

WRITTEN STATEMENT OF BORIS JOHNSON

Reflections on March 2020

were brought in progressively over the course of March 2020 and their effectiveness was monitored. From 14 March 2020, it became clear that infections and the R rate were increasing rapidly and I was briefed that mathematical modelling showed that the peak would overwhelm the NHS unless more was done. On 16 March 2020, as described from paragraph 207 above, Patrick and Chris noted that we were '*at the cusp of a fast upward swing of the infection curve*' and I announced that all non-essential contact should cease. After 16 March 2020, infection rates continued to rise. At the COBR on 23 March 2020, Patrick stated that the '*current rate of infection by a single person was 2.6-2.8*'. It became clear that further measures were needed and a lockdown was unavoidable.

327. Once the strategy had been adopted, it was implemented very quickly. Great amounts of preparatory work had been carried out throughout March 2020 which meant that, on 23 March 2020, the appropriate measures could be finalised at the COBR (see the minutes at **BJ/147 - [INQ00056213]**) and then lockdown announced that evening.

328. I would be surprised if I ever said that I had been manipulated or pushed into the first lockdown or that I had been '*gamed on the numbers*' or anything to this effect. I have no recollection of this. It is true that I have reflected (no doubt out loud and no doubt many times) about whether the lockdowns would do (and did do) more harm than good. I believe that it was the duty of any pragmatic and responsible leader to have such a debate, both with himself and with colleagues. We were between a rock and a hard place, the devil and the deep blue sea. We simply had no good choices, and it was necessary at all times to weigh up the harms that any choice would cause. I was very worried about the economic harm caused by the action we took against Covid-19 and whether it would do more damage to the country than the virus itself. But I always attached the highest priority to human life and public health.

329. I am asked whether earlier interventions could have avoided the need for a national lockdown. I suppose it is possible, but I cannot think what they might have been (short of a vaccine or drugs, which we did not have) and I think it highly unlikely.

The March Discharge Policy

330. The 17 March 2020 Cabinet meeting noted that over 30,000 patients were imminently expected to be discharged from hospital and into social care. I said

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that people occupying beds in hospitals who would otherwise be in social care should be supported to leave hospital (see the minutes at **BJ/148 - [INQ000056135]**). On 22 March 2020, I was provided with a copy of the DHSC's draft 'COVID-19 response – health & social care 3 month battleplan to tackle the virus and protect life' **BJ/110 - [INQ000056088]** which we discussed at an evening strategy meeting and was again in the papers for my 9.15 meeting on 24 March 2020. This draft estimated that between 12,500 to 15,000 hospital beds across England could be freed by postponing non-urgent elective operations and that potentially 15,000 acute beds occupied by patients awaiting discharge or with lengths of stay over 21 days could also be freed up (page 6).

331. It was very frustrating to think that we were being forced to extreme measures to lock down the country and protect the NHS – because the NHS and social services had failed to grip the decades old problem of delayed discharges, commonly known as bed blocking. Before the pandemic began I was doing regular tours of hospitals and finding that about 30 per cent of patients did not strictly need to be in acute sector beds.
332. I have been asked to what extent I was advised on 'the UK Government's March Discharge Policy'. I understand that this term comes from a judgment of the Administrative Court in the case of *R (on the application of Gardner and Harris) v Secretary of State for Health and Social Care, NHS Commissioning Board (NHS England) and PHE* [2022] EWHC 967 (Admin). That judgment defines the March Discharge Policy as comprising two documents:
- a. 'Next Steps on NHS Response to COVID-19', this was a letter from Sir Simon Stevens (the NHS Chief Executive) and Amanda Pritchard (the NHS Chief Operating Officer) written to the Chairs of NHS Trusts, local authorities and LRFs, among others, dated 17 March 2020 **BJ/149 - [INQ000087317]** and
 - b. 'COVID-19 Hospital Discharge Service Requirements' **BJ/150 - [INQ000049702]**, dated 19 March 2020 which was an HMG and NHS policy document.
333. I have been shown copies of these two documents and I do not think I saw them or was advised on them at the time of their publication.
334. The Claimants in that case submitted that the policy: