Wednesday, 21 June 2023

(10.00 am)

LADY HALLETT: Yes, Mr Keith.

MR KEITH: My Lady, before Ms Blackwell calls the first witness, may I just mention one matter from yesterday, to put on the record that I think I said on behalf -- or in relation to the evidence of Professor Dame Sally Davies that --

LADY HALLETT: Microphone, Mr Keith.

MR KEITH: It's on, it's just I'm not speaking loud enough.

LADY HALLETT: Oh, right.

MR KEITH: I think I suggested that there would be no questions for her under the Rule 10(4) procedure and I proceeded to ask questions myself of her. In fact permission had been given to Covid-19 Bereaved Families for Justice to ask questions themselves. So I apologise, I'm afraid I intruded on their turf and I asked the questions myself.

In relation to Mr Osborne, we said that no core participant group had sought to ask questions of Mr Osborne. The correct position is that in fact one particular group, again Covid-19 Bereaved Families for Justice, had sought permission to ask questions of Mr Osborne, but permission had actually been declined.

LADY HALLETT: Thank you.

Ms Blackwell.

MS BLACKWELL: Good morning, my Lady. I call Sir Mark Walport.

SIR MARK WALPORT (affirmed)

Questions from COUNSEL TO THE INQUIRY

MS BLACKWELL: Sir Mark, thank you for the assistance that you've given so far to the Inquiry. I know that you have provided a full and very helpful witness statement.

A. Thank you.

Q. Thank you for coming to give evidence today. Please keep your voice up and address your answers into the microphone so that the stenographer can hear for the transcript.

We will take a break during the course of your evidence but if at any time before that you require a break, just say so and we will do that.

May I bring up on screen, please, INQ000147707. Could we look at the second page, please.

This is your witness statement, Sir Mark, and if we go to page 49, we can see that you have signed it, although your signature has been redacted, and that you've confirmed under the statement of truth that you believe the facts stated in the witness statement to be true; is that right?

A. That is correct.

Q. Thank you very much. We can take that down.

Dealing first of all, then, with your background, so far as it's relevant to this Inquiry, you're a fellow of the Royal College of Physicians, a retired fellow of the Royal College of Pathologists, and an honorary fellow of the Royal College of Paediatrics and Child Health. You're a fellow of the Academy of Medical Sciences and a fellow council member and trustee of the Royal Society and an honorary fellow of the Royal Society of Edinburgh.

You have extensive experience of strategy and policy development, the provision of science advice to government, the funding and catalysts of research, crisis management and organisational leadership, and you were director of the Wellcome Trust from 2003 to 2013.

From 2013 to 2017, you were the Government Chief Scientific Adviser, and from 2017 to 2020 you were the founding chief executive officer of UKRI, that's United Kingdom Research and Innovation.

You were a member of the Prime Minister's Council for Science and Technology, CST, and co-chair during your time as GCSA, and you continued to attend the CST in your role as CEO of the UKRI until 2020.

Whilst you were the Government Chief Scientific Adviser, you were responsible for running GO-Science,

ensuring that the Prime Minister and Cabinet received the scientific advice that they needed, and you drove systematic improvements across the government in relation to how science is used, and we will turn to that during the course of your evidence.

So please explain to us, Sir Mark, what is entailed in the role of Government Chief Scientific Adviser?

A. Okay, thank you.

So the job of the Government Chief Scientific Adviser is very broadly drawn. It is essentially to advise the Prime Minister and the government on all aspects of science, engineering and technology for the whole breadth of government policy.

Of course, that is not because the Government Chief Scientific Adviser has expertise on all of those matters, and in fact, you know, at some level it is incidental that I am medically qualified, and so have some background in the topics, but nevertheless my job was to work across the whole of government, and there are extensive mechanisms of science advice which the GCSA plays a role in co-ordinating.

So firstly I was supported by the Government Office for Science.

Q. Yes.

A. Secondly, each government department has its own CSA,

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

Q. Embedded with the --

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

Q. Yes.

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

So there is the network of Chief Scientific Advisers.

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

Q. Yes.

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

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

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

You speak very quickly, Sir Mark.

A. Sorry, I'll slow down.

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

A. Of course.

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

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

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

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

A. It was to play a part.

Q. -- of the organisation of that.

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

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

as well.

Q. Right.

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

Q. Yes.

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

Q. Thank you.

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

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

A. Yes.

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

A. Correct.

Q. All right, thank you.

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

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

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

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

Q. Thank you.

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

A. Yes.

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

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

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

Q. Yes.

A. That is where scientific advice is very important.

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

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

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

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

much easier than the job of the politician.

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

A. Yeah.

Q. -- and transparency and openness.

A. Yes.

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

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

Q. Right.

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

Q. And having the confidence to do that?

A. Yes.

Q. Yes.

Could we display, please, INQ000204014.

This is our rather complicated --

A. Ah, yes, worrying diagram.

Q. Yes, diagram.

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

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

Q. Yes.

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

Q. Yes.

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

Q. Right.

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

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

Q. No?

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

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

Q. So far as the science is concerned?

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

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

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

A. Oh, sorry.

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

A. I will slow down again.

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

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

A. Yes -- no, I --

Q. -- not to us.

A. Forgive me.

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

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

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

A. Yeah.

MS BLACKWELL: All right.

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

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

Q. Thank you for making that clear.

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

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

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

Q. Thank you.

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

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

There are a series of dangerous pathogens, some of

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

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

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

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

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

Q. All right.

A. It's not for me.

Q. Perhaps that's for someone else.

A. Yeah.

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

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

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

Q. Right.

A. That is their nature.

Q. Yes.

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

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

Q. Yes.

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

Q. Thank you. That's clear.

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

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

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

"The Scientific Pandemic Influenza Group on Modelling."

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

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

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

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

Q. Why is it so important?

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

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

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

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

Q. All right, thank you very much.

We can take that down now, thank you.

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

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

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

Q. Yes.

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

Q. Right.

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

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

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

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

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

A. Yes.

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

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

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

Q. Yes.

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

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

Q. ODA being the --

A. Overseas development assistance funding.

Q. Thank you.

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

Q. All right.

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

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

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

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

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

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

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

department, whichever it is, welcomes challenge. That isn't always the case.

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

This is the Code of Practice for Scientific Advisory Committees and Councils, which was updated most recently in December 2021.

I would like to read this, please:

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

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

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

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

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

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

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

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

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

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

Q. Thank you.

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

A. Yeah.

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

A. Yeah.

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

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

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

A. Yeah, sure.

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

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

Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Okay.

Q. Before we lose the --

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

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

Q. Or prevention of known risks?

A. Prevention of?

Q. Known risks.

A. Known risks, yes.

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

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

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

Q. Is that something that you would support?

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

Lancaster.

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

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

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

that make semiconductors.

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

Q. Yes.

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

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

Q. Yes, thank you.

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

A. Of course.

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

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

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

Is H23 the pandemic --

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

Q. One of each.

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

What was your concern there, Sir Mark?

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

Q. Yes.

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

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

Q. Multiple scenarios?

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

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

A. Yeah. Sure.

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

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

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

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

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

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

Q. Yes.

A. Ebola epidemic, where behavioural science was extremely

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

Q. Yes.

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

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

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

A. Yeah.

Q. Did that in fact happen?

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

Q. All right, thank you.

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

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

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

What is that a reference to?

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

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

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

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

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

can do is reduce the vulnerability of the population.
Q. Right.
A. Because a risk is basically a combination of the hazard itself, the exposure to the hazard, and the vulnerability of people to the hazard. So risk is the sort of multiple of those three things.
Q. So if the state of health is poor --
A. So if the state of health is poor, you are going to do less well. That may well be why the vulnerability to the influenza pandemic at the end of the First World War, where the H1N1 flu virus killed millions of people, whereas a very similar virus in 2009 caused, fortunately, rather smaller numbers of deaths.
Q. Thank you.
Thank you, we can take that down, please, and replace it with the final piece of correspondence, which was a letter from you to Felicity Oswald-Nicholls, in the CCS, in October of 2014. So three months later. Can we please scroll down.
Thank you. The middle paragraph beginning "Secondly", middle bullet point, you say here:
"Secondly, I think there are four reasons to have a risk assessment; to prevent the risk, to mitigate the risk, to respond to it and to recover. The response and recovery have been addressed in your work to date.

However, I think we need to actively look at what the Government can do to avoid and mitigate against the risks. This remains an outstanding issue and I would like to see this tackled more effectively in the coming months."
So here you are raising the issue again several months later with the Civil Contingencies Secretariat.
A. Yes, I'm beginning to sound like a broken record, aren't I? Yes. I mean, I think that the UK has a strong risk register, so I think we have to start from the premise that actually it's -- not every government does have, but I think it is really important to use it as well as possible, and I think it is a work in progress. So I think it would be unreasonable to expect all these problems to have been solved in a very short period, but I think it's important to keep people in mind of this, and it is, again, the challenge of the urgent over the important.
Q. Thank you.
We can take that down, please.
Let's then go to the national risk assessment of 2016, which had your involvement.
A. Yeah.
Q. Let's put up, please, INQ000147769. Thank you very much, you're ahead of me.

This is the first page, we can just confirm that this is the right national risk assessment?
A. Yes, correct.
Q. Can we go to page 47, please.
As that's being done, Sir Mark, just to confirm what the Inquiry has already heard, that the national risk assessment is a medium-term planning tool for civil emergency plans affecting the UK over the next five years or so, and it should be handled consistently, it should be evidence-based, and it's dealt with on the basis of a reasonable worst-case scenario --
A. Yeah.
Q. -- which is an illustration of examples of the worst plausible manifestation of whatever the risk or hazard that's being considered; is that right?
A. Yes.
Q. Okay. So this is the page dealing with pandemic influenza. We can see that in the top left-hand corner.
We can see that the graph at the top right-hand corner, which the Inquiry has already seen -- I think Sir Christopher Wormald was taken through this by Mr Keith a couple of days ago -- has two axes: "Impact", running vertically, and "Likelihood/Plausibility" running horizontally.
Now, in terms of pandemic influenza, we can see that

in 2016 the assessment was that it posed a very high risk, and we know that because we can see the words "Very High" in the top left box and we can see that the star indicating its position on this graph is at the top, aligned with catastrophic impact and medium to high likelihood/plausibility, with an arrow going in a downwards direction.
Can you explain to us, please, what that represents?
A. Well, I mean, that actually is the range. In other words --
Q. Yes.
A. -- the range of the assessment is that there was a medium to high likelihood that there would be a pandemic, of influenza in this case, and that it could range between, you know, significant to catastrophic.
Q. Right. Can we scroll out, please, and move further down the page, and look at the main box under "Outcome Description", because we can see there that this assessment is based on:
"A worldwide outbreak of influenza [occurring] when a novel flu virus emerges with sustained human to human transmission."
It's on the basis that:
"Up to 50% of the population may experience symptoms, which could lead to up to 750,000 fatalities

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

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

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

Q. Yes.

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

Q. Yes.

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

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

this doesn't take into account --

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

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

A. Yeah.

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

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

Q. Yes.

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

As I think probably Sir Chris Whitty will tell you,

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

Q. All right.

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

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

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

But this is a perfectly plausible scenario.

Q. All right. Reading on:

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

A. Correct.

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

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

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

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

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

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

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

Q. All right.

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

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

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

What does that refer to, please?

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

Q. Right. Pandemic influenza infections or pandemic infections?

A. Both.

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

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

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

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

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

A. Yeah. Yes.

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

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

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

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

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

Q. Right.

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

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

expand on that.

My Lady, is that a convenient time to break?

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

MS BLACKWELL: Thank you.

(11.10 am)

(A short break)

(11.28 am)

LADY HALLETT: Sorry about the slight delay in restarting.

MS BLACKWELL: Not at all, my Lady.

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

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

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

Q. Right.

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

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

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

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

A. Yeah.

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

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

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

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

Q. Yes, please take your time.

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

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

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

Q. Yes, all right. Thank you.

We can take that down now, and please could we

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

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

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

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

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

Then this:

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

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

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

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

Q. Yes.

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

Q. Why?

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

Q. Yes.

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

Q. All right.

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

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

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

A. Yeah.

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

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

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

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

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

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

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

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

Q. Yes.

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

Q. I think you know as well --

A. He is an expert --

Q. He is going to --

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

Q. How has that happened?

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

Q. Right.

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

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

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

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

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

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

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

Q. Right, thank you.

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

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

Q. Yes.

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

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

Q. All right.

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

Q. And is --

A. It was about integrating them.

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

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

Q. All right.

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

Q. Yes, all right, thank you.

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

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

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

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

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

A. When they're starting their work.

Q. -- hazard assessment, yes.

A. Okay.

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

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

Q. Yes.

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

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

A. Absolutely.

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

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

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

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

Q. All right.

A. Some of them are harder than others.

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

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

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

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

What do you mean by that idea?

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

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

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

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

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

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

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

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

Q. But the better --

A. It is about being prepared.

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

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

National Performance Framework was valued and supported by a broad range of public, private sector organisations in Scotland helped to focus our pandemic response and assisted our efforts to be effective, for example, in addressing inequalities. This approach created a strong platform for the necessary and urgent dialogue that was required in preparing for and then ultimately managing the pandemic."
I don't want to seek your views on the political aspect of what's set out there, but broadly speaking do you approve of and support the procedure that's being described there in terms of the collection of considerations of government and also of private sector organisations?
A. Well, I think it's quite difficult to avoid the politics here, because this is essentially a political statement. In other words, it is a statement that they have decided to operate through a widespread stakeholder consultation; and that seems a perfectly reasonable approach. But I don't think it is, in fact, science or science advice per se, so I think it is a political statement, to be honest.
MS BLACKWELL: All right. Well, then, I won't ask anything further. We'll leave it there.
Will you excuse my back, please, my Lady?

(Pause)
I'm told that there are no Rule 10 questions.
LADY HALLETT: That is the right expression today, is it?
MS BLACKWELL: No, we have had Rule 10 questions but we haven't provided permission, or, my Lady, you haven't provided permission for them. So that, in fact, concludes the evidence of Sir Mark Walport.
LADY HALLETT: Thank you very much, Ms Blackwell.
Thank you very much, Sir Mark, you have been extremely helpful, and very interesting, so thank you for your help.
THE WITNESS: Thank you, my Lady.
(The witness withdrew)
MS BLACKWELL: I think, my Lady, we're going straight into the next witness.
(Pause)
MR KEITH: My Lady, the next witness is the Deputy Prime Minister.
MR OLIVER DOWDEN (sworn)
Questions from LEAD COUNSEL TO THE INQUIRY
MR KEITH: Deputy Prime Minister, could you please provide your name.
A. Yes. Oliver James Dowden.
Q. Thank you very much for your assistance in this Inquiry, and for attending today.

Whilst I ask you questions, could you please remember to keep your voice up, so we may have the benefit of hearing what you have to say, and also for the purposes of the stenographer's record.
If I ask you a question which is not clear, feel free to ask me to repeat it.
You have provided a witness statement dated and signed 18 April 2023.
Could we have, please, on the screen INQ000183332, thank you very much.
And page 5, the statement of truth to which you have appended your signature; is that correct?
A. Yes, that's correct.
May I begin, Mr Keith, just by reiterating what I said at the beginning of that statement, which is to say that the Covid crisis that hit our nation was the biggest challenge we faced during peacetime, and it impacted every family in our nation, and I just want to restate my deepest sympathies and condolences to all of those affected and, on behalf of the government, to say that we want to positively engage with this Inquiry and to learn the lessons that will come out of it.
Q. Thank you.
Mr Dowden, you have been Deputy Prime Minister since April of this year, and since February you have been the

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

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

A. Yes, that is correct.

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

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

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

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

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

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

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

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

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

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

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

Q. As Chancellor of the Duchy of Lancaster?

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

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

set out constitutionally in writing, from the Minister for Implementation?
A. Well, I --
Q. Because formerly you had, as the Minister for Implementation, already been addressing the issue of cyber and resilience?
A. Yes, so there was a continuity, in that sense, of my responsibility for cyber and resilience across to being Minister for the Cabinet Office. Clearly my role also expanded in respect of the other ministerial duties which are set out in some of the documentation that the Inquiry has.

The only small caveat I would add to that is that resilience -- and it was the most significant resilience risk we faced at that moment, in respect of no-deal Brexit -- sat with Michael Gove as Chancellor of the Duchy of Lancaster.
Q. All right, thank you.

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

the committee structure? Is it a re-formed version of that committee or is it the same committee, do you know?
A. Well, it's -- it shares some characteristics of the previous -- I believe the shorthand for it is the THRC committee -- in the sense -- so what is different between the NSCR and THRC is that the NSCR seeks to take a more upstream view of risks and resilience and look at strategies to stop risks materialising in the first place.

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

Is that the biosecurity strategy that was, I think, published by the government last Monday?
A. That's correct, yes.
Q. All right.

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

of course to resilience.

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

So the Minister for Implementation was responsible, through the Cabinet Office, for those broad areas concerning resilience; is that broadly correct?
A. Yes, that's broadly correct, subject to two points. First of all, and I know that the Inquiry has discussed this extensively, but just as a reminder from my perspective, this was in the context of the lead government department model.
Q. Yes.
A. That is to say, each of the 90-odd risks that were identified in the NRSA and the -- the precursor

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

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

So the Cabinet Office had no operational responsibility in the field of resilience and emergency preparedness, its primary function was to set the broad direction, to deal with the strategy, the policy guidance and this crucial liaison between the various moving parts of the government, the lead government department, other government departments, devolved administrations, local responders and so on?
A. Yes, that's correct, and that is the sort of typical role of the Cabinet Office in many different areas and it was replicated in the resilience function as well.
Q. In your witness statement, you say that you were briefed that major programmes of work were under way to improve

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

But also I was very mindful of the resilience of the

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

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

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

a strong state of resilience for it.

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

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

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

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

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

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

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

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

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

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

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

re-prioritisation.

Q. We will.

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

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

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

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

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

parliamentary secretary, and Minister for Implementation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"2. That you agree:

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

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

A. Yes, that is Operation Yellowhammer, yes.

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

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

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

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

Q. Indeed.

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

Q. All right.

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

Q. Indeed.

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

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

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

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

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

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

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

continue with the business as usual.

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

Q. An additional?

A. -- Covid struck.

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

Q. May we have, please, document INQ000205310.

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

May we have page 2, please:

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

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

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

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

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

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

Q. It does.

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

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

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

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

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

A. Yes, and --

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

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

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

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

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

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

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

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

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

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

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

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

Q. No.

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

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

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

A. Yes, that's correct.

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

A. Yes, that's correct, yes.

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

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

Q. That's correct.

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

December '19, and then in January 2020 again.
Q. So may we take it from that that the Pandemic Flu Readiness Board did not meet from November 2018 to November 2019?
A. Yes, that's correct.
Q. Were you told, as the minister in charge of this particular aspect of the Cabinet Office, and as along with many others, that the board had not met for a year and had been, therefore, unable to consider in committee form the workstreams which were intended for it?
A. Well, I can't actually see from the documentation that I have or the committee -- sorry, that the Inquiry has, I can't see a specific document informing me of that. I would expect that I would have been informed of it. But I think the more -- for me, the more fundamental point as the minister was: what are the outputs of this process? So essentially, as you can see from that briefing, I was being assured that the core areas for which the Cabinet Office was responsible were continuing. I was also aware that because of Yellowhammer, and I think it was the right thing to do, we were prioritising resources to make sure that we were equipped for a no-deal scenario. And by the way, if we hadn't done that re-prioritisation, we would have been in a much worse position to deal with Covid when it hit

had no-deal actually occurred, in terms of medical supplies and so on, and that this was part of a normal re-prioritisation, albeit, I should say, at the more sort of extreme end of re-prioritisation, given the amount of resources we had to dedicate to no-deal, since it wasn't one sector specific, it cut across many different areas.
Q. Is extreme re-prioritisation a metaphor for significant impact? The re-prioritisation that took place here, extreme as you describe it, in effect meant that an important committee dealing with pandemic flu readiness did not meet, and the majority of the workstreams to which the Cabinet Office refer in a general sense, but specifically in the context of pandemic flu planning, were interfered with, they were either paused or only part completed or stopped altogether, with the exception of excess death capacity management and the drafting of a pandemic Bill?
A. I don't think there is a great deal I can add to what I previously said. I disagree with the point about the significant impact, because of the reassurances that I received, and I've made the point about how those pertained to -- those specific recommendations pertained to the Cabinet Office.
It is the case that across all government activity,

and bearing in mind this is one of 90-odd different areas of activity where re-prioritisation, I'm sure, would have happened across those risks in many other areas, the assurance that I had, and indeed to my knowledge I didn't ever receive a document -- and believe me as a minister I frequently receive documents from officials that say to me, "Minister, this is a major problem, we need to do something about it"; I did not receive that in respect of the situation with the pandemic flu board.
The pandemic flu board, there was an official level cross-government co-ordination body, and as part of the shifting of resources to deal with this major challenge of no-deal as it arose, that didn't meet -- that is not to say that activities didn't happen, they clearly happened here. And also in respect of other areas, they'd been commissioned -- they weren't sort of stood down, they -- as it were, we'd made progress in a lot of areas, and in those key areas for which I had responsibility, the prioritisation continued.
MR KEITH: All right, thank you.
My Lady, is that a convenient moment?
LADY HALLETT: Certainly.
I'm sorry we have to keep you over lunch. I know you have so many things to do -- well, we've been

hearing about some of the things you have had to do -- but I'm afraid I have to break regularly because the poor stenographer has to cope with everything you say.
And I gather you've still got a little bit to go?
MR KEITH: Not much, but some.
LADY HALLETT: So I hope it's not too inconvenient, and I hope you can work over the break.
I shall return at 1.50.
MR KEITH: Thank you.
(12.51 pm)
(The short adjournment)
(1.50 pm)
MR KEITH: Deputy Prime Minister, before lunch you were giving evidence about the Pandemic Flu Readiness Board. I would like to take you, please, to another Pandemic Flu Readiness Board document, INQ000023114, please.
So the Pandemic Flu Readiness Board, as we've seen, was a board chaired in fact by the Cabinet Office and the DHSC, it was a joint board, and therefore a board, of course, into which both the Cabinet Office and the DHSC contributed.
This document is dated 23 January 2020, so it's dated in fact about three weeks before you ceased being Minister for the Cabinet Office.
We can see it's a PFRB document, because in the top

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

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

So, the first one is healthcare:

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

In "Next Steps":

"Draft strategy to be signed off ...

"Consideration of the communications ...

"Further development of the service facing guidance ...

"Lessons from EU Exit planning will be reflected."

And the "Key Risks", the possibility of:

"Further major incidents in London ...

"Competing demands on key NHS [England]/[Improvement] staff.

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

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

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

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

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

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

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

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

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

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

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

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

Q. Number 2 workstream, community care:

"Progress on the community healthcare side has

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

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

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

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

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

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

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

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

So sector resilience, what is that?

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

different parts of society and the nation, their ability to withstand. So, for example, you might have the transport sector, you might have the education sector. It's chunks of the economy and national life. And resilience is -- clearly that's ability to withstand.

Q. It's an important part.

A. Yeah. And again, that would reflect the fact that sector resilience is something that cuts across different parts of government, so again it goes back to this facilitation and co-ordination.

Q. But it includes health sector resilience, of course?

A. Yes, of course, except that what I would say is that this is clearly demark -- health sector is the core sector for the impact of pandemic flu, so sort of implicit in that is that, given that DHSC was jointly chairing this board, that -- that would sit with them. I mean, so it's a sort of -- it's a somewhat academic distinction.

In theory, I guess, health would sit within it, but manifestly given the actual facts of where this -- how government worked together, given that health were responsible, as you can see, for many of these other areas, I don't think we would have gone through a process whereby it went: Cabinet Office, back to Health, liaison, engage. Given that Health were already

liaising and engaging through this forum.

Q. Well, it was plainly an important workstream otherwise it wouldn't have appeared on the face of this document?

A. Yes, it was, and that's -- but the role of Cabinet -- the reason I think Cabinet Office had this allocated to it is the fact that dealing with all the other government departments that were not represented at this board would have required the usual role of Cabinet Office to facilitate and liaise with them. There would have been a need for the Cabinet Office to facilitate and lead with the Department of Health, since they were sat round the table when they went through all these other actions.

Q. The only official whose name appears on this document, in the first column, is of the senior resilience officer, [name redacted], at the Civil Contingencies Secretariat within the Cabinet Office, which was your department?

A. Yes, that's correct.

Q. Right.

Number 5, "Cross Cutting Enablers". Is this a reference to the work that was done on the draft pandemic Bill, which in due course formed the basis of the Coronavirus Act of 2020?

A. Yes, I think that is the case, if you look here in the

second column across it says:

"All England clauses and supporting documentation ... including explanatory note and assessment of impacts."

Those are things typically associated with the process of drawing up legislation.

Q. Yes, and we can see a reference to "Legislative" in the first column, and also in the last column, the right-hand column --

A. Yes, indeed --

Q. -- the future risk may be a failure to complete the Bill?

A. Yes.

Q. All right. So that's one of the areas to which you referred earlier in relation to which work continued and it was completed?

A. And indeed that is reflected in the --

Q. Over the page, please.

"Communications ...

"Pandemic Influenza Public Health Communications Strategy content signed off by the four [United Kingdom Chief Medical Officers] ... Work stream then paused."

Do you know why the workstream was then paused?

A. No, I don't, is the short answer. I could speculate that it was to do with our previous discussion about --

Q. Operation Yellowhammer?

A. -- Operation Yellowhammer, but I couldn't say for sure one way or the other.

Q. All right. Then we've got the "Moral and Ethical ... Advisory Group". Is that the group that was instituted in order to be able tackle the extremely difficult moral and ethical issues which might arise out of triage decisions having to be made by hospitals, in essence the turning away of patients for treatment?

A. Amongst other things, yes.

So this arose from a consideration that government would have to make difficult decisions and we would have to -- it would -- as, again, the title suggests, it would give rise to moral and ethical questions, and we felt it was appropriate to have a body to help us with that. Indeed, I signed off the creation of the Moral and Ethical Advisory Group as a minister, and I believe, certainly in a previous pack, there was a sub that had details of that.

Q. Indeed. And it had had one introductory meeting, on 25 October of 2019, and there was a debate about its remit. So that structure, that committee was set up and they had one introductory meeting.

Further down the page, please, over the page, "Year 2 workstreams".

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

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

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

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

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

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

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

Q. All right.

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

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

a Cabinet Office minister?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q. No, indeed.

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

"Restructure of the Online Pandemic Influenza Documentation/Guidance.

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

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

"[Government] UK and Resilience Direct."

Then:

"LRF Pandemic Flu Standard.

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

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

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

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

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

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

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

Q. No, you wouldn't have been.

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

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

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

Secondly, the core role of the Cabinet Office in respect of any exercise is to make the thing happen. So, for example, very recently my department and I oversaw Operation Mighty Oak, which was to prepare us

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

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

Q. Indeed.

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

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

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

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

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

Q. All right.

A. -- the excess deaths and so on.

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

The report was supported by 22 detailed lessons:

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

undertaken by the [whole of the United Kingdom] Government and Devolved Administrations through:

"- The Pandemic Flu Readiness Board ..."

The Body chaired by the Cabinet Office and the DHSC.

"- The Pandemic Influenza Preparedness Programme ..."

Supervised by the DHSC.

"- normal 'business-as-usual' activities of those organisations with a role in pandemic preparedness."

Paragraph 4:

"Overall, the analysis has found that:

"- eight lessons identified have been fully addressed by Government;

"- six lessons identified have been partially address by the development of new plans and policies, but some work is ongoing; and

"- work to address eight lessons identified is still ongoing."

So this is June 2020, almost four years -- three and a half years after Exercise Cygnus.

What you say about risks, outcomes, workstreams being assigned to a particular government department is well understood, but which government department stood back and, with an overarching eye, asked the question: what generally is happening with the recommendations to

Exercise Cygnus to cover the possibility that each department focused on its own specific workstreams? And no one took charge to drive the overall process forward to make sure that no one was falling between two stools.

A. So the process by which this worked was each one of those actions was, and I believe in the subsequent pages you will see it, allocated to an individual government department. Those government departments have structures with them, and I see it within the Cabinet Office, to ensure that they deliver on the areas for which they are responsible.

So if you take those allocated to the Department of Health, there are senior responsible officers who have responsibility for those within the Department of Health. They sit within reporting structures within the Department of Health, whereby they're held to account for those things.

The whole purpose of having an SRO is to say: we're not going to have this confusion, this is the person to whose name this particular responsibility is attached.

Now, in respect of those which were attached to the Cabinet Office, those were clearly addressed in the way that we've discussed previously.

In addition to that, the facilitating role of the Cabinet Office was to say -- if the department came to

us and had problems with delivery of it, they would raise them. In addition to that, it's not -- that was the preponderance of how it happened, but it was also the case that there were many officials within the CCS. They didn't sort of say, "There we are, over you go and, you know, forget about it". There was an ongoing dialogue. But the responsibility was very clearly set out, as set out in the different rows of that document.

Q. All right.

May we please have that document removed, and replaced by the Resilience Framework for which you took responsibility. You drafted the foreword to it, by virtue of your subsequent ministerial position as Chancellor of the Duchy of Lancaster, which post you held from October 2022, and therefore includes the framework document INQ000097685 of December 2022.

Do you recognise that document?

A. Yes, I do.

Q. I'm going to embarrass you, Deputy Prime Minister, by asking you to just check that the foreword and the photograph is indeed of you and from you on page 7.

A. I'll wait for it to flash up on the screen.

Q. There we are.

A. Yes, it's a passing resemblance, yes.

Q. This document was a document prepared by the government,

with obvious good sense, in light of many of the lessons learned documents which have emanated from the Covid pandemic, as well as, of course, the reviews carried out by various departments concerned with civil contingencies, and also it was a document promised in, I think, a major government review in 2021 called the *Integrated Review of Security, Defence, Development and Foreign Policy*.

The Inquiry would just like to explore briefly some of the commitments which had been made in the report, because of course it forms no part of this Inquiry's functions and my Lady's functions to make recommendations which have already been put in place or are being progressed.

So just briefly looking at the annex, which I think is at -- no, perhaps let's start on page 5, which is the executive summary. You can see there that the report is divided up between the executive summary and the action plans in relation to risk, responsibilities and accountability, partnerships, communities, investment and skills. Annex B, there is a summary on page 66, it's page 72 online, could we have that, please, which sets out a summary of the framework actions which your report promotes.

The first page of annex B deals with those actions

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

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

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

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

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

A. Yes.

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

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

continuing to ensure the wider resilience picture?

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

Q. By all means.

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

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

To what extent is this new head of resilience any

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

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

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

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

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

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

Q. It is in the --

A. -- part of the national security --

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

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

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

So I think in that way you ensure that one doesn't become the sort of poorer relation of the other.

Q. Page 73, please. The framework distinguishes, does it not, between those steps in relation to which the United Kingdom government is already taking action and those actions which the government is committing to take by 2025, that's on page 73, and, page 74, by 2030.

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

The government has agreed to:

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

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

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

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

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

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

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

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

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

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

MR KEITH: Thank you very much.

Questions from THE CHAIR

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

A. Director.

LADY HALLETT: She?

A. She is a director.

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

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

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

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

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

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

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

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

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

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

A. It's a very good question. It goes back actually to the last exchanges, which was about one of the biggest challenges as a minister is knowing the right questions to ask. So all ministers rely on external input.

I would say external input I rely on is first of all think tank reports, reports from all the numerous learned institutes, questions that are posed to me in Parliament, I shall, you know, for -- I shall have the joy of questions in Parliament tomorrow on the Cabinet Office and I will make sure that I'm across all the issues that are going to be raised there. That will almost certainly give rise to some external challenge, which I then put back into the system. It's also the

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

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

LADY HALLETT: Thank you very much.

Mr Keith?

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

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

THE WITNESS: Thank you, my Lady.

(The witness withdrew)

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

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

MR KEITH: Certainly, my Lady.

Yes, please.

MR JEREMY HUNT (sworn)

Questions from LEAD COUNSEL TO THE INQUIRY

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

A. Jeremy Hunt.

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

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

A. It is.

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

A. Correct.

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

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

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

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

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

it's outwith the scope of the areas with which we've asked you to assist, but in part as a result of that terrible conundrum that you were faced with, was there put in place a body called the Moral and Ethical Advisory Group to deal with the worst types of moral and ethical decisions which might confront clinical staff and administrators in the event of a pandemic?

A. That may well have been what happened. I wasn't aware that was the consequence. But what I was aware of was this dreadful euphemism that was used to describe that decision. It was described as "population triage", which essentially was a nice way of saying making life or death decisions about large numbers of people in one go.

Q. There could, therefore, have been no doubt in your mind as to the significance of Exercise Cygnus, which was, I think, a cross-government exercise. It was commissioned by your department, then the Department of Health, to test the United Kingdom's response to a serious pandemic influenza.

Do you recall what the general outcome was of Exercise Cygnus, Chancellor?

A. I do, and I would say that I think there is quite a big misunderstanding about Exercise Cygnus, which is that, certainly as was described with me, it wasn't

an exercise that was to examine the UK's preparedness for pandemic influenza, it was to establish how good the UK -- how well the UK would cope in a situation in which pandemic influenza had already taken hold.

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

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

So that's why, rather ghoulishly, when you read through the report of the exercise, there was lots of talk about mortuary capacity and how you would deal with so many dead bodies, it was that kind of thing, and, as

far as the NHS and care system was concerned, how would you deal with so many members of staff being off sick, even if not fatally off sick.

Q. We'll come back to this later, but on the issue of groupthink, it may not have had its genesis solely in the exercises, which made assumptions of course about numbers of deaths, it may have had its genesis also in the risk assessment process, which made assumptions about huge numbers of fatalities. It may have had its genesis in the integrated management structure, IEM, for dealing with civil contingencies and emergencies, which again perhaps failed to focus sufficiently on preventing devastating consequences as opposed to dealing with them.

But Exercise Cygnus was a seminal moment, wasn't it, because it was designed, as you say, to test the United Kingdom's structures for dealing with a severe pandemic, and no doubt you and your department -- and not least yourself, because you had had this personal involvement in the exercise -- were concerned about the conclusions of Exercise Cygnus?

Do you recall prior to the report being published into Exercise Cygnus -- internally, I should say, it wasn't made publicly available -- in July 2017 whether you were briefed as to the general conclusions of

Exercise Cygnus?

A. I don't recall any particular briefing, but I had a very close and productive working relationship with Dame Sally Davies, and I'm sure that she would have talked to me --

Q. My Lady has heard that evidence.

A. -- and would have kept me abreast of her thinking. I mean, in some ways I worried about the fact that I was not prepared to flick the switch, I had sort of let the side down in terms of this exercise, because I think there was, I felt, a sort of expectation that they would need someone to take those kinds of decisions. So I'm sure we would have had a dialogue about it.

Q. In your witness statement you do say the insights from the exercise and its recommendations were made known to you. The point I want to ask you to focus on, however, is to what extent were you aware of the insights and the recommendations in advance of the formal report being made available? There was a considerable interregnum between the exercise, in October 2016, and the report becoming available in July.

A. I doubt I would have been made aware. I think it would have been produced at arm's length from me and then I would have seen it.

Q. All right.

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

May we have that on the screen, INQ000006357.

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

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

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

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

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

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

to cope with extreme demands of a severe pandemic.

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

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

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

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

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

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

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

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

significant outcome of Exercise Cygnus given in that meeting and the overall conclusion itself on the face of the report which hit the nail on the head by saying: across the united kingdoms, the plans, the capabilities and the abilities are not sufficient?

A. Because what we meant by that sentence was our plans and capabilities in that very specific situation where you've been hit by a pandemic flu and you've had 2 to 400,000 fatalities, if you -- what we should have done is thought much more widely about the question in the way that that sentence can be interpreted to mean, but that wasn't how we interpreted it. We thought that we had very specifically looked at this specific scenario and we did, and we addressed the weaknesses in our provision, but we should have been asking a different question in the first place.

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

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

"Within the health sector, there are generally good levels of resilience with good preparedness and business

continuity arrangements in place."

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

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

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

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

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

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

assumption, that we were very good at dealing with pandemics, and we all thought it. And, by the way, it wasn't just us. You know, Johns Hopkins University in America said that the UK was the second best prepared country in the world in the Global Health Security Index in 2019, and they had subcategories. One of their subcategories was which country is best prepared for preventing the spread of a virus, and scaling up treatment quickly, and we were top. We weren't second best, we were top.

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

Q. But the same Johns Hopkins Center report or a report from the same Johns Hopkins Center in December of 2019 warned in the clearest terms of the dangers of focusing too much on a pandemic influenza and ignoring the significant risk of a different viral pandemic with

different characteristics, including a longer incubation period, asymptomatic transmission, higher transmission, and deadlier severity. So that was probably another instance, was it not, of the groupthink blinding us to the reality?

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

LADY HALLETT: Would that be a sensible time?

MR KEITH: Yes, thank you, my Lady.

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

(3.07 pm)

(A short break)

(3.20 pm)

MR KEITH: Chancellor, turning to a different topic, and the important question of the United Kingdom pandemic influenza strategy document 2011, there was only ever one Department of Health strategy document relating to pandemic influenza, and it was this 2011 document, and

there was no analogous strategy document dealing with a non-influenza pandemic or a range of pandemic scenarios or even generically a non-influenza pandemic.

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

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

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

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

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

of summits where we discussed the global response to Ebola and, you know, we had global health security summits -- I organised one in March 2018 -- and we had Exercise Cygnus as well.

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

Q. Yes.

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

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

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

But I think it's just interesting when you look at that, that that is -- the report on Exercise Alice is literally the only place that I can find which really talks about the importance of quarantining. If you look

at the -- this assumption that you can't stop the spread of the virus, I think that was deeply entrenched when Covid arrived, and we didn't look at countries like South Korea and Taiwan, which had a very different assumption about the effectiveness of quarantining.

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

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

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

Q. The Inquiry does not exist to find fault, solely, of

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

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

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

Q. Yes.

A. And I think, you know, that obviously was fundamentally very -- turned out to be very important historically because that was the basis upon which the Oxford/AstraZeneca vaccine was developed, which saved more lives than any other vaccine in the pandemic across the world -- I think about 6 million lives in total. And I think that is interesting, because although we had a blind spot about flu being the thing we needed to worry about, with flu a vaccine is very important. So

if you like, the other side to that coin was that right at the start of the pandemic we were one of the first countries that really were thinking about vaccines, and charging ahead with vaccines, which we did faster than pretty much anyone else, which is why we made such a lot of progress.

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

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

A. Correct.

Q. All right.

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

It may be suggested that there are a number of ways in which there was groupthink or a strategic failure. The first one, to which you've already made reference, is the long-standing bias, as it's been described by, I think, Professor Dame Sally Davies and others, in favour of influenza.

So that's the first. Would you agree?

A. Yes.

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

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

A. I think in deference to my scientific colleagues they would all have said that those risks existed, but collectively we didn't put anything like the time and effort and energy into understanding those dangers, and I think if you look at the National Risk Register of 2017, it sort of says these were the two things: Pandemic flu that could kill up to 750,000, or an emerging respiratory virus that could kill up to 100.

That was the assumption that collectively, including myself, we didn't challenge.

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

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

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

Q. But it's not about hindsight, is it, because, Chancellor, as you accept, and if I may say so very fairly, there was a failure at the time to ask the more searching questions that were required to be asked?

A. Correct.

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

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

Q. Yes.

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

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

Q. East Asia?
A. I think there was a groupthink that we knew this stuff best, and there was a sense that we -- with perhaps the exception of the United States, there wasn't an enormous amount we could learn from other countries and certainly, you know, I didn't -- this is with, apologies, this is with the benefit of hindsight, but I don't think people were really registering particularly Korea as a place that we could learn from.

I think it's very notable that Korea did not have a lockdown in the first year of the pandemic. They avoided a lockdown at all. What I think is interesting is that the reason that they had to superb response -- I mean, in the second half of the pandemic, quite a lot of East Asian countries didn't do very well because they didn't get their vaccines out as quickly as we did here, but in that first year I don't think there's any doubt that Taiwan and Korea did incredibly well. But that was actually because there was a lot of public criticism of the Korean government after the MERS epidemic in, I think, 2014/15 when their laboratory testing capacity was not up to scratch, they didn't have a network in place, and they learnt those lessons. And there was clearly a narrowness of thinking of which, you know, I was part, which didn't think hard enough about that

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

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

So it's not a matter of hindsight, is it, Chancellor? That was something that was flagged in up respect of the East Asian learning in the context of a MERS exercise in 2016?
A. Yes and no, if I may be so bold.
Q. Of course, if you wish.
A. I think if you read Exercise Alice you can still see now -- obviously I didn't read it at the time because it

wasn't shown to me -- but you can see that there was still this underlying assumption that you would be likely to be dealing with something of limited total number of fatalities --
Q. In a hospital setting essentially only?
A. Indeed, and if you look at the recommendations, I think there were 12, and I think the Department of Health and Social Care thinks that 11 were implemented and one wasn't, they didn't have the urgency that you would have wanted knowing what we went through just a few years later.

So, for example, the PPE recommendation doesn't say "We need to check that we've got enough PPE", it says "Having enough" and we may not have enough PPE. It says "Having enough PPE is very important and we should do an instructional video to make sure that everyone across the whole system knows the importance of having enough PPE".

The reason that -- so I don't believe that even if I had been shown Exercise Alice I would have necessarily asked for things to have been done differently.

What I think is, the reason it's important, it is literally the only thing, as we mentioned earlier, that talks about quarantining and the importance of quarantining, and if there was one thing that could have

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

So regardless of whether or not ultimately that would have been of assistance when Covid struck, the fact remains that, to a large extent, those particular recommendations for whatever reason were never carried forward to fruition?

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

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

A. Okay.

Q. -- nothing came of that.

All right.

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

A. It's not, my Lady.

LADY HALLETT: It's not?

A. No, the one I was thinking about was NHS communications.

So I hadn't heard what Mr Keith just said.

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

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

Q. All right.

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

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

But the first thing I would say is that, you know, in -- we all discovered how incredibly important SAGE

was at the start of Covid, and that is it's really important within SAGE that there is contrary thinking and challenge going on, and I hope that SAGE is structured in a way to make that possible.

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

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

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

I was extremely struck when both Dominic Cummings and Matt Hancock gave evidence to that committee that, you know, we said to them: why didn't you challenge this idea that you could stop the growth of the pandemic, that this was somehow inevitable? And they both said it was incredibly difficult. With an enormous amount of regret, it was just really, really difficult to challenge a deeply held consensus inside the system.

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

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

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

A. I completely agree and, you know, my father was in the Royal Navy and in the military you have the same thing where sometimes it's the most junior officer who actually has worked out the solution to the problem, but if you have a rather overbearing general, they don't feel able to speak out.

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

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

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

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

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

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

But I think there is one other thing I would say

that can help: so what we do have in this country is a very open press, and very extensive and respected academia where there are lots of dissident voices, and I think that if the SAGE advice to ministers had been in the public domain earlier in the pandemic, I think there would have been lots of constructive criticism from academic organisations, universities up and down the country saying, "Have we thought about this? Have we thought about that?", which could have informed SAGE's thinking.

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

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

Ministers, in their exalted status, don't know

necessarily what's going on lower down in the system. There needs to be a body that challenges orthodoxy on the part of the system itself. It's not a Prime Ministerial issue; it's a structural issue, is it not?

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

Q. All right.

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

It is, please, at INQ000057271.

We needn't, I think, trouble you with the detail of the departmental board, because Sir Christopher has

given information about what it consisted of, but these were the minutes of a particular departmental board, a very senior part of your then department, which was doing a deep dive into major infection diseases.

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

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

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

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

A. Well, as you mentioned, I wasn't at that board meeting and I've checked as to why, and it was -- and if you --

you will have seen from the first page you showed up that there were actually no politicians present at that board meeting because it was three days before the start of the Conservative party conference, and in fact I was making my biggest single announcement as Health Secretary on that first day of the conference, which was the increase in medical school training places by 25%, so there was a lot of work going on ahead of that.

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

Q. All right.

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

statement.

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

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

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

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

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

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

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

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

health minister isn't able to do, which is through a centralised structure switch off everything else and say, "We're just going to focus the 100,000 beds we have on Covid patients and make sure that that is the priority".

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

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

Q. Does the same analysis apply to workforce planning in

particular and the numbers of NHS doctors and nurses?

You refer in your statement to the fact that there have always been issues, of course, with numbers of the NHS workforce and with planning, and you describe how you became aware of the importance of workforce planning.

In the context of pandemic planning, is there any way in which you can have a latent capacity in terms of sheer numbers of NHS employees to be able to deal with the contingent possibility of a catastrophic pandemic?

A. I don't think any healthcare system can plan to have as many doctors or nurses as you would need in an extreme pandemic situation, just because of cost, and also because of the fact that you just don't know what kind of situation you're going to be dealing with.

Q. Indeed.

A. But I think that we should be better at long-term workforce planning, and I did conclude as Health Secretary that the structure we have -- because it takes seven years to train a doctor -- means that it's never given a higher enough priority in the system, and when a Chancellor and a Health Secretary are negotiating a spending review settlement, they're thinking about: how are we going to relieve pressure in A&E departments this year? How are we going to have

more cancer treatments next year? But the number of doctors coming onstream in eight or nine or ten years' time is inevitably further down the priority list, and you need to have some mechanism that makes sure that it always gets the priority it deserves, rather than what we have at the moment which is a rather lumpy way of increasing doctors.

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

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

A. Yes.

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

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

Q. What about social care and in particular adult social care?

You say in your statement that one of your regrets

as Secretary of State for Health and Social Care was that you were unable to secure a longer term funding settlement for social care or a long-term plan to relieve pressures and iniquities in the social care system.

Does the same analysis apply, that an improvement in resilience must necessarily depend on improvement in the system as a whole, and of course that depends on funding?

A. It does. It's slightly more complex, because I don't think any country in the world that I'm aware of has a nationalised care system where all the care homes are owned and provided by the state, and so I think all countries have a semi-public, semi-private system.

Again there were -- I think there was an increase of over 100,000 in the social care workforce in my time as Health Secretary, but I wanted there to be a long-term plan for the social care sector. I negotiated the long-term plan for the NHS with Theresa May and Philip Hammond in 2018, and was hoping to do so for the social care sector, and I think that was next on their list too but then unfortunately that government fell and we had the pandemic and it didn't happen.

When I became Chancellor, in the autumn statement last year I did put through a £4.7 billion annual

increase in the social care budget because it was unfinished business in my mind, and I hope that will make a difference.

I would say that in social care, though, if I'm looking at global best practice and resilience, I think the experience of MERS and SARS in Korea and Taiwan, I did look at what they did with their care homes, and I think I spoke to a professor from Hong Kong University during the pandemic who said that they had not had a single care home death in Hong Kong, and there the key issue was not so much the long-term planning -- by the way, we should do the long-term planning anyway, because it's very important for the social care sector, but that wasn't the key issue. The key issue was the infection prevention and control, and the fact that following MERS they'd said that every care home had to have a named person responsible for pandemic planning in the care home, and they very quickly stopped external visitors going into care homes to stop infection being brought into care homes from the community, and I think they were required to have a supply of PPE as well permanently there.

So I think -- and I think in Korea they had some care homes where the staff were asked to live on-site at the peak of the dangerous period to stop residents

getting infections.

So it was really around -- I would say the biggest difference we could make in the social care system when it comes to pandemic planning is that area.

Q. Those latter issues are of course matters which will be looked at in greater detail in my Lady's later module on social care.

Finally, the topic of Operation Yellowhammer, with which you'll be familiar. The emails and the letters from the Department of Health and Social Care when you were Secretary of State make plain that following that NSC(THRC) meeting to which you referred earlier, that committee had put into place, or rather the Prime Minister had directed the institution of the pandemic flu readiness programme.

In the bundle, as you're aware, there are a number of letters from yourself to both Theresa May MP and to two others in which you stress the vitality:

"It is vital that this work continues to be prioritised and resourced by departments, given the significance and scale of the risk."

So you were concerned to ensure that the work ordered by that committee, which is the workstreams done by the Pandemic Flu Readiness Board, be continued to be prioritised.

You ceased to be Secretary of State on 9 July 2018, and thereafter the necessary preparations for a no-deal exit intervened, and evidence has been heard by my Lady as to the extent of the interruption and the impact of those necessary preparations.

To what extent were you aware, once you had left that post as Secretary of State for Health and Social Care, of the degree to which the work that you had called to be prioritised was being affected by Operation Yellowhammer?

A. I don't think I was aware at all.

Q. And is that because of course you were Foreign Secretary?

A. I was Foreign Secretary.

I mean, I will say, you know, in answer to the broader question of: because the Brexit vote happened when I was Health Secretary, how did it impact my work as Health Secretary? It was really one very specific thing: I was concerned about the future of our life science industry, so I spent a lot more time than I had previously visiting life science companies in this country and around the world because I wanted to protect our ongoing life science investment, so I did spend time on that.

But I -- I don't recall ever hearing that pandemic

preparedness had been deprioritised when I became Foreign Secretary.

MR KEITH: My Lady, those are all the questions I have for the Chancellor.

May I ask you, please, for permission to publish the Chancellor's witness statement?

LADY HALLETT: Yes, and let that be a standing direction --

MR KEITH: Yes.

LADY HALLETT: -- unless anybody indicates for some reason it shouldn't be published.

MR KEITH: Then there are -- as I can see, my Lady, you are alive to -- two requests to ask questions from the core participants under Rule 10(4), Covid-19 Bereaved Families for Justice UK and Northern Ireland and the Trades Union Congress.

LADY HALLETT: Thank you. First Mr Weatherby and then Mr Jacobs, thank you.

Questions from MR WEATHERBY KC

MR WEATHERBY: Mr Hunt, I ask a very few questions on behalf of the Covid-19 Bereaved Families for Justice, which represents the interests of many bereaved families across the UK.

Just picking up from where Mr Keith left off with capacity and resilience, and particularly nursing resilience and staffing levels, were you aware that the

Welsh Government put in place in 2016 legislation providing for nursing staffing levels, health boards and NHS trusts in Wales during the relevant period?
A. No, but I ... what happened was that -- and this may or may not be connected to that -- we had a terrible scandal at Mid Staffs, and we in England had a very radical overhaul of hospital regulation and we introduced Ofsted rating for all hospitals and so on --
Q. Yes.
A. -- and the Welsh Government were asked what they were going to do in response to this, because there were some issues in Welsh hospitals. I believe that might have been their response.
Q. Yes. I think it was to have regard to the importance of providing appropriate numbers of nurses in all settings. Is that something that you ever considered, given staffing levels in England, was that anything you considered bringing in in terms of England?
A. I thought it was extremely important to have appropriate staffing levels.
Q. Yes.
A. I think the number of nurses increased by 24,000 during the period that I was Health Secretary. My -- the main focus of my time as Health Secretary was patient safety, and I was very aware as to how staffing levels would

have an impact on patient safety, and I did look at whether one way to address this was to mandate staffing levels.
Q. Yes.
A. But I think in the end the problem with that approach is that you can only mandate staffing levels if you actually have the doctors and nurses to mandate, and that's why you need a long-term workforce plan to make sure you have the ability to do that.
Q. If you have staffing levels, then you've got something to work up to, though?
A. Well, if you mandate it.
Q. Yes.
A. So I did look at whether you should simply say it's a requirement, for example, that, you know, there should be one nurse for every --
Q. Yes.
A. -- eight patients on a dementia ward. If you make that a legal requirement, then the hospitals will have to pull those nurses from somewhere else --
Q. Yes, understood.
A. -- and if those other areas matter, then you would cause damage to patients in those other areas. So that's why I didn't believe it was an option --
Q. Yes.

A. -- until we increased training levels.
Q. You mentioned a couple of times the number of nurses and the number of doctors that you put in place, but yesterday the Inquiry heard powerful evidence from Professor Davies, the Chief Medical Officer who worked closely with you, and she described the disinvestment -- her word -- in the NHS as affecting resilience and the UK being at the bottom of the table in regard to the numbers of doctors and nurses with comparator countries.
So isn't that a powerful argument for why there should be minimum levels of doctors and nurses, probably other things as well, but isn't that a powerful argument for that?
A. It's a powerful argument to increase the numbers of doctors and nurses so you can put those levels in place, safe staffing levels, and I would support that.
I wouldn't use the word "disinvestment" because, I mean, in my time I think the investment in the NHS budget went up from £101 billion to £124 billion.
Q. Yes.
A. But do we need greater workforce capacity? Absolutely we do.
Q. Yes. I think the point was the bottom of the table in terms of comparator countries, in terms of those numbers.

A. Well, I think if you -- I don't want to suggest that we have got to the right place when it comes to workforce planning, I think we need to go further. But I think the latest figures I've seen, out of the 38 OECD countries we're fifth in terms of the proportion of GDP we invest in health. So I think in the period since 2010 --
Q. Yes.
A. -- compared to other countries we've grown, but I think we can do better --
Q. Yes.
A. -- when it comes to workforce planning.
Q. Second point, similar point, though, that the Inquiry's going to hear evidence from the chair of the BMA, British Medical Association, UK Council, Professor Banfield, and in his statement to the Inquiry he indicates that the BMA regularly raised concerns with government in relation to the state of public health and healthcare systems and their lack of capacity and resilience, and the BMA's communications ensured that government were fully aware that the public health and health systems were struggling to provide adequate services even in normal times and that actions needed to be taken; and then no doubt when he comes to give evidence he will be able to show the documents and

reports he's referring to.

But during your period, in the period running up to the pandemic when you were in office, do you recall those persistent concerns being raised by the BMA that the government funding was insufficient to sustain the NHS?

A. Very much so, because there was a junior doctors strike that lasted nearly a year, and it was because I was trying to -- the immediate cause of the strike was my request that we should have better weekend staffing at hospitals, because I thought that mattered for patient safety, but in the course of that strike I was trying to understand why it became such a bitter and long strike. Doctors were saying "You're asking us to work more on Saturdays but we don't have enough doctors in the week" --

Q. Yes.

A. -- and I looked at the evidence and I thought that they had a point, and that was why I introduced a 25% increase in doctor training places in October 2016, followed incidentally by a 25% increase in nurse and midwife training places.

Q. Isn't the real answer to these issues that insufficient consideration has been given, and needs now to be given, to long-term sustainable funding for the NHS to bring

its resilience up and to ensure long-term that there is sufficient doctors, nurses and other resources for business as usual, but also to be able to play a full part in emergency shocks?

A. I don't think you can fairly say that there weren't big increases in the clinical workforce during either the time I was Health Secretary or even the broader period since 2010, but what I would say is that I don't think it happened in a structured way that it should have, and I think it would be much better if it was done not because a particular Health Secretary at a particular moment --

Q. Yes.

A. -- takes an interest in it, but because there's a long-term plan, which includes thinking about resilience --

Q. Yes.

A. -- as to how many doctors you're going to need in five, ten, 15 years' time --

Q. And clear minimum long-term standards with proper funding, transparent, so everybody can see?

A. Well, yes, but just for the avoidance of doubt I think it is important to say that the funding levels did go up significantly --

Q. Yes.

A. -- and we do fund comparable levels to other European countries.

MR WEATHERBY: Thank you, Mr Hunt.

LADY HALLETT: Thank you very much, Mr Weatherby. I said Mr Jacobs, but I can't see him.

MR JACOBS: I've moved to the back of the room, my Lady.

LADY HALLETT: Oh, there you are.

MR JACOBS: I may be obscured from you, but I think I can see the Chancellor.

Questions from MR JACOBS

MR JACOBS: Good afternoon, Chancellor. I have just a few questions on behalf of the Trades Union Congress.

Chancellor, could I start with an answer that you gave just a few moments ago to Mr Weatherby, and your evidence that in terms of spending on the NHS as a proportion of GDP the UK or the NHS features fifth, I think you said, amongst the 38 OECD countries.

When looking at NHS spend as a proportion of GDP currently, does that in reality reflect at least in part not so much an increase in funding but our GDP falling behind or our growth in GDP falling behind our peer countries?

A. I don't believe so, because we've grown at broadly the same rate as Germany since 2010. I think our GDP growth rate has -- you know, some years it's up and some years

it's down, but we've -- our GDP's actually grown faster than France and Japan since then, so I don't believe that's the reason.

Q. Chancellor, you pick Germany. Is Germany not the sole other G7 country that has a broadly similar GDP growth, or lack of it, than the other G7 countries, for example?

A. No, I think we grew faster. If you're talking about since 2010 as a baseline, we've grown faster than Italy, Japan, France --

Q. Sorry, Chancellor, focusing on recent developments, so during the course of the pandemic.

A. Well, if you're talking about we spend fifth out of 38 countries, that -- that's where we are today, and, as I say, in terms of recent GDP growth over the last decade I think -- I'm not sure I -- I think the point I would say is -- I think what you might be saying is: could we have gone up to league table quite a lot because of growth in the last couple of years, because of a lack of growth over the last couple of years, is that the question you were asking?

Q. Well, Chancellor, let's look at it a slightly different way, given that we are focusing on the NHS as we go into a pandemic, at the beginning of it.

You've said where we are today, but is it right that in the decade or so leading to the pandemic we generally

lagged behind peer countries in terms of spending on the NHS as a proportion of GDP?
A. Well, I just remember when I was asked that question as Health Secretary many times, I seem to remember that we were generally bang on the Western European average and the OECD average during the period I was Health Secretary. I don't have the exact figures in front of me, but I think we were broadly at the average level.
Q. However we compared, I think your evidence a few moments ago was that, in your time as Secretary of State for Health and Secretary of State for Health and Social Care, you did become convinced of a need for more capacity within the NHS; is that right?
A. Correct.
Q. One of the matters you describe in your statement is that after Operation Cygnus in 2016, you agreed that both the NHS and social care system were fragile and in need of more funding; is that right?
A. Correct.
Q. And in response that, there was an announced increase in funding in June 2018. That was when the announcement was; is that right?
A. There was also an earlier announcement in October 2015, or December 2015, towards the end of 2015, but the

bigger announcement was then, yes.
Q. Yes. So the bigger announcement, June 2018; and is it right to say that that related to an increase in funding over five years that was to start in 2019/2020?
A. Either 2019/20 or 2018/19.
Q. Okay. Do you think it's correct to say, Chancellor, that realistically that funding would have been too close to the pandemic to address the fragility in the NHS that you were concerned about in 2016?
A. Well, it's -- I think the way to put it is, as I mentioned earlier to Mr Keith, that when I arrived the NHS budget was £101 billion, when I left it was £124 billion, that was a negotiation for an additional £33 billion.
Q. Yes, that might be an answer to a slightly different question. My question was: you're concerned about fragility in 2016, the funding increase comes in, I don't think you can quite recall, but the 2019/20 tax year; do you agree with the simple point that that was too late to address the fragility which you yourself were concerned about?
A. I don't think so, because -- look, I accept your broad point that I think there needed to be more capacity, that I think the system, the health and social care system were fragile, but I also recognise that as

a country we had very fragile finances in 2010 following the global financial crisis, and we had to do some work in order to get ourselves in a position where we could afford the big increase that I negotiated in 2018. So I don't think it would have been possible to negotiate that increase any earlier, because I don't think the funding existed to do so.
Q. One final matter, Chancellor. We heard yesterday from Dame Sally Davies. She was your Chief Medical Officer, wasn't she, throughout your time as Secretary of State for Health and for Health and Social Care? You describe her in your statement, don't you, as your "excellent Chief Medical Officer"; is that right?
A. Yes.
Q. What she said yesterday, and Mr Weatherby touched on a part of it, she described not having resilience in the NHS and by comparator data, compared to similar countries, per 100,000 population, we were at the bottom of the table on number of doctors, number of nurses, number of beds, number of ITUs, number of respirators, number of ventilators.
Is that a picture you recognise, and do you think it's a pretty damning picture of the state and capacity of the NHS as we went into the pandemic?
A. It's a picture I recognise, and I tried to do something

about, with big increases in doctor, nurse and midwife training places, with big increases in the NHS budget so that we would be able to afford to employ them.
So, yes, that is exactly what I thought. I thought the NHS needed more capacity to increase the doctors per head to closer to Western European levels. But the context, that was the NHS that the government inherited and there was also a financial crisis, so it was going to take some time in order to address those issues. But do I agree with Dame Sally that we need to improve our capacity in those areas? Absolutely, yes.
MR JACOBS: Chancellor, thank you.
Thank you, my Lady.
MR KEITH: My Lady, Covid-19 Bereaved Families for Justice Cymru have emailed in to say that they have been thoroughly traduced by my failure to ask a question that they were told I would ask, and therefore they seek your permission for me to put the question that wasn't put. May I have your permission to do so?
LADY HALLETT: Certainly.
Further questions from LEAD COUNSEL TO THE INQUIRY
MR KEITH: Chancellor, did you have communications with the Welsh ministers for health in connection with pandemic preparedness and preparation, and how effective were the systems of communication? Were they as effective as

they could have been and, if not, how could they have been improved?

It describes itself as a single question, it may not be. What's your response?

A. No, and I think it's probably in response to a negative comment in the papers from the then Welsh Health Minister about his lack of engagement with me as Health Secretary.

Q. Mr Vaughan Gething?

A. Correct, and the answer is that they were quite strained relations because the Welsh Government responsible for the NHS was Labour, the Scottish NHS was under the control of the SNP, and I was the English Health Secretary and I was responsible -- and I was obviously Conservative, and the reason -- and that doesn't mean to say you can't have cordial relations with people from different parties, but in this particular case the NHS was the central battleground in every general election, and so in every general election there was a narrative that Labour would say here, "The NHS is in a terrible state", we would say, "It's in an even worse state in Wales", and -- and this is not the place obviously to get into the rights and wrongs of those claims, but they were the claims that were made. So we didn't have very good relations, I fully accept

that.

For the sake of pandemic preparedness, what was my strategy? My strategy was that we needed to have the best possible relations at an official level, and I think that actually that was one of the positives that came out of Exercise Cygnus, that the Chief Medical Officers for the four nations did develop a network, and actually I think that was something that worked pretty well during the pandemic as well.

Q. I think I should observe, Chancellor, that given that the etymology of this issue was Mr Vaughan Gething, that in his witness statement to my Lady's Inquiry he says:

"In the context of Exercise Cygnus Jeremy Hunt was the United Kingdom Government Health Secretary. Although he was, I think, present for the opening of the ministerial engagement element of the exercise, he was absent for the second day and a junior UK health minister took the chair."

And he says this:

"My impression was that UK ministers did not take ministers and officials from the devolved governments seriously."

Has your evidence been, in fact, that you were present on that day when the decision had to be made by the **de facto** Secretary of State in that exercise to make

decisions about triage to which you have referred and so you were very much part of that exercise?

A. I was there for the first day, I think in its entirety. But, as I say, I was conscious of the political challenges of close co-operation given the context we were in, and so my approach was always that we should nurture the closest possible relationship at an official level, where those political rivalries didn't exist.

MR KEITH: Thank you.

LADY HALLETT: Thank you very much.

MR KEITH: My Lady, that concludes the evidence for today.

LADY HALLETT: Chancellor, thank you very much indeed. I hope we haven't taken up too much of your time. Thank you for your thoughtfulness.

(The witness withdrew)

LADY HALLETT: 10 o'clock tomorrow.

MR KEITH: Thank you, my Lady.

(4.30 pm)

(The hearing adjourned until 10 am on Thursday, 22 June 2023)

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