

Tuesday, 10 October 2023

(10.00 am)

LADY HALLETT: Mr Keith.

MR KEITH: Good morning. May I please call Lord O'Donnell.

LORD GUS O'DONNELL (sworn)

Questions from LEAD COUNSEL TO THE INQUIRY

MR KEITH: Could I commence, please, by asking you to give your full name.

A. Gus O'Donnell.

Q. Lord O'Donnell, whilst you give evidence, could you remember, please, to keep your voice up and also try to speak as slowly and as concisely as you're capable of doing in order that your evidence may be more easily recorded by our stenographer.

Lord O'Donnell, you have been good enough to provide to the Inquiry a witness statement dated 26 June 2023, INQ000215548. There we have it. Is that a statement that you signed and declared to be true to the best of your knowledge and belief, I think, on the last page, page 16?

A. Yes.

Q. Probably on 26 June. There we are.

Lord O'Donnell, significantly, you were once upon a time the Cabinet Secretary, and, in order to be able to get our bearings, were you Cabinet Secretary between

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relevant later.

Q. Yes, indeed. Have you, since the commencement of the pandemic, in fact published a number of articles concerning the government's response to the pandemic, including an article based upon an annual lecture that you gave to the Institute of Fiscal Studies in September of 2023. I'm not sure actually, perhaps, that that's the right date, but in any event you gave a lecture to the IFS and that lecture was subsequently produced and reproduced in an article entitled "*The Covid tragedy: following the science or the sciences?*". You also published an article entitled "*Far from Well: The UK since Covid-19, and Learning to Follow the Science(s)*", an article you published with a professor or an academic at, I think, King's College London, Harry Begg. Also, thirdly, an article, "*When to Release the Lockdown? A Wellbeing Framework for Analysing Costs and Benefits*".

So you have looked, in broad terms, quite carefully at some aspects of the government's response to the pandemic and you've published your thoughts in relation thereto?

A. Yes, I should explain that as president of the Institute of Fiscal Studies, we were due to have a Nobel Laureate come and give the lecture. It was Covid so they didn't come across from the States, so I stepped in at

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2005 and 2011? Were your successors, then Sir Jeremy, later Lord Heywood, who tragically became very ill whilst still in office and died? He was succeeded by then Sir Mark, later Lord Sedwill, between 2018 and 2020. He resigned in September of 2020, and he was replaced by the present incumbent, Simon Case. Have we got the chronology right?

A. That is correct, yes.

Q. Did you leave the civil service in 2011 when you ceased being Cabinet Secretary?

A. Yes.

Q. You're now a crossbench member of the House of Lords. Do you carry out a number of different functions and have a number of roles, including being chair of Frontier Economics, you're the president of the Institute for Fiscal Studies, chair of the public interest board of PwC, and are you also a chair of a number of worthy establishments and groups and entities, including the All-Party Parliamentary Group on wellbeing?

A. Yes, for a full list you should look at my House of Lords register. For example, I finished being chair of the public interest board at PwC some time ago. But there's a full list, including, as you rightly say, the fact that I chair Pro Bono Economics, which may be

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relatively short notice and produced that lecture, which was then turned into an article with Harry Begg, who I fear is not King's College but is Blavatnik School at Oxford, Oxford University.

I should say that one of the reasons for this and the point that I wanted to get across very early is that this was a really serious event, a massive thing for government, and I just wanted to make my personal view that I feel very strongly for all those affected by it, by the victims of this. As an individual, I was affected by it as well of course. So I just want to say that I feel for you, and I understand where you're coming from, and I think it's really important that this Inquiry works, as you are, incredibly hard to learn lessons from the events.

Q. In your articles, one very important theme emerges, and it may be put in this way, Lord O'Donnell, you posed the question: were the appropriate structures in place to ensure that the best possible decisions were made?

I'd like to commence, please, with an examination of that question. Why does it matter, when government is making momentous decisions of this type, that the structures and the processes which underpin that decision-making are appropriate, adequate, suitable, worthy unto the day?

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1 **A.** So what's important when you hit a crisis is the ability
2 to bring together all of the information in a sensible
3 way, to get that to the ultimate decision-makers, who
4 are of course ministers, in a form in which they can
5 understand and apply their judgement to that information
6 and evidence that you've given to them.

7 So you do need to do this. And it's also important
8 that quite a lot of people fight the last war. So some
9 of the structures were set up, in a sense, with regard
10 to the previous crisis. So in my case I lived through
11 SARS and things like that. So there is -- there was
12 an element of us thinking about pandemic flu. A lot of
13 the time that was top of our -- the National Risk
14 Register, which was started in my day.

15 But each crisis is very different. If you think
16 about, for me, the biggest crisis during my time was the
17 global financial crisis. That was very much about the
18 economy, the Treasury, global issues. So that was --
19 that required a certain set of structures.

20 Covid was different, in that quite often,
21 for example, SARS was mostly a health crisis dealt with
22 through health means. So, for example, you were
23 thinking about how much of the medicine should we buy,
24 and we were criticised later for buying too much.
25 Actually I think, you know, my goodness, I think we may

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1 the crisis you're dealing with, so what would have been
2 right for a global financial crisis would absolutely not
3 have been right for Covid.

4 **Q.** The type of evidence and information to which you refer
5 was of course, during the pandemic, the sort of
6 information relayed to decision-makers through, as we
7 know, SAGE -- and we'll come back to that in a moment --
8 and COBR, to which we'll also revert in a moment.

9 But presumably at some point in this structure, in
10 this system, the information, the evidence,
11 the wherewithal to be able to enable decision-makers to
12 make the best possible decisions had to be routed
13 through existing government structures, so
14 the Cabinet Secretary, the Cabinet Office, Number 10
15 and, perhaps to a lesser degree -- the extent to which
16 it was a lesser degree we'll examine in due course --
17 the Cabinet.

18 How important in this decision-making process or
19 this evidence gathering process is the role of
20 the Cabinet Secretary?

21 **A.** Very important. But I would say one thing about -- you
22 don't necessarily need to put it through existing
23 structures, you can create new structures.

24 **Q.** Of course.

25 **A.** And we did, for things like the global financial crisis.

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1 be ... I personally would stand by all the decisions we
2 made then.

3 But Covid was different, in the sense that there
4 were going to be medical ways of solving this, vaccines
5 eventually, there were drugs, there's various things,
6 but also there were -- I think the term that everybody
7 uses is NPIs, which were very different, and actually
8 required understanding of how people's behaviour would
9 change, and also of their impact in a broader sense.

10 So, for example, closing schools would have
11 an effect on transmission, which experts in epidemiology
12 could tell you something about, but in order to
13 understand the overall impact and put this to ministers,
14 you needed to have someone saying, "What's the impact of
15 that on the children, on their education? What's the
16 impact on teachers? What's the impact on the mental
17 health of the parents and, in due course, on the economy
18 as a whole?"

19 So there were lots of -- I always -- I refer to it
20 in the papers as a mixed crisis, in the sense of it
21 starts with a health issue but it's solved by
22 a combination of health and non-health interventions.
23 And that's complicated, and therefore you need
24 a multidisciplinary approach right from the start.
25 Hence you need to set up the structures to deal with

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1 **Q.** But I'm asking you about the existing structures,
2 because the Cabinet Secretary played a vital role,
3 of course, in the response to the Covid pandemic.

4 **A.** Absolutely. And if you think about what the role of
5 the Cabinet Secretary is in this, it's to make sure that
6 both the Prime Minister and Cabinet -- and I think this
7 is important, it's actually in the name: if you're
8 Cabinet Secretary you have dual roles, right, you are
9 there as a policy adviser to the Prime Minister but you
10 are also there to support Cabinet and Cabinet
11 decision-making. So you have to try to set up
12 structures that make sure that both of those, as it
13 were, clients are treated properly, and you need to make
14 sure that the structures you've got work well for this.

15 So, for example, COBR was used at various times.
16 COBR is a structure that works at its best -- sorry,
17 you --

18 **Q.** We're going to come on to COBR in a moment.

19 **A.** Fine, okay.

20 **Q.** Can we remain focused on the Cabinet Secretary for
21 a moment.

22 **A.** Sure.

23 **Q.** The Cabinet Secretary is, in effect, is he or she not,
24 the head of the government machine? They liaise with
25 the Prime Minister, to whom of course they are

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1 the Cabinet Secretary. He or she will be the head of
2 the civil service, probably, not necessarily. They
3 liaise with the Cabinet, they are the secretary to the
4 Cabinet, and they are at the head of the structure, the
5 civil service structure which will give advice to the
6 Prime Minister.

7 Is that a fair summary?

8 **A.** Yes. I would stress, though, it's Prime Minister and
9 Cabinet, and sometimes you're going to talk to
10 the Prime Minister about ways of involving Cabinet more.
11 So, you know, it's not just one way. You have two
12 masters in that sense.

13 And you are, as you absolutely rightly say, head of
14 the civil service, so all of the permanent secretaries
15 to the different departments report to you as
16 Cabinet Secretary. So you are trying to make sure that
17 all of the departments work well together, particularly
18 when you've got an issue which goes across departmental
19 boundaries, and Covid would be one where that absolutely
20 was true.

21 **Q.** So in a time of crisis, the demands on
22 the Cabinet Secretary are greater than in normal times,
23 because they have to try to broker, or broke the
24 position within government as well as respond to and be
25 at, I suppose, the top of the pile in relation to

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1 I actually did have three roles at the time: I was
2 Cabinet Secretary, head of the civil service and I was
3 Permanent Secretary for the Cabinet Office. Which
4 I thought was too many, and I wanted to get there to be
5 a separate Permanent Secretary for the Cabinet Office.
6 But ultimately you are always going to be overseeing the
7 Cabinet Office, whether you've got the titular head of
8 Permanent Secretary for the Cabinet Office or not,
9 because that is the mechanism by which you're bringing
10 together all of the departments.

11 You are -- as Cabinet Secretary, it's worth pointing
12 out, every Wednesday for an hour you bring together all
13 the heads of the government departments, all the agency
14 heads, and you talk about the big issues of government,
15 and you do this knowing that Cabinet will be meeting to
16 talk about some of the same issues.

17 So there is a very big role in bringing together
18 the whole of the civil service and government machine.

19 **Q.** How important is the interface between
20 the Cabinet Office, which performs this wider
21 governmental a role of broking between departments, of
22 trying to apply a level of control, to try to focus
23 the information and the evidence in a way that assists
24 the centre of government, and Number 10, where executive
25 power in the form of the Prime Minister is essentially

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1 the government's ability to deal with the ensuing
2 crisis?

3 **A.** Yes, I would say so, but I would also say that, as
4 Cabinet Secretary, I was told there was a crisis every
5 single day, and that turned out to be there was a bad
6 headline in a newspaper. My response always was: how
7 many people have died? And you need to get that
8 calibration in there to understand that some crises are
9 really, really important and need urgent attention.
10 I think Covid was a classic example of that.

11 So there is this kind of role of
12 the Cabinet Secretary to get things in perspective, to
13 say, "You might think this is a crisis, but this is
14 going to be something that would be resolved in a few
15 days and it might be a few bad headlines", "This is
16 something that is an absolutely existential threat and
17 therefore requires everybody to change their behaviour
18 it might require new structures, and it might require
19 all of us to think about things quite urgently as to
20 what we need", for example collecting more data.

21 **Q.** Is the Cabinet Secretary the head of the Cabinet Office,
22 which is itself a government department, although
23 perhaps to call it a government department may be to
24 mislead indirectly?

25 **A.** Good question. So when I was Cabinet Secretary

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1 vested?

2 **A.** So you have to manage both, and you have to remind
3 the Prime Minister at times that he may be, a phrase to
4 use *primus inter pares*, first amongst equals, but he is
5 head of a Cabinet, and it's important that Cabinet gets
6 to discuss some of the important issues.

7 So the Cabinet Secretary will spend quite a lot of
8 time with the Prime Minister, saying, "Actually,
9 Prime Minister, you should take this to Cabinet", or,
10 "You should take this to a certain committee", or
11 whatever, rather than just saying, "Prime Minister,
12 you've got to decide this or that".

13 **Q.** It's self-evident, isn't it, that these working
14 relationships, the relationship between
15 the Cabinet Secretary and the Cabinet Office and the
16 Cabinet, and the relationship between the
17 Cabinet Secretary and the Prime Minister, and between
18 the Cabinet Office and Number 10, are all absolutely
19 essential to the way in which a government can respond
20 to a crisis? If those relationships break down or
21 become degraded, the government is likely to respond
22 less efficiently and less well. Would you agree with
23 that general proposition?

24 **A.** These are all personal relationships, and it's --
25 you know, having worked closely with John Major,

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1 Tony Blair, Gordon Brown, David Cameron, Nick Clegg,
2 I would say in every single respect you have to take
3 into account the personality and strengths and
4 weaknesses of the Prime Minister you're dealing with,
5 and therefore as Cabinet Secretary you have to adjust to
6 that, because they are the Prime Minister, you know, and
7 you need to make the relationship work. So different
8 styles are needed at different times, depending on who
9 you're working with.

10 But yes, at its best that relationship is a very
11 strong and close one and allows the Cabinet Secretary to
12 do what we always say, speak truth unto power and be
13 able to challenge the Prime Minister and say, "No,
14 Prime Minister, actually I think you're wrong, I think,
15 you know, you shouldn't do this, you should do that".

16 **Q.** And you say at best, but if at worst the relationship
17 breaks down or there is a loss of confidence, that is
18 likely, is it not, to have a deleterious, a damaging
19 effect on the nature of the decisions which
20 the government will then make?

21 **A.** Yes. I mean, there's no doubt that if that -- in my
22 time, I can only speak about my time -- in my time if
23 I had not felt that there was mutual trust and respect
24 between me as Cabinet Secretary and the Prime Minister,
25 that would have made life very difficult, and I was very

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1 make and the information and evidence they needed.

2 That was clearly, from the evidence you're seeing --
3 obviously I wasn't anywhere near this at the time, but
4 from the evidence you've got from other people, that was
5 clearly an issue. And once that's an issue, you need --
6 the reason that the Cabinet Secretary, Simon Case, would
7 have been talking to Patrick Vallance about this is they
8 need to understand how to operate in a way in which --
9 the top is not functioning as well as you would like it
10 to, and when that's happening, you obviously need to
11 think about: how do we ensure that the best decisions
12 are made for the country when it's not working as well
13 as one would like?

14 And that means that sometimes you have to, you know,
15 be clear with the key officials, like Patrick Vallance,
16 Chris Whitty, that there are problems with these
17 relationships, and therefore things may not happen as
18 quickly as you would like.

19 So that's the world you're living in, they are
20 there, you can't change them, a lot of these issues are
21 for, you know, our political appointees, and
22 the Cabinet Secretary can't do anything about that.

23 **Q.** But the outcome, the ultimate outcome of a failure to
24 take a grip on factional infighting or loss of
25 confidence in important individuals or breakdown in the

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1 fortunate in that all of the Prime Ministers I worked
2 with I felt that that relationship existed.

3 **Q.** It is now well known that Sir Patrick Vallance, then
4 the Government's Chief Scientific Adviser, kept a set of
5 diaries or evening notes in which he recorded his
6 contemporaneous views on the workings of government
7 during the crisis. In those dairies, in fact on
8 11 November 2020, he says this of your successor,
9 Cabinet Secretary, Simon Case:

10 "Simon Case says No 10 at war with itself - a Carrie
11 faction (with Gove) & another with SPADs ..."

12 What are SPADs?

13 **A.** Special advisers. Political appointees, not civil
14 servants.

15 **Q.** "PM caught in the middle. He has spoken to all his
16 predecessors as [Cabinet Secretary] & no one has seen
17 anything like it."

18 Lord O'Donnell, were you one of the predecessors to
19 whom he spoke?

20 **A.** Most certainly I was, yes. And like I say, you know,
21 I look back on this and think I was blessed, I actually
22 had a relatively easy time. All of the prime ministers
23 I worked with, I could say I think there was that sense
24 of mutual trust and respect, and ability to get
25 prime ministers to focus on the decisions they needed to

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1 relationships of trust between these various departments
2 and the various individuals will be, won't it,
3 a degradation in the decision-making? No government
4 sensibly constituted can respond properly to a crisis
5 and make these momentous decisions if it's at war with
6 itself and if its various moving parts are, bluntly,
7 dysfunctional?

8 **A.** There are always differences of view amongst members of
9 Cabinet, and differences of view even within Number 10.
10 So -- and that, to be honest, is healthy. You would not
11 want groupthink to take over. There are always
12 competing factions, there are always competing views of
13 looking at the same evidence, coming up with different
14 answers. The job is to try to make sure that there is
15 a consistent framework, that there are rational
16 decisions being made, rational in the logical sense,
17 that can be explained consistently both to -- within
18 government but also to the public, to understand why
19 certain decisions are made.

20 So that's -- I think that's the key. You have to
21 accept the fact that there won't be unanimity amongst
22 all of these different players, but you need, as best
23 you can, to use the processes at your disposal to make
24 sure that all of these different voices are heard, but
25 there is a good decision-making process that comes up

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1 with the right answers.

2 **Q.** This material, though, Lord O'Donnell, goes beyond,
3 doesn't it, debate or even ferocious debate? It
4 indicates a level of dysfunctionality, "no one has seen
5 anything like it", there are references to "chaos",
6 internecine warfare going on within Number 10. That's
7 not the normal part of government, is it? That's not
8 debate, that's a systemic failing, is it not?

9 **A.** Like I say, I wasn't there. All I can say is during
10 the time when I was there, there was healthy debate.
11 You know, there was -- a lot of people have written
12 about Tony Blair and Gordon Brown not always sharing
13 the same views. That actually, to my mind, was
14 a strength of government, a Chancellor and
15 a Prime Minister testing out ideas with each other.
16 But, yes, I wasn't -- and I don't think anyone has ever
17 said that there were problems like those that
18 Patrick Vallance is referring to and others have
19 mentioned. So that, to my mind, means that Simon Case
20 was dealing with a far, far more difficult situation
21 than I ever had to face.

22 **Q.** It's a matter of public record that Lord Sedwill gave up
23 the position of being Cabinet Secretary publicly in
24 September of 2020, although the debate in Downing Street
25 as to how long he should continue for raged throughout

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1 witnesses have said, I can understand why that might be
2 very, very difficult, then you can understand why
3 there's a decision for that Cabinet Secretary to go and
4 for a new one to come in.

5 I mean, of course, the other side of it is when
6 prime ministers should go, and that's obviously an issue
7 that's either decided by the electorate or their own
8 party. That was done.

9 **Q.** You've used the phrase, perhaps the euphemism, "it would
10 be a difficult situation". In terms of government
11 administration and the proper workings of this very
12 highest level of government, that breakdown of
13 relationship with the Prime Minister and
14 the Cabinet Secretary was, frankly, a car crash, wasn't
15 it?

16 **A.** Well, you have to do your best to make sure that it's
17 not. So you have to --

18 **Q.** But it was, was it not? It does appear that
19 the relationship broke down completely at the highest
20 level of government, and that is a most regrettable
21 feature of the way in which the government responded.

22 **A.** It's -- most certainly, yes. I mean, I would say it
23 would be far better if they were getting on well.
24 Precisely -- you know, the job then of
25 the Cabinet Secretary, Mark Sedwill, would have been to

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1 the summer. What, in your experience, would have been
2 the likely impact on the decision-making processes of
3 the change in Cabinet Secretary in those terrible
4 months?

5 **A.** Well, on the one hand you want a Cabinet Secretary that
6 can manage the relationships with the Prime Minister,
7 and if that relationship's broken down, it's a bit
8 like -- as Cabinet Secretary, it was always my job to go
9 and talk to a minister if they weren't getting on with
10 their permanent secretary and to think about, was it
11 something about the way the permanent secretary was
12 acting or behaving, was there some personality clash or
13 whatever, and you'd try and find a way to make that
14 relationship work better, and to then think about,
15 ultimately, if it wasn't going to work, how you manage
16 the smooth transition. So, in a sense, that would be my
17 playbook as to how -- unfortunately that playbook works
18 when you're talking about ministers and permanent
19 secretaries; obviously when it comes to the Prime
20 Minister and the Cabinet Secretary, there's no one else
21 to go to. So that's the kind of -- that's a very
22 difficult situation.

23 And if a Cabinet Secretary and a Prime Minister
24 ultimately can't work together, and, you know, from what
25 we've heard about the Prime Minister's style, what other

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1 try to make sure that the damage of that relationship
2 not working was as small as possible.

3 **Q.** Indeed.

4 **A.** You know, so Mark needs to think about: okay, what's the
5 future, can we get a new Cabinet Secretary in? Can we
6 make sure that this doesn't damage things in the way
7 that ...

8 You're right, because the Cabinet Secretary is
9 a very important position for bringing all of this
10 together, at a particularly difficult time, so the
11 potential is there. The job that Mark tried to do was
12 to make sure that the damage was as small as possible,
13 given the behaviour of other participants in it.

14 **Q.** Generically, there is, of course, the well known
15 division of function between the civil service, which
16 acts primarily in an advisory role, and ministers, who
17 carry executive power, who are the decision-makers.
18 Without delving too far into this extremely complex
19 conceptual and administrative divide, does that division
20 of function work particularly well in a crisis, where
21 you have civil servants giving, with the best intentions
22 in the world, advice, but leaving it to ministers, some
23 of whom may have more experience than others, to make
24 the executive decisions?

25 **A.** In a sense that's democracy for you. You know, we've

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1 decided that we want to go down a route where
2 the ultimate decision-makers are elected politicians,
3 mostly. I mean, there can be some from the
4 House of Lords, obviously. And they can move around.
5 You know, during my time I had nine ministers of
6 pensions in five years. I mean, it's quite a long-term
7 issue.

8 So you would want your decision-makers to be really
9 good at one thing. You can't expect them to be good at
10 the subject matter in the sense of -- you know, because
11 they could move from health to defence or whatever.
12 What you really want is for them to be good at
13 decision-making under uncertainty, because you're always
14 going to have uncertainty and you always want them to --
15 and I would -- you know, if I had one wish it would be
16 that ministers had training in decision-making under
17 uncertainty. Because that's the nature of what they do.

18 And this is, particularly in Covid, it's
19 complicated, the stats you're giving them, you know, the
20 whole, you know, epidemiological modelling. There are
21 some of us who -- you know, I grew up teaching how to do
22 modelling, you know, but that's not their background for
23 most of them. So this is hard for them, and it's hard
24 for us to explain complicated things to people haven't
25 done basic stats, and understanding probabilities, and

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1 who suffer from the first crisis.
2 **A.** Absolutely. Which is why, when it comes to a new kind
3 of crisis, like I say I call this a mixed crisis, where
4 you're very aware that you're putting to people really
5 complicated issues that they will find very difficult,
6 hence the importance of having people like the Chief
7 Scientific Adviser, the Chief Medical Officer, to try to
8 distill the wisdom of others and put that evidence to
9 ministers in a way that they can understand it and allow
10 themselves to apply -- which ultimately they have to, as
11 the elected ministers -- their decision-making process
12 to it.

13 **Q.** The second aspect of your earlier answer referred to or
14 related to churn. In your article "*Far from Well*", you
15 note that Mr Johnson's Cabinet went into this crisis
16 with comparatively limited experience in positions of
17 power. You said there had also been significant churn
18 among the top positions in the civil service, and
19 plainly, therefore, those ministers had not had any
20 opportunity to take part in live planning exercises.

21 To what extent do you believe that that comparative
22 lack of experience in ministers had an impact on
23 the decision-making in the early days of 2020?

24 **A.** Well, I should say that you can't control this, to start
25 off with. You know, you imagine 1997, Tony Blair comes

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1 the uncertainties around these things. Because, to be
2 honest, dealing with Covid, you were mostly dealing with
3 situations where the honest answer most of the time is
4 "We don't know". "But" -- but, and this is a really
5 important but -- "we know ways to try and find out",
6 which mostly involved collecting more data early.

7 **Q.** Just picking apart some aspects of that answer,
8 Lord O'Donnell. Firstly, in terms of crisis management,
9 is there any training for ministers at all in advance of
10 taking up their role, their position, in order to better
11 prepare them for crisis management?

12 **A.** Well, obviously there are -- there are training
13 programmes, people like the Institute for Government,
14 Blavatnik School, do training programmes for would-be
15 ministers, and they will cover things like crisis
16 management. You get good training for them if they do
17 tabletop exercises. So they have to live it. And
18 I found that was one of the most important things.

19 Also you've find that ministers get better on their
20 second crisis. So when they go through it the first
21 time and they understand how COBR works and issues like
22 that, they get better. You know, I think all of us
23 would say, you know, the second time we do something is
24 so much better than the first time.

25 **Q.** That may provide little solace for the poor unfortunates

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1 into office, Tony Blair had never ever had a ministerial
2 role, he becomes Prime Minister. Right? Very, very few
3 ministers, when there's a change of administration, have
4 had any experience whatsoever. So this is something you
5 have to live with in a democracy.

6 **Q.** Can I pause you there, Lord O'Donnell?

7 **A.** Yeah.

8 **Q.** Your article was entitled "*Far from Well*" and was
9 a piece of learning on the relative performance of
10 the United Kingdom Government and its decision-making.
11 You wouldn't have referred, on page 785, to the
12 significant churn amongst ministers and civil servants
13 unless you had taken the view that it mattered and it
14 had an effect on the standard of decision-making?

15 **A.** Sure, don't get me wrong, what I'm saying is it does
16 matter but it's not within your control. If there's
17 just been an election, imagine the next election,
18 imagine if there's a change of administration. By my
19 count there will be seven people in government, if the
20 Shadow Cabinet became the government, who have actually
21 had any ministerial experience. Right? That's the
22 world we live in. You can't assume that ministers have
23 got prior experience.

24 So here we are in a government where there hasn't
25 been a change of administration for a long time --

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1 Q. Sorry, can I just ask you to slow down just a little
2 bit, Lord O'Donnell. Thank you.
3 A. What I'm saying is that -- so you have to have systems
4 that will work with ministers that are new in place.
5 Q. Well, ameliorate, in effect, the lack of ministerial
6 experience?
7 A. Precisely. In an ideal world, and I remember saying
8 this to David Cameron when I had the access talks with
9 him, when he was Leader of the Opposition, he asked me,
10 "What's the one thing I could give you, Gus?" And
11 I said, "Minimise the churn in ministers."

12 The longer ministers are in place, the more chance
13 they'll have the training, the more chance they'll have
14 been through one of these issues. So I think it is
15 absolutely vital.

16 And our ability to respond, and I would say any
17 democracy's ability to respond, will depend to some
18 extent on the experience of ministers. And if
19 ministers, even though they haven't been through
20 a crisis like this, have had training about how to
21 manage crises, that would be even better.

22 So I would love them all to have pre-ministerial
23 training.

24 Q. I think you might describe yourself fairly as being in
25 the Sir Oliver Letwin camp in that case?

25

1 ministers will be, frankly, at sea?

2 A. So, yes, they need the proper advice, but this comes
3 back to my point about working as well as possible with
4 the ministers you've got. So if you know you've got
5 a minister that is liable to, on being told there's
6 a new variant, to immediately jump to a policy
7 conclusion which you think may be wildly mistaken, then
8 it actually makes sense to pause for a second and say:
9 okay, so if we say there's this new variant and it's
10 much more powerful, we really need to be able to answer
11 the Prime Minister's question afterwards, which is, "So
12 what should I do about that?"

13 So you might want to hold back and say: let's do
14 some analysis first, let's make sure that we've
15 considered various policy options and put before
16 the Prime Minister these various things. Because
17 otherwise there's a chance the Prime Minister will come
18 to a snap decision when told about it and will then talk
19 to somebody else who will say, "Yes, but there's a case
20 for doing the opposite". So you really need to work
21 with what you've got, in terms of ministers, and you
22 need to understand how the machine can help those
23 ministers make the right decisions. Which may well
24 often mean that you pause for a second before you
25 actually give them some new piece of data.

27

1 A. He would be a perfect minister in many respects, because
2 he did take these things seriously.

3 Q. Thirdly, arising out of your earlier answer, a lack of
4 ministerial experience places an even greater premium,
5 does it not, upon the receipt of straightforward, clear
6 and speedy advice from the civil servants?

7 A. Yes.

8 Q. One of Sir Patrick Vallance's diary entries from
9 December 2020 says this, that the permanent secretary
10 had become annoyed that the Chief Medical Officer and
11 the Chief Scientific Adviser had told the Prime Minister
12 about a new variant, and he says:

13 "Sounds familiar. Really we had no choice and he
14 needs to know. The civil service reflex to slowly
15 manage politicians is really awful."

16 Does it follow that if there is a lack of
17 ministerial experience, then any level of
18 dysfunctionality in the civil service, in Number 10 or
19 the Cabinet Office, in terms of informing ministers,
20 informing the Prime Minister, providing them with
21 the right information, the right evidence, will have
22 an extreme, perhaps a disproportionate impact on the
23 ability of those ministers to make proper decisions?
24 Without the experience and without the proper flow of
25 information and advice from the civil service, those

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1 Q. And this machine was stuttering, was it not?

2 A. I'm not sure I could vouch for that. I would say
3 the machine was doing what it could in terms of
4 understanding the virus and all the rest of it and
5 bringing together the evidence in the best way it could.

6 The question of whether it was stuttering at that
7 point or at the point where it hits the minister is not
8 something I could say, because I wasn't there.

9 Q. I understand. Just focusing now on the Cabinet Office
10 generally for a bit, a considerable amount of evidence
11 appears to show that systemically the Cabinet Office
12 failed to exercise the sort of institutional levers of
13 power that are required to be operated in order to bring
14 other departments into line, to be able to broker
15 different positions between different departments, and
16 to synthesise the information, the evidence and the
17 decision-making for ministers.

18 During your tenure was any concern ever expressed
19 that the Cabinet Office was too amorphous, that it had
20 too many moving parts yet had insufficient control over
21 the rest of central government?

22 A. There is, I would say, throughout my career, a long
23 career in the civil service, there have always been
24 different views about this, that -- on the one hand, if
25 you talk to departments, they will tell you that the

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1 Cabinet Office gets in the way too much, that they are
2 slowing us down, and, on the other hand, the
3 Cabinet Office will say that they need to join up more
4 and more.

5 I mean, to give you one little example, one
6 incredibly effective way of getting government
7 departments to work together was when you present them
8 with a problem which they have to answer quickly.
9 A classic would be: there's an EU directive on X, it
10 affects five different departments, there's going to be
11 an EU council meeting in a week's time, we need a single
12 government position.

13 Alas, that doesn't happen any more, and quite often
14 you'll find, therefore, that departments are basically
15 not resolving that, not coming up with the single thing.

16 So this cross-departmental aspect is very difficult
17 to do in our system.

18 And that's where the -- you need the structures to
19 work effectively, and I would say one of the most
20 effective ones in my time was the setting up of the
21 National Security Council.

22 **Q.** Just pause there, though. It's axiomatic, is it not,
23 that if the system is not working, if the Cabinet Office
24 is unable to exercise sufficient levels of control over
25 other departments, and if there is an institutional war

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1 crisis or can it only really operate in the first few
2 days and perhaps weeks of an acute crisis?

3 **A.** Yeah, COBR is at its best -- and some of you will be
4 very familiar with this -- dealing with, for example,
5 a terrorist crisis. When it's something short,
6 immediate, you need action, you need the people round
7 the table, you need the Met Police, you need all
8 the rest of them there, and you get as much information
9 as you can, and it's something that's dealt with in
10 a few days. It can deal with slightly longer-term ones,
11 foot and mouth and all the rest of it, but if it's an
12 ongoing thing that you think is going to be there for
13 a year or more, I would say you don't want to use COBR,
14 you want to set up structures which are different.

15 COBR is -- partly it's a signalling mechanism, to
16 say to the world you're taking this very seriously, but
17 as a kind of structure to sort out longer-term
18 decision-making in something as complicated as the Covid
19 crisis, yeah, I would try to move away from COBR quite
20 quickly.

21 **Q.** Is that, in essence, because, as an ad hoc committee
22 which convenes to deal with an emergency, it's simply
23 not designed to be able to develop a coherent and
24 long-term strategy, and a strategy and a coherent plan
25 is essential for any government to be able to properly

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1 going on as to who ultimately has the whip hand, whether
2 it's Number 10 or whether it's the Cabinet Office and
3 the Civil Contingencies Secretariat or the lead
4 government department, in a time of crisis, that level
5 of lack of co-operation or lack of proper exercise of
6 power will be all the more exemplified?

7 **A.** Well, ultimately we know and departments know that it's
8 for Cabinet and the Prime Minister to make decisions.
9 So when it's something which crosses departmental
10 boundaries, you want as far as possible to set up
11 machinery of government, you know, various committees
12 that cross these boundaries, which actually allow you to
13 bring everybody together.

14 But it's, you know, you shouldn't -- the realpolitik
15 of this is that there's always a battle going on between
16 central control and individual Secretary of State's
17 freedom to do what they want. It's never that easy.

18 **Q.** Now, you refer then to the bodies and the organisations
19 which can exercise power in times of crisis. It's very
20 plain, and of course it's a matter of public record,
21 that the institution known as COBR, the Cabinet Office
22 Briefing Room structure, was set up, of course, and
23 convened to deal with the crisis.

24 In your experience, is COBR the sort of body which
25 is properly designed for a long-term whole government

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1 respond to a crisis?

2 **A.** Yes, I mean -- and that's what you need to start off
3 with. You know, the government had an action plan
4 eventually, but it's basically yes, you need, for
5 something like COBR -- there might -- for something like
6 Covid, there might be something you need COBR to meet
7 early on to kind of -- when it thinks: is this
8 a short-term crisis or not? Once it gets to the stage
9 where you've got the information which tells you
10 actually this is something that's big and is going to be
11 around for a long time, you then need to say: okay, what
12 are the right institutional structures to handle this
13 kind of crisis? And then you start setting up
14 the machinery of government which will work effectively
15 for this.

16 **Q.** And, as you know, there were a number of ministerial
17 implementation groups convened. They were then replaced
18 in May of 2020 by the Covid-S, the Covid strategy
19 ministerial committee, and the Covid-O, operational
20 ministerial committee.

21 Did COBR, in your opinion, continue to be convened
22 for too long? It was convened until May, in fact. And
23 if so, what is likely to have been the impact of that in
24 terms of the government's ability to respond?

25 **A.** That is incredibly hard for me to say from outside,

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1 because I wasn't sure why they were using COBR, to be
 2 honest. If the structures were working you would like
 3 to think that they would have meant that COBR didn't
 4 need to meet. It could be that they'd given some
 5 specific role to COBR that I don't know about, so ...
 6 **Q.** Well, at page 777 of your own article "*Far from Well*"
 7 you did attempt to address that thorny issue, and you
 8 were able, in fact, to answer that question, because you
 9 said:
 10 "... COBR continued to be convened well into May, by
 11 which time various implicit political tensions had
 12 become apparent ..."
 13 So you obviously did take the view at that stage
 14 that it had been convened for too long. What did you
 15 mean by --
 16 **A.** No, I think what -- I can't see how you infer that from
 17 that sentence.
 18 **Q.** "... COBR continued to be convened well into May, by
 19 which time various implicit political tensions had
 20 become apparent ..."
 21 So --
 22 **A.** Yes.
 23 **Q.** -- it plainly went on to such a point, until such
 24 a time, that these political tensions built up and
 25 became apparent?

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1 have set the strategy and would have made the big
 2 decisions, having got all of the other structures that
 3 you would set up to feed those in.
 4 One of the great strengths of that NSC structure,
 5 National Security Council structure, was that it allowed
 6 all the officials to give their best view of
 7 the evidence and explain the pros and cons of various
 8 different policy options and then to observe
 9 the ministers talk about those different options and
 10 come to a political decision about what they were going
 11 to do.
 12 That had the great advantage -- that system has the
 13 great advantage of ensuring that all the ministers get
 14 the evidence directly, and, you know, with the various
 15 experts in the room they can cross-question each other
 16 and they can cross-question those experts as they wish,
 17 but also that those experts go away and can report back
 18 to their various groups on why those decisions were
 19 made, what the political reasoning behind saying, "Look,
 20 we advised X but they decided to do Y, and the reason
 21 they did that", because they were in the room when it
 22 was made, "is the following". And people can understand
 23 that and therefore interpret that, that it wasn't that
 24 they disagreed with your example, for example, they just
 25 put a different judgement on the benefits of A versus

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1 **A.** But you're implying causation there. It's because COBR
 2 was meeting the implicit political tensions arose.
 3 I was saying --
 4 **Q.** What did you mean by "political tensions"?
 5 **A.** -- that Covid -- that implicit political tensions were
 6 rising, which meant that certain different structures
 7 might be required.
 8 So COBR was carrying on, not quite sure why, but it
 9 was quite apparent from other events that were going on
 10 that there were some internal issues, politically, which
 11 were creating problems.
 12 They may -- and those were problems probably related
 13 to the sorts of things that Chris -- Patrick Vallance
 14 was saying about the different factions, which made
 15 decision-making harder. It's not necessarily related to
 16 the -- what I call the comitology, the committee
 17 structure.
 18 **Q.** You do, though, express the view plainly that Covid-S
 19 and Covid-O, to which I've referred, may not have been
 20 brought into existence soon enough.
 21 **A.** Well, my personal view has always been that this kind of
 22 crisis should have been dealt with by something like
 23 what I would call a National Security Council structure,
 24 which would have been the key political decision-makers
 25 plus the key officials round a table, and that would

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1 the benefits of B.
 2 **Q.** And SAGE, to which we'll turn now, was not a body that
 3 enabled that process which you've described to take
 4 place. The politicians were not on SAGE and SAGE
 5 provided scientific advice which was relayed through the
 6 Chief Medical Officer and the Government Chief
 7 Scientific Adviser?
 8 **A.** Precisely. I mean, that's -- SAGE would have been one
 9 of my sub-bodies, although I would have liked a more
 10 multidisciplinary sub-body.
 11 **Q.** We'll come back to that in a moment.
 12 So, SAGE. You've referred, Lord O'Donnell, already
 13 to the vital importance of the supply of proper advice.
 14 It's self-evident that in a crisis the executive
 15 decision-makers, the ministers, must have up-to-date
 16 reliable data and advice. They need that assistance.
 17 What about the issue of public trust? In terms of
 18 managing a crisis and responding to a crisis, how
 19 important is it for the public to know that the
 20 government is the recipient of high-quality, speedy,
 21 proper, effective advice and data?
 22 **A.** That is massively important. We know that this crisis
 23 would involve asking people to radically change their
 24 behaviour, and that meant that they had to trust that
 25 you were doing this for good reason. So public trust is

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1 absolutely essential in this.

2 We have lots of research evidence that in places
3 where trust is higher, lots of things work better. It's
4 kind of fundamental getting trust up there, and everyone
5 should do their best to think about trust building
6 exercises, how you ensure that you get across to people
7 that what you're doing is trusted. And often that's
8 through thinking about: who are the best messengers for
9 this?

10 Again, it's part of the whole behavioural playbook
11 that people will believe certain people and trust them
12 much more than they, dare I say it, would trust
13 politicians in general. Trust in our politicians is
14 rather low, unfortunately.

15 **Q.** Was that in part why, of course, the government
16 proclaimed that it was following the science?

17 **A.** Well, it's a very --

18 **Q.** We will come back to the detail of that, but there is
19 a link there, isn't there?

20 **A.** There is a link there. What you're trying to do is get
21 people out there as spokesmen, which they did with
22 the Chief Medical Officer and Chief Scientific Adviser,
23 that people will trust that are -- that they believe are
24 on top of the science. Though I would always argue that
25 we need to interpret science very broadly in that term,

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1 volition, of its own motion; it was, in effect, too much
2 of a responsive committee rather than a body or a forum
3 which could proactively make suggestions for ministers
4 to decide to accept or not?

5 **A.** Yes, I would agree with that. I think the fundamental
6 problem there, though, was that if you ask SAGE kind of
7 very specific detailed questions and it doesn't know
8 what the ultimate outcomes the government's trying to
9 achieve are, I think that's the problem.

10 If you give them something about the ultimate
11 outcomes, then they can talk about various ways of
12 achieving those outcomes. If you ask them a very
13 specific question about: what should we do about social
14 distancing? Then you'll get an answer about social
15 distancing. You won't get an answer that says: yes, but
16 maybe social distancing isn't the right way to think
17 about this, because of the objectives you've given us.

18 And I think that failure to kind of specify what the
19 overall objectives were was one of the things I would
20 kind of look back on and say that's what made it very
21 hard for all the advisers, not knowing what -- the
22 ultimate source of this. Because there were various
23 statements made, like stopping the NHS falling over or
24 whatever, but nobody really, to my mind, ever laid out
25 a good strategy and what the overall objectives --

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1 to include social science.

2 **Q.** Let's look at SAGE briefly, and I just want to put to
3 you a number of propositions, drawn in fact from your
4 articles about the operation of SAGE.

5 Firstly, in terms of its composition, it's
6 well known that it comprised largely epidemiologists --

7 **A.** Yeah.

8 **Q.** -- modellers, behavioural scientists. Is it your view
9 that it was, certainly at first, dominated by medical
10 professionals and that there were insufficient numbers
11 of experts on infection control, I don't know, community
12 mobilisation, the social sciences, and nursing and
13 intensive care?

14 **A.** Yes, I would say, and I would refer to the evidence
15 given by members of SAGE who have said that there were
16 all sorts of areas that they didn't cover and they
17 didn't understand what research was going on in those
18 areas. So, yes, but obviously there could have been
19 other bodies in which -- which did that.

20 **Q.** Well, we'll come to that in a moment.

21 Secondly, do you report in one of your articles that
22 there was an element to SAGE which perhaps indicated
23 that, because it was designed to address questions put
24 to it, on a commission basis, if you like, it simply
25 didn't feel able to be able to raise issues of its own

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1 for example, minimising the impact of Covid on the
2 country as a whole, and then you go from that to say:
3 well, what does that mean? And you could layer it into
4 economics, social, et cetera, and health obviously.

5 **Q.** A number of the scientists on SAGE in their witness
6 statements have referred to the fact that a lack of
7 a clear strategic direction from the government or
8 a lack of information about the government's priorities
9 made it very much harder for SAGE to understand what it
10 was they were truly being asked.

11 There is, in one particular set of minutes, these
12 words:

13 "Modelling suggests earlier and/or combined
14 interventions will have more significant impact."

15 That sort of phrase may be reflective of this
16 scientific commissioned position, as opposed to SAGE
17 being asked "What do you recommend we should do?" in
18 plain terms. And is that one of the areas that you
19 think is problematic?

20 **A.** Well, I think it's -- I mean, SAGE was, as I say, filled
21 with a certain set of experts. You know, it depends on
22 the question you're giving them. If the question is:
23 should we close schools? Then clearly the kind of
24 experts you need are people that understand the impact
25 of closing schools on the educational effect on

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1 children, the effect on their parents, general effect on
2 the economy of doing these sorts of things, as well as
3 the things that SAGE might have been very good at
4 saying, which is the impact that might have on
5 transmission.

6 So you need to balance all those things together.
7 That's a hard thing to do, and that's where you really
8 need to be thinking about: how can we put this to
9 ministers in a way that it makes it possible for them to
10 bring their judgement to bear, to weigh up these
11 different things, to come up with an answer?

12 **Q.** You make the point in one of your articles, quite
13 rightly if I may say so, that SAGE was onli al scientific
14 advisory group, it simply wasn't constituted to be able
15 to weigh up the economic and societal consequences of
16 any whole-society order or measure that might be put in
17 place.

18 You refer in that context to the vital question of
19 whether or not there should, in future, be a committee
20 structure above SAGE that can synthesise not just
21 the scientific advice from SAGE but all the other
22 economic and societal, pandemic management, complex
23 public health issues that might arise outside the narrow
24 confines of a scientific advisory body.

25 Did you have in mind and do you have the mind

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1 But that, I think, is the way I would set it up. So
2 for each crisis, I would want to sort out the structure,
3 but based on there being very clear strategic objectives
4 of what we are trying to achieve. And then that feeds
5 down to what committee structure you need, what experts
6 you need around that table.

7 **Q.** Does it follow, Lord O'Donnell, that if you have or if
8 you were to have and if my Lady were to recommend
9 an overarching structure above SAGE to synthesise
10 the information and present it in the presence of
11 ministers --

12 **A.** Yes.

13 **Q.** -- there would be no need for the relatively narrow
14 conduit that existed during the Covid crisis of SAGE's
15 information and advice being routed through the Chief
16 Medical Officer and the Chief Scientific Adviser to
17 government?

18 **A.** Yes. Because when you think about it, SAGE wasn't
19 looking at, say, for example, the economic stuff. So
20 they're always doing a partial thing, and ministers are
21 then going to have to feed that together with other
22 things. So they need to have this information from
23 the range of specialists and advisers that are relevant
24 to the decision they're going to have to make. And
25 that's -- you know, again I stress, these are very

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1 the sort of structure, that operates a little like
2 the National Security Council that you've described,
3 where all that material can be put together and
4 officials and advisers, scientists and ministers can
5 cross-examine each other about the importance of
6 the information being provided?

7 **A.** Most certainly. I mean, you know, SAGE, the answer's in
8 the name, that's what they were doing, Scientific
9 Advisory Group. It will be crisis-specific, let's be
10 absolutely clear. The people you want round the table,
11 the kind of committee structure you need will depend
12 upon the nature of the crisis. So I wouldn't have
13 a single answer now. I would say let's have some
14 principles. The principles should be: let's work out
15 what our objective is. If our objective, for example,
16 with Covid, would be minimising the impact on the
17 UK population, so there would be some health impacts,
18 there would be some economic impacts, there would be
19 some social impacts, there would be some impacts on
20 the wellbeing of the NHS staff, you know, you could go
21 on, and there will obviously be impacts on -- and deaths
22 and the like, like that. So that tells you the kind of
23 structures, the number of experts you need, and the kind
24 of structure you should have.

25 Sorry, too fast.

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1 difficult decisions because they're having to weigh up,
2 make trade-offs. You know, yes, we could close down, we
3 could lock down forever, but that might have all sorts
4 of negative implications beyond the health ones. So
5 they have to weigh up and make trade-offs, which
6 ultimately are things that ministers are paid for.

7 **Q.** Lastly on this subject and the position of SAGE, do you
8 consider that it was fair on SAGE for the government to
9 declare publicly that its momentous decisions were
10 the result directly of SAGE advice, by virtue of the
11 proclamation that it was, repeatedly, "following the
12 science"?

13 **A.** I think -- I mean, if the implication of that is, "Don't
14 blame us, blame SAGE because they advised us", then
15 obviously that is completely wrong. I mean, ministers
16 make decisions. Ministers ultimately can ask for
17 different sets of advice from different sets of people,
18 so when they say they are following the science I think
19 that's a way of trying to build trust in things. The
20 question is -- you know, science is much bigger than
21 just SAGE. There are lots of other social sciences that
22 were really highly relevant to this.

23 **Q.** And the government decisions were far greater than
24 science?

25 **A.** Oh, absolutely, because -- and science, if we define

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1 science very narrowly as the kinds of things that SAGE
2 looked at, which are mostly the epidemiological
3 material. Mostly. They did some other things.

4 **MR KEITH:** My Lady, is that a convenient moment?

5 **LADY HALLETT:** Yes, certainly. 11.15.

6 (11.02 am)

7 (A short break)

8 (11.15 am)

9 **MR KEITH:** Lord O'Donnell, just some concluding questions,
10 if I may, in relation to the structures and the process
11 issues that we've been looking at.

12 Firstly, the National Security Council system and
13 the National Security Council itself exists in order to
14 be able to respond to threats, and in particular threats
15 which eventuate, which take place, as opposed to risks.
16 So a pandemic is a risk. A terrorist outrage is
17 a threat, and in fact a threat coming to pass.

18 When you were Cabinet Secretary, did you give
19 consideration to the possibility of setting up the
20 sort of structure that you've described today in
21 relation to risks as opposed to threats?

22 **A.** So something like that did happen when Gordon Brown set
23 up something he called the "National Economic Council",
24 which is a bit like an NSC but also included one thing
25 which I think is really useful in these sorts of

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1 you've described by way of your National Security
2 Council-type committee, was it that the CTF was not
3 a ministerial body, ministerial power remained vested in
4 Covid-S and Covid-O, and therefore what you envisage is
5 in fact an amalgamation of the structures that the
6 government ultimately put in place, namely the
7 Covid-19 Taskforce on the operational front and the
8 Covid-S, Covid-O ministerial committees?

9 **A.** Yes, a lot of people think that you can have one group
10 that does strategy, another one that then goes away and
11 does the operational implications of it.

12 I always think it's important to make sure that
13 you've got round the table someone that actually
14 understands about operations when you're having that
15 strategic discussion, because it's quite possible that
16 that strategic discussion will come up with something
17 that operationally is impossible.

18 So I was always keen on having the two groups round
19 the table together so that they could actually -- the
20 operational people could put their hand up and say,
21 "Can't do that", you know. And I think there were some
22 operational things here where -- you look at test and
23 trace, you know, the local authorities were good at it,
24 we dismantled it for some reason. You think about
25 the labs, you know, why did we not use private labs

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1 committees, which is bringing in outside experts to
2 talk -- to focus on some things.

3 So I -- so the idea was that things like NSC would
4 think about threats, as it were, and then when something
5 became very apparent you would move to some other
6 different structure, which was determined by what
7 the nature of the crisis was.

8 **Q.** But in general terms, the position remained that there
9 was a scientific advisory group, there was a COBR to
10 deal with the acute crisis and then the lead government
11 department model kicked in?

12 **A.** That's right --

13 **Q.** Remained as such.

14 **A.** -- yes.

15 **Q.** All right.

16 Secondly, you are aware of course that
17 the government changed from a model in which there were
18 ministerial implementation groups to a system of
19 a Covid-S, strategy, and a Covid-O, operational,
20 ministerial group, or two groups, and then ultimately in
21 late May or the summer of 2020 the inauguration of
22 the Covid-19 Taskforce.

23 To what extent was that Covid-19 Taskforce not
24 replicative of the process that you've described? Is it
25 because, or if you agree that it wasn't the process

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1 more? There are lots of things where someone with
2 an operational understanding would have said, "Actually,
3 if that's your objective, you need different answers,
4 and here's what you should be doing".

5 **Q.** I've mentioned the lead government department model.
6 Are you aware of the government's December 2022
7 Resilience Framework document?

8 My Lady, that was the subject of great debate,
9 you'll recall, in Module 1. Does that Resilience
10 Framework document note and acknowledge that where risks
11 are more complex, meaning that there is in essence
12 a whole government response required, there are distinct
13 limitations on the efficiency or efficacy of the lead
14 government department model?

15 **A.** Yes. Yes, absolutely. I would say you don't really
16 want a lead government department when it's something
17 that crosses so many departments and has such a big
18 impact on all of them. Covid being a classic.
19 You know, the Treasury, a massive impact, you know,
20 something like the furlough schemes, billions and
21 billions of pounds.

22 So you actually want Cabinet Office then to hold the
23 ring and create structures and bring all the departments
24 together. I think if there's something which is 90% one
25 department, the lead government department thing will

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1 work well. When it's much more diffuse and spread,
 2 I would go for a much more Cabinet Office-led model.

3 **Q.** Presuming that the Cabinet Office is able to step up to
 4 the mark in that scenario?

5 **A.** Absolutely.

6 **Q.** Yes.

7 Finally, under the National Security Council
 8 process, is that a body at which the devolved
 9 administrations are represented, do you recall?

10 **A.** They're not. Because of the nature of national security
 11 it's at UK level. That's not to say you couldn't have
 12 a body which did involve devolveds. In fact, I would
 13 always say with this structure you need to modify it for
 14 the nature of the crisis. So it could well be the
 15 devolveds, it could be the local mayors, it could be all
 16 sorts of things that you would want to add in.

17 **Q.** And if, of course, it's a pan-UK crisis, then
 18 the devolved administrations would be required to have
 19 a seat at the table, because, of course, it's a pan-UK
 20 crisis?

21 **A.** It's a bit more complicated than that, I'm afraid,
 22 because there are various things --

23 **Q.** Somehow, Lord O'Donnell, I knew you would say that.

24 **A.** There are various things that are protected at the
 25 UK level that aren't devolved.

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1 a real mistake. But you're absolutely right, you know,
 2 these bodies work because they're relatively small.

3 **LADY HALLETT:** Yes.

4 **A.** And you shouldn't -- you know, Cabinet is a very big
 5 body, and therefore that creates limitations to what you
 6 can put to Cabinet.

7 The NSC was deliberately kept quite small.

8 **LADY HALLETT:** Sorry to interrupt.

9 **MR KEITH:** My Lady, not at all.

10 Strategy. I really don't want to ask you to get
 11 into the weeds of the debate about the relative merits
 12 of suppression, that's to say control of a virus, as
 13 opposed to mitigation, that is to say flattening the
 14 curve or squashing the sombrero.

15 In one of your articles, however, you make the point
 16 that it is an essential part of strong political
 17 leadership in the face of a crisis to have and to
 18 communicate a strategic plan.

19 Why, Lord O'Donnell, is that so? Why is it
 20 necessary for a government to have a strategic plan in
 21 a crisis and to communicate it?

22 **A.** It's --

23 **Q.** Shortly, if I may.

24 **A.** Sure. It is absolutely vital, because the decisions
 25 you're making will involve trade-offs.

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1 **Q.** Ah, yes, you're talking in terms of, potentially,
 2 national security issues, but, for example, in the case
 3 of a pandemic, a viral pandemic striking the whole
 4 country, under a new model, of the type perhaps that
 5 you've described, it would be essential to have the
 6 devolved administrations represented at that new model?

7 **A.** Yes. I would think it would make an enormous amount of
 8 sense to do that.

9 **Q.** Strategy.

10 **LADY HALLETT:** Sorry, before you move on.

11 How do you make sure that that council, that body,
 12 doesn't then become -- have so many people on it that it
 13 becomes unwieldy and really doesn't do anything?

14 **A.** Absolutely right, which is why we talked about
 15 the devolveds, very small number of devolveds. Once you
 16 start thinking to devolved -- below the nation state,
 17 and so you're talking about regions and local mayors and
 18 all the rest of it, you're absolutely right.

19 So I think there is a case for there being that
 20 overarching body and then thinking about one of the
 21 subgroups having much more representatives of local
 22 authorities, devolved areas, mayors, depending on the
 23 different structures we have around the country. Which
 24 are very different.

25 But to lose that information I think is -- would be

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1 So let's imagine the objectives are to minimise
 2 the number of deaths, to minimise the impact on
 3 the economy, to minimise the effect on children and
 4 their education, et cetera, minimise the impact on
 5 the wellbeing of the UK population as a whole. How do
 6 you do that? How do you do those trade-offs?

7 So if you have a strategy which has the overarching
 8 goals, then you start to say: okay, so tell us more
 9 about how you see the trade-offs.

10 One of the issues that you would like to have is
 11 a consistent way of making trade-offs. People might
 12 disagree with the weight you give the different parts of
 13 the trade-off, but actually for them to be consistent is
 14 absolutely vital.

15 That's -- leads us into the whole of my push for
 16 there being a wellbeing approach to all of this, and
 17 using WELLBYs and various technical things which haven't
 18 been used yet, but I'm glad to say the Treasury's own
 19 Green Book now has supplementary guidance on how you
 20 might do this kind of analysis.

21 **Q.** We'll return to the question of your wellbeing structure
 22 or framework in a moment, but is this the nub of it: in
 23 order to be able to take the country with it, the
 24 government ought to and must in fact demonstrate what
 25 its plan is in order to increase confidence, to greater

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1 ensure compliance. But also, if it has a plan, is it
2 more likely to be able to discharge the primary function
3 upon it of making the right decisions?

4 **A.** Absolutely. If you've got a plan and you've got clear
5 objectives, then you can work to that. It makes
6 the communication -- and I say this as a former press
7 secretary to a Prime Minister -- you know, it makes
8 the communication easier. If the communication is
9 easier, you build up trust. And in -- as we said
10 earlier, when you're asking people to change their
11 behaviour radically, far more than I ever thought we --
12 any government ever would, you need that trust, that
13 this is based on some really good evidence and it's
14 going to result in better outcomes.

15 **Q.** As far as you are able to say, did the government ever
16 publicly debate, put to the country what its strategy
17 was in relation to what level of loss of life it would
18 deem is acceptable? So in this debate about
19 suppression, that's to say complete control or
20 mitigation, there is this terrible issue of
21 herd immunity: if you are merely mitigating or managing
22 a virus, by implication it requires the virus to spread
23 through or to continue to spread through parts of
24 the population that you're unable to hermetically seal.

25 Did the government, in your view, make plain

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1 the ability of the public to understand what was going
2 on and what was being decided and on what criteria these
3 momentous decisions were being made, the material
4 demonstrates very clearly that at the very highest
5 level, at the Prime Ministerial level, there was
6 a certain degree of what has been described as
7 flip-flopping or trolleying behaviour, that is to say,
8 an apparent inability to make a decision and stick to
9 it.

10 It may be self-evident, Lord O'Donnell, but why does
11 a consistency of approach matter so very much in
12 the teeth of a crisis?

13 **A.** And I think that's important, because when people talk
14 about flip-flopping, there could be good reasons to
15 flip-flop and bad reasons, and if you have a framework
16 which basically says, "Look, you know, here are --
17 here's the way in which we're making decisions about
18 whether to lock down or not, you know, the costs and
19 benefits of lockdown and how we're trading them off",
20 and then -- "and they're based on this data and
21 information" -- if that data and information changes,
22 then it makes perfect sense to change the policy and to
23 change your decision. And you can do that and maintain
24 trust if you've established the framework and people
25 understand the framework and they understand why you've

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1 the limits of and the nature of this strategic debate,
2 this strategic issue?

3 **A.** I think they were very nervous to do this, and I think
4 they were very nervous because if you take
5 the implication of your statement to its logical
6 conclusion, it gets you into a discussion of: what's
7 the value of life? And we know that governments
8 routinely make decisions based on a particular
9 evaluation. You know, the cost-benefit analysis for
10 roads dating back 30 years has done this.

11 **Q.** And medicine, medicinal products --

12 **A.** NICE, for example, where NICE works out whether --
13 sorry, National Institute for Clinical Excellence works
14 out whether a new drug can be made available, you're
15 doing these things. Politicians very rarely like to
16 have that debate, because it's a very cold-hearted
17 debate to say actually it's not worth saving this life
18 because it costs too much money.

19 So it is difficult for them, I accept that, but
20 actually implicitly they are making those decisions, so
21 it will be good if, even implicitly, there were
22 understanding that behind this there is a consistent
23 application of their judgement as to what the trade-offs
24 are.

25 **Q.** Another aspect of government decision-making and

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1 changed your mind.

2 And I think this is the key point, that it's not
3 necessarily wrong to change the policy prescription at
4 a certain point in time if new information becomes
5 available which you didn't have at the time which says,
6 actually, policy B turns out to be better than policy A
7 which you chose in the first place.

8 **LADY HALLETT:** How are you ever going to get that --
9 realistically, how are you ever going to get a political
10 party to talk to the public about possibly allowing
11 a disease to run riot through care homes, killing people
12 in large numbers?

13 I mean, yes, you could have a rational debate of
14 the kind you've talked about, but is that really going
15 to be something a political party is going to want to
16 engage in with the public, and possibly hostile sections
17 of the media?

18 **A.** That's a very good question. I mean, there's nothing to
19 stop the public inferring what the implied value of life
20 is. And indeed, you know, some people did that. So
21 it's not like this is hiding away.

22 I think part of political leadership is getting
23 the public to face up to the fact that there are going
24 to be difficult decisions, that we can't save everybody,
25 therefore we want to put our resources in the places

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1 that will save the most people that we can.

2 Now, the public would get that, and they would
3 understand that, you know, there were limitations on
4 what could be done. But the fact, if there is trust,
5 that you are really trying to do the best, and having
6 laid out in your strategic plan what the best means,
7 then I think you start to build public trust and you can
8 start to have that debate.

9 **MR KEITH:** These are fairly obvious issues, albeit of the
10 greatest importance, the most momentous decisions for
11 any society, but they're at the level, aren't they, of
12 asking the country: do we do whatever is necessary to
13 avoid death at all costs? To what degree do we batten
14 down the hatches in order to prevent the spread of
15 the virus at any cost? To what extent do we seek to try
16 to hermetically seal segments of the population and
17 thereby allow the virus to continue to spread amongst
18 those who are more capable and more able of being able
19 to deal with it?

20 Is that the sort of level at which this debate is
21 required?

22 **A.** What's essential is to get across to people that there
23 are always trade-offs. You know, the fact that
24 there's -- a new drug becomes available and it's
25 £10 million and it will extend someone's life by

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1 **Q.** In any event, on page 4, paragraph 2 of this article,
2 you set out the metric, that is to say a chart setting
3 out the sort of considerations or issues by way of
4 the cost and the benefit of any particular decision
5 so that you can see how it might operate in practice.

6 So you refer there, at paragraph 2, to the analogy
7 with the QALY metric, which is the -- well, the metric
8 which is used in the NHS for being able to evaluate
9 the cost and the benefit of particular treatment, also
10 triage, and a number of matters relating to clinical
11 affairs.

12 What you've proposed is that in the different field
13 of whole society, whole country measures, by way of
14 social restrictions, for example, it should be possible
15 to identify the costs and the benefits of such measures
16 by reference to matters such as the impact on income,
17 the impact on unemployment, on mental health, confidence
18 in government, educational prospects, and the benefits
19 in terms of fewer deaths, of course, because it's
20 largely a mandatory system for compliance with social
21 restrictions, fewer deaths in terms of road deaths,
22 commuting, the impact on CO2 emissions and so on. That
23 is the chart which you produce there on that page we can
24 see there on the screen.

25 You've made the point that of course the parameters

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1 three months, whereas you could use that £10 million in
2 another way that would extend babies' lives forever, for
3 the rest of their life. You know, alas, these are
4 the tough decisions we have to make, and leadership is
5 about confronting people with those tough decisions,
6 and ...

7 **Q.** And if there is a framework --

8 **A.** Exactly.

9 **Q.** -- by which the cost and the benefit of these decisions
10 can be objectively evaluated, then that will promote
11 consistency of approach and better enable
12 decision-makers to be able to make a rationalised and
13 perhaps more straightforward decision?

14 **A.** That's what all of my articles were about, it's like the
15 need for a framework. And one can argue about what goes
16 into that, one can argue about the parameters as to,
17 you know, what value would you put on life or whatever,
18 but if you've got a consistent framework at least you
19 then start to have a grown-up public debate.

20 **Q.** Could we have on the screen, please, INQ000189725.

21 This is, Lord O'Donnell, your article "*When to*
22 *Release the Lockdown? A Wellbeing Framework for*
23 *Analysing Costs and Benefits*", from, I think,
24 April 2020.

25 **A.** Yeah.

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1 are open for debate, but is it your view that this
2 sort of momentous decision, and a whole society
3 decision, which is not a decision to produce a medicinal
4 product or to give treatment to an individual, is
5 capable in principle of this sort of cost-benefit
6 analysis?

7 **A.** I think it is. I think with all of those numbers, those
8 parameters, there will be disputes about what the right
9 number is. You know, we put these numbers in, mainly --
10 not to say precisely when lockdowns should change, but
11 to show that there was a framework that could be used.
12 Government would then say: actually, you know, we don't
13 really care much about the income effects but we care
14 massively about the mental health effects. Or whatever.
15 And gave their own weight to this.

16 And then the great virtue would be they'd apply some
17 weights and then, when it came to a future decision, you
18 could say: okay, so we assume the weights are the same.

19 So that would rationally help you explain why you've
20 moved from one position to another.

21 But I do think it's a very important way of being
22 able to present to ministers the trade-offs, the really
23 difficult decisions they have to make. Without this
24 kind of thing, you end up -- and I've seen them --
25 endless submissions which list: here are -- you know,

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1 there's going to be effects on these five things, and
2 there are going to be good effects on these five and bad
3 effects on these five.

4 Well, how do you weigh them up? You know?

5 And that's what the whole -- that's what QALYs try
6 to do, quality-adjusted life years, that's what WELLBYs,
7 wellbeing years -- they are ways of bringing these
8 things together.

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

10 The final topic is that of trust in government. It
11 is obvious and it is well understood and known that
12 there were a number of breaches of rules and standards
13 by ministers, officials and advisers, in particular in
14 Downing Street.

15 The social and personal impact of those breaches is
16 obvious. It was outrageous that whilst members of
17 the population buried their loved ones that sort of
18 behaviour was going on. But systemically, in terms of
19 a government's ability to ensure compliance and to
20 ensure that it takes a country with it in terms of these
21 whole-society measures, why does leadership and setting
22 an example and the behaviour of government officials and
23 ministers matter so much?

24 **A.** It comes back to the point you have mentioned many
25 times: it's all about trust. And it's all about

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1 to say, "Well, you know, should I do this?" I mean, and
2 that's the whole point about these behavioural
3 compliance changes, is that you need people to respond
4 to them. And, you know, you can imagine, there having
5 been lots of lapses this time, you know, if you were
6 trying to do this again, would you get the same levels
7 of compliance? And, really, once you've made
8 the decision, let's assume the decision is right, that
9 various things are required, you really want people to
10 comply with it. And therefore you need maximum trust.

11 So, yeah, I think it has been damaging, and damaging
12 to future ability of governments to get across
13 behavioural issues.

14 **Q.** The police issued, I believe, 126 fixed penalty notices
15 to 83 individuals in and around Downing Street. It may
16 be thought that there was a general ethos of
17 misbehaviour. Had you known, would you have allowed
18 parties to take place in Downing Street?

19 **A.** Absolutely not. I mean, this is -- under no
20 circumstances would one want a party which violated
21 the rules that you were telling everybody else on terms
22 of social distancing and all the rest of it.

23 There is no question about that.

24 **MR KEITH:** Thank you.

Questions from THE CHAIR

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1 building that trust. That actually you're putting
2 forward, you know, unprecedented restrictions on
3 people's behaviour because you think they are in those
4 individuals' best interests. And if you then operate in
5 a way that says, actually, but you're not going to --
6 you don't think they're in your own interests, therefore
7 you don't follow them, that destroys that trust.

8 So it is absolutely essential that you demonstrate
9 by your behaviours that you believe what you're saying
10 to the public is the right thing to do and your own
11 behaviours follow that.

12 **Q.** So putting aside the personal opprobrium, any view
13 personally on the behaviour of those who were involved,
14 in terms of a government's ability to be able to manage
15 a pandemic, was this incredibly destructive?

16 **A.** Without a doubt it was destructive, because, you know,
17 you need -- you're relying on a behavioural response,
18 right, you're relying on people complying with rules,
19 and for most people that will be about whether they
20 decide that that's what they should do. It's not about
21 police enforcement, because there aren't going to be
22 police chasing round everywhere, so it's do they think
23 this is the right thing? Do they trust the people that
24 are telling them this is the right thing?

25 When that trust breaks down, then people are going

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1 **LADY HALLETT:** A couple of questions, Lord O'Donnell.

2 Firstly, if you had the kind of structures that you
3 would like to see in place ready to respond to this kind
4 of emergency, with the kind of membership and sub-bodies
5 that you've described, to what extent would the perfect
6 structure, in your view, be undermined by personalities?

7 **A.** Well, that's why you try to create structures that are,
8 as it were, independent of personalities. That's why,
9 in a sense, when faced with the question about why is it
10 that Chancellors decide to cut interest rates ahead of
11 elections when it's not in the best interests of the
12 economy, you say: well, let's set up a structure where
13 they can't do that. So you've given the power to
14 the Bank of England.

15 There could be some institutional changes which take
16 power away to bodies that we professionally trust, so
17 that's one possibility. But there is also this aspect
18 that our system does depend upon people behaving well.

19 I mean, Peter Hennessey called it the "good chaps"
20 theory, which is a bit sexist, I have to say, but I do
21 think that there are some areas where this showed up
22 that our system operates if people abide by the rules.
23 When they start not abiding by the rules, you get
24 serious problems. And we need to look again at our
25 structures to say: do we need to tweak them in some way

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1 to make sure that these things operate?
 2 I would say -- you know, in my time we put together
 3 the Cabinet Manual, which was kind of pretty much trying
 4 to bring together the rules. I hope a new version of it
 5 could strengthen some of those rules which learn from
 6 the problems we've had this time around.

7 **LADY HALLETT:** Last question from me: in my lifetime I've
 8 seen the growth of, use of, importance of SPADs.

9 **A.** Mm.

10 **LADY HALLETT:** What is it like for a senior civil servant
 11 operating with SPADs? How does that relationship work?

12 **A.** So I'd say, I've always said this, good SPADs are worth
 13 their weight in gold. I work with people like Ed Balls
 14 and Ed Miliband, who were special advisers to
 15 Gordon Brown. They were really helpful to
 16 the civil service, they trusted and respected the
 17 civil service, and they were good avenues and sounding
 18 boards for finding out what the Chancellor, whose time
 19 is very limited, would think about something and how you
 20 might manage, you know, trying to help them make
 21 the right decisions and the kind of information they'd
 22 need.

23 And I've also seen bad special advisers. They are
 24 disastrous. And they're mostly disastrous for
 25 the minister that employed them. They end up bringing

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1 will have political implications, and the SPADs, it's
 2 their job to come in and point out those political
 3 implications. It's your job as a civil servant to say
 4 "Actually, we think policy A is best for the country as
 5 a whole". Yeah, there might be some political problems
 6 and you might want to talk to your SPADs about how you
 7 mitigate those political problems, but our job as civil
 8 servants is to say what's best for the country, and we
 9 will say, "In the long run, Prime Minister, (inaudible)
 10 this, that's what's best for you and best for your
 11 recollection chances".

12 **LADY HALLETT:** Thank you.

13 **A.** Could I just say one other thing?

14 **LADY HALLETT:** Yes.

15 **MR KEITH:** Lord O'Donnell, are you about to raise the issue
 16 of the global comparative study?

17 **A.** I am.

18 **MR KEITH:** My Lady, there are no questions from the core
 19 participants, or at least none in relation to areas that
 20 we together haven't covered, but this morning
 21 Lord O'Donnell mentioned a great interest that he has in
 22 the need for there to be, in light of this pandemic,
 23 a far more sophisticated global comparative study of
 24 the impact that the various government NPI decisions
 25 have had.

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1 the minister down quite often.

2 So I would say that there is a lot to be said for
 3 restricting the number, and making sure that they have
 4 good training. You know, good SPADs are technically
 5 well trained. Ed Balls knew a lot about the economy,
 6 economic issues, that was really important. If you've
 7 got a bunch of SPADs who are trained in PR work and who
 8 only think about, particularly, pushing their individual
 9 minister and their status and how their minister got it
 10 right and everybody else got it wrong, they're
 11 the pretty disastrous ones. They add very, very little.
 12 And quite often they're working for a minister rather
 13 than the government. And therefore they're damaging to
 14 prime ministers and Cabinet government in general.

15 **LADY HALLETT:** Sorry, having said it's my last question,
 16 just following on from that, when you have -- so the
 17 SPADs are basically political advisers, and when you
 18 have a political party who obviously want to make sure
 19 that they get re-elected, how does the civil servant
 20 maintain their independence and objectivity and not get
 21 swept along with "This will play well with the
 22 electorate" or "That won't play well"?

23 **A.** Well, you need to -- so civil servants need to be
 24 political with a small P. You need to understand that
 25 when you emphasise one policy rather than another, it

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1 Is that the nub of it, Lord O'Donnell, that there is
 2 a need for us all to be a great deal better informed
 3 about how, comparatively, the various government
 4 decisions which governments around the world have made
 5 in the face of this pandemic in fact operated and to
 6 what level they had benefit?

7 **A.** That's exactly right. The point I make -- the reason
 8 I make this point is that there will be lots of
 9 individual inquiries which will look at the impact for
 10 their country. If you want to try to find out,
 11 you know, for example, did lockdown work, did these
 12 other things, you need to start with: so what's your
 13 ultimate objective? Let's say it was excess deaths or
 14 whatever. But there's going to be lots of countries
 15 around the world that did different things with the same
 16 virus and had different outcomes. By looking at that
 17 large sample of lots of different countries, we can
 18 infer, controlling for all the other factors like
 19 age distribution, ethnicity, you know, there's lots of
 20 other things going on, but a really good study could
 21 look at all of those things and would, I think, be
 22 a massive advantage to the world.

23 And it's really hard for any individual country to
 24 do that, so I just hope that somewhere along the way you
 25 can give a push to someone doing that.

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1 **LADY HALLETT:** Thank you.

2 **MR KEITH:** My Lady, that concludes the evidence of
3 Lord O'Donnell.

4 **LADY HALLETT:** Thank you very much indeed, Lord O'Donnell,
5 extremely interesting. Thank you.

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

7 **(The witness withdrew)**

8 **MR KEITH:** My Lady, the next witness is
9 Professor Sir Ian Diamond, the National Statistician and
10 head of the Office for National Statistics.
11 Yes, please.

12 **PROFESSOR SIR IAN DIAMOND (sworn)**

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

14 **MR KEITH:** Good morning.

15 **A.** Good morning.

16 **Q.** Could you give the Inquiry, please, your full name.

17 **A.** I am Ian Diamond and I am the National Statistician.

18 **Q.** I'm going to call you Professor Diamond, if I may. You
19 are in fact Professor Sir Ian Diamond, but for ease of
20 reference, that's how I will address you, if I may.
21 Professor, you have been good enough to provide two
22 very extensive witness statements concerning
23 the extremely important issue of statistics,
24 the relevancy to this inquiry into the pandemic of which
25 is obvious.

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1 **Q.** What is the National Statistician?

2 **A.** The National Statistician was a post first brought into
3 place by Winston Churchill when he was Prime Minister,
4 when data from different parts of government were coming
5 to him and he decided that he needed someone to
6 adjudicate on which ones he should use. And that is
7 a role that I take very, very seriously.

8 But at the same time I am the chief executive of
9 the UK Statistics Authority. The UK Statistics
10 Authority is an independent body which is charged with
11 all matters related to statistics, both regulation and
12 production of official statistics, and I head the Office
13 for National Statistics, which is, if you like,
14 the statistics production arm of the UK Statistics
15 Authority.

16 In addition, I am head of the Government Statistical
17 Service, which covers statisticians right across
18 government. I provide professional leadership to them,
19 although they are employed within their department, or
20 arm's length body. And I am head of the Analysis
21 Function, which brings together statisticians,
22 economists, operational researchers, actuaries,
23 geographers, social researchers and operational
24 researchers right across government.

25 **Q.** That is quite a number of statistical hats to have to

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1 You have provided one -- dated 8 September 2023,
2 INQ000268012, I think that's the one on the screen. You
3 would have signed that, I think, on 8 September, with
4 the usual declaration of the truth of its contents.

5 You also provided a second statement in which you
6 produced a very large number of tables and charts
7 relating to specific areas of data and statistics,
8 compiled by the ONS, the Office of National Statistics,
9 to which we'll come in a moment. Is that one, dated
10 11 September, INQ000271436?

11 Whilst you give evidence, Professor, could you
12 please remember to keep your voice up and also speak as
13 slowly as you are capable of, in order to assist our
14 stenographer.

15 I'm going to start, if I may, with that first
16 statement, the statement of 8 September, Professor,
17 because it sets out, does it not, the building blocks
18 for the data, the specific data and statistics, which
19 you then provide, setting out how the UK Statistics
20 Authority and the Office for National Statistics
21 operated during the pandemic.

22 Dealing firstly with the nature of the ONS and of
23 the UK Statistics Authority, you are the
24 National Statistician?

25 **A.** Yes.

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1 wear, Professor.

2 **A.** It is.

3 **Q.** The position, therefore, is that the UK Statistics
4 Authority is actually the independent statutory body
5 established by law, and you are, as the
6 National Statistician, as you've said, the chief
7 executive of the board of that body. It has a function,
8 or part of it is the Office for National Statistics,
9 which produces the statistics and the data, and that
10 authority provides oversight of the overall provision of
11 statistics by the government which, might be usefully
12 described, as you said, as the Government Statistical
13 Service?

14 **A.** Yes.

15 **Q.** But for our purposes, therefore, what we are most
16 concerned about is the production of statistics by that
17 production function arm, namely the Office for National
18 Statistics?

19 **A.** Yes.

20 **Q.** It does the heavy lifting of the production of
21 statistics?

22 **A.** Very much so.

23 **Q.** All right.

24 You are supported by three Deputy
25 National Statisticians; is that right?

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1 **A.** Yes, the three Deputy National Statisticians, each of
2 whom take a different area, one economic statistics, one
3 population and health statistics, and one, broadly,
4 data governance and IT. I'd have to say that over
5 the course of the pandemic, sometimes as different areas
6 became more important, we flexed some of those
7 responsibilities, but three Deputy
8 National Statisticians. And I was also supported
9 from --

10 **Q.** Just slow down a little bit, please, Professor.

11 **A.** I will slow down a little bit. I was also supported
12 from September 2020 by second permanent secretary
13 Sam Beckett.

14 **Q.** It is obvious that during the pandemic, the Office for
15 National Statistics discharged the extremely important
16 functions of informing decision-makers, the government,
17 with regular data and analytical insights, and also
18 informing the public with the state of play and what
19 the statistics and the insights produced by the ONS were
20 amounting to.

21 We're going to look at the specific supply of data
22 in a moment, and the particular analyses that you
23 produced, but in general terms, did the ONS start
24 producing data for government at a relatively early
25 stage of the crisis, or in your opinion could it have

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1 insight. Very early on in the pandemic, I did feel that
2 while data were flying very quickly -- actually, as
3 I said to one person, I remember saying, "This is a data
4 deluge, we need to bring data insight", and I pushed
5 very hard, and ONS pushed very hard to make sure that
6 instead of, for example, saying "Tell me something
7 interesting about", we moved to "What is the question
8 you want an answer to?" And we, ONS, embedded someone
9 inside the Covid Taskforce in the Cabinet Office to be
10 able to get those kind of questions.

11 And that led us to really answering new questions.
12 So, for example, setting up a Covid infection survey to
13 understand the level of positivity and, indeed,
14 antibodies in the country, and also to understand more
15 about opinions and attitudes.

16 **Q.** Have you therefore referred to an important distinction
17 in this field, which is the distinction between
18 the provision of datasets, hard statistics, and insights
19 by way of analysis drawn from the various surveys which
20 the ONS carried out?

21 **A.** Well, sometimes you would do analysis on those former
22 datasets. So, yes, one provides data and enables others
23 to use it, but at the same time one does analysis which
24 enables questions to be answered.

25 **Q.** Was the ONS therefore able to produce data and insights

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1 provided that vital support at an earlier stage, and no
2 doubt would have done so had it been asked?

3 **A.** Yes. I mean, I think we became seriously part of
4 the production of new insights in March 2020. I think
5 my personal view would be that we should be involved at
6 the earliest possible stage, but of course you need to
7 know what questions there are to be asked, and so we
8 were involved from an early stage but perhaps not
9 the earliest stage.

10 **Q.** From the stage at which you became involved, did you
11 produce the whole plethora of charts and analyses and
12 datasets, or did the system ramp up to the point at
13 which you were providing a great deal many datasets and
14 analyses?

15 **A.** I think I would have to say that we were agile in
16 responding at different times to different questions,
17 but there were really three main areas I would point to.
18 Firstly, we needed to maintain our business as usual
19 measurement of the economy, for example monthly
20 inflation rates. Now, that's hard if you're not able to
21 go into shops to check on prices. It's hard if
22 companies are furloughed to know how you estimate their
23 output. So there were some changes that we had to make
24 very quickly to maintain that economic measurement.

25 Secondly, we moved very quickly to providing

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1 across a very wide number of societal themes? So,
2 for example, economic data, social data, plainly data in
3 relation to health, and mortality, and also across great
4 swathes of British public life, so across business,
5 across schools, and so on?

6 **A.** Very much so, and some of those data, you mentioned
7 economic measurement, were things we would do anyway,
8 but we had to pivot in the situation, where --
9 for example, we couldn't send interviewers into homes --
10 to make different ways to collect those data.

11 But also we produced new data and we did new
12 surveys. We tended to do new surveys in partnership
13 with real experts in those areas. An example would be
14 when there was a need to understand what was going on in
15 care homes, we partnered with Professor Laura Shallcross
16 from University College London, who was an expert in
17 social care, and to design with her a survey of
18 care homes using the care home chain, VIVALDI.

19 **Q.** So did you introduce a number of different surveys,
20 the Business Impact of Coronavirus Survey, the Schools
21 Infection Survey (SIS). You've mentioned the Covid-19
22 Infection Survey already, CIS.

23 Did you also introduce or make changes to
24 a particular type of data or analysis known as
25 the Opinions and Lifestyle Survey (OPN)? What is that

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1 and how does it differ from other surveys or from
2 datasets?
3 **A.** Well, the Opinions and Lifestyle Survey was a survey
4 which went out every two months, and is what it says,
5 an opinions survey, to understand attitudes. You know,
6 sometimes it's nice to know fixed data on how much
7 a firm is making, but sometimes you need to know
8 attitudes, and the only way I know how to get attitudes
9 is to ask people.
10 So we have a methodologically rigorous survey which
11 went out every couple of months. We pivoted that very
12 quickly to go out every week, and so it would go out on
13 a Wednesday, we would close responses very early on
14 a Monday morning, and have results Monday lunchtime, so
15 that we were able to understand what was going on and
16 the attitudes of the public in a really quick and timely
17 manner. And we worked with parts of government who
18 wanted questions put into that survey to enable them to
19 get the insights very quickly that they needed for their
20 policy making.
21 **Q.** Just on that question of OPN, Opinions and Lifestyle
22 Survey, was the Cabinet Office, in particular the
23 Covid-19 Taskforce, and the Covid-19 Taskforce was only
24 brought into play in the late summer, were they primary
25 users of that data in particular?

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1 throughout the pandemic there were daily press
2 conferences, and early in those press conferences
3 perhaps the quality of the slides that were presented
4 were not of the highest level and so we were asked, and
5 embedded a team in the Government Communication Service
6 from pretty early on, to help with the production of
7 those slides.
8 And I know I would say this, but I did feel that
9 the quality of those slides improved greatly when
10 the ONS team were there.
11 **Q.** You say in your statement that the organisation worked
12 hard to maintain quality whilst delivering to a fast
13 timeline.
14 **A.** That's right.
15 **Q.** Is that a euphemism for saying you worked flat out --
16 **A.** It is. I mean, just --
17 **Q.** -- day and night?
18 **A.** Well, just to give you one example, if I may. We are
19 charged with providing weekly death registration by
20 cause of death. Since 1993, the death certificates come
21 to us and we have -- we can, computer-wise, you know,
22 put them into cause of death reasons.

23 There wasn't a cause of death for Covid. We worked
24 with the World Health Organisation quickly to define
25 a cause of death, but there was obviously no time

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1 **A.** They certainly used it. And indeed, as I indicated, we
2 had embedded someone into the Cabinet Office to be able
3 to understand the key issues of which answers were
4 needed. So they were primary users, as were other parts
5 of government, including Health.

6 And also we were able to get behavioural
7 information. So one of my colleagues joined what is
8 known as SPI-B, the behavioural science part of SAGE, to
9 make sure that some of the behavioural science questions
10 that they wanted asked could be asked.

11 **Q.** Did you in fact personally yourself attend SAGE?

12 **A.** I personally attended SAGE from the 15th meeting, on
13 13 March 2020.

14 **Q.** Did the ONS also create something known as the Covid-19
15 latest insights page --

16 **A.** Yes.

17 **Q.** -- in order to educate the public, who had access to
18 that information, and it collated other separate
19 datasets together centrally to make it easier to --

20 **A.** We thought it was incredibly important to provide
21 accessible data to the public, and we did this in
22 a number of ways, and the insights was where we tried to
23 bring together data from various sources and put them in
24 one easily accessible place.

25 The other point that I would mention is that

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1 immediately for that to be automatically run.

2 So my colleagues, who do death, cause of death
3 registration, and I have to say this is a pretty
4 stressful thing to do, went on to 12-hour shifts to
5 enable us to be able to deliver those statistics on
6 a weekly basis. And I really do hold out my hat to
7 them.

8 **Q.** Can we just take a step back, please, and look for
9 a moment at the phrase "weekly death registration by
10 cause of death". Is the position in the United Kingdom
11 that every death has to be registered, perhaps with
12 the assistance of a coroner or a coroner's officer, and
13 that that is a formal document, but it is a document
14 limited, in terms of the information that it provides,
15 to the age, sex, cause of death and, I think,
16 the location of the deceased?

17 **A.** That's right.

18 **Q.** Therefore, the ONS could access, on a weekly basis,
19 cause of death registration documents, but that cause of
20 death did not in the early stage include, you've just
21 told us, Covid-19 as being a cause of death?

22 **A.** Well, it could do. The cause of death could be written
23 by the practitioner, and was, as Covid, but what we
24 didn't have was an automatic process to then turn that
25 into the weekly statistics. So we had to take the cause

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1 of death -- or the death certificate, read it, take
 2 a view, and then manually transform it, until we were
 3 able to actually move to an automatic process.
 4 **Q.** We'll look at the system in more detail later, but were
 5 those weekly cause of death registration documents
 6 the genesis for the core death from Covid datasets --
 7 **A.** Yes, for death --
 8 **Q.** -- produced by the ONS?
 9 **A.** That's absolutely right, yes.
 10 **Q.** All right.
 11 **A.** I should just add a rider in that they don't include
 12 deaths which have to have a coroner's inquest. We get
 13 them, but only after the inquest, and that can be some
 14 time.
 15 **Q.** All right.
 16 Could we have, please, on the screen INQ000252620.
 17 You have produced for us, have you not, by way of
 18 exhibit, a list of all the datasets that you produced
 19 during January 2020 to the end --
 20 **A.** Should I be able to see something on my screen, sir?
 21 **Q.** You will in a moment.
 22 **A.** Thank you.
 23 **Q.** We're not quite as fast as the ONS, Professor.
 24 So that's INQ000252620.
 25 **LADY HALLETT:** Whilst that document is coming up, you said

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1 getting that -- but also where there had not been a test
 2 but it was pretty clear to the medical practitioner --
 3 and these are smaller numbers, the majority there'd been
 4 a test -- where there had not been a test, then it could
 5 be "virus not identified".
 6 **LADY HALLETT:** Thank you.
 7 **MR KEITH:** Professor, I'm sorry to say that we're unable to
 8 get the document up on the screen that I had wished to
 9 put to you, so may I put the point in a different way.
 10 The overall list of datasets which you provide are
 11 voluminous in number. You provided a very, very large
 12 number of datasets to the government during the
 13 pandemic.
 14 Does the list of datasets show that from
 15 a relatively early stage, your datasets and your OPN
 16 surveys focused in on the impact of the pandemic on
 17 members of ethnic minority groups as well as on those
 18 who were clinically extremely vulnerable? So ethnicity
 19 and vulnerability were topics, positions, issues for
 20 your data examination to look at and they were from
 21 a relatively early stage?
 22 **A.** Very much. One of our pillars at the Office for
 23 National Statistics is inclusivity, and we, if you like,
 24 lived that value right the way through the pandemic,
 25 that we were trying to make sure that every citizen had

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1 that you worked with WHO about the cause of death for
 2 Covid sufferers. What was the end result? In other
 3 words, what went on the death certificate to indicate
 4 that Covid was a cause?
 5 **A.** It could either be death "virus identified" or death
 6 "virus not identified", and the distinction really is
 7 a minor one, but it's very much the one around had the
 8 person had a test and had that test proved positive.
 9 And we would put the two together, because sometimes --
 10 you know, the medical practitioner is pretty good at
 11 identifying what has happened, we would suggest.
 12 **LADY HALLETT:** Doesn't it depend on the medical
 13 practitioner? I mean, I've seen a death certificate
 14 that said "old age" or "heart failure", which arguably,
 15 sadly, applies to -- everybody dies of -- I mean, was
 16 there a problem in getting the medical practitioners to
 17 provide the information you needed so that the
 18 government could know just how many people were dying
 19 with this awful disease?
 20 **A.** We believe that pretty quickly the medical practitioners
 21 were able to identify whether there had been a test. If
 22 there had been a test then they wrote Covid-19 either as
 23 the primary or the secondary ...
 24 I mean, I have also seen many certificates which
 25 says "old age" or whatever, but, you know, we were

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1 a voice in our data and that we were, if you like,
 2 understanding, through our data, the inequalities that
 3 existed through this dreadful disease.
 4 **Q.** In your statement there is a section dealing with
 5 quality and accuracy. It is obviously of huge
 6 importance that the information in the data that
 7 the Office for National Statistics provides is accurate.
 8 Is a great deal of work done to ensure the accuracy of
 9 the work product?
 10 **A.** Well, yeah, the -- at the end of the day, we have to
 11 have the highest quality data, there's not much point in
 12 us giving people data which are not accurate.
 13 Having said that, all data are subject to
 14 uncertainty, and we always try to give a measure of that
 15 uncertainty with our data. It's often called
 16 a confidence interval. But it's incredibly important;
 17 when you do a survey you're making an estimate of what's
 18 going on in a population and that estimate is subject to
 19 some uncertainty.
 20 But we worked very hard to maintain quality, and I'd
 21 say in four different ways. Firstly, conceptual.
 22 You know, for example, if a company is furloughed, how
 23 do you estimate in the gross domestic products their
 24 output? Or if -- how do we estimate, in education
 25 outputs, home schooling? So, really, conceptual issues

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1 there.

2 Secondly, issues around data collection. We
3 couldn't go into people's homes to ask them, so we
4 pivoted very quickly to telephone interviewing,
5 for example in our Crime Survey for England and Wales.

6 Thirdly, we introduced what we call weighting, to
7 make sure -- to come back to your point about
8 inclusivity, we weighted some of our data to make sure
9 that they were really good population estimates, so
10 methodological input.

11 And, finally, we had to pivot very quickly our own
12 internal workforce to working from home, and we did that
13 at great pace.

14 Those four areas, really done at pace, always
15 focusing on quality.

16 **Q.** Professor Nazroo, who was a witness from whom my Lady
17 heard last week, on the issue of ethnicity referred to
18 ONS data drawn from the 2021 census, which included data
19 that was backward looking, so it included in fact
20 I think -- or rather, sorry, the survey or the dataset
21 produced by the ONS included information that was
22 backward looking, it looked back towards data from 2012
23 to 2019.

24 He described that particular dataset as being based
25 upon experimental statistics, he described it as

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1 a national statistic.

2 **Q.** Thank you.

3 Did you provide from January 2020 to May 2022 what
4 you described as "management information" from ONS
5 surveys to ministers, key officials, key departments?
6 So information drawn from many, if not all, of
7 the surveys, the CIS survey, the SIS survey, the weekly
8 mortality statistics and so on to which I've referred.
9 So you provided, for management purposes, to enable
10 the government to respond more efficiently to the
11 crisis --

12 **A.** Yes, we did.

13 **Q.** -- certain amounts of data?

14 **A.** Yes. And we would always then publish them. But -- so,
15 for example, with our Covid Infection Survey, we were
16 ready so that we would, if you like, stop the last
17 test -- or the last test which we would include would be
18 on a Friday. It's quite a lot of analysis. You know,
19 this isn't, I would suggest, you know, a question of
20 just doing a few five-bar gates on the back of
21 an envelope, there's a lot of mathematics that goes into
22 making the estimate, and we were ready, typically by
23 Tuesday evening, to have some numbers. And things were
24 moving so quickly that we judged it was important to
25 enable people to have those early data, which would then

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1 innovative and exciting, but ultimately open to some
2 degree of debate or uncertainty.

3 What is the degree of accuracy or probity of
4 experimental work done by the ONS?

5 **A.** We would say it was highly accurate, but it's a new
6 methodology.

7 And I think you are referring, with
8 Professor Nazroo, to some work where we linked
9 2011 census data with mortality data between 2012 and
10 2014. And we are working with Professor Nazroo on that
11 at the moment just to make sure that he is comfortable
12 with what we have, and I would be delighted, if it would
13 please you, to send you a short note, which should be
14 ready in a couple of weeks, of that.

15 But you see there, what we're doing there is really
16 innovative, because, as you rightly said, death
17 registration does not include ethnicity. For very good
18 reasons, actually. And -- but, therefore, what we did
19 was link the death registration to the census data,
20 which would have ethnicity, and of course one's
21 ethnicity doesn't change, and that was innovative
22 work -- we're very comfortable that it's accurate, but
23 because it's innovative we call it, initially,
24 experimental, before we finally move to doing it, if you
25 like, on a very regular basis and when it would become

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1 be subject to further quality assurance and preparation
2 for publication, and they were then published on the
3 Friday.

4 But particularly when, if you go back to some of
5 the Omicron wave, where the doubling time was two and
6 a half days, we didn't want, if you like, to be
7 providing historical information, we needed be to
8 providing data as quickly as we could, and so enabling
9 government to have those numbers as management
10 information, as they're called. But subsequently to
11 publish them is the right thing, I would suggest, to do.

12 **Q.** Therefore did information go straight from the ONS to
13 the Cabinet Office, to the Civil Contingencies

14 Secretariat in the Cabinet Office, and to the data and
15 dashboard team, which was the primary team concerned --

16 **A.** There is a list which I could provide.

17 **Q.** Just a yes or no, Professor, will suffice.

18 **A.** Yes.

19 **Q.** Thank you.

20 You've mentioned the Covid-19 latest insights, which
21 is a live round-up of information. Over time, did that
22 provision of information, that insight, change? Did it,
23 in fact, expand, become developed and then ultimately
24 merge with other roundups that the ONS produced?

25 **A.** Ultimately, yes. So we only -- we wanted just one. But

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1 yes, it definitely did change over time, as different
 2 questions became important. So, for example, our
 3 Opinions and Lifestyle Survey at times asked questions
 4 about attitudes to face mask wearing. Now, that is
 5 the sort of thing that would come in and then we
 6 wouldn't ask forever. So there was certainly an agility
 7 in what was there because we were providing answers to
 8 questions that were relevant at that particular time.

9 **Q.** Did you yourself have regular meetings with
 10 permanent secretaries, you attended SAGE as you
 11 described, did you meet also with the Chief Medical
 12 Officer, Professor Sir Chris Whitty, the
 13 Chief Scientific Adviser, Sir Patrick Vallance, and did
 14 the ONS engage with a number of government departments
 15 as well as the devolved administrations in order to be
 16 able to understand what it was that they wanted?

17 **A.** Yes, and to explain the nuances of any analyses that we
 18 gave.

19 **Q.** You have described in outline a number of the different
 20 datasets and the surveys, the Opinions and Lifestyle
 21 Survey, the Business Insights and Conditions Survey, and
 22 the Covid-19 Infection Survey.

23 Focusing for a moment on that latter survey,
 24 the Covid-19 Infection Survey, was the need for
 25 the sort of data that that infection survey produced

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1 coronavirus infections and antibodies that the
 2 ONS carried out, did it start -- well, you've described
 3 how it commenced. There were pilots, were there not,
 4 that took place in England, and then field work began
 5 and that field work expanded to the devolved
 6 administrations --

7 **A.** The pilots -- just because of the need, the pilots were
 8 very, very, if you like, quick and we expanded very
 9 quickly. We then brought on Wales, Northern Ireland and
 10 Scotland, and we were asked in the summer, late summer
 11 of 2020, if we could move from national estimates to
 12 regional estimates. That requires an increase in
 13 the sample size, basically, and so we moved to a larger
 14 sample size, we were doing 150,000 swabs a fortnight,
 15 and that was the largest survey, certainly of the type
 16 that we did. It was the largest -- the only -- often --
 17 I think probably the only survey of its type in the
 18 world and that required -- and that gave a lot of
 19 interest from other countries who wanted to gain some of
 20 the insights that we gained.

21 **Q.** Another area on which you focused your attention was
 22 the prevalence of the long-term symptoms following
 23 infection from Covid, known of course as Long Covid.

24 Your witness statement makes plain that you received
 25 a request from in fact No 10 Downing Street at one

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1 discussed at a relatively early stage at SAGE by you at
 2 a particular meeting in April?

3 **A.** Indeed. You may recall that at that time test and trace
 4 was stretched, GPs were stretched, and the answer to
 5 the question "What proportion of the population are
 6 positive?" was one that was seen to be incredibly
 7 important.

8 I'd have to be honest and say when I'm asked to do
 9 this, the statistician in me says, "Let's do a survey",
 10 and so we designed very, very quickly a survey in
 11 partnership -- we wanted to work -- we are
 12 statisticians, not virologists and epidemiologists, and
 13 so we worked with the University of Oxford. And often
 14 these surveys, you know, rightly take quite a long time,
 15 but the importance and the urgency was such that we --
 16 between a Thursday, when the SAGE meeting was held, we
 17 were in the field the following Thursday. And so that
 18 was much faster than we would normally do. And at that
 19 time we weren't sure how people would respond to giving
 20 swabs, to 20% giving blood, and we designed
 21 a longitudinal study, a longitudinal household study,
 22 which I remain extremely proud of the design and which
 23 has been extremely helpful in a number of other areas,
 24 for example in being able to monitor Long Covid.

25 **Q.** And was the CIS the largest regular survey of

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1 point, in September 2020, for data on the prevalence of
 2 the Long Covid condition.

3 When did the ONS start collecting data specifically
 4 on Long Covid, can you recall?

5 **A.** Yes, so that request came from the data science unit
 6 within Downing Street, and as I indicated we had put in
 7 place a design which is called a longitudinal design, by
 8 which I mean we go back to the same people once a month,
 9 and so that's quite helpful in this case, and we were
 10 collecting some symptoms. So initially we used
 11 the design that we had and followed up people, and in
 12 late 2020 we were able to make some initial estimates of
 13 those people who had experienced symptoms for four weeks
 14 or more.

15 But at the same time we worked with other people who
 16 were, if you like, experts. So I know that you are
 17 speaking to, from your programme, Professor Khunti
 18 I think later this week.

19 **Q.** Indeed.

20 **A.** We worked very closely with Professor Khunti, and also
 21 we worked with some of the Long Covid sufferers groups
 22 to be able to make sure that we had an appropriate
 23 survey. It was the Covid-19 survey, but we added
 24 appropriate questions around symptoms that could then
 25 enable us to make better estimates, because we had

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1 better symptoms data.

2 **Q.** So the upshot was, Professor, that having started to
3 commence the collection of data on Long Covid,
4 eventually you added questions on Long Covid to the main
5 Covid Infection Survey, and then you ultimately produced
6 monthly surveillance estimates on the prevalence of
7 Long Covid, alongside the other monthly datasets that
8 you provided?

9 **A.** That is correct.

10 **Q.** Just a yes or no, if you would --

11 **A.** Yes.

12 **Q.** -- humour me in relation to that particular point.
13 Thank you.

14 Can I turn, then, to mortality statistics in order
15 to set out some of the ground rules relating to that
16 type of data before we look at the actual charts.

17 During the period of the pandemic, were there two
18 main data sources available on deaths: the data provided
19 by the DHSC, generally daily; and the weekly death
20 registration data that the ONS provided, of which you've
21 already spoken?

22 **A.** Yes.

23 **Q.** Did the DHSC data on deaths come from other bodies?

24 **A.** No, so the DHSC data, which I think are very useful as,
25 if you like, an indicator, are based on the reported

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1 provides a more accurate assessment of deaths involving
2 Covid?

3 **A.** Yes.

4 **Q.** Thank you.

5 Could you please answer this particularly difficult
6 question about the death certificates: do the death
7 certificates reflect deaths in which Covid-19 has played
8 a part, or deaths relating from infection from Covid-19?

9 **A.** Both.

10 **Q.** Both. Is that in part why those statistics are
11 therefore -- or those registrations are more accurate?

12 **A.** Yes.

13 **Q.** Deaths in care homes. Did the ONS produce data releases
14 relating to deaths in care homes?

15 **A.** Yes.

16 **Q.** Deaths registered weekly in England and Wales, deaths
17 notified to the Care Quality Commission, care home
18 resident deaths registered in England and Wales?

19 **A.** Yes.

20 **Q.** Did the ONS expand to produce an ever increasing list of
21 surveys from, as I've mentioned, clinically extremely
22 vulnerable people, international arrivals, students,
23 attitudes, the care home study, the VIVALDI study, which
24 you've already mentioned, the Liverpool mass testing
25 study, the over 80s vaccine studies, and so on?

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1 deaths in hospitals. So that's --

2 **Q.** So the information came from other bodies such as
3 NHS England, Public Health Wales, Health Protection --

4 **A.** To the NHS.

5 **Q.** To the NHS?

6 **A.** And they -- the DHSC published them. But of course that
7 doesn't include deaths in private homes, for example,
8 and it is just based on the number of deaths reported on
9 a particular day, so one tended to see a reduction every
10 weekend, just simply because, you know, deaths were not
11 reported on those days.

12 I believe those DHSC data were incredibly useful as
13 fast indicators of what was going on, but they did not
14 have the true picture, and that came from our weekly
15 data, which was able to be based on the death
16 certificates as we have discussed earlier.

17 **Q.** Is this the nub of it, that the DHSC data originally, in
18 the early days of April, reflected deaths in hospital
19 where patients had tested positive; later they'd started
20 to publish data daily of figures on deaths, of all
21 deaths where there had been a positive test, wherever
22 the death had taken place, so not just in hospital, but
23 although the DHSC data turned itself around quicker and
24 was generally indicative of trends, the ONS measure,
25 which rests upon the registration of death certificates,

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1 **A.** Very much so, and always in response to questions that
2 we were being asked and which we could provide insight.
3 And also, for example, we did one on prisons with
4 the Ministry of Justice, we worked in partnership so
5 that our contribution was often methodological and data
6 collection, always working with experts to make sure
7 that the content was appropriate.

8 .

9 **Q.** Would it be fair to say that by the end of the pandemic,
10 the ONS, along with other bodies, provided a vast amount
11 of data --

12 **A.** Yes.

13 **Q.** -- concerning the impact of the pandemic?

14 Were there a number of other studies which may,
15 therefore, lead one to conclude that the United Kingdom
16 led the world in the provision of data from the REACT
17 study, the SIREN cohort study, the CoMix surveys, the
18 recovery trials, it was a vast amount of information by
19 the end?

20 **A.** I think it's arrogant to say we led the world, but
21 certainly we did many things that other countries didn't
22 do, and I can't think of another country that was in
23 the same place, and certainly --

24 **Q.** Well, that's my definition of leading.

25 **A.** Sorry.

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1 Q. All right.

2 The ONS did not, as a general rule, produce

3 statistical models, did it? So did the ONS play any

4 part in this provision of data by SPI-M and SPI-M-O, to

5 which you've already referred?

6 A. We really worked hard to make sure that the statistics

7 that we were producing and which were informative to the

8 excellent mathematical models that were being produced

9 in a number of centres were available as quickly as

10 possible. So we did not produce mathematical models

11 ourself, with one exception, but we provided statistics

12 and made sure the data that were required were available

13 as quickly as possible.

14 Q. Now just some final very short topics before we turn to

15 the charts. Did the ONS provide directly

16 the information used by the government in the press

17 conferences which were held by the United Kingdom

18 Government daily?

19 A. We didn't always provide the information. We did, as

20 I've indicated, really work hard with having a team

21 embedded to make sure that the production of the graphs

22 was of the highest standard to be able to communicate to

23 the public what was going on.

24 Not all -- the data weren't all ours, but we

25 certainly, if you like, drew most of the graphs.

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1 establish excellent working relationships with

2 the government in all its many parts.

3 Do you advocate in your statement for the ONS to be

4 involved in any future crisis at as early an opportunity

5 as possible?

6 A. Absolutely. I think it's incredibly important.

7 I also think that the National Situation Centre,

8 with whom we have very good relationships, needs -- and

9 which identifies some of the national risks -- needs to

10 have data flows ready and we need to be prepared

11 absolutely at the beginning to get those data flows

12 flowing.

13 So I think the ONS needs to be involved right at

14 the beginning, and we stand ready, sir, to do so.

15 Q. You also established excellent working relationships

16 with the devolved administrations, but did the ONS

17 become involved in terms of the provision of data from

18 the devolved administrations and to the devolved

19 administrations at as early a stage as you would have

20 liked?

21 A. In exactly the same place as I've just think we should

22 be involved. I have a very good relationship with

23 the chief statisticians of Scotland, Wales and

24 Northern Ireland and I do think they should be properly

25 involved at the earliest possible stage and, where

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1 Q. On the subject of devolved administrations, did

2 the information that was provided by the ONS cover data

3 extracted from, drawn from, the devolved

4 administrations?

5 A. In some part. So, for example, the Covid Infection

6 Survey was designed UK-wide. It started in the

7 different devolved administrations at different times,

8 but it was a UK-wide survey, as was the Opinions and

9 Lifestyle Survey to which you have referred in the past.

10 Other public health data are devolved and so those

11 were provided by, for example, Public Health Wales or

12 the associated institution in Scotland or

13 Northern Ireland.

14 Q. Did you provide mortality data by way of weekly

15 provisions of material, weekly extracts, to

16 Public Health England, the Joint Biosecurity Centre,

17 SPI-M, Public Health Wales, the Welsh Government, and

18 a number of other --

19 A. Sure, yeah.

20 Q. -- national and devolved bodies?

21 You refer in your statement to pandemic challenges

22 and lessons learned. You've made the point already that

23 the ONS was keen to become engaged from as early a point

24 as possible, in order to be able to provide data to

25 assist the government, and you say that you did

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1 appropriate, the ONS stands ready to help.

2 Q. You referred earlier to the conceptual methodological

3 and practical difficulties of assembling data and of

4 accumulating information from the general population.

5 Were there particular challenges in receiving data from

6 others by way of the application, or on account of

7 the application of control of patient information

8 notices?

9 A. Well, very quickly, I do think sharing data or being

10 able to link data together -- I've already given one

11 example -- has the potential to provide evidence to

12 improve the lives of all our fellow citizens in a way

13 that almost nothing else does, and that requires easy,

14 ethical, privacy-enhanced data sharing.

15 Now, there's no legal impediment to data sharing,

16 but there are, if you like, inherent cultural and

17 conservative issues about, you know, "I'm a bit worried

18 about sharing my data", people would say.

19 I do think during the pandemic we were able to make

20 progress in a way that we were not able to make progress

21 before, and the control of patient information rules

22 were very helpful, although I would have to say on

23 occasion it took some months longer to get access than

24 one would want.

25 Most recently, though, with those stopping -- and it

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1 does seem to me not to be helpful if we can do some
 2 really important work, shall we say, on Covid, and you
 3 want to do almost the same work to look at
 4 cardiovascular disease -- we can't do that.

5 **Q.** Because of?

6 **A.** Because control of patient information --

7 **Q.** It's based on patient data --

8 **A.** -- were about Covid.

9 So that is why Sir Chris Whitty and Tim Ferris from
 10 the NHS and myself have asked Professor Cathie Sudlow to
 11 do a review of the barriers to data sharing in health,
 12 because there are just so many things we can do in the
 13 future, we would argue, ethically, privacy-enhanced,
 14 with public engagement, but, critically, in the public
 15 interest, and I think we need to be able to do that
 16 better.

17 **Q.** So is it your view that in future it's of vital
 18 importance, in order to enable the swift, efficient flow
 19 of data through the ONS, that the legal and ethical and
 20 medical structures which are in place which guide access
 21 to data, such as the control of patient information
 22 notices, are made as, well, as swiftly and as easily as
 23 can be to operate?

24 **A.** That's absolutely right.

25 And it's not just about the data sharing. The Royal
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1 Sir David Norgrove, have occasion, have cause to write
 2 to the then Secretary of State for the Department of
 3 Health and Social Care, Matt Hancock MP, on 2 June 2020,
 4 about this issue of, we'll all recall, the testing data,
 5 the announcement by the government that it had reached
 6 a certain number, 100,000 in fact, tests?

7 **A.** Yes.

8 **Q.** What was it that caused Sir David Norgrove to have to
 9 write to Mr Hancock?

10 **A.** Sir David wrote to Mr Hancock because there was a lack
 11 of operational clarity in the data that were being
 12 provided as to whether we were talking about tests that
 13 people had taken or tests that had been sent to people,
 14 or indeed the testing capacity. And Sir David said that
 15 it was incredibly important that we had clarity on
 16 exactly what was meant. Because the public would have
 17 rightly wanted to know: is this tests that have been
 18 taken or is it testing capacity?

19 Sir David met with Matt Hancock. I was not at that
 20 meeting, but I understand it was a very good meeting.
 21 Sir David suggested that there should be a protocol to
 22 publish regularly testing statistics. Matt Hancock
 23 agreed. And Sir David came back to me and I asked my
 24 Deputy National Statistician, Iain Bell, to develop that
 25 protocol, and it was produced and used.
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1 Society's DELVE committee suggested that, you know,
 2 analysts with the right skills could be, if you like,
 3 given a licence to enable them to access data quickly,
 4 and that is something that we would agree with. My
 5 colleague Alison Pritchard calls it "we need a green
 6 channel", with the analogy of Customs posts, and we are
 7 very much in favour of that. But, again, when I talk to
 8 data owners, they are not so keen because they are very
 9 keen to, if you like, only allow access to certain
 10 people for certain projects, when actually, as I repeat,
 11 ethically, privacy-enhanced, with public engagement, for
 12 the public good, entirely transparent, we could make
 13 an enormous amount of progress very quickly.

14 **Q.** It appears axiomatic that the ONS must be seen as
 15 a trusted voice in the United Kingdom, that
 16 the provision of data is carried out with the greatest
 17 care possible in order to ensure that it is received and
 18 understood to be accurate, so that we may all understand
 19 where we stand?

20 **A.** We do not believe that it is for the public to trust us,
 21 it is for us to prove to the public that we are
 22 trustworthy. And that's a distinction that I think is
 23 important.

24 **Q.** On this subject of trustworthiness of data, did
 25 the chair of the United Kingdom Statistics Authority,
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1 **MR KEITH:** Thank you very much.

2 My Lady, is that a convenient moment?

3 **LADY HALLETT:** It is. We have been going for an hour and
 4 a half since the last break, so I think a break is
 5 probably welcome to many. I shall return at 1.45.

6 (12.46 pm)

7 (The short adjournment)

8 (1.45 pm)

9 **LADY HALLETT:** Mr Keith.

10 **MR KEITH:** Professor, we turn now to your additional witness
 11 statement and the particular datasets that you've kindly
 12 provided, dealing with such issues such as mortality,
 13 excess deaths, infections, Long Covid, and the social
 14 impacts of Covid-19 on particular groups.

15 You provided for us -- could we have, please,
 16 page 5 -- an executive summary which broadly
 17 encapsulates, does it not, the charts, the tables and
 18 the data which follow?

19 **A.** Yes.

20 **Q.** Just to run through them, please, one by one, at (a),
 21 what is your finding in relation to the figures,
 22 the data taken from the death certificates?

23 **A.** That there were 186,668 deaths involving Covid-19
 24 between March 2020 and February 2022 and, for
 25 the reasons that I've indicated earlier, there were no
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1 death registrations involving Covid in January or
2 February 2020.

3 And we calculate something called "excess deaths",
4 where we look at the number of deaths in any time period
5 over and above the average in the previous five years,
6 and we would say that during this period there were
7 138,909 excess deaths, in other words deaths over and
8 above that which we would have expected, all things
9 being equal, in that period.

10 **Q.** (b), do the death certificates provide the sex of the
11 deceased, enabling you to work out mortality rates
12 between men and women?

13 **A.** Yes, they do, and we demonstrate a marked trend that men
14 were more likely, sadly, to have been impacted than
15 women.

16 **Q.** And were mortality rates, as we all know very well
17 indeed, highest in the oldest age groups?

18 **A.** Very much so. Significantly so. And of course that,
19 given that with old age comes an increasing probability
20 of disability, the two are quite interlinked.

21 **Q.** (c), did nine out of ten deaths involving Covid in
22 England occur in a hospital or care home?

23 **A.** Yes, they did.

24 **Q.** What about the position with private homes? Generally
25 speaking, were the numbers of deaths in private homes

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1 whom that could have occurred, but we then control to
2 make sure that we are comparing, if you like, apples
3 with apples, by saying we will have one age
4 distribution. Because if the people in one occupation
5 were all in their 20s and the people in another
6 occupation -- I exaggerate -- were all in their 60s,
7 then you would expect it was the age distribution that
8 was impacting that rate rather than the true difference.
9 And so we control in what we call an age-standardised
10 rate for differences in the age distribution of people
11 with different, in this case, occupations.

12 **Q.** Does that approach also apply and did you apply it to
13 other categories of groups, such as age groups, because
14 there happen to be fewer 90-year olds in the population
15 than there are 60 and 70 and 80-year olds, and so if you
16 produce a chart showing the absolute numbers, it's not
17 in fact representative of the degree of death in that
18 cohort?

19 **A.** No, that's right, if you look it up, absolute numbers
20 simply tell you the numbers you need. I would suggest
21 to use rates, and those rates can either be what we call
22 age-specific, so for a particular age, but if you want
23 to compare two sets of characteristics, then you need to
24 standardise the age distributions, so that you are
25 comparing like age distributions.

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1 quite small?

2 **A.** From Covid-19. So around about, we would say, 40% or
3 30% of deaths occur in private homes, but with regard to
4 Covid deaths, this was around 6%. So most people who
5 sadly died of Covid would have done so either having
6 gone into hospital or were in a care home.

7 **Q.** Of course, they could have contracted -- they could have
8 acquired or become infected with Covid either before or
9 during their residency in hospital or a care home?

10 **A.** Exactly so, and there was a lot of discussion over
11 the period certainly of the first couple of waves of
12 nosocomial infection.

13 **Q.** (d), did the majority of Covid-19 deaths in England
14 occur among disabled people?

15 **A.** Yes. And that again, as I indicated, was due to
16 the association between old age and disability.

17 **Q.** Was that link between disability and old age and death
18 prevalent or in existence even after accounting for
19 factors such as socio-economic and demographic
20 characteristics and vaccination status?

21 **A.** Yes.

22 **Q.** (e), having applied a higher aged standardised approach,
23 what is that, succinctly, please, Professor?

24 **A.** What we do is we look at the mortality rate, that's
25 the number of deaths divided by the number of people to

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1 **Q.** Did that age-standardised approach demonstrate that
2 mortality rates were higher amongst groups associated
3 with transport and mobile machine drivers and operatives
4 and elementary administration and service occupations?
5 And we'll come back a little later to describing what
6 those were.

7 **A.** Yes.

8 **Q.** (f):
9 "Many people ... reported ongoing symptoms after
10 infection, known as Long Covid."
11 Did your data show the highest rates of
12 self-reported Long Covid amongst adults aged 35 to 69
13 also amongst women and also those living in more
14 deprived areas and amongst disabled people?

15 **A.** Yes.

16 **Q.** Right.
17 Now, just moving quickly through some, I promise you
18 not all, of the charts and the tables that you've
19 provided, could we have, please, the first page of the
20 document I produced during the opening, in the Inquiry
21 pack, INQ000283367.
22 Professor, this chart is familiar to us, it's
23 a chart which I introduced earlier during the opening.
24 Does it show, in essence, the particular nature of the
25 waves, wave 1 and what you describe as wave 2?

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1 **A.** It certainly gives you daily deaths by those first two
 2 waves. What I would also add is it shows that in
 3 subsequent waves there was much lower mortality.
 4 **Q.** Now, you've actually described in your statement
 5 the emergence of Alpha and Delta.
 6 Alpha was, generally speaking, from January 2021 to
 7 June 2021. Delta was June 2021 to January 2022. What
 8 was the impact, in general terms, upon daily deaths?
 9 **A.** Well, Alpha, as the graph in front of you shows, had
 10 a really significant peak of daily deaths. There was
 11 then Beta, which, although there were a number of
 12 multiple introductions, didn't really take hold in this
 13 country. And then Delta came in the autumn of 2021, and
 14 while there were significant amount -- there was
 15 a significant amount of positivity, you will see that
 16 there were much lower levels of mortality.
 17 We have said (a) that as the different variants came
 18 through, they tended to be more transmissible but less
 19 likely to cause death, but, at the same time, by Delta
 20 the vaccine programme had really been operationalised,
 21 and I would argue that the vaccine programme also had
 22 a strong impact on reducing the number of deaths.
 23 It's worth saying that the level of positivity in
 24 the autumn of 2021 and the winter of 2021 was much
 25 higher than we had seen before.

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1 to males and females?
 2 **A.** Yes.
 3 **Q.** Is that the genesis, therefore, of your executive
 4 summary to the effect that the pandemic impacted to
 5 a considerably greater extent upon males than females?
 6 **A.** Yes.
 7 **Q.** In, please, now, the document prepared over the weekend,
 8 the pack, does this show the number of death
 9 registrations by five-year age group? So --
 10 **A.** Yes, it does. In addition, it shows the age-specific
 11 mortality rate which I referred to earlier, so that you
 12 have both, and it shows very clearly that, very sadly,
 13 the great majority of deaths occurred to older people.
 14 **Q.** Did you apply the age-standardised approach to the bar
 15 chart, or is that absolute --
 16 **A.** No, the bar chart --
 17 **Q.** -- figures, or to the dotted line?
 18 **A.** No, the bar chart is just the numbers of deaths. The
 19 dotted line here is the rate for each five-year group,
 20 and calculated and reported and then a curve driven
 21 through it.
 22 **Q.** Does this chart therefore enable you to work out
 23 the greater risk of death at, for example, 90, because
 24 if 0.3 persons per 100,000 people at the age of 13 died
 25 from Covid, that can be compared to the number of

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1 **Q.** Daily deaths is of course one way of examining
 2 the impact of the pandemic. Another way is reported
 3 infection.
 4 Could we have page 5 of this document. Because, in
 5 the early stages, there was no effective means of
 6 reporting infection, because there was no established
 7 scaled-up testing process, does this chart, which
 8 reports infection, show, therefore, very low levels of
 9 reported infection during the early days, the first
 10 wave, and only really showing the full extent of
 11 the infection latterly?
 12 **A.** Yes.
 13 **Q.** Page 6, the next page. Is that an ONS infection survey
 14 which estimates the true level of infection by way of
 15 estimates of positive tests, but again it relies upon
 16 the positive tests, and showing the massive impact of
 17 the Omicron wave latterly?
 18 **A.** Exactly so. And I would note the arrows on the left,
 19 which were when the surveys for different countries
 20 started.
 21 **Q.** Could we please turn to page 12 next of your second
 22 statement. That's INQ000271436, and table 3.
 23 Did you apply the age-standardised approach to
 24 the mortality rates for deaths involving Covid by
 25 lockdown periods across the United Kingdom by reference

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1 persons per 100,000 persons at the age of 90, working
 2 out that there is a 10,000 or so greater risk of
 3 a 90-year old dying of Covid than a 13-year old?
 4 **A.** Yes.
 5 **Q.** The next chart I want to take you to, please, is back in
 6 your statement, the additional statement, table 5. Does
 7 this show, Professor, death registrations across
 8 the whole of the United Kingdom but divided by country
 9 and region, showing, again, the age standardised
 10 mortality rate for each of those regions as well as each
 11 of the nations? Page 15.
 12 **A.** Yes, it does.
 13 **Q.** So the United Kingdom has an age-standardised mortality
 14 rate of 143.2, but the highest country in
 15 the United Kingdom is actually England at 145?
 16 **A.** Yes.
 17 **Q.** Followed by Wales at 144.6, Northern Ireland at 130.7,
 18 at the bottom of the chart, and Scotland are the lowest?
 19 **A.** And I would advise that, particularly between England
 20 and Wales, that the difference is not significant enough
 21 to be seen as a difference.
 22 **Q.** But if you look at the regions, we can see that there's
 23 a very significant difference between the
 24 age-standardised mortality rate for London, at 192.1,
 25 and, for example, Yorkshire and the Humber, 151.4?

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1 **A.** Yes.

2 **Q.** And more markedly even than that, the southwest?

3 **A.** Yes, very much so.

4 And I think it is important just to add on that

5 particular point, the southwest does have the older

6 population, and I think that's worth saying that's why

7 we need to age-standardise the rates.

8 **Q.** Going now to the pack, INQ000292765, and your evidence

9 earlier on the distinction between death in homes,

10 hospitals, care homes and other places, does this

11 chart -- when we get to it, page 5 -- demonstrate what

12 you were saying earlier, which is that the majority of

13 deaths occurred in hospitals and care homes, taken

14 together? We can see there the blue line for home, the

15 orange line for hospital and the grey line for

16 care homes.

17 **A.** Yes, it does, and it shows a number of points. You will

18 see a very big peak for care homes in that first wave,

19 and I think it is really important to note that.

20 Secondly, the two peaks that are there for hospitals,

21 and that is -- and that that moves away as the vaccine

22 programme comes in. Thirdly, that in private homes

23 the number of excess deaths stays high throughout

24 the period and, while there are a variety of reasons for

25 that, I would -- it is important to point out

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1 an authoritative view. There are many potential reasons

2 why that might have come, and one would need to look in

3 much greater detail at the causes.

4 **Q.** All right.

5 Can we then go back to page 2 in this document,

6 which gives us age-standardised mortality rates of

7 deaths involving Covid-19 for those aged 10 to 100 years

8 by ethnic group and sex.

9 Does this show that once you apply

10 the age-standardised approach, therefore taking account

11 of the absolute numbers in the population of persons

12 defined by ethnic group, the age-standardised mortality

13 rate was significantly higher for, firstly, all

14 non-white groups than the white British group, and

15 secondly, it was highest overall for those of

16 Bangladeshi ethnicity?

17 **A.** I would just qualify that briefly, if I may.

18 You're absolutely right, but in the first wave the

19 highest group was actually for people from black African

20 and black Caribbean backgrounds, and I would argue that

21 some of that explanation could be due to the geography

22 of the first and second wave. The second wave was much

23 more in the northwest and north of England, and less so,

24 initially, in London.

25 **Q.** It shows, of course, therefore, also the very distinct

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1 cardiovascular illness as being very high, as causing

2 deaths in private homes over and above those we would

3 have expected.

4 The expectation --

5 **Q.** Sorry to interrupt, because this is of course,

6 I emphasise, the number of excess deaths --

7 **A.** These are excess deaths.

8 **Q.** -- not deaths from Covid?

9 **A.** Not at all. These are excess deaths from all causes.

10 Zero means the number of deaths would be the same as we

11 would have expected from the previous five years for

12 that particular week, and a positive number more,

13 a negative number actually less than we might have

14 expected.

15 **Q.** Why, in your view, does the orange line for hospital go

16 below the absolute line of zero in the summer of 2020

17 and the early part of 2021?

18 **A.** There are a number of potential reasons. One reason, of

19 course, is that people were being somewhat more healthy.

20 For example, we didn't have a flu season, as it is

21 called, in the second winter.

22 In addition, some -- I mean, it's very sad to say

23 so, but some of those people who died from Covid might

24 subsequently have died in hospital anyway, and this --

25 it's very sad to note that, but it is hard to give

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1 differences between the impact of the waves. So --

2 **A.** Yes.

3 **Q.** -- for those of Bangladeshi ethnicity, there is a very

4 stark difference between the first and second wave, and

5 then the Alpha wave, and similarly in relation to those

6 of Pakistani ethnicity, and then also you can see

7 the very distinct difference between male and female?

8 **A.** I completely agree.

9 **Q.** Had the ONS carried out previous analysis in relation to

10 ethnicity and the impact of the pandemic?

11 **A.** This was the first analysis that we did, and we did it

12 by linking these -- these data come by linking death

13 registration to 2011 census data to be able to get

14 ethnicity. We then subsequently linked in other data to

15 be able to ask the question of the extent to which these

16 stark differences could be explained by different ethnic

17 groups as a group -- I mean, clearly there's

18 heterogeneity flying around, but, as a group, having --

19 living in more disadvantaged surroundings, being more

20 disadvantaged in more socio-economic occupations,

21 for example, which were much more likely to be

22 public facing, where the degree of positivity would have

23 been higher.

24 **Q.** Was the ONS able to draw any general conclusions,

25 therefore, as to the link between ethnicity and

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1 socio-economic conditions? So, when you put it another
2 way, that the mortality rate was, therefore, affected
3 not simply by the fact of ethnicity, but by
4 the socio-economic conditions, deprivation, housing or
5 poverty, experienced by members of that particular
6 ethnic group?

7 **A.** The socio-economic conditions, the lower dis -- the
8 lower levels of advantage. Also, as I indicated, for
9 those who were of working age, the higher likelihood
10 to be in public-facing occupations.

11 In addition, we showed that for women of some ethnic
12 heritages, living in a multi-occupied household had
13 a real impact. And then the other point we note as we
14 move into the later waves was differences in vaccine
15 uptake played a real role in the probability of
16 mortality.

17 **Q.** Could we go back to page 3 in this document. Did you in
18 fact produce data showing mortality rate, therefore, by
19 deprivation?

20 **A.** Yes.

21 **Q.** And the greater degree of deprivation, the greater
22 the mortality rate?

23 **A.** These -- what we do is we use a number of indicators,
24 which we add together for small geographic areas, and
25 then we link the death registration to the geographic

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1 and operatives. Applying the age-standardised mortality
2 rate approach, were there some occupations which had
3 a markedly higher mortality rate and therefore, by
4 implication, a higher risk of death?

5 **A.** Yes, there were, and these tended to be public-facing
6 type jobs, so, for example, when we talk about
7 transport, we're talking about taxi drivers and bus
8 drivers --

9 **Q.** Could we go forward one page, please, and we will see
10 transport and mobile machine drivers and operatives at
11 82.

12 **A.** And when we talk about protective services, that's
13 largely the police and security and things like that.

14 **Q.** So -- thank you for highlighting 82 -- the highest
15 standardised rate was for transport and mobile machine
16 drivers and operatives, at 78.7.

17 By contrast, if you go back one page, health
18 professionals, health and social care associate
19 professionals, had lower rates of mortality, 22.2 and
20 32.6.

21 Why do you think that they had an age-standardised
22 lower mortality rate even though they were in the health
23 and care sectors?

24 **A.** What we show is that they had a relatively high rate of
25 contracting Covid in other data, but that the relatively

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1 area, and as you indicated we've got the address that we
2 can get from the death registration, and what that shows
3 is a very straight gradient between people in the most
4 deprived areas having the highest levels of mortality
5 and people in the least deprived areas having
6 the lowest. And as you rightly say, these are
7 standardised so that we control for differences in
8 the age distribution which may occur between those
9 areas.

10 **Q.** If we then go forward one page to page 4 in this
11 document, did the ONS also provide, by way of
12 self-reported information by disabled persons describing
13 whether they were limited a lot in their disability or
14 limited a little in their disability, on the mortality
15 rates by disability status?

16 **A.** Yes, we did, and this graph shows that. I would just
17 add that, if anything, it might be an underestimate,
18 because we get -- this is self-reported disability from
19 the 2011 census and therefore it is possible that people
20 may have become disabled in the interim period.

21 **Q.** If we could then go, please, back to your second
22 statement, INQ000271436, at page 34, we come to
23 the issue of occupation group. You will recall that you
24 referred earlier to protective service occupations and
25 other operatives, transport and mobile machine drivers

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1 lower levels of mortality, at this stage -- I mean, I'm
2 a statistician, so I apologise if my knowledge of
3 epidemiology is not brilliant, but much -- in many ways,
4 better protection, much higher levels of vaccine uptake
5 would be a really -- and early vaccine uptake -- would
6 be important factors.

7 **Q.** What about barrier care, so the more prevalent use of
8 PPE and so on?

9 **A.** That's certainly an impact, but as I indicated there
10 were relatively high levels of Covid uptake amongst some
11 health professionals.

12 **Q.** So there was a high risk of infection, notwithstanding
13 the use of PPE as one --

14 **A.** Yeah, we were --

15 **Q.** -- would say?

16 **A.** You have those in another table.

17 **Q.** But the levels of mortality were lower --

18 **A.** Were relatively low.

19 **Q.** -- perhaps because of a greater take-up of vaccination?

20 **A.** Exactly so.

21 **Q.** Could we go, please, to page 10 in this document. We
22 then come on to the -- sorry, not in that document,
23 I do apologise, in the pack document, INQ000292765.

24 Did the ONS produce for the Inquiry, in fact over
25 the weekend, some international comparisons -- so it's

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1 page 10 of this document, please. Thank you.
 2 If you could scroll out so we can get the whole
 3 chart, international comparisons between a number of
 4 different countries, showing where the United Kingdom is
 5 in terms of all-cause mortality, that's to say all
 6 deaths not just Covid, but also the difference between
 7 the numbers of excess deaths during the pandemic and
 8 the pre-existing position?

9 **A.** Yes, these are from a publication that we have put out
 10 and which uses, again, a standardised population. So we
 11 control everything to a standard European population,
 12 and what it shows -- and I would concentrate on the --
 13 it's ranked by the blue dots, and what it shows is
 14 the relative -- the proportion to which the mortality
 15 rate for a particular country was bigger than
 16 the average, and what you see is that in Central Europe
 17 in particular, and then in Italy, the rates were much
 18 higher. And then largely in Scandinavia the rates much,
 19 much lower.

20 The other point I think it is important to refer to
 21 on international comparisons, which we report in
 22 a number of publications, is that the UK, and
 23 particularly England, was one of the very few countries
 24 in the first wave to have a national epidemic. So if we
 25 were, for example, to look at Italy, Italy had much
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1 conditions, health, and so on and so forth?

2 **A.** That's right, which is why we have controlled for the
 3 age distributions.

4 **LADY HALLETT:** If you wanted to compare the UK with other
 5 countries, this would be a better way of doing it,
 6 because we don't know how other countries necessarily
 7 recorded deaths from Covid?

8 **A.** Exactly so.

9 **LADY HALLETT:** Yes.

10 **A.** There is some variation in the recording, and that is
 11 why we have always used excess all-cause deaths, and you
 12 can see particularly in the first wave a very strong
 13 correlation in England between excess all-cause deaths
 14 and reported Covid deaths.

15 **MR KEITH:** At pages 8 and 9 of that document, finally, do
 16 you produce figures -- thank you -- for Glasgow,
 17 Edinburgh, Cardiff, Belfast and the United Kingdom
 18 average, and then changes in mortality rate in England,
 19 thereby showing the different rates of mortality across
 20 the United Kingdom and across England?

21 **A.** Yes.

22 **Q.** Do they show in relation to the top chart in general
 23 terms a broad similarity of line, of graph, reflective
 24 of course of the waves, but if you go to the bottom
 25 chart, please, that's to say page 9, we can see in
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1 higher levels of mortality than we did around Bergamo,
 2 in northern Italy, for example, but almost none at all
 3 in the south of Italy. The same in France, where we
 4 show that the French first wave epidemic was largely
 5 around Paris and Strasbourg, whereas in England the
 6 epidemic came right the way through the country.

7 And that's why I do think what we have reported
 8 elsewhere in a series of papers is we divide areas into
 9 what are called NUTS regions, that's regions of around
 10 about 200,000 population, and when we do that, we are
 11 able to see much closer the granularity of mortality,
 12 and in those data we show that regions or areas,
 13 for example, in London, the highest in the first wave
 14 was Brent, are -- that those areas are -- well, regions
 15 are a much better level of granularity to look at than
 16 nation states.

17 **Q.** Okay, thank you, that's very helpful.

18 And you should make clear, shouldn't you, Professor,
 19 that this is a chart of comparative excess deaths, so
 20 all these countries have produced excess death figures
 21 that you have been able to draw upon, but of course
 22 the rates of mortality in any given country will depend
 23 on a multitude of factors --

24 **A.** Yes.

25 **Q.** -- such as population age, resilience, socio-economic
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1 relation to October 2020 to February 2021, for London,
 2 a very considerable dip during that period, and also,
 3 between October 2020 and June 2021, relatively speaking,
 4 much higher figures for Birmingham than for
 5 the Manchester or London areas.

6 **A.** That is right, and that speaks to the point I made
 7 earlier about geography, where the first wave very much,
 8 you know, right across but in London in particular, the
 9 second wave, in that autumn of 2020, you may recall
 10 the outbreak in Leicester, you may recall some of
 11 the outbreaks across the northwest, very sadly, and
 12 indeed that crescent, which more or less starts in
 13 Liverpool, goes through the north and then down to
 14 Leicester, was very much where that second wave came,
 15 and that is reflected by London having a relatively
 16 lower level there.

17 **Q.** That wave or crescent of mortality sweeping through that
 18 part of England, is that in any way redolent of past
 19 infections or disease --

20 **A.** If you were to look at --

21 **Q.** -- rates in the united Kingdom?

22 **A.** I mean, look, if you were to look at a map, if you were
 23 to make a map of the geography, shall we say, of infant
 24 mortality in the 19th century, it would not look unlike
 25 that, I would have to say. So it is -- we have parts of
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1 our country that have long-lasting levels of ill health
 2 and the -- and everything around ill health.
 3 **Q.** You, finally, address in your statement the issue of
 4 Long Covid. I've already asked you some questions on
 5 that, but at page 7 of this document do you produce
 6 figures for persons estimated to be experiencing
 7 symptoms of Long Covid, showing the absolute very large
 8 numbers of persons estimated to be suffering from
 9 Long Covid?
 10 **A.** Yes, we do. This slide shows people experiencing
 11 symptoms for at least four weeks. We also published
 12 data which shows people experiencing symptoms for at
 13 least 12 weeks. And a point I would like to make is
 14 that as we get closer to where we are now, the
 15 difference between people suffering for four weeks and
 16 12 weeks becomes very, very small. In other words,
 17 people who are experiencing, very sadly, Long Covid are
 18 experiencing it for a long time.
 19 **Q.** And are continuing to experience it?
 20 **A.** Exactly so.
 21 **MR KEITH:** Thank you very much.
 22 Professor, those are all the questions that I have
 23 for you.
 24 **LADY HALLETT:** I have provisionally agreed and I confirm,
 25 Mr Weatherby, you have some questions, I think, followed
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1 the chain of the correspondence, but this is a letter of
 2 correspondence that started on 11 May of 2020, and each
 3 of the letters, as you've just helpfully explained, and
 4 the responses are published on the UKSA website, and
 5 they're there to be seen.
 6 Again, for context, the correspondence was regarding
 7 Mr Hancock's 100,000 tests per day target by the end of
 8 April for testing, and 200,000 tests per day target by
 9 the end of May. So that's the context.
 10 I'll take you, as I say, to the key passages in
 11 a moment. But the correspondence that culminated in
 12 this letter was raising significant concerns about
 13 the government's presentation of the testing data,
 14 wasn't it?
 15 **A.** Yes.
 16 **Q.** And it's significant, isn't it, that the chair sought to
 17 write to the Secretary of State; that underlines how
 18 important this was?
 19 **A.** We saw -- I mean, Sir David saw this as really
 20 important, that the public were fully aware --
 21 **Q.** Yes.
 22 **A.** -- of accurate data that were transparent, to use your
 23 words.
 24 **Q.** Yes. Thank you.
 25 Let's just go to the key parts of that, if we may,
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1 by Ms Shepherd thereafter. Mr Weatherby.
 2 **Questions from MR WEATHERBY KC**
 3 **MR WEATHERBY:** Thank you.
 4 Professor, I ask questions on behalf of the Covid
 5 Bereaved Families for Justice group, which represents
 6 many bereaved families from across the UK, just a few
 7 questions.
 8 I'm going to return to a point that was touched upon
 9 before lunch by Mr Keith, and that's correspondence
 10 between Sir David Norgrove and Matt Hancock.
 11 So Sir David was the chair of the UKSA, you were the
 12 chief -- you are the chief executive, Matt Hancock at
 13 the time Secretary of State for Health.
 14 Mr Keith touched upon a letter of 2 June of 2020,
 15 and it's right, isn't it, that that was a published
 16 letter and you're aware of it?
 17 **A.** Very much so. That is the policy of Sir --
 18 **Q.** Yes.
 19 **A.** -- well, the chair, if there is an issue that wishes to
 20 be raised then a public letter is written.
 21 **Q.** Yes, openness and transparency.
 22 I'm going to put it up in a moment, so I'll just
 23 give the reference, but I don't need it up quite yet,
 24 INQ000237314.
 25 Now, for the reasons of time, we haven't included
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1 if we can just have it up on the screen, and the first
 2 page, bold type, Sir David Norgrove's response, so that
 3 indicates it's part of this correspondence, and it's
 4 dated 2 June.
 5 Then the second page, if we can jump to that,
 6 please, is the subsequent -- so I'm just going to read
 7 the start of it, I'm not going to read the whole letter
 8 out, but:
 9 "Dear Secretary of State,
 10 "Thank you for your letter of 27 May, in which you
 11 described some welcome, though limited, additions to the
 12 official data on COVID-19 tests, including a proposed
 13 note on methods (not yet published ...). I am afraid
 14 though that the figures are still far from complete and
 15 comprehensible.
 16 "Statistics on testing perhaps serve two main
 17 purposes.
 18 "The first is to help us understand the epidemic,
 19 alongside the ONS survey, showing us how many people are
 20 infected, or not, and their relevant characteristics.
 21 "The second purpose is to help manage the test
 22 programme, to ensure there are enough tests, that they
 23 are carried out or sent where they are needed and that
 24 they are being used as effectively as possible.
 25 The data should tell the public how effectively
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1 the testing programme is being managed."
 2 Yes? Then this:
 3 "The way the data are analysed and presented
 4 currently gives them limited value for the first
 5 purpose. The aim seems to be to show the largest
 6 possible number of tests, even at the expense of
 7 understanding. It is also hard to believe
 8 the statistics work to support the testing programme
 9 itself. The statistics and analysis serve neither
 10 purpose well."
 11 Yes? I'll read on in a minute, but where we're up
 12 to at the moment, Sir David is highlighting the proper
 13 purpose of the data; yes?
 14 **A.** I would suggest that Sir David's letter is clear and
 15 comprehensible.
 16 **Q.** Yes, thank you. And he's pointing out that the way it's
 17 being presented to the public is not fulfilling either
 18 of those purposes but is being used for another purpose,
 19 to simply show the largest possible number of tests.
 20 Yes? That's clear and comprehensible from that --
 21 **A.** That's what Sir David is saying.
 22 **Q.** Yes. And you agree with that?
 23 **A.** I think it's a fair statement.
 24 **Q.** Yes. I'll just read on slightly further.
 25 "To mention just a few issues ..."
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1 impression of the actual positive diagnoses?
 2 **A.** I mean, that's a reasonable -- I mean, it assumes that
 3 those tests that weren't carried out will have the same
 4 probability of a positive test as those --
 5 **Q.** Yes.
 6 **A.** -- that were carried out, so there's an assumption in
 7 the arithmetic but the --
 8 **Q.** Yes.
 9 **A.** -- arithmetic's absolutely --
 10 **Q.** I follow that, but that's the two effects that --
 11 **A.** Yes.
 12 **Q.** -- Sir David is trying to get over.
 13 Then jumping to the third page finally, just two
 14 short passages from there and it's the paragraph below
 15 the bullet point:
 16 "I warmly welcome of course your support for the
 17 Code of Practice for Statistics."
 18 Now, that relates to the earlier correspondence
 19 where the integrity of statistics had been made clear
 20 between the two of them:
 21 "But the testing statistics still fall well short of
 22 its expectations. It is not surprising that given their
 23 inadequacy data on testing are so widely criticised and
 24 often mistrusted."
 25 So here Sir David is making clear to
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1 Just the first bullet point there:
 2 "- the headline total of tests adds together tests
 3 *carried out* with tests *posted out*. This distinction is
 4 too often elided during the presentation at the daily
 5 press conference, where the relevant figure may
 6 misleadingly be described simply as the number of tests
 7 carried out. There are no data on how many of the tests
 8 posted out are in fact then successfully completed. The
 9 slides used in the daily press conference do not show
 10 the date when the tests were carried out."
 11 So am I right that in fact what's happening is that
 12 the number of tests that is being presented to
 13 the public is misleading because it adds two different
 14 pieces of data together?
 15 **A.** That's what Sir David is saying.
 16 **Q.** Yes.
 17 Jumping to the third bullet point, just the last
 18 sentence of that, the consequence -- or one of the
 19 consequences:
 20 "This presentation gives an artificially low
 21 impression of the proportion of tests returning
 22 a positive diagnosis."
 23 So on the one hand there is an inflated figure of
 24 the number of tests carried out, and one of the
 25 consequences is that there is an artificially low
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1 the Secretary of State how very important this matter
 2 is; yes?
 3 **A.** Yes.
 4 **Q.** And finally, just for completeness, the final paragraph:
 5 "I do understand the pressures that those concerned
 6 have faced and still face. But I am sure you would
 7 agree that good evidence, trusted by the public, is
 8 essential to success in containing the virus."
 9 Yes?
 10 **A.** Absolutely.
 11 **Q.** And you'd agree with that?
 12 **A.** Yeah.
 13 **MR WEATHERBY:** Yes, thank you very much, that's all I want
 14 to ask.
 15 **LADY HALLETT:** Thank you, Mr Weatherby.
 16 Yes, Ms Shepherd.
 17 **MS SHEPHERD:** My Lady, before we came into court,
 18 I understand that those who represent FEHMO wanted to
 19 ask some questions. I'm happy for them to go first and,
 20 if we've got time, to come to me.
 21 **LADY HALLETT:** I don't think I've given --
 22 **MR KEITH:** My Lady, may I assist, Mr Thomas KC approached me
 23 during lunch and said would I go back to the issue of
 24 Professor Diamond's evidence where he said there were
 25 good reasons for not having ethnicity on registration of
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1 death certificates and he wondered whether we would
 2 return to that issue.
 3 I indicated on account of the time that I probably
 4 wouldn't, so I suspect that what he is really doing is
 5 making a section 10(4) application ex post facto in
 6 order to return to that point.
 7 **A.** I'm happy to briefly --
 8 **LADY HALLETT:** Well, can you explain the reason? You said
 9 there was --
 10 **A.** Yes.
 11 **LADY HALLETT:** -- good reason for not --
 12 **A.** Well, this is -- my view is that it is -- you should
 13 minimise what is on a death certificate for the very
 14 simple reason that the person who most understands
 15 the answer is sadly no longer with us, and therefore you
 16 are going to have -- you are going to have errors coming
 17 into the data that you cannot control for.
 18 That is why I am completely in support of
 19 the current proposals that are being made around
 20 the legislation which will bring ethnicity, using
 21 the full census definition or census categorisations,
 22 into National Health Service data, and then those
 23 National Health Service data can be lifted into death
 24 registration, using the kinds of linkage that I've
 25 talked about before, and that will give us absolutely
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1 administrations incorporated into this tool?
 2 **A.** Thank you for that question. The answer is: yes, they
 3 were. Where they were -- well, they were incorporated
 4 directly where ONS collected the data in a UK-wide
 5 basis. So the Coronavirus Infection Survey, the CIS
 6 that we've talked about previously, and the opinions
 7 survey which we've talked about previously, collected
 8 UK-wide data and the data were made available through
 9 that tool.
 10 Where data were collected explicitly in a devolved
 11 administration, for example some of the mortality data,
 12 we provide on the insights tool a link to where you
 13 could get those data. So if you were interested in
 14 Welsh data, there is a link to where those Welsh data
 15 are published but we do not publish them, if you like,
 16 as one UK-wide data.
 17 **MS SHEPHERD:** Thank you, Professor.
 18 Thank you, my Lady.
 19 **LADY HALLETT:** Thank you, Ms Shepherd.
 20 Thank you very much, Sir Ian, it's very kind of you,
 21 and I won't say I got excited by the statistics -- I can
 22 never say the word -- but you certainly made it
 23 extremely interesting and very informative.
 24 **THE WITNESS:** Well, thank you for the huge privilege, thank
 25 you.

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1 top class data.
 2 So, just for clarity, I am very much in favour of
 3 having ethnic differentials of mortality calculated and
 4 published regularly, and we at ONS would very much like
 5 to do that, but I just think it is better that
 6 the person who sadly is no longer with us has
 7 the opportunity to provide that information and then we
 8 add it later, rather than we try to bring in errors --
 9 data that can be subject to errors that we can't
 10 control.
 11 **LADY HALLETT:** Thank you.
 12 I hope that answers FEHMO's questions.
 13 **MR DAYLE:** I believe it does, my Lady.
 14 **LADY HALLETT:** Thank you very much.
 15 Ms Shepherd.
 16 **Questions from MS SHEPHERD**
 17 **MS SHEPHERD:** Thank you, my Lady.
 18 Professor Diamond, I appear on behalf of Covid-19
 19 Bereaved Families for Justice Cymru.
 20 You have already been asked by Counsel to the
 21 Inquiry about the extent to which ONS data were gathered
 22 from the devolved administrations. I want to ask
 23 specifically about the Covid-19 insights tool which was
 24 for the benefit and information of the public.
 25 Were data from Wales or any other of the devolved
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1 **LADY HALLETT:** Also I heard a number of references by
 2 Mr Keith to work done over the weekend. I hope we
 3 haven't imposed too great a burden on you.
 4 **THE WITNESS:** We always work over the weekend at the Office
 5 of National Statistics.
 6 **LADY HALLETT:** Good. Good advert. Well done, thank you.
 7 **(The witness withdrew)**
 8 **LADY HALLETT:** Mr O'Connor.
 9 **MR O'CONNOR:** My Lady, may we now please call
 10 Gavin Freeguard.
 11 **MR GAVIN FREEGUARD (affirmed)**
 12 **Questions from COUNSEL TO THE INQUIRY**
 13 **MR O'CONNOR:** Could you give us your full name, please.
 14 **A.** Gavin James Freeguard.
 15 **Q.** Mr Freeguard, you have kindly prepared a detailed report
 16 for the Inquiry on the subject of data processing and
 17 the use of data in government during the Covid pandemic.
 18 We have the first page of the report on screen. You can
 19 see it there. And we can see that just above your name
 20 and the date, you've included a statement explaining
 21 your understanding of your duties as an expert, and
 22 you've indicated there that the detail within the report
 23 is true to the best of your knowledge and belief. Is
 24 that right?
 25 **A.** That's correct.

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1 **Q.** Mr Freeguard, you are currently a freelance data
2 consultant, I think?
3 **A.** Yes, that's right, I tend to work on data policy,
4 research and advocacy, and also focus on digital
5 government as well.
6 **Q.** Thank you.
7 You've set out in your report, we don't need to look
8 at it, a range of roles that you undertake at
9 the moment, including that you are an associate at
10 the Institute for Government, and also a special adviser
11 at the Open Data Institute?
12 **A.** Yes.
13 **Q.** You've also indicated that prior to undertaking
14 freelance work, you were in fact an employed researcher
15 at the IFG holding the post, latterly, of programme
16 director for data transparency and digital government?
17 **A.** Yes, that's right.
18 **Q.** Mr Freeguard, as I've said, the focus of this report,
19 which I should perhaps have said is a lengthy one, it's
20 70 or so pages long, is to do with data matters and how
21 they affected the taking of core political and
22 administrative decisions during the Covid pandemic, and
23 you are aware, because these were all part of your
24 instructions, that the list of issues for Module 2 of
25 this Inquiry relate to matters such as identifying

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1 **Q.** So you have fairly made the point that you can't help us
2 in an expert way with those matters.
3 Just finally by way of introduction, it's important
4 to make it clear, and for the sake of those who go to
5 your report, which we will of course adduce in evidence
6 in full, that you were at the outset instructed to
7 prepare this report on the basis of your own
8 understanding of these matters and materials that were
9 publicly accessible.
10 You weren't provided with the very considerable
11 amount of evidence that we have now obtained, the reason
12 for that being you were instructed before we had all
13 the evidence.
14 You have latterly seen some of the evidence that
15 the Inquiry has obtained, and we'll look at some of
16 those documents together, but any reader of your report
17 should not assume that the judgements you express in
18 the report are made on the basis of a review of all of
19 our material. That would not be right, would it?
20 **A.** That's correct.
21 **Q.** Thank you.
22 I want to start then, Mr Freeguard, by some fairly
23 broad summaries of the early stages of your report. You
24 make the point at the outset of your report, and perhaps
25 it's a theme, perhaps the most important theme running

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1 the key sources of data available to decision-makers;
2 yes?
3 **A.** Yes.
4 **Q.** Questioning whether decision-makers had access or
5 adequate access to reliable data, statistics and so on;
6 asking to what extent the data collection during
7 the pandemic addressed the impact of Covid-19 on
8 vulnerable and at-risk groups; and finally, addressing
9 the question of the adequacy of sharing of data within
10 government structures during the same period, and all
11 those matters are addressed in your report, are they
12 not?
13 **A.** They are, yes.
14 **Q.** It's right at the outset to make it clear, as you do in
15 your report, that your expertise in this field is very
16 much focused on matters relating to Westminster
17 government and institutions. So, as we know, we were
18 addressing devolution matters yesterday, that covers
19 matters relating to England and the UK, but you've
20 explained in your report that your expertise doesn't
21 really extend to similar matters within the devolved
22 nations, Wales, Scotland and Northern Ireland?
23 **A.** That's right, I occasionally touch upon that in my
24 report and think it's an extremely important topic, but
25 my work has been focused on Westminster and Whitehall.

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1 through it, that data is a vital tool for policy making,
2 particularly in times of crisis?
3 **A.** Yes, that's right. I think for policy making, in terms
4 of bringing evidence to that, in terms of evidence of
5 what works when it comes to policies that are being
6 implemented, but also to the operational side of
7 government, and I think we see that through the pandemic
8 as well, particularly when it comes to healthcare data.
9 **Q.** Yes, thank you.
10 When you answer my questions, if you could try and
11 speak slowly, that will assist all of us, including
12 the stenographer.
13 You explain in your report that in recent decades,
14 the last decade or two of the data revolution,
15 the potential desire for government accessing, sharing,
16 manipulating these very large datasets has grown
17 alongside the availability of datasets of that nature?
18 **A.** Yes, that's right, and my report begins by looking at,
19 I think, around 30 different reports that we've seen
20 since the mid-90s about how government might improve,
21 how it makes the most of some of those opportunities,
22 and also that we've tended not to follow up on quite
23 a lot of those or looked in detail at which
24 recommendations have succeeded and which ones have not,
25 and the reasons behind that as well.

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1 **Q.** Let's perhaps just -- I'm certainly not going to take
 2 you to all of those reports, in fact possibly only one
 3 of them, Mr Freeguard, but if we go to page 8 of your
 4 report, I think it's fairly obvious, even just glancing
 5 at the pages -- so we see your listing those reports.
 6 The earliest I think is in 1996.
 7 Then if we can just scroll forward quickly through
 8 the pages, we can see all of these different reports --
 9 thank you, just if we can keep going -- it's a long
 10 list, Mr Freeguard, of reports, in the large part
 11 commissioned by central government, asking themselves
 12 questions as to how they can use data more efficiently.
 13 You've touched on this point, but the question is:
 14 is there almost a failing in itself by noticing quite
 15 how many reports there are within a relatively short
 16 period?
 17 **A.** I think so, yes. Again, it's not been for lack of
 18 trying, it's not been for lack of interesting ideas
 19 about what might need to be changed and what needs to be
 20 done in order to change things, but it does feel like we
 21 often repeat recommendations.
 22 There's some very strikingly similar language even
 23 from the late '90s that we could find in a report
 24 published, you know, in the last couple of years.
 25 Government just doesn't quite seem to grasp some of
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1 technology, where some of the computer systems and some
 2 of the data systems that have been in use in government
 3 have been in use for many decades, it becomes more and
 4 more difficult to extract data from those or you need
 5 much older expertise, and then trying to reform those
 6 systems and bring in newer technology becomes more
 7 challenging.
 8 **Q.** So those are the technical barriers. You refer to legal
 9 barriers. In a few sentences what do you mean by that?
 10 **A.** That tends to be where the law does not provide or is
 11 not clear that it provides the sort of locus for
 12 different parts of government being able to share or
 13 access data. I think that's one area, and you will see
 14 this in the sort of chronology of reports, where some of
 15 those problems have been tackled over the last decade or
 16 so. Things like the Digital Economy Act and some of the
 17 clarity brought by the General Data Protection
 18 Regulation have sort of solved some of those problems,
 19 but there are still some challenges with there being
 20 a lot of different pieces of legislation that can allow
 21 data sharing, lack of clarity about how to make the most
 22 of some of those routes as well.
 23 **Q.** Yes.
 24 **A.** And I think just a final sort of legal issue is I think
 25 because different parts of government are different
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1 the opportunities sometimes.
 2 And I think we're also quite poor at learning from
 3 the successes and failures of those different
 4 recommendations.
 5 **Q.** You in your report have tried to crystallise some of
 6 the key issues that come up, as you say, time and again
 7 in these reports: routine failures in the data field
 8 and, if you like, barriers -- I think that's a word you
 9 use -- to data sharing within government.
 10 I want to ask you about them just briefly in turn.
 11 First of all, you talk about technical barriers, and
 12 by that I think you mean interoperability problems,
 13 the fact that government perhaps can't speak to it -- or
 14 different parts of government can't speak to itself very
 15 well, or at least transfer data between areas of
 16 government.
 17 Is that right?
 18 **A.** Yes, that's right. So that often stems from a lack of
 19 data standards, so people in different parts of
 20 government might be recording similar data but doing it
 21 in very different ways, which makes it much more
 22 difficult, as you say, for interoperability, to compare
 23 and collate those various different things. Sometimes
 24 the data simply isn't collected, which is definitely
 25 a technical problem. But we also have issues of legacy
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1 legal entities, that can sometimes make sharing across
 2 those different organisations more challenging.
 3 **Q.** Thank you.
 4 That does, I think, lead into the third of those
 5 barriers that you describe, which is cultural and
 6 organisational barriers, and at least one of the points
 7 that you make in that regard is that, going back to
 8 the legal barriers, even if in fact as a matter of
 9 legality it is possible to share, let's say, a dataset
 10 from one part of government to another, you might find
 11 that the general sort of concern about legality of
 12 sharing means that there is a sort of inertia there and
 13 that datasets that might be shared end up in fact not
 14 being shared, and that's one of the points you make
 15 under cultural and organisational barriers of that
 16 nature?
 17 **A.** That's right, and in a sense that comes from a very good
 18 place. I think that's people within government
 19 organisations not wanting to get something wrong,
 20 they're quite fearful that they might accidentally share
 21 something that they shouldn't be, and it speaks to
 22 a need for greater guidance and more support for people
 23 that are trying to do that.
 24 I think some of the other cultural and
 25 organisational barriers that it's worth picking out are
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1 that, you know, some of this is not about data, it's
2 about the structure of government and the fact that
3 siloed government departments don't tend to work
4 together as effectively as they might, and sometimes the
5 incentives aren't there for different departments to
6 share or make their data available.

7 So, for example, one department might be the one
8 that has to invest in a particular dataset, the benefits
9 might accrue to a different department, that will not
10 necessarily be reflected in sort of funding or anything
11 else.

12 **LADY HALLETT:** Mr O'Connor used the word "inertia", I wonder
13 if "caution" might be a better word.

14 I mean, I remember when we first had to start
15 dealing with data management for the judiciary, and some
16 extremely able lawyers found some of the provisions
17 quite complicated, and therefore that may have led to
18 a degree of caution.

19 **A.** Yes, I think that's right, and certainly traditionally
20 that complexity, especially when there were a lot of
21 different legal gateways, led to some of those
22 challenges.

23 I think we're also in a relatively early stage,
24 still, of some of that legislation bedding in, which
25 means some of the legal precedents are still being

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1 to a greater or lesser extent in many or all of those
2 reports at which we looked, all flashing on the screen,
3 and those who want to can look at in more detail by
4 looking at your report itself. We are obviously going
5 to come on and talk about the experience during
6 the pandemic, but is your view that those four issues,
7 as it were, also had their part to play during
8 the pandemic?

9 **A.** Yes, that's definitely right. I think as well it's
10 worth saying that the pandemic helped overcome some of
11 those barriers. The fact that there was such urgency,
12 there was such a clear purpose and such a collective
13 purpose from different parts of government meant that
14 perhaps some of that cross-government working happened
15 where perhaps we haven't seen it in the past. Obviously
16 there was a strong political imperative to get things
17 done as well.

18 So we definitely saw some of them being overcome in
19 a way that perhaps we haven't during business as usual
20 periods in government.

21 **Q.** Thank you very much.

22 Mr Freeguard, I did mention that I might ask you
23 about one of these many reports and in fact as it
24 happens it's one of those which is shown on the screen
25 at the moment, it's the national data strategy, so

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1 developed and perhaps the specialism isn't quite there
2 in all parts of government yet.

3 **MR O'CONNOR:** Then, Mr Freeguard, the final generic barrier
4 that you describe is political. You refer to other
5 priorities within the political space. Can you expand
6 on that?

7 **A.** Yes, that's right. I think over the last sort of
8 seven years or so obviously this has been quite a lot of
9 turnover at the top of British Government. I think we
10 have had 12 different ministers for the Cabinet Office
11 since 2015, that being the organisation most responsible
12 for the use of data within government. Things like
13 Brexit and then, of course, the pandemic itself have
14 absorbed an awful lot of civil service and political
15 time. And another example of that is the lack of
16 a chief data officer for government. That's something
17 that's been promised at least since 2017 and there has
18 not been a permanent appointment. And again, that
19 sort of role could bring some political focus and
20 strategic leadership on some of the issues that we'll be
21 talking about, and that has been lacking.

22 **Q.** Thank you. I'm going to come back to the point about
23 the chief data officer in a moment, but just finishing
24 then this point, you've referred to those four really
25 very generic barriers. Those are points which emerged

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1 I wonder if we could just highlight that or enlarge that
2 subparagraph in the middle there. Yes, all right. We
3 can go -- thank you, there it is.

4 So, Mr Freeguard, that, as we can see on the screen,
5 was a report, a strategy, that was published in fact
6 during the pandemic, although you make the point that it
7 had been commissioned some two years earlier, and
8 I think it had been -- responsibility for the review had
9 been passed between government departments during
10 the time it was being considered.

11 But tell us a little about that strategy.

12 **A.** So that came from, as you say, a sort of machinery of
13 government change and I think a renewed focus on what
14 better use of data could do for government. And it was
15 designed deliberately as a framework strategy, that is
16 setting some overall missions for the use of data in
17 government, better use of data being based on particular
18 pillars -- I'll come back to one of those in a moment --
19 and then there being lots of different activities,
20 specific activities, to be conducted by different parts
21 of government underneath that.

22 One of the pillars that I mentioned is -- probably
23 of most interest to the Inquiry -- about data
24 availability. That is a term that the strategy uses for
25 data sharing, accessing data, finding data, more

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1 generally. Again, as a framework strategy, it was very
2 much there to be an overarching thing that other parts
3 of government might be able to use the principles from
4 as well.

5 I was at a roundtable last year, a roundtable
6 discussion organised by Civil Service World, which
7 suggested that lots of departments were still looking to
8 some of the principles in the strategy to try to improve
9 their own use of data, although it does feel like over
10 the last year or so it's received less prominence. It's
11 now the responsibility of the Department for Science,
12 Innovation and Technology, and when that was created
13 this was not one of the initiatives that was sort of
14 highlighted as moving from the Department of Digital,
15 Culture, Media and Sport to DSIT.

16 **Q.** I don't think it's clear from your list, but has this
17 strategy yet been replaced by yet another review or
18 machinery of government exercise?

19 **A.** It's still there, there are still some teams within DSIT
20 working on particular missions within it, I've spoken to
21 some of them quite recently, and I think, again,
22 the fact that it's a framework strategy, with other
23 parts of work mentioned within it, means that it's still
24 living in some way.

25 So, for instance, Cabinet Office, the Central
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1 but it's right, as we understand it, that before 2022,
2 so last year, the Treasury, which is, clearly, one of
3 the departments that had a large role to play during
4 the pandemic, didn't have a chief data officer at all.
5 I mean, it was only last year that a chief data officer
6 for the Treasury was appointed, no doubt as a result of
7 this strategy.

8 Are you able to help us with whether that, as it
9 were, was indicative of a lack of control of data within
10 the Treasury before the appointment of a chief data
11 officer within that department?

12 **A.** I think it certainly brings more focus to the use of
13 data within the department, and means that there is
14 somebody who is responsible for thinking about it, which
15 may not quite have been the case before.

16 I think something we find sometimes across
17 government is there may be people playing some of
18 the roles associated with a chief data officer. They
19 may have different names, they may not be quite
20 the right seniority to be able to do anything with it,
21 and that sometimes does make the picture more difficult
22 to understand.

23 **Q.** Then what about the chief data officer for
24 the government as a whole? That post still hasn't been
25 filled, as we understand it, despite the recommendation
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1 Digital and Data Office specifically, is responsible for
2 a roadmap for government data and digital, and that's
3 one of the many parts of the strategy which continues in
4 some way.

5 **LADY HALLETT:** So we have roadmaps, we have strategies; any
6 action?

7 **A.** There is some action, there is definitely action. For
8 instance, Cabinet Office recently have been doing work
9 around data maturity, that's helping different parts of
10 government to understand how prepared they are for doing
11 more work with data.

12 **MR O'CONNOR:** Let me ask you about a different aspect of
13 action arising from this strategy and that's the point
14 you made earlier about data officers.

15 First of all, I think I'm right -- well, first of
16 all, it's right, isn't it, that this national data
17 strategy does encourage the appointment of data officers
18 first of all within government departments and then
19 a chief data officer to oversee data within
20 the government generally?

21 **A.** That's right, there is a lot in there generally about
22 upskilling civil servants to work with data and, as you
23 say, that very specific chief data officer for
24 government pledge.

25 **Q.** I'll come back and ask you about the chief data officer,
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1 dating back to 2020?

2 **A.** That's right, there have been a few interim holders of
3 that role, there have been a few attempts, I think,
4 since 2020 to fill it permanently and, again, since
5 earlier than that to try to fill it as well. But as far
6 as I'm aware, I think there is a process that has been
7 ongoing fairly recently, but I don't think
8 an appointment has yet been announced.

9 **Q.** I'm going to move on, Mr Freeguard, thank you for that.

10 You have mentioned briefly in that summary you gave
11 us some of the statutory underpinning of the data world,
12 if I can put it that way. We are all perhaps familiar,
13 to a greater or lesser extent, with the Data Protection
14 Act, GDPR, now the UK GDPR. You also refer in your
15 report to the privacy and electronic communications
16 regulations in that context as part of the basic
17 underpinning.

18 I'm not going to go to the detail of any of those
19 provisions, but one of the provisions I do want to ask
20 you about is another one you've mentioned, which is
21 the Digital Economy Act 2017. That's at page 13 of
22 the report.

23 If we can expand paragraph 14, the provisions of
24 this Act are, I think, one of the areas that you
25 mentioned a moment ago that perhaps hasn't fully bedded
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1 down, or it's not fully understood exactly what
2 functions it serves and, if you like, the permissions
3 that it grants.

4 Tell us, if you will, what innovation this Act
5 represented.

6 **A.** So the Digital Economy Act of 2017 covered issues beyond
7 those of interest to the Inquiry, so things around
8 broadband and digital connectivity as well. But when it
9 came to data sharing within government, it did sort of
10 provide powers for different parts of government to be
11 able to share data with one another, and in fact I think
12 very much a response to some of those many reports that
13 we've already touched on about the lack of legal clarity
14 and around powers for data sharing.

15 So it introduced powers for sharing data through
16 the purposes of digital governments and public service
17 delivery. It does not cover sort of health and
18 social care, adult social care provision, so it does
19 cover other purposes but not those ones. And there is,
20 under certain parts of the Act, a register that is
21 published by Cabinet Office, so we have some insight
22 into some of the data that's being shared across
23 government.

24 **Q.** Thank you.

25 So perhaps two important points: one is the general
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1 **LADY HALLETT:** Mr O'Connor.

2 **MR O'CONNOR:** My Lady.

3 Mr Freeguard, I want to move and ask you some more
4 sort of focused questions about issues that arose,
5 difficulties that arose in relation to using and sharing
6 data at the outset of the pandemic, and as you've
7 already suggested it may be that we see represented
8 there some of those generic barriers that we discussed
9 before the break.

10 The first of these is simply a lack of data
11 available on which to make decisions, and for these
12 purposes perhaps if we can look at your report, page 41,
13 paragraph 79.

14 We can see, starting four lines down, you refer to
15 the well known decision, on 12 March 2020, to stop
16 community testing, the test and trace initiative, and
17 the very simple consequence of that, from a data point
18 of view, was that the tap was turned off. And so you
19 refer there to a modeller making the comment, "if you're
20 only seeing the tip of the iceberg - hospitalisations,
21 deaths - you don't know how broad that iceberg is". The
22 understanding of the spread of the virus in the
23 community was simply not something that was available as
24 a matter of data at that stage?

25 **A.** That's right, and I'm not sure I can put it any better
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1 point you make that under this Act is a freeing up of
2 the ability within -- for -- well, of sharing of data
3 within government, but important to note, particularly
4 of course given our focus on the pandemic, that that
5 general liberalisation of sharing of data did not apply
6 to health or social care data; is that right?

7 **A.** Yes.

8 **Q.** That sharing of data of that particularly sensitive
9 nature can be done but there is a special procedure
10 which you refer to in your report, I'm not going to take
11 you to the provisions, but it's the Health Service
12 Control of Patient Information Regulations which permit
13 a Secretary of State to, as it were, grant specific and
14 very focused permission for the sharing of, for example,
15 healthcare data. In fact this morning we heard
16 Sir Ian Diamond talking about what are known as
17 COPI regulations, and I will ask you some short
18 supplementary questions about those in a few moments.

19 My Lady, I wonder if that would be a convenient
20 point for a break?

21 **LADY HALLETT:** Certainly, perfect timing, Mr O'Connor.

22 I shall return at 3.15.

23 **(3.00 pm)**

24

(A short break)

25 **(3.15 pm)**

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1 than that quote from the modeller.

2 Obviously in order to properly monitor the outbreak
3 and understand how to tackle it, that sort of data is
4 what you need decision-makers to have, and the decision
5 to stop testing meant that case data was much more
6 difficult to come by.

7 **Q.** As we heard in Mr Keith's opening, only a couple
8 of weeks or so later the discrepancy between cases,
9 known cases of Covid, which had been the subject of
10 tests, and what retrospective estimates of what was in
11 fact the position, had grown, a bit like the iceberg, so
12 that there were some 6,000 or so positive test results,
13 but the estimate was that it was something close to half
14 a million people were infected by that stage. The data
15 simply wasn't available to inform the position.

16 **A.** That's right.

17 **Q.** So that's perhaps one example of a challenge faced.

18 Another slightly different challenge, but which
19 again goes back to those barriers we were discussing,
20 was a reluctance within government, or an inability
21 perhaps, to share data that was available. That's where
22 we come back to the Digital Economy Act that we were
23 discussing, which on the one hand had freed up
24 the sharing of most data within government, but not
25 healthcare data.

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1 Thank you. It's paragraph 48 of your report, which
2 refers to the first Control of Patient Information
3 notice being issued or COPI notice as we heard
4 Sir Ian Diamond refer to them as.

5 This was a notice issued by the Secretary of State
6 under these regulations which, in effect, put healthcare
7 data into the same category as other forms of data under
8 the Digital Economy Act, although for an express purpose
9 and a limited period of time, and I think you refer to
10 the fact that these notices had to be renewed, I don't
11 know if it's every three months, every six months,
12 something of that nature?

13 **A.** That's right. I think it's worth underlining that
14 the General Data Protection Regulation and the Data
15 Protection Act meant that there was the flexibility
16 there for data sharing, including in health, to happen,
17 but from things that I've heard and included in my
18 reports, the COPI notices were extremely important in
19 sending a signal across the whole system that it was
20 extremely important to be able to share particular types
21 of health data, and even if -- I also note that some
22 people were still reluctant, it still took a little bit
23 of time to overcome their caution and to give them that
24 legal reassurance, but it did act, in the words of some
25 people that we interviewed for an Institute for

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1 longer document, though still a short one, in April 2020
2 that again acknowledged that there were severe pressures
3 facing people in government and elsewhere during
4 the pandemic, and also that data did need to be shared
5 for health purposes, particularly during the early days
6 of the pandemic.

7 **Q.** And again, from your assessment on the ground, did this
8 have an effect?

9 **A.** It seems to have -- again as you said, it's another
10 security blanket that meant that people knew that there
11 was some protection there, there was guidance there,
12 there was support there for what they needed to do.

13 **Q.** Thank you.

14 I'm going to move on again to a slightly different
15 context, which takes us back to the sort of systemic or
16 technical barriers within government. Even if the data
17 exists, even if there is permission to share it
18 sometimes the infrastructure simply isn't there to allow
19 that sharing to take place.

20 For these purposes, yes, it's page 40 and
21 paragraph 75 of your report where I wanted to pick up,
22 and you refer there, we've covered data that didn't
23 exist, but it's the formatting, it's the process issues,
24 and you refer to data flows not having been thought
25 about or tested as part of pandemic preparedness

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1 Government project, as a badge of honour and a security
2 blanket, it made them feel much safer in being able to
3 share a lot of that health patient data.

4 **Q.** Thank you.

5 A further safety blanket, if that's what we want to
6 call it, was provided by the Information Commissioner,
7 at around the same time. This is something that you
8 refer to at paragraph 28 of your report on page 17.

9 We haven't mentioned the Information Commissioner so
10 far, but again I think most of us in this room
11 understand that that is someone who is tasked with
12 enforcing these various data regimes that we're
13 discussing.

14 Is it right that at the outset of the pandemic
15 the Information Commissioner issued a notice encouraging
16 people to share data?

17 **A.** Yes, that's right. There was a short statement in
18 March 2020 where I think the Commissioner said she would
19 be pragmatic in how she applied the existing principles
20 to try to get people to share data that needed to be
21 shared. That was something that was welcomed by
22 the National Data Guardian, a sort of watchdog for
23 the use of health data, who listens quite a lot to
24 patients.

25 And then as paragraph 28 shows, there was a sort of

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1 exercises. I'm going to come back to Operation Cygnus
2 in a moment.

3 If we can go on to paragraph 76, you refer to:

4 "Several ... Downing Street figures [having] spoken
5 about the lack of developed data pipelines and processes
6 at the start of the pandemic. Data collection and
7 collation was instead ad hoc, with officials emailing
8 and being emailed Excel files, Word documents ... making
9 phone calls ... "

10 Writing it down, pulling it together. All very
11 inefficient.

12 Does that seem to have been the process that was
13 taking place in, for example, Downing Street and
14 the Cabinet Office in the early stages of the pandemic?

15 **A.** Certainly at the start, as you can see, Simon Case, the
16 Cabinet Secretary, among those speaking afterwards about
17 the fact that that's how it was working. There weren't
18 those sort of reproducible pipelines, APIs, another way
19 of being able to share data more quickly and more
20 easily. Instead, a very fragmented process of emails,
21 Word documents, Excel spreadsheets, phone calls, people
22 reading off scraps of paper onto whiteboards in
23 Downing Street, rather than having the flows there ready
24 to go. I think in his statement Tom Shinner expresses
25 his surprise that so much effort had to be put into

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1 bringing that data in, rather than just being able to
 2 enact protocols that already existed.

3 **Q.** You might have to educate us a little bit, Mr Freeguard.
 4 I mean, to some of us, the idea of emailing an Excel
 5 spreadsheet might feel like a sort of pretty
 6 sophisticated technical thing to do, but you're
 7 describing it here as something that was not
 8 sophisticated enough.

9 **A.** When it's coming from hundreds of different health
 10 organisations at a rate of knots, it's much more
 11 difficult to keep hold of all of that, having to copy
 12 and paste it. We know as well, for instance, Public
 13 Health England at one point was compiling its line
 14 lists -- that is a spreadsheet with a line for each
 15 patient -- from individual emails. A lot of those
 16 things should be much more automatic. There should be
 17 processes in place where that data is being brought
 18 together much more easily, sort of automatically, rather
 19 than a lot of effort having to be spent collating --
 20 especially in a moment of extreme pressure -- from all
 21 of those different sources.

22 **Q.** You've mentioned APIs. We perhaps don't need to get
 23 into the detail, but essentially this is a piece of
 24 software which manipulates automatically, it's a feed;
 25 another term you use is a data pipeline. It bypasses

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1 providing and best presenting data on which responders
 2 will make strategic decisions' since participants 'were
 3 unclear about how epidemiological information would be
 4 produced and disseminated'."

5 In other words, it seems, addressing just exactly
 6 this point: how is this sort of data to be received and
 7 used centrally in the context of a disaster or
 8 a pandemic?

9 But you go on to make the point that Cygnus was set
 10 in week 7 of an epidemic. Why is that important?

11 **A.** I would hope that you'd be able to get those data flows
 12 up and running, or would need those data flows up and
 13 running much earlier in the process, and I think it
 14 shows that although there were -- you know, there was
 15 high-level commitment to better data, the thing that was
 16 missing was actually thinking about those
 17 practicalities: what data did you need to get to which
 18 people, and how were you actually going to do it?

19 **Q.** May it have been that Operation Cygnus just rather
 20 assumed that the data flows would be coming in, but they
 21 didn't think about in fact whether that would be the
 22 case in the event of a pandemic?

23 **A.** Quite possibly. And again, there are other exercises
 24 which also thought about what data might be needed, what
 25 data might be there. In some cases, it was perhaps not

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1 the need for any particular person to look at
 2 spreadsheets or documents and amalgamate them; it does
 3 it all automatically?

4 **A.** That's right, application programming interfaces which,
 5 as you suggest, allow sort of different computers to
 6 talk to one another without the need for all of that
 7 copying and pasting.

8 **Q.** There was a reference in paragraph 75 to the fact that
 9 these lessons perhaps should already have been learnt,
 10 and you refer to Operation Cygnus, which is something
 11 that the Chair and the Inquiry is familiar with from
 12 Module 1 of this Inquiry, but it may be that this
 13 particular aspect to it is worth emphasising.

14 If we can go to paragraph 80 of your report, please,
 15 on page 41, and picking up four or five lines down, you
 16 say:

17 "... there are some factors [beside the general ones
 18 you refer to at the beginning of the paragraph] more
 19 specific to the pandemic. Previous pandemic
 20 preparedness exercises touched on data, but not in much
 21 practical detail; where they made recommendations, they
 22 appear not to have been taken up. One of the best known
 23 drills [Exercise Cygnus in 2016, the flu simulation]
 24 recommended establishing a cross-government working
 25 group to clarify the 'process and timelines for

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1 the data that was expected when it came to Covid. A lot
 2 of the exercises had been based about -- around
 3 different types of pandemic. So there may have been
 4 some surprises about what data was available when it
 5 came to healthcare in particular. But, again, there
 6 seems to be that lack of granularity and practicality in
 7 thinking about how those flows would actually work.

8 **Q.** We may be able to get a fairly practical insight into
 9 this by looking at a document known as a CRIP, which was
 10 one of the collations of data that was in play in the
 11 early stages of the pandemic. So if we could have up on
 12 screen, please, INQ000056187. Thank you.

13 Are you familiar with what a CRIP is, Mr Freeguard?

14 **A.** Yes.

15 **Q.** What does it stand for?

16 **A.** Commonly Recognised Information Picture.

17 **Q.** That wasn't a very good question, was it, because the
 18 answer was there in front of you?

19 **A.** Right on the screen.

20 **Q.** But it's a term of art, is it not, in sort of
 21 contingency planning, and CRIPS are intended to be
 22 a sort of regular daily bringing together of the
 23 critical information that decision-makers need in order
 24 to make the decisions that fall for them?

25 **A.** Yes, and I think an attempt to create a single source of

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1 truth so that all of those decision-makers are at least
2 starting in the same place.
3 **Q.** This, we note, is a CRIP dated Wednesday 18 March. As
4 we will -- as we've already heard, but we will certainly
5 come to hear in more detail, that was a critical moment
6 in the early stages of the pandemic. We will hear
7 evidence about the SAGE meeting on Friday the 13th,
8 a few days before, where the true scale of the decisions
9 facing the country perhaps became apparent; crisis
10 meetings over the weekend, we're in the last few days
11 before the decision to implement the first national
12 lockdown were made early the next week, so it's really
13 a sort of crisis moment.

14 We can also see, of course, it's CRIP number 28, so
15 this CRIP system has been in play for a little while by
16 that stage.

17 Before we look at the detail, Mr Freeguard,
18 an important point to bear in mind is that this document
19 is, if you like, a static document. Can you explain
20 what we mean by that?

21 **A.** So a snapshot of data at a particular point that were
22 being circulated and printed out, as opposed to what we
23 saw later in the pandemic, which was something more
24 interactive. So, for instance, the Covid-19 dashboard
25 and the various internal equivalents, which could be

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1 So it would seem that whoever was typing in the
2 numbers into the box, or perhaps it was more than one
3 person, perhaps from a different source, we've ended up
4 with a short document with two very different figures
5 for the same variable. One might have thought one of,
6 if not the most important variable in the document: how
7 many people do you think in this country have got Covid
8 at the moment? You look at one page, it says 5,000 to
9 10,000; the next page, well, it could be 30,000 to
10 40,000, this being the document that the Prime Minister
11 is looking at in order to make his decisions.

12 It's quite a striking example, isn't it, of the
13 sorts of problems we were discussing?

14 **A.** It is, and this is exactly what those hundreds of
15 individual Excel spreadsheets or emails or
16 Microsoft Word documents gets you to, it's that people
17 copying and pasting, there not being the right quality
18 assurance around the data that's coming in.

19 **Q.** We imagine someone sitting sort of besieged by emails,
20 he's printed some of them off, he's looked at some of
21 them on their phone, and mistakes happen?

22 **A.** Quite.

23 **Q.** If we could go on to page 5 of the document, please,
24 again one might have thought a rather important page for
25 the key decision-making that was going on, trying to

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1 updated more regularly.

2 **Q.** We'll certainly come to look at that. So it's a static
3 document, simply it stands for itself, but it's also the
4 case, isn't it, that someone actually needs to populate
5 the various tables and charts or bullet points within
6 the document? It doesn't happen automatic, someone's
7 got to type in the numbers and the detail.

8 **A.** That's right, with something like a dashboard the
9 pipelines would be running to bring the data through,
10 whereas, as you say, somebody would have to sit down and
11 paste things in for this.

12 **Q.** It's a relatively short document, six, seven,
13 eight pages long, something of that nature. If we just
14 look at the next page, please, we see a situation
15 update. I just want to draw your attention to, I think
16 it's the fifth bullet point down at the top. There is
17 an estimated population infected figure there of 5,000
18 to 10,000. Of course we know, looking back, that that
19 was a gross underestimate, but that isn't really the
20 point I want to make.

21 If we bear that figure in mind, 5,000 to 10,000, if
22 we can just go on to the next page, we see in the third
23 box down exactly the same variable, "Estimated
24 population infected", but instead of 5,000 to 10,000,
25 it's 30,000 to 40,000.

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1 understand what the health and social care situation is
2 in the country.

3 It's quite striking that, of the columns which are
4 actually completed, in other words data is available,
5 one of them is for the percentage of NHS 111 calls
6 answered within 60 seconds. Not, one might have
7 thought, the most important data on which to decide
8 whether to, for example, lock down the country or not.

9 Moving along, we also see full data for the number
10 of urgent operations that have been cancelled. But
11 between those two columns, the area on the sheet for
12 the number of ICU beds occupied, the percentage of ICU
13 beds occupied by Covid-19 patients -- and bearing in
14 mind that one of the priorities, if not the priority,
15 that had been identified by the government at that point
16 was protecting the NHS from collapse because of being
17 overwhelmed by Covid patients -- no data seems to have
18 been provided?

19 **A.** Indeed, and I think some of the data that you would need
20 to work out the percentages there would actually just be
21 things like the overall number of beds in the system.
22 Even data like that, which should have been easier to
23 come by, was also missing at the start.

24 **LADY HALLETT:** Can I just go back? Mr O'Connor, did you say
25 these documents were prepared for the Prime Minister and

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1 Cabinet?

2 **MR O'CONNOR:** Yes. Well, we'll hear evidence about it, but

3 these were --

4 **LADY HALLETT:** Okay. And this was number 28.

5 **MR O'CONNOR:** Yes.

6 **LADY HALLETT:** So are we assuming that that data was missing

7 in numbers 1 to 27 as well?

8 **MR O'CONNOR:** I think, to be fair to Mr Freeguard, he may

9 not know the answer -- or certainly doesn't know the

10 answer to that question, and in fact I don't know

11 whether we have a full set of these CRIPS in evidence,

12 but it's certainly something we can look at.

13 **LADY HALLETT:** Extraordinary.

14 **MR O'CONNOR:** It is, though, is it not, Mr Freeguard, of

15 a piece with the evidence we were looking at earlier

16 about frantic activity in Number 10, emails, jotting

17 things down on pieces of paper? And I'm going to take

18 you to another document now, which is an email from

19 Dominic Cummings to two of the Number 10 staff

20 expressing a degree of frustration about these types of

21 matters.

22 This is INQ000174715, please. If we can pick up

23 about halfway down where it says "Tom/Marc".

24 So this is an email on 25 March, so a week or so

25 later, just after the lockdown has been announced. He

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1 that's INQ000048313, page 31, please. You're ahead of

2 me, thank you. No, you're not. It's page 31.

3 So we see in fact that at the top half of the page

4 is the last bit of that email, and then Tom Shinner

5 replies, bottom half of the page:

6 "You are not being unreasonable. It is a mess; it

7 should be possible to fix all this. You'll see some of

8 it tomorrow."

9 He refers to:

10 "... deliberate obfuscation ... in the room and

11 the boss letting MH [perhaps Matt Hancock] [and others]

12 get away with throwing him a random graph with subtly

13 different numbers none of us have seen."

14 And so on.

15 Thank you.

16 So both in the CRIP and perhaps in that exchange of

17 emails we see, at least in the outset, some very serious

18 data availability, data handling problems in Number 10?

19 **A.** And as I think the Dominic Cummings email shows as well,

20 some of those issues that come from perhaps the same

21 thing being recorded in different ways in different

22 places and not being able to bring it together so

23 easily, and the time and effort that it takes to come to

24 that single version of the truth, when you should be --

25 you should be having time to discuss the response to all

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1 is talking about the dashboard, we'll come back to that,

2 but it's the same sort of data or types of data that we

3 are discussing. He says:

4 "The NHS numbers remain a mess. I look at the daily

5 COBRA reports, I scribble down numbers people say 815 or

6 915. I look back and none of them are consistent."

7 I'm not going to read it all out. If we cast our

8 eyes down, we see he is trying to make sense of the

9 reports.

10 Then if we can go to the next page, please, he is

11 talking about beds forecast to be free, so similar type

12 of data that we noticed wasn't available. Then he says:

13 "No deaths -- number reporting seems a shitshow,

14 different times every day. WTF use is a number for 9am

15 that's then updated retrospectively ...

16 "There should be a number calculated in a sensible

17 way and done at the same time every day and is

18 intuitively sensible. This shouldn't be too much to ask

19 of NHS."

20 Then, perhaps picking up on the same theme as the

21 observation by my Lady a few minutes ago:

22 "I'm truly amazed that even after weeks this most

23 basic stuff is so hard for us to get our hands on...

24 "Am I being unreasonable?"

25 If we can go straight to the response he gets,

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1 of it, you're still arguing over the numbers to begin

2 with.

3 **Q.** Now, we saw that one of the recipients of that email

4 from Dominic Cummings was Tom Shinner, and he was

5 the person or at least one of the people responsible for

6 developing the dashboard that you've referred to, and

7 that was a product that was designed to do something

8 very similar to the CRIP in terms of being, in your

9 phrase, a single source of truth, but it was a very

10 different type of product, was it not?

11 Can you give us, just in a few sentences -- we'll

12 have a look at it in a moment, but tell us how it was

13 different.

14 **A.** Certainly over time a lot of the data pipelines became

15 much more automated, so we avoid some of the problems

16 that we've already discussed. It's much more visual as

17 well, rather than just numbers in a table we can see it

18 brought to life in actually very clear charts and graphs

19 as well, and I think some of the -- some of the key

20 issues around the caveats behind any data, the sources

21 of the data, when it's updated, that becomes much more

22 standardised and regular and clearly marked as well.

23 **Q.** Just to emphasise the point about automation, and we'll

24 come to it, but instead of it being a product of people

25 receiving emails, spreadsheets and manually populating

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1 tables, perhaps as the name "dashboard" suggests, this
2 was an automated process where the information simply
3 fed into the system and the graphs and so on were
4 dynamically generated?

5 **A.** Certainly much more automation.

6 **Q.** Let's have a look, please, it's INQ000 -- yes.

7 Now, this was a -- first of all, it's an internal
8 product for the use -- for use of the Prime Minister and
9 other members of the government. Is that right?

10 **A.** Yes.

11 **Q.** We see it's got "COBR" at the top. The reason I mention
12 it there was a different -- I think later there was
13 a public-facing dashboard which provided similar, albeit
14 less detailed, information to the world at large, but
15 this is the internal government version of the product;
16 is that right?

17 **A.** Yes, that's right.

18 **Q.** It was -- we've described it as being dynamic, so it was
19 updated perhaps all the time but certainly it would be
20 possible to look at a different dashboard for every day;
21 is that right?

22 **A.** Yes, and across various different measures as well.

23 **Q.** Yes, and we can see that the date here in small type is
24 24 March. This, in fact, I think was the very first, it
25 was almost the prototype and it was before it was

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1 of those various different sources that were coming in,
2 and then over time develop those pipelines that were
3 much more automated to bring the data through.

4 **MR O'CONNOR:** I'm sure we'll hear more evidence about this,
5 Mr Freeguard, but it's fair to say that none of the
6 things that happened in setting up the dashboard could
7 only happen once the pandemic started; these were all
8 things that could have been done in advance in readiness
9 for a pandemic?

10 **A.** That's correct.

11 **Q.** Just before we leave this, it's right, isn't it, that
12 once this dashboard in fact became operational, within
13 a week or two of this date, over time it became much
14 more sophisticated? I think when one prints off this
15 document it's 20 or so pages long, certainly it doubled,
16 trebled in size, as the product became more
17 sophisticated, more data was added to it during the
18 course of the pandemic; is that your understanding?

19 **A.** Yes, that's right and, as you suggested earlier as well,
20 there became a public-facing version on a website which
21 was much more interactive, very well sourced, lots of
22 notes about how it was being put together, and allowed
23 any member of the public to dive into the data in more
24 detail.

25 **Q.** Yes. Thank you.

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1 actually being used. So it was in fact, if you remember
2 the email between Dominic Cummings and Tom Shinner was
3 I think 25 March, so this is around the time that the
4 dashboard is being set up and this is, as it were,
5 a prototype.

6 But as you say, we see immediately it's a very
7 different sort of product, much more accessible.

8 Can we go on and look, please, at pages 11, 12 and
9 13 in series. So there, as it happens, we see the way
10 in which the dashboard presents the information which
11 was missing from that CRIP: the number of ICU beds, how
12 many are being used, therefore how many are available.
13 And similar -- if we can just scroll forward to pages 12
14 and 13, we see similar data relating to those matters.

15 **LADY HALLETT:** How did they make the transition from the
16 obviously inadequate CRIP to the dashboard and the
17 automated -- "populating" I think is the word, isn't it?
18 Did they have the software available, or did they buy it
19 as a matter of emergency? How did suddenly we make this
20 transition?

21 **A.** My understanding is that they brought some more
22 expertise into the centre, so people with sort of data
23 science skills, I think there were a few private
24 companies who may have brought software in as well that
25 was able to, I think to begin with, patch together some

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1 Just following on from this, I want to ask you about
2 just two of the other government initiatives during the
3 pandemic to improve the use and sharing of data. There
4 are a number that you mention in your report. I just
5 want to ask you about two.

6 First of all, what's known as No 10DS, so if we can
7 turn to page 19 of your report, paragraph 35(c). So the
8 DS stands for data science team. Can you tell us
9 a little about this initiative?

10 **A.** Yes, so this was an attempt to bring in people with
11 sort of greater data science expertise, and a sort of
12 variety of skills around that to improve the use of data
13 and analysis within Downing Street, so to make sure that
14 the Prime Minister and the Cabinet were getting the best
15 analysis they could, thinking about more innovative ways
16 of using data to develop an even clearer picture, and
17 I think as well ensuring that Downing Street had the
18 data capability to hold other parts of government to
19 account as well.

20 **Q.** And I think it's right to say that at least one of the
21 people who was responsible for this data science team
22 was a man called Ben Warner; is that right?

23 **A.** Yes, that's right. There were other initiatives
24 alongside this such as JDAC, the Joint Data and
25 Analysis -- sort of -- Centre, which again fulfilled

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1 some similar roles.

2 **Q.** Yes, I think it was one of the other addressees of that
3 Dominic Cummings was Marc Warner, who was Ben's brother,
4 and they were both working alongside Dominic Cummings in
5 Number 10 at around this time, and Ben Warner will be
6 giving evidence to the Inquiry in a couple of weeks'
7 time.

8 So that's the No 10DS.

9 On the next page, page 36 -- sorry, no, in fact on
10 page 59, paragraph 36 of your report, if I've got that
11 right. It may be that I haven't. But in any event,
12 yes, the establishment of the Joint Biosecurity Centre.
13 Now, we heard something about this yesterday in the
14 context of its jointness, the fact that it drew in
15 expertise from not only England but the devolved nations
16 as well. From a data angle, what was the significance
17 of the Joint Biosecurity Centre?

18 **A.** So it was designed to be a sort of single analytical
19 function on behalf of the sort of public health side of
20 things, to bring together various different health data
21 flows, and be able to advise the Prime Minister and
22 Cabinet and others based on that information.

23 **Q.** Thank you.

24 I want to move on, Mr Freeguard, and just touch on
25 all -- or sort of survey the different types of dataset

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1 various sewage centres across the country, the water
2 there was tested to understand if there were remnants of
3 Covid, because obviously people infected with Covid
4 would shed sort of samples in various different ways,
5 waste water being one of them, and that was used to
6 indicate whether there might be a sort of rise in cases
7 to be expected.

8 **Q.** Did that enable some sort of -- presumably some sort of
9 regional variation to be identified, depending on where
10 the testing was taking place?

11 **A.** Yes, that's right. I think it covered around
12 three-quarters of England, I think I'm right in saying.

13 **Q.** The other area of datasets that I wanted to pursue with
14 you, which again we didn't get into with Sir Ian, was
15 what you describe as non-health data. So, leaving aside
16 all of the studies about whether people had Covid or not
17 and vaccines and deaths, these were a really rather
18 different source of data that were nonetheless useful,
19 were they not?

20 **A.** Yes, that's right.

21 **Q.** Another term which is I think used to describe at least
22 some of this type of data is mobility data?

23 **A.** Yes, so one of the data sources that was used,
24 for example, by some of the groups modelling the
25 reproduction number and other statistics, was Google

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1 that were available to the government during the
2 pandemic, and this is something that you explain at some
3 length in your report. In fact, several of these areas
4 have been covered with Sir Ian Diamond this morning,
5 which means we can take them very shortly.

6 If one classifies the various datasets -- and as
7 I've said, there were very many of them as the pandemic
8 progressed, were there not?

9 **A.** Yes, and of very different types as well.

10 **Q.** Different types, some with sort of interesting sounding
11 names like SIREN and Vivaldi, others with less poetic
12 descriptions. But, in any event, one might describe as
13 testing and healthcare datasets, starting most obviously
14 with, as you said, line data from hospitals, details of
15 admission numbers, deaths, availability of ICU beds and
16 so on. But also then, as the pandemic progressed,
17 various prevalence studies, and those Sir Ian did
18 discuss, including of course the ONS Coronavirus
19 Infection Survey which the ONS ran itself, so we don't
20 need to take time on that.

21 One of the other datasets relating to prevalence
22 that you refer to in your report was waste water
23 datasets. Tell us something about that.

24 **A.** Yes, so again a sort of innovative use of data from the
25 JBC and later the UK Health Security Agency where

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1 mobility data. So this is where people with sort of
2 Google on their phones have not disabled location on
3 there and that's able to give an indication of sort of
4 where people are moving.

5 **Q.** So just pausing there, nothing to do with searching for
6 things on the internet, but Google also has this
7 slightly less well known function of knowing where you
8 are?

9 **A.** That's right, the sort of thing that enables people to
10 see where they are on Google Maps and so on.

11 **Q.** So, just go on, how was that used?

12 **A.** So that and various other big studies as well, such as
13 CoMix, CORSAIR, I think the Scottish Contact Survey as
14 well, and also polling, were all used as indications of
15 to what extent people were mixing, how many social
16 contacts were they seeing, and that could be used as
17 part of modelling the spread of the disease.

18 **Q.** You also referred to telecommunications operators
19 providing data of this nature. Was that also simply
20 relating to mobility or was that something else?

21 **A.** Yes, I think that tended to be the same purpose.

22 **Q.** It may be that we hear more from the modellers about
23 this, but as well as being a factor that could feed into
24 the R number, it's right, isn't it, that this data also
25 provided an insight into the simple question of whether

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1 NPIs were working or not?
 2 **A.** Yes, that's right.
 3 **Q.** So how much less movement around the country is there
 4 this week than there was last week?
 5 **A.** Exactly.
 6 **Q.** It's also something you mention in your report that
 7 educational establishments, schools, universities, fed
 8 in this type of data?
 9 **A.** That's right. So, again, some of the R modelling groups
 10 and others made use of school attendance data that the
 11 Department for Education got up and running, I think
 12 asking schools to fill in forms at the start and then
 13 I think also automating that process as far as they
 14 could, again as an indicator to see how people were
 15 moving around but also how many people might be absent
 16 with Covid.
 17 **Q.** Yes. Thank you.
 18 I'm going to move now to a slightly separate
 19 subject, which is one of those subjects you were asked
 20 to address in your report, which is that of data sharing
 21 between the central UK Government and the regions, the
 22 regions and local authorities in England.
 23 For this purpose, if we could go to page 44 of your
 24 report, please, it's paragraph 85. Thank you.
 25 Paragraph 85.

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1 **A.** -- in local government, and I think they felt they
 2 hadn't been included in any of the planning processes,
 3 and again we've seen the effects of not properly
 4 planning and thinking about this.
 5 As you say, there's also that sense they had that
 6 central government didn't necessarily understand what
 7 they might need data for, how they might need to use it,
 8 and the benefits that it might have for them.
 9 I think it's worth saying this is something that
 10 also happened before the pandemic. I've spoken to a lot
 11 of people in local government who are required to submit
 12 various types of data up to central government and often
 13 don't feel like they're able to make the most of it, it
 14 takes a very long time for it to come back to them, or
 15 it's very much a one-way relationship and they're not
 16 supplied with information that could be valuable to them
 17 in running their local areas at the best of times.
 18 **Q.** You also make the point that it isn't a straightforward
 19 thing to do for something called central government to
 20 share data with local authorities and regional
 21 authorities, precisely because those lower level, lower
 22 tier authorities are very various, they have different
 23 capabilities, different infrastructures, different
 24 maturity when it comes to dealing with data, and so it's
 25 actually quite a difficult process, it's not just

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1 Now, you say, Mr Freeguard, that the UK Government
 2 was slow to share data with local government during the
 3 pandemic, with the result that many parts of local
 4 government in England did not have the data they needed
 5 at a sufficiently granular -- it might mean level -- to
 6 understand and combat the spread of Covid in their
 7 areas, even when some of those areas were entering local
 8 lockdowns, although you then go on to say it was
 9 eventually shared, and there are some examples of
 10 innovation and so on.

11 First of all, the first sentence of that paragraph,
 12 you refer to something that didn't happen as well as it
 13 might have done, the sharing down to local and regional
 14 levels.

15 I want to just try and draw together some of the
 16 points you make in the rest of that page, and it seems
 17 first of all that one of the problems that you've
 18 identified is that local authorities were regarded as,
 19 your words, an afterthought in government planning and
 20 that central government's institutions lacked
 21 an understanding or a sufficient understanding of local
 22 government to facilitate sharing of this type?

23 **A.** Yes, that's right. I think "afterthought" is a quote
 24 from somebody we spoke to --

25 **Q.** Yes.

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1 a question of flicking a switch?
 2 **A.** That's right, and again it will be quite different for
 3 different datasets, data in different areas. As you
 4 say, there are different parts of local government with
 5 sort of different levels of data maturity and being able
 6 to use that, but I think even those that are very
 7 experienced in this sort of thing felt they weren't
 8 getting what they needed. And again, you know, this is
 9 a sort of longer standing problem than just the
 10 pandemic.
 11 I think there is also a lot of overlapping
 12 jurisdictions. I think one of the reports I refer to in
 13 the annex, somebody said that at one point during the
 14 pandemic they were asked to share data with a local
 15 resilience forum, to which their reply was, "We'd be
 16 very happy to, if we knew what one of those things was".
 17 I think there are, as you suggest, lots of different
 18 types of organisation and, again, understanding which of
 19 those needed what at what particular moments was quite
 20 difficult.
 21 **Q.** Then lastly, of these themes about problematic
 22 sharing -- actually if we could just look, please,
 23 further down the page at 86(c) -- you've referred to
 24 some of these problems being long-standing,
 25 Mr Freeguard, and emanations of difficulties that had

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1 existed before, but this point is specific to the
2 pandemic, is it not, that these problems were, as it
3 were, exacerbated by the government setting up,
4 for example, the Test and Trace scheme independently of
5 local public health authorities?

6 **A.** That's right. I mean, despite -- local government again
7 would say that the funding cuts that they've experienced
8 over the last decade or so has been a real problem in
9 a lot of this. They still have a lot of expertise,
10 including when it comes to sort of tracing the spread of
11 disease. Things like Test and Trace being set up
12 outside those existing systems and not building on that
13 expertise created further problems.

14 **Q.** It's going to be the subject of another module so we
15 won't get into it, but from -- there may be lots of good
16 reasons to set up Test and Trace in the way that it was,
17 but what you're saying here is that from a data point of
18 view it was in effect creating a new silo?

19 **A.** That's right.

20 **Q.** Those are, I think, the key themes, negative themes,
21 early problems; but it's right to say, as you indicated,
22 or as recorded in that first paragraph, that things did
23 get better during the pandemic and these problems were
24 overcome, to a greater or lesser extent?

25 **A.** There seemed to be improvements. Again, it would
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1 together under the same sort of data headings when
2 actually the experience might be quite different for
3 different groups.

4 **Q.** Yes. We have heard already a certain amount of
5 evidence, of course, about the disproportionate impact
6 of Covid on certain ethnic groups. We heard some
7 evidence last week from a FEHMO witness who emphasised
8 the, as it were, almost immediate understanding amongst
9 certainly healthcare workers of the disproportionate
10 impact that black and ethnic minority healthcare workers
11 were experiencing, and we saw correspondence from one of
12 their organisations to Chris Whitty and other senior
13 members of the sort of healthcare establishment, amongst
14 other things, pointing to the lack of data, the urgent
15 need for analysis and understanding of what exactly was
16 going on.

17 You refer in your report at paragraph 90 to the PHE,
18 the two PHE reports that then followed quite swiftly
19 during 2020 addressing these matters: one, the
20 disparities in the risk and outcomes of Covid-19, and
21 then later the report entitled "*Understanding the impact
22 of Covid-19 on [black and minority ethnic] communities*".

23 So that was the process, but is it right, though,
24 that in terms of data both of those reports essentially
25 concluded that there wasn't enough data and that, albeit
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1 probably vary with different datasets in different parts
2 of the country, but I think some things were probably
3 learnt from the earlier days, as new data came online it
4 may have been dealt with differently, and there were
5 efforts from central government, particularly what is
6 now the Department for Levelling Up, to sort of try and
7 support others across the country.

8 **Q.** I've just got two more areas I want to address with you,
9 Mr Freeguard, and the first of those two is the question
10 of data on race inequality disparities during the
11 pandemic.

12 Perhaps we can turn, for those purposes, to page 46
13 of the report, paragraph 89. You say here, quite
14 bluntly, that:

15 "The system for capturing data around race,
16 ethnicity and other characteristics was no more unified
17 than any other data systems."

18 So perhaps another way of saying it shared a lot of
19 the problems we've been discussing for the last hour or
20 so?

21 **A.** That's right, whether it was not collected as part of
22 certain datasets or, again, whether there were
23 inconsistencies in how it was collected; and I think
24 there is also a definitional issue here which is that
25 often different ethnic minorities can be brought
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1 that no doubt they addressed other steps that could be
2 taken, in terms of the data what was really needed was
3 more?

4 **A.** Yes, that's right, and it's again something that I've
5 heard from members of modelling groups as well, that
6 they would have liked to have been able to have that
7 detail to understand how the disease was affecting
8 different communities. The PHE reports that you
9 mentioned again talk about possible steps such as
10 standardising definitions across different government
11 datasets, thinking about making it mandatory on death
12 certificates to record ethnicity, and various other
13 steps around the data as well.

14 **Q.** In terms of progression during the pandemic, we can see
15 in this paragraph that it's been highlighted, just the
16 last sentence or so, you do refer to several of the
17 early Covid-19 studies allowing for analysis of
18 particular characteristics, and then you refer to the
19 ONS -- the CIS, as Professor Diamond called it -- the
20 Covid Infection Survey having some fields for
21 occupation, ethnicity and deprivation.

22 And then actually if we can look further on at
23 paragraph 91, please, you're referring here to the
24 technical report produced by Sir Chris Whitty and
25 Patrick Vallance but they note -- I'm picking up on the
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1 last few words of this page, and we'll go on to the
2 next -- they note in the technical report that by the
3 second wave, so later in 2020, the weekly Covid-19
4 surveillance report incorporated more disparities data.

5 And then dropping down a line or two, from May 2021,
6 so over a year after the start of the pandemic, the PHE
7 were publishing what was known as the CHIME data, so
8 Covid health disparities monitoring for England, which
9 included reporting on disparities, although you say that
10 it, like several other datasets, didn't have access to
11 underlying conditions.

12 So the picture seems to be, Mr Freeguard, but tell
13 me if I'm right, that this problem of inadequate data
14 even once the pandemic was well under way, even once the
15 disparate effect was known and people were trying to do
16 something about it, even as late as 2021 it seems there
17 were still problems with these datasets?

18 **A.** Yes, that seems to be the case. And I was struck,
19 reading the technical reports, there's an entire chapter
20 on disparities, and it begins by saying that infectious
21 disease outbreaks tend to exacerbate existing
22 inequalities, and I think that does also again take us
23 back to the questions about preparation and whether
24 perhaps some of this could have been foreseen in terms
25 of the demographic data might be needed.

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1 us back to some of the evidence that Sir Ian Diamond was
2 giving, first noting that ethnicity recording on NHS
3 systems is of poor quality, and then referring to
4 reports from the Race Disparity Unit, their final report
5 on addressing Covid-19 health inequalities. It says:

6 "... key lessons include[d] improving the quality of
7 health ethnicity data so patterns and trends can be
8 spotted more quickly, and continuing to monitor the
9 impacts of Covid-19 by ethnic group."

10 And their recommendations -- if we just briefly go
11 over the page -- again familiar points, points -- at
12 least some of them -- raised by Sir Ian Diamond. We see
13 (b), for example:

14 "The ONS is to collaborate with others to consider
15 how linking Census and health data could be
16 improved ..."

17 So that's the innovative -- either innovative or
18 experimental, depending on who you listen to --
19 technique that he was describing and a way of providing
20 more robust ethnicity data and combining different --
21 the census data with healthcare data to that end; is
22 that right?

23 **A.** That's right, yes.

24 **Q.** Then also we see, dropping down two points, the issue --
25 again to which you've referred -- of collecting

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1 **Q.** You fairly, though, identify in your report that there
2 are particular difficulties, perhaps, sensitivities
3 around this type of data. So, for example, at
4 paragraph 95 you refer -- and again this is a reference
5 back to that part of the technical report that you were
6 describing -- the technical report itself stating that
7 the data is sensitive and it was being asked of
8 communities with relatively low trust in government
9 organisations and understandable concerns about privacy
10 and the use of their data.

11 **A.** Yes, and I think it's fair to say as well that the
12 Public Health England publications and others recognise
13 that and speak quite a lot about the importance of
14 engaging the community.

15 **Q.** At paragraph 96 you expand on a point you referred to
16 earlier, which is calls by the Equality Hub that a key
17 lesson from the pandemic is that we shouldn't be
18 treating ethnic minorities as a homogeneous group and
19 that data needs to be more sophisticated.

20 **A.** Yes, that's right and, as you suggest, the Equality Hub,
21 the Race Disparity Unit and others have started to do
22 quite a bit of work on what that might actually look
23 like in practice.

24 **Q.** Then, finally for these purposes, paragraph 98. You go
25 back to the technical report, and this does also bring

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1 ethnicity on death certificates. I'm not sure you were
2 in the room, but that fact was something Sir Ian Diamond
3 did not support; he was much keener on trying to obtain
4 the data from NHS records.

5 **LADY HALLETT:** You keep saying "Sir Paul", I think it's
6 Sir Ian.

7 **MR O'CONNOR:** I'm sorry.

8 **LADY HALLETT:** It's all right. The stenographer has been
9 reporting "Sir Ian".

10 **MR O'CONNOR:** She might correct it.

11 That's what I wanted to ask you on ethnicity data,
12 and that just leads me to the last point, Mr Freeguard.

13 You have -- at various points in your report you
14 describe the pandemic, despite the challenges that we
15 have been discussing, as the high water or a high water
16 mark for the use of data, the sharing of data. Just,
17 perhaps it's obvious, but what do you mean by that?

18 **A.** So again that's a quote from the foreword --
19 the ministerial foreword to the National Data Strategy.
20 At that point the minister was Oliver Dowden, he is now
21 the Deputy Prime Minister, and he says -- he describes
22 it as a high water mark because so many people in
23 government, who perhaps hadn't understood data or hadn't
24 taken it seriously, were suddenly very aware of the
25 benefits that using it properly might have in combatting

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1 the pandemic, whether that was in monitoring the spread
 2 or mitigating the effects.

3 **Q.** And so, perhaps precisely because they were responding
 4 to these challenges in a rush -- and I think you
 5 describe it as mending the plumbing or something?

6 **A.** Fixing the plumbing, yes.

7 **Q.** Fixing the plumbing. But the imperative to make data
 8 work meant that it was used more broadly and understood
 9 better, perhaps, than it had been before?

10 **A.** That's right. Again, there was a very clear purpose,
 11 there was a real urgency to using data and improving
 12 some of the systems behind it to fight the pandemic.

13 **Q.** The reason I ask you this is because of a second
 14 observation that you make at points in your report,
 15 which is that the risk now is, if you like, that the
 16 tide is going in, and that some of the advantages and
 17 the forward steps that were taken during the pandemic
 18 are actually being lost?

19 **A.** That's right. Several public servants that I've spoken
 20 to have expressed their concern that without that
 21 urgency, without that problem that needed to be solved
 22 instantly, political attention might wander, some of the
 23 barriers that were temporarily overcome may return to
 24 business as usual, and I'm struck as well by -- I note
 25 one piece of evidence from Professor Keeling where he

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1 He says -- perhaps I should have said, we don't need
 2 to go back to it, but this questionnaire response was in
 3 fact dated September 2022, so a little over a year ago.

4 He says:
 5 "I had hoped that many of these difficulties would
 6 have been resolved for the Monkeypox outbreak [that was
 7 going on at the time he wrote the questionnaire
 8 response], but if anything, the data access issues are
 9 worse. Admittedly SAGE and SPI-M are not directly
 10 involved in Monkeypox modelling, but the academic
 11 community has still been asked for its help. With
 12 Monkeypox, the UK data is only available to UKHSA
 13 affiliated staff with a UKHSA laptop, and is again
 14 siloed so that the entirety of the datasets are not
 15 available to all users."

16 Does that perhaps provide a concrete example of
 17 the concern that you were expressing that that sort of
 18 spirit of the pandemic making data work not only hasn't
 19 been maintained but is perhaps regressing?

20 **A.** It does, yes. I think it comes back to a point we
 21 discussed earlier as well, I think it may be due to
 22 caution, clearly, UKHSA wants to ensure that the data is
 23 not shared inappropriately, but we can see in this
 24 example it means that academics that could bring a huge
 25 amount of insight to it appear not to be able to access

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1 looks at monkeypox experience --

2 **Q.** Yes, I was going to ask you about that.

3 Let's go, if we can -- just the last document -- to
 4 INQ000056476. As you say, Professor Keeling is
 5 an epidemiologist at the University of Warwick who is in
 6 fact coming to give evidence later this week. What
 7 we're looking at is a response that he provided at
 8 an early stage of our own processes, a questionnaire
 9 response, but he does make an interesting observation
 10 which we will ask him about when he comes, but let's ask
 11 you about it now.

12 So if we can go to page 39, please, and perhaps zoom
 13 in on the whole of that paragraph numbered 2, so from
 14 the -- yes. He makes the point -- which no doubt we
 15 will hear from him and his fellow modellers in due
 16 course -- that models are only as good as the data that
 17 feeds into them and modern models are often data-hungry.

18 There is then a section of this paragraph which
 19 I can summarise as him explaining that the data flow
 20 that they received from the NHS during the pandemic was
 21 not exactly as they would have wished, they were given
 22 some data but not all.

23 Then importantly for our purposes, there is the
 24 passage starting:

25 "I had hoped that many of these difficulties ..."

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1 it.

2 **Q.** Without asking you to solve the entire problems of data
 3 in government, what would be your immediate suggestions
 4 as to how we can stop these advantages gained over the
 5 pandemic being lost?

6 **A.** I think the meta answer -- and it goes back to the very
 7 first set of questions -- is learning from not just the
 8 pandemic but looking at all of those different
 9 recommendations that have been made over the last few
 10 decades, understanding why those that have stuck
 11 have stuck, and why those that keep being made over and
 12 over again have not actually been successfully
 13 operationalised.

14 I think -- we were talking about the chief data
 15 officer earlier; I think having those sort of leadership
 16 positions which are able to keep a focus on these sorts
 17 of issues and have the power and the levers to make
 18 a change, having those positions would be hugely
 19 helpful.

20 We've seen already development in the civil service
 21 of sort of greater skills in all civil servants -- not
 22 just those working in the data profession, so senior
 23 leaders as well -- giving them a sense of data literacy.
 24 You don't need to know exactly how to write these
 25 algorithms and understand how to build these pipelines,

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1 but you need to have sense of what is being done to do
 2 it, and what can work and what can't.
 3 And I think just ensuring that, you know, these
 4 questions about data are built into the design of
 5 policies and operational systems from the start to
 6 ensure that, you know, what we might need at some point
 7 will be available whenever it's built.

8 **MR O'CONNOR:** Thank you very much, Mr Freeguard, that's been
 9 very helpful.

10 My Lady, those are all my questions, and I don't
 11 believe there are any Rule 10 questions.

12 **Questions from THE CHAIR**

13 **LADY HALLETT:** And I listen to the voices in the wilderness,
 14 Mr Freeguard. I hope you don't feel as if you're like
 15 that, because certainly what you've said has been
 16 extremely interesting, and I'm very sorry to hear that
 17 you think that we're not making the same kind of
 18 progress or we're going back; the opposite, in fact,
 19 we're deteriorating again. I think that would be
 20 extraordinary.

21 **A.** I think it's worth saying there are definitely lots of
 22 initiatives going on at the moment which I think give me
 23 more cause for hope, and there are -- there is now
 24 a generation who takes this really seriously because of
 25 what's happened, but hopefully the work of the Inquiry

1 will stop it sliding any further.

2 **LADY HALLETT:** We'll do our very best, but just one last
 3 final question, therefore, from me: if a pandemic hit
 4 tomorrow -- and I have been told in another module that
 5 it's not a question of if, but when -- would we revert
 6 to the CRIP situation or would we have in place the
 7 ability to have the dashboard? In other words, do we
 8 have those, that capability still that could be put in
 9 place immediately? Because the CRIP thing seemed to me
 10 to be a complete waste of everyone's time.

11 **A.** I would very much hope the latter. I think, you know,
 12 the dashboard team and others who were supporting them
 13 did an excellent job, and I think in a sense that has
 14 become one of the success stories of the government
 15 response. If we can't learn from that, then I think
 16 we're in real trouble.

17 **LADY HALLETT:** Thank you very much indeed.

18 **THE WITNESS:** Thank you.

19 **(The witness withdrew)**

20 **LADY HALLETT:** Thank you. 10 o'clock tomorrow, please.

21 **(4.17 pm)**

22 **(The hearing adjourned until 10 am**
 23 **on Wednesday, 11 October 2023)**

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