to dedicate to no-deal, since
6 it wasn't one sector specific, it cut across many
7 different areas.

8 **Q.** Is extreme re-prioritisation a metaphor for significant
9 impact? The re-prioritisation that took place here,
10 extreme as you describe it, in effect meant that
11 an important committee dealing with pandemic flu
12 readiness did not meet, and the majority of the
13 workstreams to which the Cabinet Office refer in
14 a general sense, but specifically in the context of
15 pandemic flu planning, were interfered with, they were
16 either paused or only part completed or stopped
17 altogether, with the exception of excess death capacity
18 management and the drafting of a pandemic Bill?

19 **A.** I don't think there is a great deal I can add to what
20 I previously said. I disagree with the point about the
21 significant impact, because of the reassurances that
22 I received, and I've made the point about how those
23 pertained to -- those specific recommendations pertained
24 to the Cabinet Office.

25 It is the case that across all government activity,

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1 hearing about some of the things you have had to do --
2 but I'm afraid I have to break regularly because the
3 poor stenographer has to cope with everything you say.

4 And I gather you've still got a little bit to go?

5 **MR KEITH:** Not much, but some.

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

8 I shall return at 1.50.

9 **MR KEITH:** Thank you.

10 (12.51 pm)

11 (The short adjournment)

12 (1.50 pm)

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

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

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

25 We can see it's a PFRB document, because in the top

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1 right-hand corner you will see the reference to the
2 board, "PFRB". What it is it's a dashboard of the
3 workstreams coming out of the Pandemic Flu Readiness
4 Board as at that date, 23 January 2020.

5 I'd like you, please, Deputy Prime Minister, to have
6 a look down the "Progress since the last meeting", which
7 is the second column, and the "Next Steps", as well as
8 the "Key Risks", in the last column, briefly in relation
9 to each of the workstreams, and consider to the extent
10 to which you were aware of the progress or lack of
11 progress for each of the workstreams.

12 So, the first one is healthcare:

13 "Progress has slowed due to extended sickness of the
14 NHS England Pandemic Flu Lead, EU Exit activities and
15 the reorganisation of NHS England ..."

16 In "Next Steps":

17 "Draft strategy to be signed off ...

18 "Consideration of the communications ...

19 "Further development of the service facing
20 guidance ...

21 "Lessons from EU Exit planning will be reflected."

22 And the "Key Risks", the possibility of:

23 "Further major incidents in London ...

24 "Competing demands on key NHS

25 [England]/[Improvement] staff.

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1 **Q.** Deputy Prime Minister, it's obvious that not every
2 document goes to the desk of a minister, and you've
3 already made plain that this is a committee which was
4 concerned with workstreams that traversed not just the
5 Cabinet Office but the DHSC. It was a joint
6 Cabinet Office/DHSC committee.

7 **A.** And I believe other departments as well may have had
8 outputs from it as well.

9 **Q.** They may have had outputs, but it was a committee that
10 was co-chaired by your department?

11 **A.** Yes, that's correct, it was co-chaired by officials in
12 my department, yes.

13 **Q.** The Pandemic Flu Readiness Board was a board for which
14 you, together with the Secretary of State for the
15 Department of Health and Social Care, took ministerial
16 responsibility?

17 **A.** Yes. It was a way of ensuring that we had joined-up
18 and -- government between different parts of the
19 government machine, just as, for example, in relation
20 to, say, civil nuclear preparedness, there were similar
21 boards.

22 But this was about driving the operationalisation of
23 the direction that the government was taking.

24 **Q.** Number 2 workstream, community care:

25 "Progress on the community healthcare side has

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1 "NHS [England]/[Improvement] change of
2 priorities ..."

3 Were you aware prior to leaving ministerial office,
4 that that degree of progress had been made in relation
5 to the workstream of healthcare in relation to the
6 committee which the Cabinet Office co-chaired?

7 **A.** Well, the first thing I should say, Mr Keith, is clearly
8 under the departmental lead model, lead government
9 departmental model, these actions pertained to the
10 Department of Health, so the -- my expectation is those
11 would have been reported through to the
12 Department of Health, through their appropriate
13 processes.

14 As I said in my evidence prior to the break, the
15 purpose of this board was to bring together two
16 different bits of government at official level and
17 I would have been advised, and indeed was advised, on
18 the outputs, as we discussed.

19 So I wouldn't have expected to have been briefed
20 specifically on this. It could have been that I would
21 have done subsequently, but, given those timings,
22 I suspect by the time we'd gone through the process of
23 the board sitting, then the subs and so on, the advice
24 coming up to ministers, I doubt that would come across
25 my desk by the time I'd left.

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1 slowed due to extended sickness of NHS [England]
2 Pandemic Flu Lead, EU Exit activities and the
3 re-organisation of NHS [England]/[NHS improvement]."

4 Then over the page, please, "Excess Deaths", that is
5 the workstream to which you made reference, isn't it,
6 this morning?

7 **A.** Yes. That was one that was specifically allocated to
8 the Cabinet Office.

9 **Q.** "Workshops have been held for Body Disposal, Body
10 Transport, Body Storage, Coroners and Prisons."

11 Prisons was another area that the Cabinet Office was
12 particularly concerned with, and that appears to be
13 a workstream that was proceeded with.

14 **A.** Well, that would reflect the fact, again, of the
15 co-ordination and facilitation role of government
16 working with the Minister of Justice, it would have been
17 at that time.

18 **Q.** Then over the page, please, "Sector Resilience":

19 "There has been no further work on this work stream
20 as the statements of preparedness are finalised, and it
21 was agreed that the sharing of the business checklist
22 should be paused as a result of the need to communicate
23 other risks, including EU Exit.

24 So sector resilience, what is that?

25 **A.** So it's sort of what it says on the tin. That is, for

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1 different parts of society and the nation, their ability
 2 to withstand. So, for example, you might have the
 3 transport sector, you might have the education sector.
 4 It's chunks of the economy and national life. And
 5 resilience is -- clearly that's ability to withstand.
 6 **Q.** It's an important part.
 7 **A.** Yeah. And again, that would reflect the fact that
 8 sector resilience is something that cuts across
 9 different parts of government, so again it goes back to
 10 this facilitation and co-ordination.
 11 **Q.** But it includes health sector resilience, of course?
 12 **A.** Yes, of course, except that what I would say is that
 13 this is clearly demark -- health sector is the core
 14 sector for the impact of pandemic flu, so sort of
 15 implicit in that is that, given that DHSC was jointly
 16 chairing this board, that -- that would sit with them.
 17 I mean, so it's a sort of -- it's a somewhat academic
 18 distinction.
 19 In theory, I guess, health would sit within it, but
 20 manifestly given the actual facts of where this -- how
 21 government worked together, given that health were
 22 responsible, as you can see, for many of these other
 23 areas, I don't think we would have gone through
 24 a process whereby it went: Cabinet Office, back to
 25 Health, liaison, engage. Given that Health were already

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

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

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

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1 There is then a reference to this, the 2011 UK
2 Pandemic Influenza Preparedness Strategy, as it says,
3 the document dating back to 2011.

4 The review was complete and commission sent to
5 stakeholders requesting relevant sections are updated.

6 "A number of updates [have been] received. Not
7 taken on board as workstream paused. Aware of the need
8 to reignite this workstream."

9 Was that strategy document, the 2011 strategy
10 document, the sole pandemic-related strategy document in
11 existence? It relates to pandemic influenza, it was the
12 only one related to pandemic influenza, and there was no
13 analogous strategy document for non-influenza pandemics;
14 is that correct?

15 A. Well, I -- I would imagine that that was the case, but
16 I have to say, I just want to be absolutely clear with
17 the Inquiry, that under the lead government departmental
18 model, these actions, the ones -- you can see from my
19 answers I'm able to answer very clearly on the ones that
20 pertain to Cabinet Office responsibilities. These
21 pertain to Department of Health responsibilities. The
22 lens through which I saw all of this was the NRSA and
23 its successor documents, and ensuring we had the
24 cross-government co-ordination. Indeed this is
25 reflected in this body and many other bodies.

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1 a Cabinet Office minister?

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

24 Q. But, Mr Dowden, the DHSC in the field of civil
25 contingencies and health emergencies is the lead

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1 So I'm sure that was the case but I can't say that
2 definitively to you, because the strategies that I was
3 concerning myself with were all the things that
4 facilitated and made government work together, and we
5 can see that more recently with things like the
6 Resilience Framework, the various iterations of the
7 standards that were required across government, the risk
8 registers, and so on.

9 Just as with the Home Office, for example, when --
10 you know, Home Office leads on counterterror.
11 I wouldn't tend to get to the detail of each -- being
12 sort of cognisant in the detail of each individual
13 strategy. So that's why I'm a little bit reluctant to
14 say for certain.

15 Q. All right.

16 A. But plainly it would appear on the face of it that that
17 would be the case.

18 Q. As the Minister for the Cabinet Office and in charge of
19 resilience, civil contingencies, the Civil Contingencies
20 Secretariat, and the planning cross-government, through
21 the Cabinet Office, of pandemic influenza preparedness,
22 do you recall whether you were aware of the significance
23 of that 2011 document? Do you recall debate about that
24 document or the need to update it, to refresh it, or was
25 that something that just didn't come to you as

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1 government department, but the Cabinet Office still
2 retains its obligation to ensure that the wheels of
3 government turn, there is proper co-ordination and
4 liaison between departments, and that all the moving
5 parts of the health emergency civil contingencies system
6 continued to turn.

7 The Cabinet Office at no time absolved itself of the
8 obligation to ensure that the DHSC was on top of its
9 areas concerned with civil contingencies, in the same
10 way that the Cabinet Office was on top of its
11 obligations and other government departments were on top
12 of their obligations.

13 Where is the material which shows that,
14 ministerially, the Cabinet Office was trying to drive
15 this process forward, and saying, "There are gaps here,
16 there have been pauses in the workstreams, we, the civil
17 contingencies department, must try to resolve this"?

18 A. Well, I think there's -- I sort of make two reflections
19 on this. So, first of all, this is important that we
20 have a lead government departmental model, and that each
21 department takes its responsibility -- and by the way,
22 it's not as if this thing sort of sits there. That is
23 a clear action that is allocated to a senior responsible
24 officer, basically a lead civil servant in that
25 department. They then fit in a structure where they

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1 will, no doubt, report to a director general or a --
 2 probably a director general Or a director and then in to
 3 a permanent secretary. Those -- and then ministers in
 4 that department have accountability for that and oversee
 5 it and drive it.

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

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

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1 reasonably and sufficiently prepared for an influenza
 2 pandemic ... [and] I [was] broadly content that the
 3 Government took reasonable and proportionate steps
 4 commensurate with the perceived risks at the time."

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

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

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

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1 **Q.** But what about checking workstreams directly coming out
 2 of a committee which your department co-chairs?

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

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

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

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

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

25 "... I was generally assured that the Government was

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

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

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

21 Secondly, this was the -- under a lead government
 22 departmental model, one would expect that those issues
 23 would primarily be raised to the relevant lead
 24 government department, which was the Department for
 25 Health. Indeed, on the assertion that these individual

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1 things had that significant impact subsequently, again
2 I've not -- I've not seen the evidence of that.

3 **Q.** No, indeed.

4 Could we just then conclude this document by just
5 having a look at the bottom row:

6 "Restructure of the Online Pandemic Influenza
7 Documentation/Guidance.

8 "This work stream was paused as a result of EU
9 Exit."

10 If you just go over the page, we may see the
11 continuation and conclusion of the first sentence in the
12 first column:

13 "[Government] UK and Resilience Direct."

14 Then:

15 "LRF Pandemic Flu Standard.

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

17 Which is a -- is that a testing document for local
18 resilience forums? That was completed.

19 Could we then look, and you're quite right,
20 of course, there were any number of documents after the
21 event, but they look backwards and they shed light on
22 the position prior to the pandemic.

23 INQ000057522, this was a document which concerned
24 the implementation of the recommendations that came out
25 of Exercise Cygnus, to which you referred. Just to

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1 for the eventuality if we lost power in the United
2 Kingdom, something that I'm sure is -- we won't worry
3 about it, as a consequence of it -- or we had the
4 appropriate actions.

5 So that's what the Cabinet Office was doing in terms
6 of pulling that together. Under the lead government
7 departmental model, and I have subsequently seen this
8 document, you will see again, in common with the
9 pandemic flu board recommendations, under each row
10 there's an allocation of those to each government
11 department.

12 **Q.** Indeed.

13 **A.** Those that pertain to the Cabinet Office, again, I had
14 comfort that those were being conducted in the
15 appropriate way.

16 It was not the case -- and I suppose this is the --
17 maybe, Mr Keith, this is the fundamental point that you
18 are getting at with these questions, that -- I as
19 a minister had 90-odd different risks that sat
20 specifically identified in the NRSA within the
21 resilience portfolio. In addition to that there were
22 many other risks that we had to deal with.

23 Within that context, my responsibility was to make
24 sure all the different bits of government were working
25 together in terms of the overall strategy, not

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1 recollect the position, Cygnus was an exercise in
2 October 2016, was it not? It reported in July 2017, and
3 thereafter, over the following three years, work was
4 done in order to implement the recommendations from
5 Exercise Cygnus.

6 Because Exercise Cygnus was an exercise in which the
7 Cabinet Office was a participant organisation, to what
8 extent, whilst a minister, were you informed about the
9 progress being made on the implementation of the
10 recommendations from Exercise Cygnus? Generally. Not
11 just those specifically concerned with the
12 Cabinet Office, but generally as a result of the
13 exercise.

14 **A.** Well, first of all, I should say in respect of this
15 document, I don't believe I was presented with this
16 document when --

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

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

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

20 **A.** So that's an important piece of context for this
21 document.

22 Secondly, the core role of the Cabinet Office in
23 respect of any exercise is to make the thing happen.

24 So, for example, very recently my department and
25 I oversaw Operation Mighty Oak, which was to prepare us

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1 necessarily to dive into the detail of each one of those
2 90-odd risks, except if I was being advised that there
3 was a specific problem that I -- that required my
4 support in terms of dealing with it.

5 In terms of how the Cygnus then came through to
6 this, the outcome of Cygnus was then embedded into
7 actions that were being driven through government. So
8 the relevant ones for the health department were
9 embedded into the health department, and as we've seen
10 and discussed in previous exchanges, those in relation
11 to the Cabinet Office were embedded in the
12 Cabinet Office --

13 **Q.** All right.

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

15 **Q.** We can see from this document that it refers to the fact
16 that Exercise Cygnus demonstrated four key learning
17 outcomes for the United Kingdom's preparedness and
18 response capabilities, and of course you will recall
19 that Exercise Cygnus reported that the United Kingdom's
20 preparedness and response in terms of its plans,
21 policies and capability were not sufficient to cope with
22 the extreme demands of a severe pandemic.

23 The report was supported by 22 detailed lessons:

24 "This analysis maps the 22 lessons identified
25 against policy and planning development activities

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

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

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

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

25 The first page of annex B deals with those actions

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

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

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

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

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

17 **A.** Yes.

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

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

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1 different to the pre-existing job of being director of
2 national resilience in the Cabinet Office?

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

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

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

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

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

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1 continuing to ensure the wider resilience picture?

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

4 **Q.** By all means.

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

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

25 To what extent is this new head of resilience any

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

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

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

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

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

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

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

14 The government has agreed to:

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

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

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

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

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

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

20 Questions from THE CHAIR

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

23 **A.** Director.

24 **LADY HALLETT:** She?

25 **A.** She is a director.

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1 provide expert advice, and that the government will
2 actively and regularly draw on expert challenge.

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

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

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

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

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1 **LADY HALLETT:** She reports to a minister in the
2 Cabinet Office that happens to you at the moment, or to
3 the Deputy Prime Minister, if there is one? To whom
4 does she report officially?

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

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

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

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

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

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

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

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

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

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

13 Mr Keith?

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

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

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

(The witness withdrew)

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

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

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

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

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

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1 **MR KEITH:** Certainly, my Lady.
 2 Yes, please.

MR JEREMY HUNT (sworn)

Questions from LEAD COUNSEL TO THE INQUIRY

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

7 **A.** Jeremy Hunt.

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

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

16 **A.** It is.

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

23 **A.** Correct.

24 **Q.** You were also, although plainly not a minister, chair of
 25 the Health and Social Care Select Committee between

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1 January 2020 and October 2022, at which point, perhaps
 2 a couple of days earlier or a couple of days after, you
 3 became Chancellor of the Exchequer?
 4 **A.** Correct.
 5 **Q.** In which post you continue to the present day.
 6 Chancellor, it is obvious that, as
 7 Secretary of State for the Department of Health and then
 8 the Department of Health and Social Care, you were
 9 keenly aware of the onerous obligations placed on you as
 10 Secretary of State in relation to the provision of
 11 healthcare, including the obligations associated with
 12 the DH, and then the DHSC, being the lead government
 13 department for pandemic risk, being a health emergency?
 14 **A.** Correct.
 15 **Q.** It is clear from the documents before the Inquiry the
 16 departmental risk register, the paperwork and guidance
 17 relating to the discharge by your department of its role
 18 as lead government department, the legal obligation
 19 placed on the department by virtue of being a Category 1
 20 responder under the Civil Contingencies Act 2004, and
 21 its supervision of a number of bodies but, most
 22 importantly, the pandemic influenza preparedness board
 23 and the co-chairing of the Pandemic Flu Readiness Board,
 24 that pandemic planning lay at the heart of your
 25 department's work?

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

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

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

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

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

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1 an exercise that was to examine the UK's preparedness
 2 for pandemic influenza, it was to establish how good the
 3 UK -- how well the UK would cope in a situation in which
 4 pandemic influenza had already taken hold.
 5 So the starting point of the operation was we had
 6 already had between 200,000 and 400,000 fatalities, and
 7 I think 1.2 million people infected with pandemic flu.
 8 So it was to see how our systems would cope in that
 9 state of extreme pressure.
 10 I know you may well want to talk about the issue of
 11 groupthink, but I think this was the first example --
 12 looking back with the benefit of hindsight, this is not
 13 what I thought at the time, and I -- you know, with
 14 retrospect, of course, I wish I had challenged it at the
 15 time, but there were no questions asked at any stage as
 16 to how do we stop it getting to the stage of 200,000 to
 17 400,000 fatalities. It was an assumption that if there
 18 was pandemic flu it would spread, using layman's terms,
 19 like wildfire, and you pretty much couldn't stop it, and
 20 this was how would the system cope in that extreme
 21 situation.
 22 So that's why, rather ghoulishly, when you read
 23 through the report of the exercise, there was lots of
 24 talk about mortuary capacity and how you would deal with
 25 so many dead bodies, it was that kind of thing, and, as

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

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

8 May we have that on the screen, INQ000006357.

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

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

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

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1 to cope with extreme demands of a severe pandemic.

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

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

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

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

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

23 The conclusion from Exercise Cygnus was that the
24 United Kingdom's preparedness and response in terms of
25 its plans, policies and capability were not sufficient

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1 House of Commons. So all those things are true within
2 the -- if you asked the question as narrowly as we did
3 in Cygnus, which is: how well prepared are we for this
4 particular situation when 200,000 plus people have
5 already died, a million people have already got the
6 virus?

7 What we didn't ask, and this was the mistake, was:
8 first of all, is it only pandemic flu that we're likely
9 to be hit by, and could there be something with
10 MERS-like characteristics that's a respiratory virus
11 that spreads almost as fast as flu but has different
12 characteristics? We didn't ask that question. And we
13 didn't ask the other question, which was: what could we
14 do to stop it getting to that point where 200,000 to
15 400,000 people have died?

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

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

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

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

17 **Q.** Could we have, please, INQ000187694, which is a health
 18 sector security and resilience plan produced by your
 19 department, then the Department of Health, page 3.
 20 The first paragraph says under the executive
 21 summary -- and this was a document, wasn't it, which was
 22 prepared in the general field of resilience planning for
 23 the health sector?

24 "Within the health sector, there are generally good
 25 levels of resilience with good preparedness and business
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1 assumption, that we were very good at dealing with
 2 pandemics, and we all thought it. And, by the way, it
 3 wasn't just us. You know, Johns Hopkins University in
 4 America said that the UK was the second best prepared
 5 country in the world in the Global Health Security Index
 6 in 2019, and they had subcategories. One of their
 7 subcategories was which country is best prepared for
 8 preventing the spread of a virus, and scaling up
 9 treatment quickly, and we were top. We weren't second
 10 best, we were top.

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

21 **Q.** But the same Johns Hopkins Center report or a report
 22 from the same Johns Hopkins Center in December of 2019
 23 warned in the clearest terms of the dangers of focusing
 24 too much on a pandemic influenza and ignoring the
 25 significant risk of a different viral pandemic with
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1 continuity arrangements in place."

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

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

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

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

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

19 **A.** Okay. I mean, that first sentence we know is wrong and,
 20 you know -- but I'm afraid this was also -- I'm sorry to
 21 keep going back to this but this was also part of the
 22 mistaken assumption. So alongside this assumption that
 23 it was going to be more likely to be a flu that we had
 24 to deal with than an emerging respiratory virus, which
 25 would have many fewer casualties, there was another
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1 different characteristics, including a longer incubation
 2 period, asymptomatic transmission, higher transmission,
 3 and deadlier severity. So that was probably another
 4 instance, was it not, of the groupthink blinding us to
 5 the reality?

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

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

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

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

18 (3.07 pm)

(A short break)

19
 20 (3.20 pm)

21 **MR KEITH:** Chancellor, turning to a different topic, and the
 22 important question of the United Kingdom pandemic
 23 influenza strategy document 2011, there was only ever
 24 one Department of Health strategy document relating to
 25 pandemic influenza, and it was this 2011 document, and
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1 there was no analogous strategy document dealing with
2 a non-influenza pandemic or a range of pandemic
3 scenarios or even generically a non-influenza pandemic.

4 Can you recall to what extent you were briefed or
5 informed that that strategy document of 2011 required
6 refreshment, being refreshed, as the terminology appears
7 to describe it, being updated?

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

9 **Q.** The evidence shows that it was due to be refreshed, to
10 use the departmental phrase, but that in 2018 and 2019
11 that work was paused as a result of
12 Operation Yellowhammer, to which we'll come later.

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

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

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

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

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

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

25 **Q.** The Inquiry does not exist to find fault, solely, of

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1 of summits where we discussed the global response to
2 Ebola and, you know, we had global health security
3 summits -- I organised one in March 2018 -- and we had
4 Exercise Cygnus as well.

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

12 **Q.** Yes.

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

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

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

22 But I think it's just interesting when you look at
23 that, that that is -- the report on Exercise Alice is
24 literally the only place that I can find which really
25 talks about the importance of quarantining. If you look

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

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

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

16 **Q.** Yes.

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

23 And I think that is interesting, because although we had
24 a blind spot about flu being the thing we needed to
25 worry about, with flu a vaccine is very important. So

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

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

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

20 **A.** Correct.

21 **Q.** All right.

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

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1 That was the assumption that collectively, including
2 myself, we didn't challenge.

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

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

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

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1 It may be suggested that there are a number of ways
2 in which there was groupthink or a strategic failure.
3 The first one, to which you've already made reference,
4 is the long-standing bias, as it's been described by,
5 I think, Professor Dame Sally Davies and others, in
6 favour of influenza.

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

8 **A.** Yes.

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

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

18 **A.** I think in deference to my scientific colleagues they
19 would all have said that those risks existed, but
20 collectively we didn't put anything like the time and
21 effort and energy into understanding those dangers, and
22 I think if you look at the National Risk Register of
23 2017, it sort of says these were the two things:
24 Pandemic flu that could kill up to 750,000, or
25 an emerging respiratory virus that could kill up to 100.

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1 **Q.** But it's not about hindsight, is it, because,
2 Chancellor, as you accept, and if I may say so very
3 fairly, there was a failure at the time to ask the more
4 searching questions that were required to be asked?

5 **A.** Correct.

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

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

16 **Q.** Yes.

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

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

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1 Q. East Asia?

2 A. I think there was a groupthink that we knew this stuff
3 best, and there was a sense that we -- with perhaps the
4 exception of the United States, there wasn't an enormous
5 amount we could learn from other countries and
6 certainly, you know, I didn't -- this is with,
7 apologies, this is with the benefit of hindsight, but
8 I don't think people were really registering
9 particularly Korea as a place that we could learn from.

10 I think it's very notable that Korea did not have
11 a lockdown in the first year of the pandemic. They
12 avoided a lockdown at all. What I think is interesting
13 is that the reason that they had to superb response --
14 I mean, in the second half of the pandemic, quite a lot
15 of East Asian countries didn't do very well because they
16 didn't get their vaccines out as quickly as we did here,
17 but in that first year I don't think there's any doubt
18 that Taiwan and Korea did incredibly well. But that was
19 actually because there was a lot of public criticism of
20 the Korean government after the MERS epidemic in,
21 I think, 2014/15 when their laboratory testing capacity
22 was not up to scratch, they didn't have a network in
23 place, and they learnt those lessons. And there was
24 clearly a narrowness of thinking of which, you know,
25 I was part, which didn't think hard enough about that

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1 wasn't shown to me -- but you can see that there was
2 still this underlying assumption that you would be
3 likely to be dealing with something of limited total
4 number of fatalities --

5 Q. In a hospital setting essentially only?

6 A. Indeed, and if you look at the recommendations, I think
7 there were 12, and I think the Department of Health and
8 Social Care thinks that 11 were implemented and one
9 wasn't, they didn't have the urgency that you would have
10 wanted knowing what we went through just a few years
11 later.

12 So, for example, the PPE recommendation doesn't say
13 "We need to check that we've got enough PPE", it says
14 "Having enough" and we may not have enough PPE. It says
15 "Having enough PPE is very important and we should do
16 an instructional video to make sure that everyone across
17 the whole system knows the importance of having enough
18 PPE".

19 The reason that -- so I don't believe that even if
20 I had been shown Exercise Alice I would have necessarily
21 asked for things to have been done differently.

22 What I think is, the reason it's important, it is
23 literally the only thing, as we mentioned earlier, that
24 talks about quarantining and the importance of
25 quarantining, and if there was one thing that could have

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1 kind of potential pandemic.

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

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

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

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

23 Q. Of course, if you wish.

24 A. I think if you read Exercise Alice you can still see
25 now -- obviously I didn't read it at the time because it

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1 slowed the progress of Covid when it actually arrived,
2 it was to understand the importance of early
3 quarantining to stop the disease spreading and to
4 understand there are types of pandemic where it is worth
5 putting a massive amount of effort into slowing the
6 spread, and that one of the very first questions we
7 should have been asking ourselves is: is this one of
8 those pandemics that you can actually slow and save
9 lives early on or not? And I don't think we had asked
10 those questions.

11 Q. But the reality was, wasn't it, Chancellor, that those
12 lessons or actions, as they were called in
13 Exercise Alice, whether or not they were brought to your
14 attention, and you've said they weren't, and there is no
15 evidence that Alice was ever brought to your attention,
16 the report itself identified a number of actions which
17 self-evidently were worthy of further exploration. They
18 were the actions recommended by the very report itself,
19 by the exercise, and the actions focused on, amongst
20 other matters, port of entry screening, option plans for
21 dealing with the cost-benefits and practicality of
22 quarantine versus self-isolation, plan for mass
23 community sampling, and the development of live tools or
24 systems to collect data from infected persons in order
25 to be able to better manage testing and contact tracing.

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1 So regardless of whether or not ultimately that
2 would have been of assistance when Covid struck, the
3 fact remains that, to a large extent, those particular
4 recommendations for whatever reason were never carried
5 forward to fruition?

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

14 **Q.** I believe that the quarantine options paper in
15 Exercise Alice was deprioritised by the DHSC on
16 28 September 2016. So at least in relation to that --

17 **A.** Okay.

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

19 All right.

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

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

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

25 **A.** No, the one I was thinking about was NHS communications.

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1 was at the start of Covid, and that is it's really
2 important within SAGE that there is contrary thinking
3 and challenge going on, and I hope that SAGE is
4 structured in a way to make that possible.

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

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

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

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1 So I hadn't heard what Mr Keith just said.

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

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

9 **Q.** All right.

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

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

24 But the first thing I would say is that, you know,
25 in -- we all discovered how incredibly important SAGE

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

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

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

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

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

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

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

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

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

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

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

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

25 Ministers, in their exalted status, don't know

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

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

25 But I think there is one other thing I would say

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

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

17 **Q.** All right.

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

23 It is, please, at INQ000057271.

24 We needn't, I think, trouble you with the detail of
25 the departmental board, because Sir Christopher has

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1 given information about what it consisted of, but these
2 were the minutes of a particular departmental board,
3 a very senior part of your then department, which was
4 doing a deep dive into major infection diseases.

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

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

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

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

24 A. Well, as you mentioned, I wasn't at that board meeting
25 and I've checked as to why, and it was -- and if you --

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1 statement.

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

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

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

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

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

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

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

22 Q. All right.

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

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

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

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

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1 health minister isn't able to do, which is through
 2 a centralised structure switch off everything else and
 3 say, "We're just going to focus the 100,000 beds we have
 4 on Covid patients and make sure that that is the
 5 priority".
 6 And when you read comments in the papers about how
 7 good the NHS -- how well prepared the NHS was for
 8 a pandemic compared to other health systems, I think
 9 that's really what they were talking about. They were
 10 saying there was a centralised structure that allowed
 11 you to make big decisions from the centre in the way
 12 that other countries would not be able to do with a more
 13 fragmented healthcare system. But the price we paid for
 14 that was a big interruption to cancer care and other
 15 treatments, which is partly why we have this big backlog
 16 that we're trying to bring down now.
 17 So I do think you have to make a judgement about:
 18 you can't obviously build empty hospitals, you know, to
 19 deal with a pandemic that might happen around the
 20 corner, no country in the world could afford to do that,
 21 but you do need to think about some latency in the
 22 capacity, and that was part of the reason why I argued
 23 that we should have the big funding increases that
 24 I secured in 2015 and 2018.
 25 **Q.** Does the same analysis apply to workforce planning in
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1 more cancer treatments next year? But the number of
 2 doctors coming onstream in eight or nine or ten years'
 3 time is inevitably further down the priority list, and
 4 you need to have some mechanism that makes sure that it
 5 always gets the priority it deserves, rather than what
 6 we have at the moment which is a rather lumpy way of
 7 increasing doctors.
 8 I persuaded Theresa May in 2016, I was very proud to
 9 do so, and we had a big increase then, but the first
 10 doctors from that decision will be coming onstream next
 11 year, so that gives you an idea of the time delays
 12 involved.
 13 **Q.** So is the stark reality that an improvement in
 14 resilience structurally walks, and can only walk, hand
 15 in hand with a general improvement in terms of workforce
 16 numbers and the health and the financing of the NHS as
 17 a whole?
 18 **A.** Yes.
 19 **Q.** There is no practical way of bifurcating the two issues?
 20 **A.** I think that structured workforce planning will make
 21 a very big difference to our overall pandemic
 22 resilience, yes.
 23 **Q.** What about social care and in particular adult social
 24 care?
 25 You say in your statement that one of your regrets
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1 particular and the numbers of NHS doctors and nurses?
 2 You refer in your statement to the fact that there
 3 have always been issues, of course, with numbers of the
 4 NHS workforce and with planning, and you describe how
 5 you became aware of the importance of workforce
 6 planning.
 7 In the context of pandemic planning, is there any
 8 way in which you can have a latent capacity in terms of
 9 sheer numbers of NHS employees to be able to deal with
 10 the contingent possibility of a catastrophic pandemic?
 11 **A.** I don't think any healthcare system can plan to have as
 12 many doctors or nurses as you would need in an extreme
 13 pandemic situation, just because of cost, and also
 14 because of the fact that you just don't know what kind
 15 of situation you're going to be dealing with.
 16 **Q.** Indeed.
 17 **A.** But I think that we should be better at long-term
 18 workforce planning, and I did conclude as
 19 Health Secretary that the structure we have -- because
 20 it takes seven years to train a doctor -- means that
 21 it's never given a higher enough priority in the system,
 22 and when a Chancellor and a Health Secretary are
 23 negotiating a spending review settlement, they're
 24 thinking about: how are we going to relieve pressure in
 25 A&E departments this year? How are we going to have
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1 as Secretary of State for Health and Social Care was
 2 that you were unable to secure a longer term funding
 3 settlement for social care or a long-term plan to
 4 relieve pressures and inequities in the social care
 5 system.
 6 Does the same analysis apply, that an improvement in
 7 resilience must necessarily depend on improvement in the
 8 system as a whole, and of course that depends on
 9 funding?
 10 **A.** It does. It's slightly more complex, because I don't
 11 think any country in the world that I'm aware of has
 12 a nationalised care system where all the care homes are
 13 owned and provided by the state, and so I think all
 14 countries have a semi-public, semi-private system.
 15 Again there were -- I think there was an increase of
 16 over 100,000 in the social care workforce in my time as
 17 Health Secretary, but I wanted there to be a long-term
 18 plan for the social care sector. I negotiated the
 19 long-term plan for the NHS with Theresa May and
 20 Philip Hammond in 2018, and was hoping to do so for the
 21 social care sector, and I think that was next on their
 22 list too but then unfortunately that government fell and
 23 we had the pandemic and it didn't happen.
 24 When I became Chancellor, in the autumn statement
 25 last year I did put through a £4.7 billion annual
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1 increase in the social care budget because it was
2 unfinished business in my mind, and I hope that will
3 make a difference.

4 I would say that in social care, though, if I'm
5 looking at global best practice and resilience, I think
6 the experience of MERS and SARS in Korea and Taiwan,
7 I did look at what they did with their care homes, and
8 I think I spoke to a professor from Hong Kong University
9 during the pandemic who said that they had not had
10 a single care home death in Hong Kong, and there the key
11 issue was not so much the long-term planning -- by the
12 way, we should do the long-term planning anyway, because
13 it's very important for the social care sector, but that
14 wasn't the key issue. The key issue was the infection
15 prevention and control, and the fact that following MERS
16 they'd said that every care home had to have a named
17 person responsible for pandemic planning in the care
18 home, and they very quickly stopped external visitors
19 going into care homes to stop infection being brought
20 into care homes from the community, and I think they
21 were required to have a supply of PPE as well
22 permanently there.

23 So I think -- and I think in Korea they had some
24 care homes where the staff were asked to live on-site at
25 the peak of the dangerous period to stop residents

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1 You ceased to be Secretary of State on 9 July 2018,
2 and thereafter the necessary preparations for a no-deal
3 exit intervened, and evidence has been heard by my Lady
4 as to the extent of the interruption and the impact of
5 those necessary preparations.

6 To what extent were you aware, once you had left
7 that post as Secretary of State for Health and
8 Social Care, of the degree to which the work that you
9 had called to be prioritised was being affected by
10 Operation Yellowhammer?

11 **A.** I don't think I was aware at all.

12 **Q.** And is that because of course you were
13 Foreign Secretary?

14 **A.** I was Foreign Secretary.

15 I mean, I will say, you know, in answer to the
16 broader question of: because the Brexit vote happened
17 when I was Health Secretary, how did it impact my work
18 as Health Secretary? It was really one very specific
19 thing: I was concerned about the future of our life
20 science industry, so I spent a lot more time than I had
21 previously visiting life science companies in this
22 country and around the world because I wanted to protect
23 our ongoing life science investment, so I did spend time
24 on that.

25 But I -- I don't recall ever hearing that pandemic

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1 getting infections.

2 So it was really around -- I would say the biggest
3 difference we could make in the social care system when
4 it comes to pandemic planning is that area.

5 **Q.** Those latter issues are of course matters which will be
6 looked at in greater detail in my Lady's later module on
7 social care.

8 Finally, the topic of Operation Yellowhammer, with
9 which you'll be familiar. The emails and the letters
10 from the Department of Health and Social Care when you
11 were Secretary of State make plain that following that
12 NSC(THRC) meeting to which you referred earlier, that
13 committee had put into place, or rather the
14 Prime Minister had directed the institution of the
15 pandemic flu readiness programme.

16 In the bundle, as you're aware, there are a number
17 of letters from yourself to both Theresa May MP and to
18 two others in which you stress the vitality:

19 "It is vital that this work continues to be
20 prioritised and resourced by departments, given the
21 significance and scale of the risk."

22 So you were concerned to ensure that the work
23 ordered by that committee, which is the workstreams done
24 by the Pandemic Flu Readiness Board, be continued to be
25 prioritised.

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1 preparedness had been deprioritised when I became
2 Foreign Secretary.

3 **MR KEITH:** My Lady, those are all the questions I have for
4 the Chancellor.

5 May I ask you, please, for permission to publish the
6 Chancellor's witness statement?

7 **LADY HALLETT:** Yes, and let that be a standing direction --

8 **MR KEITH:** Yes.

9 **LADY HALLETT:** -- unless anybody indicates for some reason
10 it shouldn't be published.

11 **MR KEITH:** Then there are -- as I can see, my Lady, you are
12 alive to -- two requests to ask questions from the
13 core participants under Rule 10(4), Covid-19 Bereaved
14 Families for Justice UK and Northern Ireland and the
15 Trades Union Congress.

16 **LADY HALLETT:** Thank you. First Mr Weatherby and then
17 Mr Jacobs, thank you.

18 Questions from MR WEATHERBY KC

19 **MR WEATHERBY:** Mr Hunt, I ask a very few questions on behalf
20 of the Covid-19 Bereaved Families for Justice, which
21 represents the interests of many bereaved families
22 across the UK.

23 Just picking up from where Mr Keith left off with
24 capacity and resilience, and particularly nursing
25 resilience and staffing levels, were you aware that the

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1 Welsh Government put in place in 2016 legislation
 2 providing for nursing staffing levels, health boards and
 3 NHS trusts in Wales during the relevant period?
 4 **A.** No, but I ... what happened was that -- and this may or
 5 may not be connected to that -- we had a terrible
 6 scandal at Mid Staffs, and we in England had a very
 7 radical overhaul of hospital regulation and we
 8 introduced Ofsted rating for all hospitals and so on --
 9 **Q.** Yes.
 10 **A.** -- and the Welsh Government were asked what they were
 11 going to do in response to this, because there were some
 12 issues in Welsh hospitals. I believe that might have
 13 been their response.
 14 **Q.** Yes. I think it was to have regard to the importance of
 15 providing appropriate numbers of nurses in all settings.
 16 Is that something that you ever considered, given
 17 staffing levels in England, was that anything you
 18 considered bringing in in terms of England?
 19 **A.** I thought it was extremely important to have appropriate
 20 staffing levels.
 21 **Q.** Yes.
 22 **A.** I think the number of nurses increased by 24,000 during
 23 the period that I was Health Secretary. My -- the main
 24 focus of my time as Health Secretary was patient safety,
 25 and I was very aware as to how staffing levels would

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1 **A.** -- until we increased training levels.
 2 **Q.** You mentioned a couple of times the number of nurses and
 3 the number of doctors that you put in place, but
 4 yesterday the Inquiry heard powerful evidence from
 5 Professor Davies, the Chief Medical Officer who worked
 6 closely with you, and she described the disinvestment --
 7 her word -- in the NHS as affecting resilience and the
 8 UK being at the bottom of the table in regard to the
 9 numbers of doctors and nurses with comparator countries.
 10 So isn't that a powerful argument for why there
 11 should be minimum levels of doctors and nurses, probably
 12 other things as well, but isn't that a powerful argument
 13 for that?
 14 **A.** It's a powerful argument to increase the numbers of
 15 doctors and nurses so you can put those levels in place,
 16 safe staffing levels, and I would support that.
 17 I wouldn't use the word "disinvestment" because, I mean,
 18 in my time I think the investment in the NHS budget went
 19 up from £101 billion to £124 billion.
 20 **Q.** Yes.
 21 **A.** But do we need greater workforce capacity? Absolutely
 22 we do.
 23 **Q.** Yes. I think the point was the bottom of the table in
 24 terms of comparator countries, in terms of those
 25 numbers.

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1 have an impact on patient safety, and I did look at
 2 whether one way to address this was to mandate staffing
 3 levels.
 4 **Q.** Yes.
 5 **A.** But I think in the end the problem with that approach is
 6 that you can only mandate staffing levels if you
 7 actually have the doctors and nurses to mandate, and
 8 that's why you need a long-term workforce plan to make
 9 sure you have the ability to do that.
 10 **Q.** If you have staffing levels, then you've got something
 11 to work up to, though?
 12 **A.** Well, if you mandate it.
 13 **Q.** Yes.
 14 **A.** So I did look at whether you should simply say it's
 15 a requirement, for example, that, you know, there should
 16 be one nurse for every --
 17 **Q.** Yes.
 18 **A.** -- eight patients on a dementia ward. If you make that
 19 a legal requirement, then the hospitals will have to
 20 pull those nurses from somewhere else --
 21 **Q.** Yes, understood.
 22 **A.** -- and if those other areas matter, then you would cause
 23 damage to patients in those other areas. So that's why
 24 I didn't believe it was an option --
 25 **Q.** Yes.

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1 **A.** Well, I think if you -- I don't want to suggest that we
 2 have got to the right place when it comes to workforce
 3 planning, I think we need to go further. But I think
 4 the latest figures I've seen, out of the 38 OECD
 5 countries we're fifth in terms of the proportion of GDP
 6 we invest in health. So I think in the period since
 7 2010 --
 8 **Q.** Yes.
 9 **A.** -- compared to other countries we've grown, but I think
 10 we can do better --
 11 **Q.** Yes.
 12 **A.** -- when it comes to workforce planning.
 13 **Q.** Second point, similar point, though, that the Inquiry's
 14 going to hear evidence from the chair of the BMA,
 15 British Medical Association, UK Council,
 16 Professor Banfield, and in his statement to the Inquiry
 17 he indicates that the BMA regularly raised concerns with
 18 government in relation to the state of public health and
 19 healthcare systems and their lack of capacity and
 20 resilience, and the BMA's communications ensured that
 21 government were fully aware that the public health and
 22 health systems were struggling to provide adequate
 23 services even in normal times and that actions needed to
 24 be taken; and then no doubt when he comes to give
 25 evidence he will be able to show the documents and

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1 reports he's referring to.
 2 But during your period, in the period running up to
 3 the pandemic when you were in office, do you recall
 4 those persistent concerns being raised by the BMA that
 5 the government funding was insufficient to sustain the
 6 NHS?
 7 **A.** Very much so, because there was a junior doctors strike
 8 that lasted nearly a year, and it was because I was
 9 trying to -- the immediate cause of the strike was my
 10 request that we should have better weekend staffing at
 11 hospitals, because I thought that mattered for patient
 12 safety, but in the course of that strike I was trying to
 13 understand why it became such a bitter and long strike.
 14 Doctors were saying "You're asking us to work more on
 15 Saturdays but we don't have enough doctors in the
 16 week" --
 17 **Q.** Yes.
 18 **A.** -- and I looked at the evidence and I thought that they
 19 had a point, and that was why I introduced a 25%
 20 increase in doctor training places in October 2016,
 21 followed incidentally by a 25% increase in nurse and
 22 midwife training places.
 23 **Q.** Isn't the real answer to these issues that insufficient
 24 consideration has been given, and needs now to be given,
 25 to long-term sustainable funding for the NHS to bring

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1 **A.** -- and we do fund comparable levels to other European
 2 countries.
 3 **MR WEATHERBY:** Thank you, Mr Hunt.
 4 **LADY HALLETT:** Thank you very much, Mr Weatherby.
 5 I said Mr Jacobs, but I can't see him.
 6 **MR JACOBS:** I've moved to the back of the room, my Lady.
 7 **LADY HALLETT:** Oh, there you are.
 8 **MR JACOBS:** I may be obscured from you, but I think I can
 9 see the Chancellor.
 10 **Questions from MR JACOBS**
 11 **MR JACOBS:** Good afternoon, Chancellor. I have just a few
 12 questions on behalf of the Trades Union Congress.
 13 Chancellor, could I start with an answer that you
 14 gave just a few moments ago to Mr Weatherby, and your
 15 evidence that in terms of spending on the NHS as
 16 a proportion of GDP the UK or the NHS features fifth,
 17 I think you said, amongst the 38 OECD countries.
 18 When looking at NHS spend as a proportion of GDP
 19 currently, does that in reality reflect at least in part
 20 not so much an increase in funding but our GDP falling
 21 behind or our growth in GDP falling behind our peer
 22 countries?
 23 **A.** I don't believe so, because we've grown at broadly the
 24 same rate as Germany since 2010. I think our GDP growth
 25 rate has -- you know, some years it's up and some years

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1 its resilience up and to ensure long-term that there is
 2 sufficient doctors, nurses and other resources for
 3 business as usual, but also to be able to play a full
 4 part in emergency shocks?
 5 **A.** I don't think you can fairly say that there weren't big
 6 increases in the clinical workforce during either the
 7 time I was Health Secretary or even the broader period
 8 since 2010, but what I would say is that I don't think
 9 it happened in a structured way that it should have, and
 10 I think it would be much better if it was done not
 11 because a particular Health Secretary at a particular
 12 moment --
 13 **Q.** Yes.
 14 **A.** -- takes an interest in it, but because there's
 15 a long-term plan, which includes thinking about
 16 resilience --
 17 **Q.** Yes.
 18 **A.** -- as to how many doctors you're going to need in five,
 19 ten, 15 years' time --
 20 **Q.** And clear minimum long-term standards with proper
 21 funding, transparent, so everybody can see?
 22 **A.** Well, yes, but just for the avoidance of doubt I think
 23 it is important to say that the funding levels did go up
 24 significantly --
 25 **Q.** Yes.

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1 it's down, but we've -- our GDP's actually grown faster
 2 than France and Japan since then, so I don't believe
 3 that's the reason.
 4 **Q.** Chancellor, you pick Germany. Is Germany not the sole
 5 other G7 country that has a broadly similar GDP growth,
 6 or lack of it, than the other G7 countries, for example?
 7 **A.** No, I think we grew faster. If you're talking about
 8 since 2010 as a baseline, we've grown faster than Italy,
 9 Japan, France --
 10 **Q.** Sorry, Chancellor, focusing on recent developments, so
 11 during the course of the pandemic.
 12 **A.** Well, if you're talking about we spend fifth out of 38
 13 countries, that -- that's where we are today, and, as
 14 I say, in terms of recent GDP growth over the last
 15 decade I think -- I'm not sure I -- I think the point
 16 I would say is -- I think what you might be saying is:
 17 could we have gone up to league table quite a lot
 18 because of growth in the last couple of years, because
 19 of a lack of growth over the last couple of years, is
 20 that the question you were asking?
 21 **Q.** Well, Chancellor, let's look at it a slightly different
 22 way, given that we are focusing on the NHS as we go into
 23 a pandemic, at the beginning of it.
 24 You've said where we are today, but is it right that
 25 in the decade or so leading to the pandemic we generally

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1 lagged behind peer countries in terms of spending on the
 2 NHS as a proportion of GDP?
 3 **A.** Well, I just remember when I was asked that question as
 4 Health Secretary many times, I seem to remember that we
 5 were generally bang on the Western European average and
 6 the OECD average during the period I was
 7 Health Secretary. I don't have the exact figures in
 8 front of me, but I think we were broadly at the average
 9 level.
 10 **Q.** However we compared, I think your evidence a few moments
 11 ago was that, in your time as Secretary of State for
 12 Health and Secretary of State for Health and Social
 13 Care, you did become convinced of a need for more
 14 capacity within the NHS; is that right?
 15 **A.** Correct.
 16 **Q.** One of the matters you describe in your statement is
 17 that after Operation Cygnus in 2016, you agreed that
 18 both the NHS and social care system were fragile and in
 19 need of more funding; is that right?
 20 **A.** Correct.
 21 **Q.** And in response that, there was an announced increase in
 22 funding in June 2018. That was when the announcement
 23 was; is that right?
 24 **A.** There was also an earlier announcement in October 2015,
 25 or December 2015, towards the end of 2015, but the
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1 a country we had very fragile finances in 2010 following
 2 the global financial crisis, and we had to do some work
 3 in order to get ourselves in a position where we could
 4 afford the big increase that I negotiated in 2018. So
 5 I don't think it would have been possible to negotiate
 6 that increase any earlier, because I don't think the
 7 funding existed to do so.
 8 **Q.** One final matter, Chancellor. We heard yesterday from
 9 Dame Sally Davies. She was your Chief Medical Officer,
 10 wasn't she, throughout your time as Secretary of State
 11 for Health and for Health and Social Care? You describe
 12 her in your statement, don't you, as your "excellent
 13 Chief Medical Officer"; is that right?
 14 **A.** Yes.
 15 **Q.** What she said yesterday, and Mr Weatherby touched on
 16 a part of it, she described not having resilience in
 17 the NHS and by comparator data, compared to similar
 18 countries, per 100,000 population, we were at the bottom
 19 of the table on number of doctors, number of nurses,
 20 number of beds, number of ITUs, number of respirators,
 21 number of ventilators.
 22 Is that a picture you recognise, and do you think
 23 it's a pretty damning picture of the state and capacity
 24 of the NHS as we went into the pandemic?
 25 **A.** It's a picture I recognise, and I tried to do something
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1 bigger announcement was then, yes.
 2 **Q.** Yes. So the bigger announcement, June 2018; and is it
 3 right to say that that related to an increase in funding
 4 over five years that was to start in 2019/2020?
 5 **A.** Either 2019/20 or 2018/19.
 6 **Q.** Okay. Do you think it's correct to say, Chancellor,
 7 that realistically that funding would have been too
 8 close to the pandemic to address the fragility in the
 9 NHS that you were concerned about in 2016?
 10 **A.** Well, it's -- I think the way to put it is, as
 11 I mentioned earlier to Mr Keith, that when I arrived the
 12 NHS budget was £101 billion, when I left it was
 13 £124 billion, that was a negotiation for an additional
 14 £33 billion.
 15 **Q.** Yes, that might be an answer to a slightly different
 16 question. My question was: you're concerned about
 17 fragility in 2016, the funding increase comes in,
 18 I don't think you can quite recall, but the 2019/20 tax
 19 year; do you agree with the simple point that that was
 20 too late to address the fragility which you yourself
 21 were concerned about?
 22 **A.** I don't think so, because -- look, I accept your broad
 23 point that I think there needed to be more capacity,
 24 that I think the system, the health and social care
 25 system were fragile, but I also recognise that as
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1 about, with big increases in doctor, nurse and midwife
 2 training places, with big increases in the NHS budget so
 3 that we would be able to afford to employ them.
 4 So, yes, that is exactly what I thought. I thought
 5 the NHS needed more capacity to increase the doctors per
 6 head to closer to Western European levels. But the
 7 context, that was the NHS that the government inherited
 8 and there was also a financial crisis, so it was going
 9 to take some time in order to address those issues. But
 10 do I agree with Dame Sally that we need to improve our
 11 capacity in those areas? Absolutely, yes.
 12 **MR JACOBS:** Chancellor, thank you.
 13 Thank you, my Lady.
 14 **MR KEITH:** My Lady, Covid-19 Bereaved Families for
 15 Justice Cymru have emailed in to say that they have been
 16 thoroughly traduced by my failure to ask a question that
 17 they were told I would ask, and therefore they seek your
 18 permission for me to put the question that wasn't put.
 19 May I have your permission to do so?
 20 **LADY HALLETT:** Certainly.
 21 **Further questions from LEAD COUNSEL TO THE INQUIRY**
 22 **MR KEITH:** Chancellor, did you have communications with the
 23 Welsh ministers for health in connection with pandemic
 24 preparedness and preparation, and how effective were the
 25 systems of communication? Were they as effective as
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1 they could have been and, if not, how could they have
 2 been improved?
 3 It describes itself as a single question, it may not
 4 be. What's your response?
 5 **A.** No, and I think it's probably in response to a negative
 6 comment in the papers from the then Welsh Health
 7 Minister about his lack of engagement with me as
 8 Health Secretary.
 9 **Q.** Mr Vaughan Gething?
 10 **A.** Correct, and the answer is that they were quite strained
 11 relations because the Welsh Government responsible for
 12 the NHS was Labour, the Scottish NHS was under the
 13 control of the SNP, and I was the English
 14 Health Secretary and I was responsible -- and I was
 15 obviously Conservative, and the reason -- and that
 16 doesn't mean to say you can't have cordial relations
 17 with people from different parties, but in this
 18 particular case the NHS was the central battleground in
 19 every general election, and so in every general election
 20 there was a narrative that Labour would say here,
 21 "The NHS is in a terrible state", we would say, "It's in
 22 an even worse state in Wales", and -- and this is not
 23 the place obviously to get into the rights and wrongs of
 24 those claims, but they were the claims that were made.
 25 So we didn't have very good relations, I fully accept
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1 decisions about triage to which you have referred and so
 2 you were very much part of that exercise?
 3 **A.** I was there for the first day, I think in its entirety.
 4 But, as I say, I was conscious of the political
 5 challenges of close co-operation given the context we
 6 were in, and so my approach was always that we should
 7 nurture the closest possible relationship at an official
 8 level, where those political rivalries didn't exist.
 9 **MR KEITH:** Thank you.
 10 **LADY HALLETT:** Thank you very much.
 11 **MR KEITH:** My Lady, that concludes the evidence for today.
 12 **LADY HALLETT:** Chancellor, thank you very much indeed.
 13 I hope we haven't taken up too much of your time.
 14 Thank you for your thoughtfulness.
 15 **(The witness withdrew)**
 16 **LADY HALLETT:** 10 o'clock tomorrow.
 17 **MR KEITH:** Thank you, my Lady.
 18 **(4.30 pm)**
 19 **(The hearing adjourned until 10 am**
 20 **on Thursday, 22 June 2023)**
 21
 22
 23
 24
 25

1 that.
 2 For the sake of pandemic preparedness, what was my
 3 strategy? My strategy was that we needed to have the
 4 best possible relations at an official level, and
 5 I think that actually that was one of the positives that
 6 came out of Exercise Cygnus, that the Chief Medical
 7 Officers for the four nations did develop a network, and
 8 actually I think that was something that worked pretty
 9 well during the pandemic as well.
 10 **Q.** I think I should observe, Chancellor, that given that
 11 the etymology of this issue was Mr Vaughan Gething, that
 12 in his witness statement to my Lady's Inquiry he says:
 13 "In the context of Exercise Cygnus Jeremy Hunt was
 14 the United Kingdom Government Health Secretary.
 15 Although he was, I think, present for the opening of the
 16 ministerial engagement element of the exercise, he was
 17 absent for the second day and a junior UK health
 18 minister took the chair."
 19 And he says this:
 20 "My impression was that UK ministers did not take
 21 ministers and officials from the devolved governments
 22 seriously."
 23 Has your evidence been, in fact, that you were
 24 present on that day when the decision had to be made by
 25 the **de facto** Secretary of State in that exercise to make
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