

Tuesday, 7 November 2023

1
2 (10.00 am)
3 **LADY HALLETT:** Mr Keith.
4 **MR KEITH:** Good morning, my Lady. The first witness today
5 is Simon Ridley.

6 **MR SIMON RIDLEY (affirmed)**

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

8 **MR KEITH:** Could you commence your evidence, please, by
9 giving us your full name.

10 **A.** Simon Allan Ridley.

11 **Q.** Mr Ridley, thank you for attending this morning, and
12 also for your provision of two statements, one
13 INQ000252914, I think it runs for about 97 pages, you
14 produce over 453 exhibits or at least you refer to them.
15 You have also provided a corporate statement together
16 with James Bowler, there we are, the second
17 Permanent Secretary for the Cabinet Office, to do with
18 matters concerning the Covid Taskforce.

19 My Lady, it may be worth saying that of course both
20 those statements and all the documents and exhibits to
21 which Mr Ridley refers will, of course, be put on to the
22 website and considered, as with all the other
23 documentary material before this Inquiry.

24 Mr Ridley, you joined the civil service in 1997; is
25 that correct?

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1 Lord Frost negotiating the new agreement. My role,
2 alongside Jess Glover, a colleague in the
3 Cabinet Office, set up the Transition Taskforce, which
4 was to prepare, sort of, if you like, UK side for the
5 exit following the agreement with the EU.
6 **Q.** And the exit culminated, did it not, in the signing of
7 the Trade and Cooperation Agreement on 30 December 2020?

8 **A.** Yes.

9 **Q.** Right.

10 Of direct relevance to this Inquiry, were you asked
11 on 16 March of 2020 by the Cabinet Secretary to become
12 secretary to what was then the newly established
13 Healthcare Ministerial Implementation Group?

14 **A.** I was.

15 **Q.** What was that?

16 **A.** The -- so on the 16th, I had a meeting that morning with
17 Mark Sedwill. His proposition was to restructure and
18 hugely increase the capacity of Cabinet Office to
19 respond to the Covid pandemic, and wanted to set up four
20 new decision-making groups, ministerial implementation
21 groups, along the key four areas, one of which was
22 healthcare, which was the one he asked me to be
23 secretary for. Those four groups would then, if you
24 like, feed up to a strategy meeting, that the PM would
25 chair, which happened at 9.15 most days. The role of

3

1 **A.** Yes.

2 **Q.** And you were initially with then Her Majesty's Treasury
3 until 2010?

4 **A.** Yes.

5 **Q.** I think you then moved to the Department for Communities
6 and Local Government?

7 **A.** Yes.

8 **Q.** In 2014, you were appointed chief executive of the
9 Planning Inspectorate of England and Wales. You then
10 moved back to the Department for Communities and Local
11 Government.

12 **A.** Yes.

13 **Q.** In 2019, you joined the Department for Exiting the EU,
14 and then you moved into the Cabinet Office in
15 January 2020.

16 **A.** That is correct.

17 **Q.** In January 2020, you established, we understand, the
18 Transition Taskforce, which prepared for the UK's exit
19 from the European Union. Formally the United Kingdom
20 left the European Union of course at the end of
21 January 2020; was that preparation and the taskforce
22 concerned, therefore, with the end of the transition
23 period which ended in December 2020?

24 **A.** Exactly. The Department for Exiting the EU was closed
25 down at the end of January 2020. There was a team under

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1 the health ministerial implementation group, or HMIG,
2 was to take decisions on the government's response
3 across all the areas of health and social care. I mean,
4 it was a decision -- a Cabinet decision-making
5 committee. My role as secretary was -- it was the
6 standard Cabinet Office role, in terms of preparing with
7 the chair, who was the Secretary of State for Health,
8 for the meetings, to make sure that there were papers
9 for the meetings, to note and minute the meetings and
10 the decisions that were taken.

11 **Q.** Were there in fact four MIGs, ministerial implementation
12 groups, of which healthcare was only one? I think there
13 was general public services, there was economic and
14 business, and then finally international.

15 **A.** That is correct. Each chaired by the separate
16 Secretary of State.

17 **Q.** And each of these areas was meant to replicate the broad
18 strategic areas of interest within central government,
19 particularly within the Cabinet Office, in order to be
20 able to put a structure for the governance and the
21 strategic and operational decision-making for the
22 response to Covid into place?

23 **A.** Yes. I mean, it was clear this was a whole of system
24 crisis, and we needed to be able to respond across all
25 of those lines of operation.

4

1 Q. All right.
 2 Just to look for a moment at the areas that your
 3 MIG, Healthcare MIG, addressed, it addressed matters
 4 such as NHS capacity, shielding, social care capacity,
 5 the public health elements of the response to the Covid
 6 crisis, and it was both a strategic and operational
 7 body, so it strategised and it advanced proposals for
 8 operational matters?
 9 A. Yes. That is correct.
 10 Q. All right.
 11 I think your statement shows that you in fact -- if
 12 we can have paragraph 11 of INQ000252914, you
 13 co-ordinated wider advice on healthcare issues across
 14 the Cabinet Office and you attended a large number of
 15 strategy meetings chaired by the Prime Minister. You
 16 obviously attended meetings of HMIG and, throughout the
 17 course of the remainder of the year, or at least until
 18 the HMIG system ended in May, you were exclusively
 19 concerned with being the secretary to that particular
 20 organisation?
 21 A. Yes, that's correct. I mean, the point to note is
 22 an awful lot of the healthcare response was obviously
 23 central to the work that was being done in that period
 24 between March and May, and so a lot of issues went to
 25 the 9.15 meeting rather than HMIG when they would things

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1 through the period, there was a group of the sort of
 2 so-called clinically extremely vulnerable, but there was
 3 a much wider group of people with increased risk, but
 4 where the balance was slightly different.
 5 Q. So there was a constant debate about the need not just
 6 to address the needs of those who were clinically
 7 extremely vulnerable, but those who were socially
 8 vulnerable, those who generally needed support, those
 9 who may or may not have made themselves known to GPs and
 10 to hospitals, and therefore a real need to try to
 11 identify who you should be addressing your support
 12 structures --
 13 A. Yes.
 14 Q. -- towards?
 15 A. Correct.
 16 Q. All right.

17 Were you in contact with the devolved
 18 administrations in relation to shielding, or was this
 19 an England-only issue as far as HMIG was concerned?
 20 A. So we were setting up the shielding programme in
 21 England, because public health and those issues are
 22 devolved across the UK, but we were in touch with the
 23 devolved administrations. I certainly had calls with
 24 official colleagues, and I think they joined a number of
 25 the calls we had in those first couple of weeks as we

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1 the Prime Minister was particularly focused on.
 2 Q. All right.
 3 Now, I want to start by looking at one particular
 4 aspect of the work done by the Healthcare Ministerial
 5 Implementation Group, which was the shielding programme.
 6 Was there an early and particular focus on shielding
 7 around the time of the decision to impose that first
 8 national lockdown? So mid-March.
 9 A. Yes, I mean, when I came into the Covid response as
 10 secretary to HMIG on 16 March, alongside just setting
 11 the committee up, agreeing the terms of reference with
 12 the chair, the first and main substantive item I was
 13 focused on was shielding.
 14 Q. Give us an understanding of the scope of the problem or
 15 the crisis faced by the government in terms of making
 16 arrangements for those persons who were required to be
 17 shielded. How many people were assessed to be medically
 18 vulnerable and therefore primarily in need of shielding
 19 support?
 20 A. So, I mean, I think it's ... firstly, I think we didn't
 21 know with any great certainty. I mean, in the sort of
 22 low millions, that sort of -- that sort of order. And
 23 there was a question which was indeed a question for
 24 much of the period about how large a group of people the
 25 shielding programme should apply to. And as we went

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1 set it up.
 2 Q. Could we have INQ000197987 on the screen, please. This
 3 is a document dated 17 March.
 4 It's a note of an "Update meeting with [the
 5 Secretary of State]: the offer on vulnerability".
 6 I just want us to get an understanding of the complexity
 7 of the issues. If you could just scroll back out, we
 8 can see that there are references to the core principles
 9 and eligibility, which of course had to be decided,
 10 Mr Ridley?
 11 A. Yeah.
 12 Q. The operating model, how it was going to work in
 13 principle, what the role of the NHS would be, how it
 14 would work vis-à-vis GPs, how the voluntary community
 15 sector would work, DEFRA, and military planning and so
 16 on.

17 So it was an extraordinarily complex exercise?
 18 A. Yes, and I think, I mean, my role in it was to bring
 19 senior colleagues from across government together. This
 20 was a programme that needed significant infrastructure
 21 and capability built by a number of departments, so
 22 the -- there was -- DWP I think set up the call centre,
 23 MHCLG, the Ministry for Housing, Communities and Local
 24 Government, were working very closely with local
 25 authorities in terms of a lot of the practicalities of

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1 setting up the system. DEFRA needed -- were working
2 with supermarkets to -- how to get food deliveries to
3 people who were shielding, because the whole point was
4 they couldn't get out to do their shopping.

5 NHS were very involved, and indeed wrote to all the
6 individuals on the shielding list, enormous sort of
7 printing and letter runs. And we had -- through the
8 week of the 16th we were establishing that programme,
9 those different lines of work, and keeping everybody
10 together in order to wrap that up, so that it could be
11 announced as we went into -- and then in the week of the
12 first national lockdown.

13 **Q.** What was the genesis of the shielding programme,
14 Mr Ridley? The decision to impose a mandatory
15 stay-at-home order wasn't, of course, made until
16 23 March, but it's clear from the paperwork that the
17 programme for shielding scaled up at pace from the week
18 before. So the week of the 16th you're engaged in
19 trying to put the programme into place. What led to the
20 programme being commenced in that way? Was it
21 a reflection of the fact that social distancing measures
22 had been put into place on 16 March or was it
23 a reflection of the fact that there was an understanding
24 on the part of government that a lockdown was inevitable
25 and therefore necessary preparations had to be made?

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1 the page, actions for the DHSC, for the Ministry of
2 Housing, Communities & Local Government, DCMS, DEFRA,
3 DWP, BEIS, the Home Office, the MoD, and HMRC. So a lot
4 to be done.

5 **A.** Yes, I mean, this was very much a whole-of-government
6 programme.

7 **Q.** We can get some idea of the numbers and the scope of the
8 programme from INQ000198016. This is a shielding offer
9 comparison. Was this a reflection of the category of
10 people who may need to be engaged in the shielding
11 programme, who may need support of some sort, as well as
12 the numbers of persons across England, Scotland, Wales
13 and Northern Ireland who could potentially be engaged?

14 **A.** Yes. Yes, it is.

15 **Q.** Right. So a massive undertaking?

16 **A.** Yes. And in addition to this, as we opened up the
17 website where people could refer into it, the numbers
18 grew because then lots of people identified --
19 self-identified beyond the lists that we had originally.

20 **Q.** And there were a couple of major issues, were there not?
21 Firstly, having initially identified those who were
22 clinically extremely vulnerable, it rapidly became
23 apparent that there were other people who needed
24 support, and that was obviously a cohort, a large number
25 of people in addition, and also that there were a number

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1 **A.** So I can't, I don't think, speak with authority about
2 the genesis of it, because I think the genesis of
3 shielding was prior to the week of the 16th, in fact.
4 When I joined there were people in departments thinking
5 about aspects of the programme. I mean, it came from
6 a realisation, as I recall, that as social activity was
7 reduced there would be, you know, a cohort of vulnerable
8 people who would need particular support, with higher
9 risk factors who would need to -- need to stay at home
10 much more, and what was the support structure around
11 that cohort.

12 **Q.** Right.

13 Could we have INQ000197984. This is an email dated
14 17 March. It gives some indication of the number of
15 bodies who were concerned in this programme. It's
16 an email from the Cabinet Office on behalf of yourself,
17 Mr Ridley, and it sets out a list of actions and a list
18 of agreed products for a COBR meeting. Those actions
19 are due by the close of play, that particular day,
20 17 March. So the process was moving at pace, as I say,
21 at full speed early on.

22 We can see the list of actions at the bottom,
23 involving the DHSC to confirm public health policy,
24 a breakdown of 1.4 million people, to confirm a critical
25 path for preparing and sending letters. And then, over

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1 of people who had self-registered rather than being put
2 onto the list of persons who required shielding by their
3 GPs or by other local authorities or government bodies,
4 so you had to work out what to do with them?

5 **A.** Yes, we had a very -- we had a kind of comprehensive,
6 inclusive approach to this which enabled people to, as
7 I say, self-identify, GPs to put people forward, as well
8 as the original lists we had, and that grew the numbers
9 substantially.

10 **Q.** Again, in reflection of the speed at which you worked,
11 a call centre went live on 25 March, and by 29 March you
12 had been able to work up plans not just for those who
13 were clinically extremely vulnerable, but also for
14 non-shielded vulnerable people as well, so the programme
15 expanded as well as moving very fast?

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

17 **Q.** All right.

18 There were a number of other areas that the
19 Healthcare Ministerial Implementation Group addressed.
20 Did they include NHS capacity, so was an important part
21 of your work maintaining oversight on what the NHS
22 capacity was and how it would be able to respond to the
23 demands placed upon it?

24 **A.** Yes, that is correct. I mean, at this period, with the
25 level of infection growing very fast and the numbers of

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1 people going into hospital fast, the ability of the NHS
 2 to have the beds and the ventilators for that was a kind
 3 of critical focus at the time. That was in the terms of
 4 reference for the HMIG. Quite a lot of those
 5 discussions also happened at the 9.15 meetings with the
 6 Prime Minister.

7 **Q.** Number 10 Downing Street was constantly seeking, was it
 8 not, from HMIG data about hospital capacity, how many
 9 hospitals were at risk of being overrun, what the
 10 progress capacity was of the Nightingale hospital scheme
 11 and so on and so forth, so there was a constant
 12 imperative, if you like, to keep Number 10 up to date
 13 and informed as to what the state of play was?

14 **A.** Yes, I mean, I think at the beginning of the period
 15 there was an enormous need, I mean, for the
 16 Prime Minister, for the Cabinet Office, for government
 17 as a whole, to have clear, consistent data of the
 18 position on a whole range of things, including hospital
 19 capacity. I mean, what we did in -- I mean, just in
 20 terms of the health ministerial implementation group, we
 21 took at the beginning of those meetings the dashboard,
 22 as it was at the time, on the same basis that it went to
 23 the strategy meetings in the morning, we tried to use
 24 those -- some of the actions from those meetings were to
 25 improve that data as we went through.

13

1 the capacity in the country to increase the ventilators
 2 that we ...

3 **Q.** So you were in charge of the strategy and you were
 4 driving the process from the central government end of
 5 things, from the Cabinet Office?

6 **A.** Exactly, but I did not have responsibility for
 7 procurement of some of those practicalities.

8 **Q.** In relation to the issue of discharge to social care,
 9 were the practical arrangements for the discharge of
 10 patients from hospital to the care sector made by
 11 central government, Cabinet Office, or the DHSC?

12 **A.** So that was very much work, I mean, in the health system
 13 between the NHS, local authorities and the care sector.
 14 In central government, that's the responsibility for
 15 DHSC, working very much with the Ministry of Housing,
 16 Communities and Local Government, given their
 17 responsibilities across local authorities.

18 Again, our job in the Cabinet Office was to convene,
 19 bring people together, understand the position in the
 20 round and then use the HMIG as a means for government to
 21 make cross-government decisions where it needed to.

22 **Q.** And was that where the decision was made or advice was
 23 given as to the decision to be made about the discharge
 24 of patients from hospital to the care sector?

25 **A.** So, I mean, I think the need -- so discharge from

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1 **Q.** It was made clear, wasn't it, that the Prime Minister
 2 was particularly concerned with the need to obtain and
 3 get access to or procure a large number of ventilators,
 4 that was a constant theme, was it not, throughout the
 5 middle of March and the beginning of April?

6 **A.** Yes, it was.

7 **Q.** And was a lot of HMIG's time spent procuring
 8 ventilators, conducting meetings and calls in order to
 9 accelerate domestic production, obtain ventilators from
 10 abroad and so on?

11 **A.** So, I mean, not precisely. I mean, so the health MIG
 12 itself was a meeting, so a sort of ministerial
 13 decision-making meeting chaired by the Health Secretary,
 14 and could look on issues at, you know, the -- how do
 15 we -- the purpose of it was to drive forward
 16 decision-making to make progress against these areas in
 17 concert with the other MIGs and with the PM's meeting.

18 My team supported that -- that committee and made
 19 sure that the work across Whitehall was done to provide
 20 the papers and the decisions for ministers to enable
 21 that to happen. Procurement of ventilators was not
 22 something that either my -- that my team did. There was
 23 a lot of work between the commercial teams in the NHS
 24 and, I think, DH and the commercial teams in the
 25 Cabinet Office to work with industry and to try to drive

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1 hospitals to the care sector is something that happens
 2 as a matter of course outside the pandemic, of course.
 3 It was particularly important in that period that people
 4 who were ready to leave hospital and NHS beds were able
 5 to be discharged, so in a sense that was -- that's part
 6 of the operation of the health system. I think the
 7 importance of it was discussed in HMIG, it was also
 8 an important part of meetings with the -- with the
 9 Prime Minister at the strategy meetings, and I think the
 10 aim -- I can't remember the precise time period,
 11 I'm afraid, but the aim was that -- my recollection is
 12 there were -- an aim to get 15,000 people discharged
 13 from the NHS into social care over that period at the
 14 end of March and beginning of April.

15 **Q.** And this presumably was one of the many areas of focus
 16 for HMIG, this was discussed repeatedly at meetings
 17 throughout March and April?

18 **A.** Yes, certainly, in March and the first part of April
 19 HMIG focused on the progress being made towards that end
 20 and the issues around it in terms of the preparation in
 21 the care sector for receiving people.

22 **Q.** This is obviously something for closer attention in
 23 a later module, but I just want to set out the
 24 chronology and the broad structure.

25 Was there an HMIG meeting on 22 March 2020 where

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1 social care was considered? INQ000055942.
 2 **A.** Yes.
 3 **Q.** We can see at the top "Covid-19 -- Health Ministerial
 4 Implementation Group", Sunday 22 March 10 am, a number
 5 of ministers present, chaired by the Secretary of State
 6 for Health and Social Care.
 7 Over the page, we can see your name, second name
 8 down, and then if we go through, please, to page 3, we
 9 can see the bottom indent, the last paragraph on the
 10 page:
 11 "... the following points were made ...
 12 "- to support capacity in community care advice to
 13 care homes should be updated -- current guidance
 14 suggests they should accept patients who are
 15 asymptomatic even if they have not received a COVID
 16 test."
 17 So as at that date, 22 March, it was generally
 18 recognised, and there was guidance to this effect, that
 19 patients would be accepted if they were asymptomatic but
 20 had not received a Covid test in fact?
 21 **A.** Yes, I mean, at this -- at this time there was a lot of
 22 work going on in terms -- in the -- amongst the
 23 scientists and the medical community about asymptomatic
 24 transmission. I think SAGE were discussing these
 25 issues, I think I point that out in my statement. In

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1 have been part -- you must have been amongst the
 2 recipients.
 3 "I know that social care is front and centre of
 4 a range of conversations that are happening on eg PPE or
 5 testing (though of course is always second to NHS) --
 6 but do we know whether there is a coherent overall
 7 strategy for care homes? In either DHSC or in MHCLG or
 8 between them? It feels like maybe we need one in the
 9 way that we have one for the NHS."
 10 Then she refers to the resources for supporting NHS
 11 and capacity, but in relation to social care, what is
 12 said in relation to the policy approach appeared to her
 13 to be perhaps deficient:
 14 "... Enhancing adult social care resilience by ...
 15 maintaining and increasing workforce ... maintaining ...
 16 capacity ... extra funding ... capacity tracking -- but
 17 I wonder if this really covers it."
 18 And she says this:
 19 "Just looking at some of the stuff coming out of the
 20 rest of Europe and it feels like something we need to be
 21 properly ahead of ... given that once someone gets it in
 22 one of these place many die ...
 23 "... I'm wondering whether we've considered more
 24 extreme measures or guidance -- on staff rotations
 25 for example ..."

19

1 HMIG, as I say, the purpose of these meetings was the
 2 progress on discharge and the issues around it, and that
 3 included, as this note says, the capacity in community
 4 care and the issues around receiving people from
 5 hospitals, which included testing at that -- at that
 6 point.
 7 **Q.** The two most important features of this policy or the
 8 guidance, Mr Ridley, were: firstly, that no assurance
 9 had ever been given that patients would be moved only
 10 following a negative test, that's simply not what the
 11 guidance and the position reflected; and, secondly, that
 12 there was a constant debate as to whether or not there
 13 was a need for testing and whether or not the system
 14 practically allowed for the sheer number of tests that
 15 would be required in order to test patients coming out
 16 of hospital?
 17 **A.** Yes, I think that is -- that is correct, there was
 18 a balance of different issues and different needs and we
 19 did face some capacity constraints at that point, which
 20 the NHS, the care sector and DH were grappling with.
 21 **Q.** Could we have INQ000198032.
 22 This is an email on 3 April from an official in
 23 Number 10, Alexandra Burns. She addresses it to "Team",
 24 and from the fact, Mr Ridley, that you responded at the
 25 top of the page, we'll come to it in a moment, you must

18

1 Then over the page:
 2 "I'm checking with you guys because I'm aware that
 3 it might just be something that's happening which
 4 I haven't seen -- eg is the healthcare IMG looking at it
 5 properly?"
 6 So that's your MIG, I think she meant to say,
 7 ministerial implementation group.
 8 Was there a realisation at this time, the beginning
 9 of April, that, perhaps by contrast to the approach to
 10 the NHS, which of course had been first and foremost in
 11 the government's consideration in terms of the need to
 12 protect it, there had been perhaps an absence comparably
 13 of focus on the care sector?
 14 **A.** Well, I think that we were certainly, in Cabinet Office
 15 and in Number 10, as Alex's email shows, at the end of
 16 March and April concerned to understand the position in
 17 care homes, and we've just -- we've just discussed the
 18 Healthcare MIG discussion of it on 22 March. I think it
 19 is true those concerns were growing as we went into
 20 April. The data and the information around care homes
 21 was less good, because the nature of the sector, a very
 22 large number of care homes, many very, very small --
 23 and, as Alex's email says, you know, really keen to make
 24 sure and assure ourselves there was a broad and coherent
 25 plan across the piece for care homes, because through

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1 those MIG meetings, you know, the very significant
2 issues weren't coming -- coming through, and we were
3 wanting to test that.

4 **Q.** On 7 April, INQ000083072, there was another Health
5 Ministerial Implementation Group meeting held at 12 pm.
6 We can see a large number of ministers and Members of
7 Parliament attending. Over the page, page 2, your name
8 can be seen in the middle of the page, along with
9 a number of other officials.

10 Then page 4, on the third and fourth paragraphs,
11 there is a reference to the Minister of State for Care;
12 was that Helen Whately MP?

13 **A.** Yes, it was.

14 **Q.** I think your statement in fact refers to the
15 Secretary of State at paragraph 71 but it was in fact
16 the Minister of State for Care. She said:
17 "... ensuring parity in the approach between the NHS
18 and social care for PPE and testing was important. PPE
19 was being delivered to social care providers from
20 national stocks ... A new channel ... was also being
21 established to deliver PPE to social care providers."

22 Then this:

23 "Social care workers were also to be tested
24 alongside NHS staff where capacity permits in order to
25 reduce staff absences."

21

1 also some very small enterprises.

2 **Q.** Is it fair to say, Mr Ridley, though, that a number of
3 people expressed quite serious concerns, though, about
4 the fact that, firstly, patients were being discharged
5 into the care sector without a negative test, without,
6 of course, assurance that they weren't infected with
7 Covid, and, secondly, that there was an absence in
8 essence of testing of workers in the care sector and
9 also of patients already within the care sector?

10 **A.** Yes, I think it is certainly correct that concerns were
11 being raised on a number of -- a number of issues
12 around -- around the care sector, and there certainly
13 were constraints in terms of the testing that was
14 available and used.

15 **Q.** Can we have INQ000198042.

16 On page 1 at the bottom of the page,
17 a Cabinet Office official, Mary Jones, says:

18 "Chris, I'm just sending this to [Cabinet Office]
19 colleagues because my knowledge of social care is very
20 limited so others with more expertise should
21 editorialise anything I say here."

22 Then over the page, she refers to a number of
23 concerns that she has in relation to the approach being
24 adopted to the problem of testing, of patients within
25 the care sector and residents in the care sector not

23

1 Just before you answer, if we can look at page 5, we
2 can see the actions, and they include work on metrics
3 for adult social care, the need to ensure data reporting
4 compliance from care home providers, and then it says
5 this:

6 "- work on discharges was welcome ..."

7 That must be discharges from hospital:

8 "... and the number of patients with a hospital stay
9 of over 21 days had halved ..."

10 So concerns were being expressed, were they not, as
11 to whether or not there was a problem with the movement
12 of patients from hospital to the care sector, in terms
13 of whether or not they were infected with Covid, and
14 steps were being taken to ensure a proper understanding
15 of the position and whether or not testing would be
16 available in order to be able to address that problem?

17 **A.** Yes, I mean, I think that is -- that is correct.

18 I mean, as these actions -- other of these actions show,
19 we were also concerned to make sure that the funding and
20 support was there for care homes, which Ministry of
21 Housing, Communities & Local Government was working on,
22 working with local authorities in terms of managing,
23 you know, financial resilience. The care sector, as
24 you'll go into in later modules, I'm sure, is very
25 diverse and dispersed with some larger care homes but

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1 being tested for Covid, and of course on the fact that
2 many workers in the care sector had not themselves also
3 been tested.

4 To what degree did HMIG appreciate that there was
5 a very serious problem with, of course, the spread of
6 the infections throughout the care sector?

7 **A.** So I think the ministers and official colleagues at HMIG
8 were concerned about the position in the care sector,
9 concerned about the relative lack of data and
10 information we had, and concerns around the risks of
11 spread of infection, whether between patients or between
12 workers and patients, and was seeking in various ways,
13 as we've just discussed, to try to tackle those issues
14 and put policy and operational guidance in place.

15 **Q.** Was there a concern expressed by some within your
16 ministerial implementation group that the DHSC was not
17 doing enough to help or that it was in a general sense
18 behind the curve?

19 **A.** I think in the centre we were, as some of these emails
20 demonstrate, concerned about whether there was
21 a comprehensive plan for how we -- for how government
22 would support and minimise the risks in the care sector.
23 I think that work was being done in DHSC and elsewhere,
24 and a strategy for care was produced in the middle of
25 April, about which again there was some -- there was

24

1 some debate. But I think, yes, we were concerned that
 2 there were problems in the care sector that needed to be
 3 addressed extremely quickly.

4 **Q.** There was a general absence of planning within the DHSC
 5 to meet this problem and to meet this issue?

6 **A.** I -- I mean, I don't think I can say with authority what
 7 planning there was and wasn't in the DHSC on this issue.
 8 It was certainly -- the team responsible for social care
 9 was, I mean, working incredibly hard, relatively,
 10 I think, stretched, and, as I say, we were pursuing
 11 these issues through HMIG and that strategy came forward
 12 in the middle of April.

13 **Q.** In terms of the practicalities, in terms of providing
 14 a sophisticated and comprehensive test system to ensure
 15 that patients were not discharged from hospital into
 16 care homes when they were infected and also to ensure
 17 that patients and workers did not move around within the
 18 care sector whilst infected, the Cabinet Office and
 19 Number 10 and the HMIG body had to push the DHSC to say:
 20 what is going on? What is being done about this? What
 21 can be done to solve these very grave problems?

22 **A.** I think, yes, that is broadly correct.

23 **Q.** INQ000198046.
 24 If we could start on page 3, this is an email from
 25 Dr Warner, right at the bottom of the page, 16.28,
 25

1 "I have seen no data on this and we don't have
 2 people looking at it at the moment. It is a good idea
 3 and we will pick it up.
 4 "... could you ask the department NHS/PHE in the
 5 morning and find out who is looking at this ..."
 6 Then at the top of the page, there is a response
 7 email from a Mr Macnaught:
 8 "The DHSC lead is William Vineall. I will give him
 9 a call ..."
 10 Then if we go back one page, finally, to page 1,
 11 Mr Macnaught says:
 12 "I've spoke[n] to William Vineall."
 13 Is William Vineall in the DHSC?

14 **A.** Yes, I think he -- I think he is. Paul was one of my
 15 HMIG secretariat team. William will either have been in
 16 DHS -- most likely in DHSC, possibly in the NHS.

17 **Q.** "His initial reaction was that this is not an issue of
 18 concern but I've asked him to work on a note tomorrow."
 19 Dr Warner then returns to the fray:
 20 "A submission to SAGE suggests that around 20% of
 21 infections and 10% of deaths are due to infections
 22 acquired in hospitals. Given this and the fact that
 23 this could cause wide scale disruption across the
 24 government's response ... I think it might be worth
 25 pushing quite hard on why this isn't an issue of
 27

1 13 April -- thank you -- and then over one page:
 2 "Hi Imran [that's Imran Shafi in Number 10] &
 3 Tom [Shinner in Number 10].
 4 "I am becoming increasingly concerned about
 5 nosocomial infection rates in hospitals (ie an infection
 6 acquired in hospital).
 7 "If there is a large scale infection in the
 8 hospitals, then we will have a number of problems.
 9 "- Higher absences in the workforce and further
 10 stories about PPE and testing.
 11 "- Problems with care homes, including not being
 12 able to discharge patients and potentially creating
 13 infections in care homes.
 14 "...
 15 "I don't know where responsibility sits between
 16 DHSC, PHE, and NHS ..."
 17 And he goes on to refer to SAGE, and his concerns
 18 are raised by the splitting of responsibility between
 19 different organisations.
 20 If we then go back to page 3 and the response to his
 21 email, Tom Shinner says:
 22 "I don't have anyone on this, and I think this is
 23 a good idea, yes."
 24 Then at the top of the page Imran Shafi copies you.
 25 And then if we go back one page to page 2:
 26

1 concern."
 2 Then Mr Macnaught says:
 3 "... we will dig around ..."
 4 So two questions, Mr Ridley. Firstly, as
 5 the secretary to HMIG and in charge of HMIG, were you
 6 surprised that this had not already been an issue of
 7 very grave concern to the DHSC, seemingly?

8 **A.** Yeah, I mean, I think the -- Paul's report of that call
 9 was certainly surprising. I think there was concern
 10 about nosocomial infection, it was being discussed in
 11 SAGE, as Ben reports.

12 **Q.** Secondly, when you dug around or when HMIG dug around
 13 into seeing what the position was and why these apparent
 14 concerns were not being addressed, to what extent were
 15 you able to assure yourself that the DHSC was on top of
 16 this problem and was addressing it?

17 **A.** So, I mean, I -- this was an issue I think that ran and
 18 we continued to focus on for a number of weeks beyond
 19 this -- these dates in the middle of -- in the middle of
 20 April, because I think we were increasingly concerned
 21 about nosocomial infection within care homes, the level
 22 of infection, protection and control in care homes and
 23 the extent to which the sector could address these
 24 issues.

25 **Q.** In summary, and I say that because this is an issue
 28

1 which will be looked at in far greater detail in the
 2 later social care, care sector module, for weeks the
 3 issue rumbled on as to, firstly, how great an issue of
 4 concern this was, what was the extent of the problem,
 5 and, secondly, there was a dawning realisation or
 6 an appreciation that the testing system in practice
 7 simply couldn't keep up with the policy decision-making
 8 as to who was going to be tested and who had to be
 9 tested; is that a fair summary?
 10 **A.** Yes, I think in -- just to expand very slightly, I think
 11 in Cabinet Office and Number 10, we were not assured of
 12 the position in care homes and the extent to which there
 13 were plans in place to minimise the risks of infection.
 14 Testing was a part of that, we were aware of constraints
 15 in testing, but there were other mitigations that we
 16 were seeking to assure ourselves of, such as broader
 17 infection control.
 18 **Q.** The Chief Medical Officer recommended, I think around
 19 14 April, that asymptomatic people going into care homes
 20 from hospital had to be tested, and then there were --
 21 further guidance was produced as to the need to test
 22 both patients in the care sector and workers, to stop --
 23 **A.** Yeah.
 24 **Q.** -- the spread of Covid of course.
 25 Was it the DHSC or was it the Cabinet Office and
 29

1 personally became extremely concerned about the position
 2 within the care sector and whether or not policies were
 3 being promulgated and publicly announced to the effect
 4 that certain people would be tested, when there just
 5 wasn't in practice the tests available to make good on
 6 those policies?
 7 **A.** So, yes, there was great concern from the
 8 Prime Minister, colleagues in Number 10, the
 9 Cabinet Office about the position in care homes and what
 10 could be done to mitigate it. That wasn't just about
 11 testing.
 12 **Q.** No, but my question was. There was concern generally
 13 about the sector and, of course, the vulnerability of
 14 the persons within it --
 15 **A.** Yes.
 16 **Q.** -- as well as the discharge policy from hospital to the
 17 care sector?
 18 **A.** Yes, there was -- there was concern about the
 19 implications of that, but I think everyone was agreed
 20 that we needed to discharge people from the NHS given
 21 the rise in Covid infections and hospitalisations and
 22 the need to have space and capacity for them.
 23 **Q.** The imperative of freeing up space in the NHS by way of
 24 bed capacity took primacy over the care sector, the
 25 destination of where those patients went?
 31

1 HMIG which drove the declaration of public policies as
 2 to who would be tested? Who was driving the
 3 declarations that the time had now come for patients
 4 from hospital to be tested or residents and workers in
 5 the care sector to be tested?
 6 **A.** So responsibility for developing the advice in these
 7 areas lay with DHSC, resting on clinical and medical
 8 advice. Those were decisions, therefore, that rested
 9 with the Secretary of State for Health, though this was
 10 an area, as there were with many in the pandemic, where
 11 there were trade-offs between different groups when
 12 there was a general constraint on testing, so other
 13 public sector groups were interested in testing -- we
 14 had debates about prisons, we had debates about other
 15 areas -- and so those discussions often came to either
 16 HMIG or the PM's meeting for the sort of broader
 17 perspective, but -- so we were driving it from HMIG, if
 18 you like, to make sure there was a clear position.
 19 Actually I think similar discussions were had in GPS MIG
 20 and elsewhere about other groups. The advice came
 21 through DHSC, if that is clear.
 22 **Q.** And lastly on this topic, again because we're concerned
 23 in this module with central government and the highest
 24 level of decision-making, is it fair to say that the
 25 Cabinet Office, Number 10 and the Prime Minister
 30

1 **A.** So that is precisely what we were -- what the government
 2 was balancing. And, yes, in -- it was the case that it
 3 was a priority for discharge to happen, and as we -- as
 4 the HMIG discussions were about, what the support and
 5 mitigations for care home and the care sector were,
 6 there were some limitations to that in terms of testing
 7 capacity.
 8 **Q.** But it wasn't a balance, was it?
 9 **A.** Well --
 10 **Q.** The prime -- excuse me.
 11 **A.** Sorry.
 12 **Q.** The primary obligation was to free up space in the NHS,
 13 and that was done, but without, because of the
 14 exigencies of time and capacity, a full understanding of
 15 what the impact would be on the care sector in relation
 16 to which there was, firstly, no policy of testing and,
 17 secondly, no practical means of ensuring testing across
 18 the board?
 19 **A.** Yeah, we were using the HMIG discussions to flush out
 20 those issues.
 21 **Q.** We come now, then, to -- if we can move forward, please,
 22 to May 2020. The Inquiry has heard evidence about how,
 23 at the heart of government, there was an understanding
 24 that there was a need to change these ministerial
 25 official bodies, the MIG structure, and to put into
 32

1 place a new structure that could cope with the ever
2 changing and no doubt increasing demands of the Covid
3 crisis.

4 You were appointed director general for policy and
5 strategy on the Covid Taskforce in May 2020, were you
6 not?

7 **A.** Yes, I was.

8 **Q.** In summary, what were the reasons for the change from
9 the MIG structure to the Covid Taskforce structure, as
10 you saw them to be, in May 2020?

11 **A.** I set some of this out in my statement, and you have
12 heard evidence previous to me about the ways of working
13 in the Cabinet Office and Number 10 through some of this
14 period. I think that a number of things happened
15 through the second half of March and April that led to
16 the need for change. I mean, the first was that it
17 became increasingly clear that the combination of
18 the four ministerial implementation groups and the
19 9.15 meeting create -- kind of created a number of
20 overlaps. So, I mean, we talked about shielding, a lot
21 of those issues were in the health ministerial
22 implementation group, but some of the issues around
23 wider support were in the GPS MIG. To take an issue
24 like PPE, we were concerned in the HMIG about stocks.
25 Actually there was a big international set of issues

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1 The second part of it was that there was
2 a significant degree of duplication between what we were
3 doing in the Cabinet Office and some of the work being
4 done in Number 10 through Tom Shinner and his team, and
5 I worked closely with Tom in March and April on the
6 relevant things, but we were parts of different --
7 different units, and there was a need to bring that
8 together. And in part because of all of this and
9 because of some of the challenges of the working
10 environment, there was a need for a bit of a reset, and
11 that led -- that meant ending the arrangements that ran
12 to the end of May and moving to what became the
13 taskforce.

14 **Q.** You've referred to overlapping boundaries, a lack of
15 direction, a lack of clarity as to who was leading in
16 what area, and were there prosaically just too many
17 meetings, too much time spent on trying to work out what
18 discussions should take place at which meetings?

19 **A.** Yes. I mean, I think that is true inside the
20 Cabinet Office. I think it was also confusing for
21 colleagues in other departments because they might -- if
22 you have to go to a -- most Cabinet committee meetings
23 are preceded by an officials' meeting chaired by
24 the secretary or a member of the secretariat team. If
25 you're in the Department of Health and Social Care,

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1 about this because of the procurement from abroad and
2 there were issues in the GPS MIG about PPE for prison
3 officers, schools, et cetera.

4 And then secondly, because of the number of issues
5 that ended up being discussed at the 9.15 meeting there
6 wasn't a sort of tidy funnel if you like, from four MIGs
7 to a sort of central strategy. So it became a kind of
8 noisy structure over time.

9 Equally, that meant for key colleagues in Number 10
10 and the Prime Minister and indeed other
11 secretaries of state and departments, it wasn't clear
12 who was responsible for what a lot of the time. That
13 was exacerbated by the fact that a number of us, in
14 terms of the leadership in the Cabinet Office, got Covid
15 through that period, so we were also -- you know, as we
16 went through March and April, different colleagues were
17 off for two, sometimes more weeks at a time, so we were
18 then filling in for each other, which sort of further
19 confused the -- the picture, and it became, to improve
20 the efficiency with which we worked and the
21 effectiveness with which we worked, a need to sort of
22 bring all of that much more together and, crucially, to
23 be clear who was responsible for what.

24 The second part of it -- that's inside the
25 Cabinet Office.

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1 incredibly busy across all of this, and you're trying to
2 feed people for an HMIG officials' meeting and a GPS MIG
3 officials' meeting and an International MIG officials'
4 meeting, then there was too much activity.

5 **Q.** A profusion of officialdom?

6 **A.** Yes, if you like.

7 **Q.** All right.

8 The Inquiry's heard evidence, Mr Ridley, of a paper
9 prepared by Sir Mark Sedwill, as he then was, to the
10 Prime Minister, also of a paper prepared by
11 Helen MacNamara, who then became subsequently the Deputy
12 Cabinet Secretary, called *How we Govern*, and I think
13 there was a paper from Martin Reynolds and
14 Helen MacNamara on working practices.

15 Were they the genesis for the establishment of the
16 Covid Taskforce or was the genesis to be found
17 elsewhere?

18 **A.** I think they were an important part of it. I think
19 a number of conversations were happening and a number of
20 things were happening coming from, you know, a lot of
21 the same places, and there was, as we went through,
22 I think probably the end of April, certainly into early
23 May, pretty much a consensus that we needed to shift the
24 way we were --

25 **Q.** All right.

36

1 A. -- we were working.

2 Q. The Covid Taskforce is described by you in your
3 statement as a "whole of government" effort and you
4 describe how it led official advice in the centre of
5 government, so the advice to the Prime Minister, the
6 Chancellor of the Duchy of Lancaster, to ministers, and
7 that it brought together all the policy and key issues
8 required to respond to the Covid crisis; is that a fair
9 summary of the width of the Covid Taskforce?

10 A. Yes, I think so.

11 Q. All right.

12 Could we have a look at INQ000248852, which is your
13 statement, at page 10, paragraph 2.21. We can see from
14 this paragraph right at the bottom of the page:
15 "The Taskforce had a number of focused teams working
16 with other departments on a range of areas ... While
17 responsibility for delivery ... lay with departments and
18 other relevant bodies (such as NHS Test and Trace), the
19 ... teams in the Taskforce contributed to policy
20 development and helped ensure that collectively ...
21 policies were delivered effectively."

22 So the Covid Taskforce was the body at the centre,
23 within the Cabinet Office of course, which liaised with
24 and worked closely with all the line departments and
25 other bodies that were producing, procuring equipment,

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1 You, I think, were responsible for three of the six
2 groups or teams within the Covid Taskforce, so you were
3 responsible for vulnerable and shielding, strategy and
4 roadmap, and policy.

5 Do you think that the CTF worked well as
6 an overarching body designed to replace the HMIG system
7 and designed to improve what was then becoming apparent
8 was an underperforming structure?

9 A. I mean, in summary, yes, I do, I think from the very
10 beginning reducing to a single team with a clear lead,
11 which initially was Simon Case, as the
12 permanent secretary to Number 10, bringing myself and
13 Tom Shinner and a number of colleagues into the same
14 team, so we had a single team at the centre, did work.

15 I mean, from May, you know, we had to build the team
16 up, and we had to develop the capability and capacity
17 over a period of time, but it was a structure that
18 endured from the end of May 2020 all the way through to
19 spring 2022.

20 Q. So it passed the test of time, it carried on?

21 A. It passed the test of time, and I think we got more
22 effective as we went on.

23 Q. It obviously liaised very closely with the Prime
24 Minister, Number 10 staff, with central government. Did
25 it also set up deep dive meetings for various entities

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1 delivering, I suppose you would call it, the policies,
2 but the CTF brought it all together in the centre?

3 A. Yes, and I think I would -- the Covid Taskforce was
4 different from the MIG secretariat teams, in that the
5 MIG secretariat teams effectively were the secretary to
6 the committee and didn't do a huge amount other than
7 bring information together, seek to push key priority
8 issues, assure the centre and provide information and
9 advice in to the Prime Minister.

10 The Covid Taskforce had a broader remit, we did have
11 a team that was the secretary to the Covid Operations
12 Committee and the Covid Strategy Committee throughout
13 the period, but we were a much broader team, also
14 responsible for developing and getting agreed the
15 overall strategy of the response and some key policy
16 areas. The delivery was absolutely with line
17 departments.

18 Q. All right.

19 Page 8 on this document, paragraph 2.14, we can see
20 something of the links between the Covid Taskforce to
21 other bodies and other entities in government. You
22 liaise with analysts across government, with SAGE, the
23 subgroups, the CMO, the Government Chief Scientific
24 Adviser, Public Health England, ONS, Treasury, as you
25 would expect, BEIS, and the Behavioural Insights unit.

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1 and personnel in government to look at particular areas
2 in real detail?

3 A. Yes.

4 Q. Did it also -- was it also responsible for providing
5 dashboard briefings in Number 10, so the provision of
6 data across the Covid response?

7 A. Yes. I mean, the dashboard started earlier in the
8 spring, it was run by the Civil Contingencies
9 Secretariat. We continued to develop that dashboard in
10 the Cabinet Office. The dashboard passed to the
11 taskforce I think in June, and from that period on our
12 data and analysis team presented that dashboard to
13 Number 10 and colleagues most mornings for the rest of
14 the pandemic.

15 Q. You've mentioned the Cabinet committees Covid-S and
16 Covid-O. The Covid Taskforce, as you say, was the
17 secretariat for those meetings. Presumably it provided
18 the agendas, it commissioned the paperwork, it organised
19 the meetings?

20 A. Yes.

21 Q. Give us some idea of the scale of the exercise. I mean,
22 how many Covid-O ministerial meetings did the CTF
23 arrange?

24 A. So there were a few over 200 Covid operations committees
25 between May/June 2020 and 2022. It was the core

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1 ministerial forum throughout the pandemic in terms of
 2 taking advice for ministers to make decisions. It
 3 was -- it met through 2020, I would say, you know, most
 4 days. It often met late. If we had to respond very
 5 quickly to issues it often met at the weekend. We held
 6 an official meeting before Covid-O to make sure
 7 departments knew -- were involved in the development of
 8 the papers. A lot of papers were produced by
 9 departments. We didn't produce all the papers from the
 10 Cabinet Office, but there were some issues in which we
 11 did.

12 So it was an absolutely critical part of the
 13 decision-making structure that was put in place.

14 **Q.** And presumably there were thousands of actions ordered
 15 to be done as a result of the Covid-O meetings?

16 **A.** Yes.

17 **Q.** Was the CTF responsible for those?

18 **A.** Yes, we were responsible for getting those actions out.
 19 We tracked those actions through the period, and we
 20 worked incredibly closely with Number 10, the Treasury,
 21 other departments as necessary. A lot of meetings led
 22 to agreement on policy and there was a sort of
 23 subsequent announcement and the press notices or the
 24 guidance changes or everything else that went around
 25 that, and we were the people at the centre assuring

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1 this, but some of the papers on tiering came from the
 2 Department of Health, for example, at the -- at points
 3 in the autumn, and then there were clearly discussions
 4 of some of these issues in other -- other meetings
 5 between secretaries of state, and secretaries of state,
 6 the Health Secretary or the Chancellor of the Duchy of
 7 Lancaster, provided at key points in the year their own
 8 input to the Prime Minister.

9 **Q.** Were there meetings of Covid-O to which the CMO or the
 10 CSA, for example, contributed in the absence of the
 11 Covid Taskforce, or were there meetings with the
 12 Prime Minister where the Prime Minister received advice
 13 from the CMO and the CSA in the absence of the
 14 Covid Taskforce? There appears to be a conduit by which
 15 information was provided to the Prime Minister, in
 16 particular from SAGE, through the funnel, the conduit of
 17 the CMO and the CSA. Was that a conduit to which the
 18 Covid Taskforce was always party?

19 **A.** So there's quite a lot there. The answer to your
 20 question at the end is: no, there was definitely
 21 a conduit of information from -- the Chief Scientific
 22 Adviser and the Chief Medical Officer gave advice to the
 23 Prime Minister via electronic or personal means without
 24 the taskforce.

25 Covid-O, as a Cabinet committee, was always

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1 ourselves that all of that happened as the government
 2 intended.

3 **Q.** You referred to policy. Could you just give us
 4 an understanding of the division of responsibility
 5 between the various bodies as to the formulation of
 6 policy as to non-pharmaceutical interventions in the
 7 second half of 2020? So who or which entity provided
 8 the Prime Minister and Covid-O and ministers with advice
 9 as to what should be done in terms of interventions?
 10 Was it something that was exclusively the domain of the
 11 Covid Taskforce? Was it a matter for the CMO and the
 12 Government Chief Scientific Adviser to communicate to
 13 the Prime Minister? Or did responsibility lie
 14 elsewhere?

15 **A.** So, I mean, in terms of advice to the Prime Minister,
 16 official advice from the civil service to the
 17 Prime Minister on non-pharmaceutical interventions came
 18 from the taskforce, in -- we developed that working
 19 closely with the Chief Scientific Adviser and the Chief
 20 Medical Officer, with in particular the Department of
 21 Health and the Treasury, often a wide range of other
 22 departments.

23 Particular issues that came to Covid-O would
 24 sometimes come from other departments, particularly the
 25 Department for Health, so I think we will come on to

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1 secretariat by the taskforce. The CMO and Chief
 2 Scientific Adviser were at most of those, and inputted
 3 into those. We developed papers with them, but they
 4 would give their own views in the committee when asked
 5 or moved to do so. In other meetings with the
 6 Prime Minister there were some which involved the
 7 taskforce and both the CMO and Chief Scientific Adviser,
 8 and there were some I am sure, but I wouldn't know,
 9 which involved them but not us.

10 **Q.** My last question on this topic: was the Covid Taskforce
 11 concerned, therefore, that there were regular meetings
 12 or regular opportunities whereby the Prime Minister
 13 asked the CMO and the CSA and his closest advisers,
 14 perhaps, on what should be done, what practical steps
 15 should be taken to address the spread of the virus in --
 16 particularly in the autumn of 2020, in your absence, in
 17 the absence of the CTF, the body strategically and
 18 operationally concerned with providing advice to the
 19 centre of government concerning the proper response to
 20 the virus?

21 **A.** No, I don't think -- well, I was not concerned about
 22 that, and I don't think as the Covid Taskforce we were
 23 concerned about that. We worked very closely with the
 24 Chief Medical Officer and the Chief Scientific Adviser
 25 throughout the period, they were very generous with

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1 their time and advice for us, and it was not our role to
2 provide scientific or medical advice to the
3 Prime Minister. That was their role. It was our role
4 to provide policy advice to the Prime Minister about the
5 actions he could or should take in response to that
6 advice and, indeed, input from other government
7 departments on a range of other issues.

8 The Prime Minister certainly contacted Chris and
9 Patrick to get their advice, but I ... there was no
10 point in the period where I felt we weren't either able
11 to discuss with colleagues in Number 10 the nature of
12 the discussion, or to discuss with the Chief Medical
13 Officer and Chief Scientific Adviser what they were
14 saying. We attended SAGE, we read the papers, we had
15 the minutes, that was all very much in the open,
16 obviously.

17 **MR KEITH:** That's a very convenient point.

18 **LADY HALLETT:** I think you were warned that we take breaks,
19 Mr Ridley. We will break now and I shall return at
20 11.30.

21 (11.14 am)

(A short break)

23 (11.30 am)

24 **LADY HALLETT:** Mr Keith.

25 **MR KEITH:** Mr Ridley, the data provided by the
45

1 much data and information as you could reasonably
2 gather?

3 **A.** Yes. I think that is correct. We were using -- we were
4 using data and analysis as we went through the period,
5 but the sources of data grew as time went by and our
6 ability to bring it together increased.

7 **Q.** So by way of an example, when advising in the autumn on
8 non-pharmaceutical interventions or what interventions
9 generally the government could consider imposing, was
10 the advice that the taskforce gave as informed by
11 economic considerations and social considerations as
12 well as by the health and scientific ramifications of
13 whatever it was you were advising?

14 **A.** Yes. I mean, to take a slightly -- at each of the steps
15 of the 11 May 2020 roadmap, we provided advice to the
16 Prime Minister and others about opening up through the
17 summer of 2020, that advice was informed by
18 an assessment of the five tests in that May document,
19 but which also added to that advice sections on the
20 economic impacts and implications and the social impacts
21 and implications as well as the health issues.

22 Similarly, as we got into the autumn, we were
23 providing the information and the analysis we had on the
24 economy and society as well as on the NHS and the direct
25 Covid impacts.

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1 Covid Taskforce, in your statement, paragraph 2.12 and
2 2.13, you say that the analytical capability of the
3 taskforce "comprised thematic teams covering health,
4 science, economics, behavioural insights, social policy
5 and public services, plus long range foresight and at
6 that time functions".

7 So was the taskforce able to bring together data and
8 information across the whole breadth of all the areas
9 engaged by the Covid pandemic? So you weren't just
10 providing scientific advice, for example, you were
11 providing data and insights from across the range of
12 these areas?

13 **A.** Yes, that is -- that is correct. Through the dashboard
14 and through the broader work that we did. It's
15 a capability we built through the summer and early
16 autumn of 2020, but by the -- sort of October- ish 2020
17 it was probably about -- a team of about hundred strong
18 doing that, doing that work.

19 **Q.** Do we take it from that answer, Mr Ridley, that until
20 the early autumn, or rather in the months before the
21 early autumn, the provision of data and information
22 gradually increased --

23 **A.** Yes.

24 **Q.** -- until such a point where you were confident that your
25 policy work and your strategy was fully informed by as
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1 **Q.** An important part of the overall data and analytical
2 capability identified in your statement was the ICJU,
3 the International Comparators Joint Unit. What was
4 that?

5 **A.** So the ICJU was a partnership between the Joint
6 Intelligence Organisation in the Cabinet Office and the
7 Foreign, Commonwealth and Development Office. It was
8 a team that was brought together essentially to do
9 a bit -- what it says on the tin, to provide
10 international comparisons of different issues. It was
11 incredibly important from the beginning that we had
12 an international perspective and understood, you know,
13 what was happening in other countries and what the
14 impact of different policies different countries were
15 putting in place was. So the -- when Rob Harrison
16 joined as our director general for analysis in
17 October 2020 he'd been doing that work in the
18 Cabinet Office and we brought the ICJU sort of much more
19 alongside the taskforce. They produced a number of
20 really helpful pieces of work. There was a recurring
21 piece about NPIs and social distancing, looking at what
22 different countries were doing, the kind of different
23 stringency levels that different countries had in place,
24 as well as producing reports on different specific
25 issues as they came up.

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1 Q. So do you consider that the UK Government was well
 2 sighted on how other countries were responding to the
 3 common threat of the virus and on the detail of the
 4 various strategies, policies and plans that they put
 5 into place?

6 A. Yes, and the -- I mean, the ICJU wasn't the only source
 7 of that. Through the dashboard we drew on other,
 8 you know, datasets about the growth of the virus,
 9 for example, or the path of the virus in other
 10 countries, so we were demonstrating where we were in
 11 terms of prevalence alongside other European countries
 12 and other countries at kind of all parts of the
 13 pandemic. We worked closely on key issues with
 14 ambassadors in various countries and working with
 15 the FCDO where there were specific issues that we wanted
 16 to dive into. So we had various means of bringing
 17 international comparisons to bear.

18 Q. All right.

19 Now I want to turn, please, to the position that
 20 confronted the government in the late summer, so late
 21 June and throughout July and August. As a result of the
 22 first national lockdown, if we may call it that, the
 23 prevalence of the virus was low, wasn't it?

24 A. Yes.

25 Q. How quickly did it become apparent that the prevalence

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1 beginning to tick up was of huge importance, wasn't it?
 2 You had to keep a very close eye on the way in which the
 3 virus developed thereafter?

4 A. Yes. That -- and we did. I've just said something
 5 about the national level. We also, through the work
 6 that was happening in what was the JBC and Department of
 7 Health, we were seeing local outbreaks --

8 Q. Just pause there.

9 A. -- if you want to come back to that --

10 Q. When you say, correctly, JBC, do you mean --

11 A. Joint Biosecurity Centre.

12 Q. Right.

13 A. But the information -- we got improved information via
 14 DHSC on local outbreaks, so as well as the national
 15 picture we were very closely monitoring, for the reasons
 16 we say, and it was actually -- I mean, as far back as
 17 June, that there was the outbreak in Leicester --

18 Q. I'm going to pause you there, because we're going to
 19 come back to the detail in due course.

20 A. Okay.

21 Q. I just want to establish the level of concern in the
 22 late summer as to the re-emergence of the virus. Was it
 23 generally understood that viruses come in waves --

24 A. Yes.

25 Q. -- and that as soon as the prevalence began to rise, and

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1 of the virus was ticking up, that infections were
 2 rising?

3 A. So ... I mean, it was -- I mean, as with all these
 4 things -- so it became clear in August, if you -- well,
 5 no. The key data we had at this -- at this point was
 6 the ONS infection survey which had started up and which
 7 was an invaluable source of information as we went into
 8 the later part of the summer and into the autumn, that
 9 had not been there in the -- in the spring.

10 The ONS survey started to show a -- you know,
 11 flattening off and then a small rise as we got into
 12 August, a small rise from low levels, and that came
 13 through the dashboard, I also had specific discussions
 14 with, you know, Ian Diamond at the ONS and with
 15 Chris Whitty and Patrick Vallance, and there was a lot
 16 of discussion about the risk of opening up exacerbating
 17 that rise.

18 I think on the data itself, I mean, there was
 19 uncertainty about the rate at which it would -- it would
 20 rise until we kind of -- as we get into later August and
 21 September, it's sort of more clearly on an upward path.

22 Q. There was a perennial risk or a permanent risk,
 23 continuing risk, wasn't there, that as soon as the
 24 country opened up, the virus would reappear? So
 25 prevalence and whether or not the infections were

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1 the infections re-emerged, that there would likely be
 2 a second wave?

3 A. Yeah, so -- yes, it was understood they came in waves,
 4 and there was without question an understanding of
 5 a risk of the second wave.

6 Q. The whole debate in March, or at least late February,
 7 early March, had been how to deal with the first wave in
 8 a way that ensured that the virus didn't recoil like
 9 an uncoiled spring into a devastating second wave. So
 10 the whole idea of a second wave came as no surprise to
 11 anybody, did it?

12 A. No.

13 Q. Throughout that late summer and into the early autumn
 14 there was, therefore, this constant tension between the
 15 scientific and medical understanding that if you open up
 16 the country, the virus would likely re-emerge with great
 17 force, and the need to ensure that economically and
 18 societally the country could be returned back to
 19 something approaching normal as quickly as possible.
 20 That tension never went away, did it?

21 A. No. There was -- I mean, the only thing -- there was
 22 throughout a need to balance the requirement to suppress
 23 the transmission of Covid, because of the direct health
 24 impacts of that, and the economic, social and, indeed,
 25 broader health consequences of lockdown or very

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1 stringent non-pharmaceutical interventions, and that was
 2 the case throughout the two-year period.

3 **Q.** Could we look at an email from Tom Shinner dated
 4 21 June, INQ000174752. Not an email, I'm sorry,
 5 a document.

6 Tom Shinner was part of the Covid Taskforce, was he
 7 not?

8 **A.** He was at this point, yes.

9 **Q.** At this point. This is addressed to Simon Case, who,
 10 with you, was effectively in charge of the
 11 Covid Taskforce at this time in June:
 12 "14 weeks to prepare for winter."
 13 Page 1, paragraph 3:
 14 "What follows is a 'straw man' for your
 15 consideration and refinement; ... [these] are the
 16 biggest current barriers and suggest pursuing five
 17 operational and five organisational actions with
 18 immediate effect ...
 19 "i. Develop a contingency playbook ...
 20 "ii. Replenish ... stockpiles ...
 21 "iii. Enhance the senior scrutiny ... on winter
 22 operational planning work ...
 23 "iv. Prepare a concerted behavioural influence
 24 campaign ...
 25 "v. Re-task the JIO ..."

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1 So they -- a number of these in paragraph 4 were
 2 adopted. The organisation of the various new structures
 3 in DHSC, ie Test and Trace and the Joint Biosecurity
 4 Centre and PHE, were ultimately brought together.
 5 There -- I mean, I can't talk with authority about
 6 staffing across all of government, but there was --
 7 there were a number of places where senior staffing was
 8 strengthened, including in the Covid Taskforce, where we
 9 recruited Kate Josephs as a delivery director general
 10 succeeding Tom, and then Rob Harrison, as I've said,
 11 to -- as a director general responsible for analysis.

12 I mean, we worked very closely from the
 13 Covid Taskforce across Whitehall. I chaired very
 14 regular meetings with directors general across
 15 departments, and indeed there was a regular
 16 Cabinet Secretary-led meeting for 2020.

17 We -- we didn't bring other departmental leads
 18 physically into the same team, we maintained the
 19 taskforce as structured in the Cabinet Office, as I've
 20 talked about. Number 4 was -- was done.

21 We didn't restructure the Covid Taskforce precisely
 22 as Tom describes here, but we did reorganise it as we
 23 went through the summer after Kate arrived and we
 24 brought more capability in. I can talk in more detail
 25 if that would be helpful.

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1 If we could just scroll back out, in paragraph 2 we
 2 can see Mr Shinner says:
 3 "I think we are more vulnerable to a second wave of
 4 COVID than is apparent ..."

5 Was it generally understood in June that we were
 6 vulnerable to a second wave of Covid and perhaps more so
 7 than was appreciated by some?

8 **A.** So I think we knew and it was clear that we were
 9 vulnerable to a second wave of Covid. I think there was
 10 a question about the extent to which there was hope or
 11 optimism bias against that, but I think the risk of it
 12 was known.

13 **Q.** In that paragraph 3, and also in the following
 14 paragraph, paragraph 4, we can see Mr Shinner makes
 15 a number of recommendations. In relation to the
 16 organisations he suggests rehabilitating and reforming
 17 Public Health England, restaffing key leadership roles,
 18 defining clear responsibilities across government,
 19 developing a central analytical function, redesigning
 20 the Covid Taskforce.

21 To what extent were any of these practical
 22 suggestions adopted, do you recall?

23 **A.** So we -- I mean, do you mean specifically paragraph 4 --

24 **Q.** Yes.

25 **A.** -- or do you mean the note more broadly?

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1 **Q.** That would tend to suggest that the Covid Taskforce was
 2 on top of its game, it was aware of the need to perfect
 3 the position, perfect the system in order to prepare for
 4 the inevitable second wave?

5 **A.** So we certainly -- I mean, I wouldn't want to overstate
 6 in terms of perfection, but we had learnt a lot in the
 7 spring, we wanted the Covid Taskforce to be in as strong
 8 a position in the centre of government as possible and
 9 we wanted to be working with Whitehall departments and
 10 with others to be prepared, and we were doing a lot of
 11 work through the summer to that end in terms of work on
 12 NPIs and how we could develop them in terms of scenario
 13 planning and some sessions that we had with Number 10
 14 colleagues and the Prime Minister and others through the
 15 summer.

16 **Q.** All right.

17 INQ000265766, please, at page 3. This is
 18 a communication, a WhatsApp, between yourself and
 19 Simon Case. We can see at 21.22:
 20 "Simon Ridley: Spoke to CMO/[Patrick Vallance] about
 21 next steps. They caution against doing much at all
 22 beyond outdoor sports/arts this month before seeing
 23 impact of the weekend changes. Their other big worry is
 24 keeping headroom to reopen schools safely come
 25 September."

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1 So the scientific and medical advice, if you like,
2 from that quarter was very much towards making sure that
3 the country didn't open up too much too rapidly, that
4 there was a constant risk that if things were opened up
5 too much it would allow an opportunity for the virus to
6 re-emerge faster than would otherwise be the case. That
7 was the debate?

8 **A.** Yes. I mean, I think -- absolutely. I think the other
9 point that this is a very brief summary of was that
10 seeing the impact of changes took time, and they were --
11 they were cautioning against putting change upon change
12 before knowing where we were.

13 **Q.** In general terms, in the summer, was the policy and the
14 course adopted by the government in line with the CTF's
15 own views as to what should be done cautiously, safely,
16 and in such a way as not to allow the virus to
17 re-emerge?

18 **A.** I mean, so we were bringing this view together. There
19 was also, in a number of departments around Whitehall,
20 a desire to get sectors re-opened. There was
21 a significant economic and social cost to the length of
22 time different sectors had been closed.

23 So in the taskforce we were trying to understand
24 that and the implications of that and develop, you know,
25 guidance around being Covid-secure, for example, to

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1 approaches from the line departments, what was the CTF's
2 view on the Eat Out to Help Out scheme?

3 **A.** The Eat Out to Help Out scheme didn't come through me or
4 the taskforce, it was decided by the Prime Minister and
5 the Chancellor as far as I am aware.

6 **Q.** So the Covid Taskforce, by August, had been in place,
7 had been formally announced in June but you had been
8 operational since May. You were the single body tasked
9 with synthesising the policy and strategy for responding
10 to the virus and giving advice to government on how it
11 should be responded to, but you did not advise on, you
12 did not comment on, you weren't even asked to consider
13 the merits of the Eat Out to Help Out scheme?

14 **A.** That is correct.

15 **Q.** When you first discovered that that was what was being
16 proposed by HMT, what did you do?

17 **A.** Erm ... I mean, I think -- I can't recall exactly the --
18 you know, the first things that we did. I mean, I think
19 to be -- in terms of my -- my role, internalise that as
20 government policy, and what that meant alongside the
21 other decisions that we were -- we were taking, I don't
22 recall that there was, at that point, a prediction, if
23 you like, of the impacts of it over the next few weeks,
24 but it obviously factored into future advice.

25 **Q.** Mr Ridley, you were or you were shortly to become the

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1 enable opening up, to mitigate these risks that the
2 Chief Medical Officer and the Scientific Adviser were
3 articulating.

4 **Q.** We appreciate the CTF was trying to understand the
5 significant economic and social costs and work out the
6 balance between the costs of intervention --

7 **A.** Yeah.

8 **Q.** -- and the costs on society at large of those
9 interventions. But in a general sense, was what the CTF
10 was recommending in terms of the general strategy of the
11 government, the general course, that which the
12 government actually adopted?

13 **A.** So we were -- we were governed through the summer by the
14 five tests in the May 2020 document, which were about
15 the capacity of the NHS, about our readiness on -- kind
16 of operationally on issues like PPE, about the direction
17 of the virus, and we were couching our advice through
18 that.

19 We were -- we were certainly, in our advice, seeking
20 to minimise the risks of a significant second wave, but
21 we were balancing that against various other issues and
22 in general advising a course consistent with ...

23 **Q.** So in the CTF's role as bringing together in one body
24 the policy and strategy for responding to Covid and for
25 liaising with and synthesising all the data and the

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1 leader of the CTF. I think you and Mr Bowler and
2 Mr Case were the driving forces behind the CTF. You
3 were in charge of the body which was convened, designed,
4 operated to bring together at the heart of government
5 all the policy and the strategy relating to the response
6 to the virus. You must have been extraordinarily
7 concerned that a major plank of the government's
8 strategy, a positive scheme to financially support
9 people to eat out across those midweek days in August,
10 had not been brought to you for your views?

11 **A.** I mean, I ... things -- things happen that surprise --

12 I mean, we were -- we were focused on the advice we
13 could -- we could give in the context of the steps of
14 the May 2020 -- 20 -- document. You know, there was --
15 this was announced as government policy. I didn't spend
16 time worrying particularly about the whys and wherefores
17 of that.

18 **Q.** Because you were effectively completely blindsided by
19 the Treasury and there was nothing you could do?

20 **A.** Correct.

21 **Q.** All right.

22 The Covid-19 recovery strategy was published on
23 24 July 2020. Could we have INQ000137239, page 1, and
24 then page 5, I think, for the index:

25 "Suppressing the Virus

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1 "Opening up Society ...
 2 "Continuing our Plan to Rebuild."
 3 On page 13, at the third paragraph, there is
 4 a reference to:
 5 "The Government is undertaking preparations to make
 6 sure that we are as ready as possible for the risk of
 7 a resurgence in the virus between November and March."
 8 Did the CTF have a hand in the preparation of this
 9 document?
 10 **A.** Yes, we would have been -- well, we were, sorry, the
 11 lead drafters of this document.
 12 **Q.** What preparations was the government undertaking? What
 13 in practice, what in reality were those preparations?
 14 Can you give us some idea.
 15 **A.** Yeah. So the government was continuing to build the
 16 infrastructure and capacity of the test, trace and
 17 isolate system, led by Dido Harding, Department of
 18 Health and Social Care. We were doing lots of work on
 19 local interventions, again led in large part through
 20 DHSC, but we were bringing that together with other
 21 government departments. We did a lot of work under the
 22 banner of smarter NPIs to try to explore different ways
 23 in which it might be possible to reduce social contact
 24 and suppress the virus with less economic or social
 25 impact, and support other things besides. I mean, there

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1 national lockdown.
 2 We -- I mean, in terms of the practical things we
 3 were doing, we ran a piece of work, I mean, as I say,
 4 under the title of "smarter NPIs", to explore what the
 5 possibilities were. That involved colleagues from
 6 across government, particularly Health, the Treasury and
 7 others. We were looking at ways in which, for example,
 8 you know, we can encourage safer behaviours from people,
 9 we were looking at enforcement and compliance with
 10 regulations, we were looking at the possibilities of and
 11 how we could use local interventions rather than
 12 national interventions. We did a big piece of work
 13 on -- it was called segmentation, which is essentially
 14 a sort of, if you like, a kind of harder and broader
 15 form of shielding is one way to think of it. So is
 16 there a way of protecting and, if you like, restricting
 17 the movement of more vulnerable portions of society and
 18 letting those less likely to suffer severe consequences
 19 of Covid to go about their lives more normally.
 20 **Q.** Just on this subject of segmentation, so in essence part
 21 of what had hitherto in February/March been the
 22 mitigation strategy, which was trying to see whether or
 23 not there were parts of the population who could be
 24 segmented, safely contained in a way that would protect
 25 them in the event of a re-emergence of a second wave?

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1 was tonnes of work on the vaccine going on, for example,
 2 although we were not expecting that by November, we were
 3 hopeful we would have, as indeed we did, a vaccine in
 4 place by March.
 5 **Q.** Putting aside the vaccines, which obviously are a huge
 6 topic on their own, and putting aside the test and
 7 trace, which of course was led -- the NHS Test and Trace
 8 by that stage was led by Baroness Harding. What
 9 preparations in practice were being made in terms of, as
 10 you say, exploring different ways in which it might be
 11 possible to reduce social contact and suppress the
 12 virus? Do you mean papers or policy documents were
 13 drawn up saying, "Well, there is this tension between
 14 suppressing the virus and continuing to damage the
 15 economy"? Or do you mean there were policy documents
 16 identifying particular NPIs or restrictions which could
 17 be contemplated in the future? What --
 18 **A.** Yeah.
 19 **Q.** -- did that policy consist of?
 20 **A.** So that's what we had been looking at through June and
 21 July, very much in the context of the very significant
 22 social and economic harms of the national -- of
 23 a national lockdown, and wanting to be as prepared as
 24 possible as we went into the autumn for how we could
 25 mitigate a second wave without having to do a subsequent

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1 **A.** Yes, and through a second wave.
 2 **Q.** Your statement makes plain that there were two occasions
 3 when the government dug down into the issue of
 4 segmentation after the first wave, firstly in
 5 September 2020 and then at the end of 2021 with the
 6 Omicron wave. Why in September 2020 was it decided that
 7 measures for segmentation were impractical and,
 8 therefore, not to be pursued?
 9 **A.** So we did a detailed -- well, we did this very much
 10 jointly with -- in fact I think Treasury seconded
 11 a colleague into the taskforce to support us to do this
 12 work, very much a joint piece of work. I mean, the
 13 reason why a so sort of -- if you like, a kind of hard
 14 form of this we didn't think could work, was
 15 a combination of practical reasons, just keeping people
 16 away and isolated from the virus for a long period of
 17 time is ultimately sort of just practically too
 18 difficult. Part --
 19 **Q.** Just pause there --
 20 **A.** Oh, sorry.
 21 **Q.** -- before we come to the second part. Was not the idea
 22 of segmentation merely a revised or recalibrated form of
 23 shielding? In the early part of the year the government
 24 had been able to put into place a practice whereby --
 25 you described it as low millions, but low millions of

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1 people in the population were effectively and well
 2 shielded, so wasn't segmentation just a variant of that?
 3 **A.** So, so in a way -- in a way, yes, but it was broader and
 4 deeper, and the purpose of it was to allow, if you like,
 5 life for others to go on broadly as normal. Whereas we
 6 were preparing the shielding to protect people,
 7 you know, including through a lockdown where there was
 8 much less social contact. So the prevalence was
 9 going -- going down. The idea of segmentation was to
 10 enable people to be away from a virus when it was
 11 running rife potentially for much longer, because those
 12 people who were not segmented, if you like, were going
 13 about their normal business and you would expect a very
 14 high level of transmission of the disease between those
 15 people.
 16 **Q.** How seriously was segmentation considered? You're
 17 aware, of course, of the debate surrounding the second
 18 lockdown, as to whether or not a lockdown was avoidable,
 19 inevitable, whether or not there was an alternative path
 20 that could have been adopted whereby a segment of the
 21 population were segmented?
 22 **A.** Yeah.
 23 **Q.** In this work in September, to what extent did you
 24 seriously consider segmentation and satisfactorily
 25 resolve that it wasn't possible?

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1 for a long period and what would happen, referring there
 2 to the practicalities, how do you physically segment
 3 1.5, 2 million or more people, mindful of course that
 4 you had successfully shielded a very large number of
 5 people in the spring, or are you referring to the more
 6 conceptual issue of, well, is it feasible to make people
 7 segment themselves and to be segmented for such
 8 a lengthy period of time, that is to say the period of
 9 time required to be segmented whilst a second wave
 10 washes through?
 11 **A.** So I think both of those. I mean, to take -- take
 12 a practical example, I mean, there are an awful lot of
 13 mixed generation households in the country or households
 14 where there is one person who is clinically extremely
 15 vulnerable. If you've got a household where one or two
 16 people are -- if you like, need to be segmented, others
 17 are going to work or going to school or going shopping,
 18 to the cinema, et cetera, they come back home, if that
 19 home has only got one bathroom ... there are all manner
 20 of just prac -- the idea that the virus could -- there
 21 could be a barrier between one half of society and the
 22 other half of society which this virus is going to very
 23 rarely cross, we could not see a way in which you could
 24 practically manage that sufficiently.
 25 **Q.** There was never going to be a hermetic seal, there could

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1 **A.** So, I mean, I think we did the detailed work in -- from
 2 August. We did a -- we did a, I think, substantial
 3 piece of work through that summer. I recall I put
 4 a detailed piece of advice up to the Prime Minister,
 5 I think in September. There were various products as
 6 a result of that work that came about from talking to,
 7 you know, colleagues across Whitehall from -- to the
 8 Chief Medical Officer and his deputy -- his deputies, to
 9 the Chief Scientific Adviser.

10 We were learning from shielding, and indeed it was
 11 clear by that point that there were some benefits to
 12 shielding but there were also some real downsides to
 13 shielding and from being isolated for a long period of
 14 time without access to people. So we took all of that
 15 into account and we thought about what would happen --
 16 how do you come out of -- how would you come out of
 17 segmentation and how realistically can you kind of get
 18 to that point.

19 So it was a detailed piece of work, and I think we
 20 were -- we were confident at the end of it that that
 21 being a strategy through the wave would be unlikely to
 22 succeed on its own terms.

23 **Q.** Just help us more with the reason why it didn't or
 24 couldn't work. Are you, by reference to the issue of
 25 the real downsides to shielding and from being isolated

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1 never be a hermetic seal, that barrier would always be
 2 permeable. But in the spring, the government had been
 3 able in practice to provide a measure of protection to
 4 those persons who were shielding, because they had food
 5 delivered, they had medicine delivered, they had
 6 services provided, because they were, in practice, being
 7 segmented. Why couldn't that have been done again?
 8 With the requisite political will, why couldn't that
 9 have been done in practice?

10 **A.** We were doing that in March through a period of
 11 a national lockdown, while prevalence was coming down
 12 and people were not going to restaurants, pubs, shops,
 13 et cetera. The premise of shielding was that we
 14 wouldn't have to cause that social and economic harm
 15 because the rest of society would be left open, and
 16 therefore you would have very high levels of prevalence
 17 while you were trying to maintain the safety and
 18 separation of the segmented population. So I totally
 19 agree, we didn't put up a straw man of a hermetically
 20 sealed border, if you like, or boundary, but the context
 21 this was being thought of was not the same as the
 22 context of shielding in March and how do we give people
 23 that extra safety at a time when we're trying to manage
 24 the virus down.

25 **Q.** But the persons who were shielded in the spring were

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1 of course physically and mentally isolated by virtue of
 2 the national lockdown --
 3 **A.** Yes.
 4 **Q.** -- and of course by the necessary isolation brought by
 5 the need to be shielded. In the autumn, it would have
 6 been possible or it could have been possible to put into
 7 place a revised system of shielding, of segmentation,
 8 because you had the practical measures in place, but was
 9 it thought that because of the general prevalence of the
 10 virus in society, even that degree of shielding, being
 11 segmented, would be insufficient to protect those
 12 individuals because the virus was rampant in society,
 13 that it just wouldn't work in terms of protecting them?
 14 Is that the thinking behind the decision?
 15 **A.** Yes, essentially. I mean, we did use advice to the
 16 clinically extremely vulnerable, and indeed there was
 17 clinical advice about who the right groups of people
 18 were through the autumn and indeed into 2021. We did
 19 use shielding. The point was we didn't think that was
 20 a way to avoid other NPIs and enable the rest of society
 21 and economy to go on as -- as normal.
 22 **Q.** But if the level of prevalence, if the degree of
 23 infection in society had been able to be brought down
 24 somewhat, from the highest possible level, perhaps by
 25 tiers, perhaps by regional firebreakers, or whatever it

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1 were to the Prime Minister.
 2 **Q.** They were obviously setting out the basic position in
 3 terms of what might happen if no action was taken. Was
 4 there any debate, though, about specific policies or
 5 measures which might be contemplated, for example
 6 circuit breakers or regional firebreaks or however you
 7 might want to call them?
 8 **A.** I mean, I don't recall in detail, it wasn't a meeting
 9 that we put propositions to or -- sorry, to -- the
 10 papers to. It was mostly to discuss the context and
 11 where --
 12 **Q.** Where you were heading?
 13 **A.** Where we were heading and -- where we were and where we
 14 were heading and where this might get to over the
 15 coming weeks. I'm sure there will have been discussions
 16 of particular measures, but it was not a meeting to
 17 decide those -- those sorts of things.
 18 **Q.** It seems from Mr Shafi's notes that the Prime Minister
 19 asked to explore "a range of views from different
 20 scientists". Do you recall the Prime Minister asking to
 21 hear a range of what might be described as alternative
 22 views from other scientists?
 23 **A.** Yes, I think I -- I think I do, I think it came out of
 24 that meeting.
 25 **Q.** Did you ask or did you ponder why he was seeking those

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1 is, why couldn't, with a slightly lower or
 2 a significantly lower prevalence, segmentation not have
 3 been introduced in the autumn in order to avoid the
 4 consequences of a full national lockdown?
 5 **A.** So, I mean, I -- as I say, the conclusion of the work we
 6 did was that we did not think it would be possible to
 7 manage the virus and the pressures on the NHS through
 8 segmentation as our primary strategy. We did use
 9 shielding alongside other NPIs, tiers, et cetera, that
 10 is -- and local restrictions. That is where we'd got
 11 to, as we got to September, October, November.
 12 **Q.** On 16 September, there was a meeting with the
 13 Prime Minister attended by the Chief Medical Officer and
 14 the Government Chief Scientific Adviser. I don't think
 15 I have available the notes of the actual meeting, but
 16 from a read-out note prepared by Imran Shafi, it does
 17 seem that there was a considerable debate about the
 18 reasonable worst-case scenario and that, with no action,
 19 the United Kingdom could again see deaths running at 200
 20 to 500 deaths a day. Were you present at that strategy
 21 meeting on 16 September?
 22 **A.** Yes, I think I was, if it's the meeting in the afternoon
 23 of that day. I think that was a meeting which was
 24 an opportunity for the Chief Medical Adviser and the
 25 Chief Scientific Adviser to give their views on where we

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1 views when he had, of course, the benefit of advice from
 2 SAGE, communicated through the CMO and CSA, and all the
 3 work, the policy and strategy and data from the
 4 Covid Taskforce?
 5 **A.** I mean, not beyond thinking it was -- you know, why not
 6 bring a wide range of views in? It was important to
 7 understand perspectives. If the Prime Minister wanted
 8 different voices then he should just put that in place.
 9 **Q.** But there was no area of data, policy or strategy which
 10 hadn't been considered by you, the Covid Taskforce, and
 11 the combination of the CMO and CSA, was there?
 12 **A.** No, but there was a more contested debate about the
 13 right approach in terms of government action to suppress
 14 the virus, there was a greater variation of approaches
 15 by different countries in October than there had been in
 16 March, and the -- you know, we were at a point in time
 17 where there was a kind of increasing, you know, risk of
 18 a second national lockdown, which the government wanted
 19 to avoid as much as possible.
 20 So understanding the broadest range of views --
 21 I mean, we provided a wide range of advice in -- from
 22 the Covid Taskforce, drawing on a number of different
 23 people, but I would -- I wouldn't say we captured
 24 absolutely every point of view and were able to present
 25 that --

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1 **Q.** The scientists whom the Prime Minister ultimately met
 2 included Professor Gupta, Professor Heneghan, and the
 3 general proposal which was put before him subsequently
 4 in fact at a meeting on 20 September with them and
 5 Mr Tegnell of Sweden, the epidemiologist, was that it
 6 would be possible or it was possible to have a structure
 7 whereby a large part or a proportion of the population
 8 was indeed segmented and that this was a proper and
 9 useful way to avoid the calamitous consequences of
 10 a lockdown, and that approach became known in part -- or
 11 a variant thereof became known as the Great Barrington
 12 approach.

13 At that meeting on 16 September did the
 14 Prime Minister call for a range of different views
 15 because the notion of segmentation had already been
 16 essentially turned down by the Covid Taskforce at that
 17 time? You had advised on 7 September that you didn't
 18 think it would work. Was this call by the
 19 Prime Minister a reflection of his frustration at the
 20 fact that segmentation had been practically excluded by
 21 the Covid Taskforce?

22 **A.** I don't -- I mean, I don't -- I think you'd have to ask
 23 the Prime Minister. I don't think I can answer -- I can
 24 answer that. But it was certainly the case that we
 25 were -- you know, that the Prime Minister and other

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1 options. If we look at page 2, paragraph 4:

2 "You could decide to take minimal action now, with
 3 a plan to intervene a couple of weeks hence if the
 4 numbers continue to deteriorate. But any intervention
 5 is likely to take two or three weeks to have an effect
 6 ... infections will continue to grow."

7 During that time.

8 If we look at page 3, we can see "Package A: Double
 9 down for winter", which had -- these were the least
 10 stringent measures, were they not: national address,
 11 publication warning, guidance to work at home if people
 12 can, more enforcement, hospitality table service only,
 13 tweaks to the rule of six.

14 I think the rule of six had been introduced on
 15 Monday 14 September, had it not?

16 **A.** It had.

17 **Q.** But, paragraph 7, the view of the CMO and the Chief
 18 Scientific Adviser was that "unless it prompts
 19 a significant behavioural response, Package A is very
 20 unlikely to drive R below 1".

21 Package A, the use of those words "very unlikely to
 22 drive R below 1", was therefore never really very likely
 23 to work. Was it sensibly pursued? Was it advanced
 24 sensibly as a practical option?

25 **A.** So on, I think -- the meeting that discussed this note

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1 secretaries of state were seeking ways of managing the
 2 virus short of a national lockdown and that we were
 3 operating in a -- in a context where we were looking for
 4 ways through short of that, in terms of restrictions,
 5 for sure.

6 **Q.** On 19 September, the Covid Taskforce submitted
 7 an advice, the winter strategy advice, to the
 8 Prime Minister.

9 Could we have, please, INQ000137293.

10 It's a document from you dated 19 September.

11 Paragraph 1 recognises:

12 "The infection is spreading rapidly. The 7-day
 13 average of confirmed cases has risen from 1,077 in
 14 mid-August to [3,600-odd] today and is on a sharply
 15 upward trajectory."

16 Hospitalisations are increasing.

17 "SPI-M-O's view is that, if no further measures are
 18 implemented, 'such a high level of hospital admissions
 19 has the potential to overwhelm the NHS in around
 20 six weeks'."

21 So six weeks from the date of this document,
 22 17 September, is essentially the end of October. Is
 23 that correct?

24 **A.** Yep.

25 **Q.** The Prime Minister was presented with a number of

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1 was the morning of the 20th, and we were -- we discussed
 2 the trajectory and we discussed actions that could be
 3 taken, very much in the context that to drive R below 1
 4 we would need to go further than package A.

5 **Q.** The whole point of this meeting was to debate what could
 6 be done to reverse the exponential or potential
 7 exponential growth of the virus.

8 **A.** Yeah.

9 **Q.** Why was package A even contemplated if it was very
 10 unlikely to drive R below 1?

11 **A.** So, I mean, the first thing to say is there's sort of --
 12 there's obviously a huge amount of uncertainty in what
 13 we were trying to do, which is ultimately to prompt
 14 a significant behavioural response. So over the course
 15 of the summer, you know, we'd been opening up, people
 16 were starting to do more, and the question was -- and we
 17 had in place a load of measures not covered here in
 18 terms of the local restrictions in areas of the greatest
 19 outbreaks, and the overall strategy the government was
 20 pursuing was still focused on local outbreaks,
 21 addressing local outbreaks, testing, tracing and
 22 isolating, and prompting compliance.

23 The question was: what level of further national
 24 action could prompt a behavioural response that shifts
 25 people back towards avoiding more social contact?

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1 Absolutely, the -- so package A was here as, if you
 2 like, an absolutely minimal amount of stuff that needs
 3 to be done and minimal amount of measures that need to
 4 be taken for the next few weeks, but you're probably
 5 going to have to go further.

6 **Q.** So it was a makeweight?
 7 **A.** If you like.

8 **Q.** Do you have any views, perhaps with hindsight, on the
 9 propriety of advancing a makeweight package --

10 **LADY HALLETT:** I'm not sure that's a fair question,
 11 Mr Keith.

12 **MR KEITH:** All right.

13 Page 5, paragraphs 11 and 12, in the context of
 14 package B:
 15 "This package would be more significant than steps
 16 taken in France and Spain ... both countries are
 17 recording around 10,000 new cases a day. Deaths are
 18 rising."
 19 And 12:
 20 "In addition to this package, the Government should
 21 develop a proposal for a much more severe enforcement
 22 policy."
 23 That package B is set out at paragraph 14 on page 5,
 24 I believe, "measures for the duration of winter": reduce
 25 household mixing, reduce the number of exceptions to the

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1 **Q.** Right.
 2 **A.** That debate was --
 3 **Q.** In October?
 4 **A.** Well, it was -- we would -- tiers were being debated in
 5 September, because we already had multiple local
 6 restrictions in place across the country and there was
 7 a need to regularise that.

8 **Q.** In October, a system of tiers was introduced, was it
 9 not? It was debated, promulgated, announced:
 10 effectively regional lockdown measures. And it's
 11 obvious that that was a step short of a lockdown.

12 Why wasn't a tier package suggested as part of
 13 packages A, B and C and therefore advanced as a way of
 14 introducing another form of relatively stringent
 15 intervention but short of a lockdown that might have
 16 helped to reduce the incidence levels of the virus?

17 **A.** So, I mean, I think the end of this note mentions
 18 regional circuit breakers. We -- we were debating how
 19 to regularise the local restrictions in place at this --
 20 at this point. I mean, this, this note was mostly
 21 focused on taking a degree of further national action
 22 following the introduction of the rule of six, as you
 23 say, a week or so earlier, to, you know -- to increase
 24 the suppression of the virus at a national level
 25 alongside the local restrictions that were in place.

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1 rule of six, close hospitality 10 pm to 5 am.
 2 And then, page 6, paragraphs 16 to 18, impact on the
 3 hospitality sector, more stringent than other European
 4 countries. But at 18:
 5 "There is a risk that even a combination of ... A
 6 and B would fail to bend the curve, leaving R above 1."
 7 So without answering, I'm just setting out the
 8 framework, package C on page 6, 19 to 20, "harder,
 9 temporary measures": ban all contact between households
 10 in all settings except for work, advise against travel,
 11 closure of leisure and personal care sectors.

12 Was that the circuit breaker?

13 **A.** Essentially, yes.
 14 **Q.** Right. So the CTF suggested A, a package which was very
 15 unlikely to work if the aim was to reduce the R below 1,
 16 packages B and C in relation to which you were
 17 recommending that a combination of B and C would
 18 probably have to be imposed -- have to be imposed in
 19 order for the aim, the strategic aim to work; is that
 20 correct?
 21 **A.** Yes, we were laying out the trajectory that we were on
 22 and different ways of changing it.
 23 **Q.** There was no suggestion in this paper of the tier
 24 approach, was there?
 25 **A.** Erm ... no, not explicitly.

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1 **Q.** Mr Ridley, standing back, in September these packages
 2 are proposed, around about the middle of September there
 3 is a rule of six imposed; following this meeting the
 4 Prime Minister goes for a mixture of B and C.
 5 **A.** A and B.
 6 **Q.** Sorry, you're quite right, A and B. So he doesn't -- he
 7 goes in part for a package which has been described as
 8 very unlikely on its own to reduce the R below 1, and he
 9 takes part of package B, he takes no part of package C.
 10 And that is what is announced: essentially curfew at
 11 10 o'clock and some other aspects to do with enforcement
 12 and publication and communication and advice.
 13 It doesn't work, and in October the government
 14 introduces a tier system, which we'll come on to in
 15 a moment, and that doesn't work and we end up in
 16 an initial national lockdown.
 17 Why wasn't that tier system, which might be thought
 18 to be short of a national circuit breaker but is
 19 undoubtedly more stringent than curfew and restrictions
 20 in hospitality, considered in September as a result of
 21 all the policy work that the CTF has done, considered
 22 and debated upon, so as to give rise to the possibility
 23 that, had something more stringent than this been
 24 considered in September and imposed, there may not
 25 ultimately have been a need for the lockdown that was

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1 ultimately imposed?

2 **A.** So, I mean, I ... I don't recall why we haven't

3 discussed tiering as such in this note, other than the

4 work on local lockdowns was, if you like, already agreed

5 and in the sort of baseline of what we were doing. We

6 were having a discussion about how to regularise that

7 into tiers so there wasn't the plethora of different

8 arrangements in -- in different parts of the country.

9 This note was focused on -- on further national action

10 in the main that could be taken, because while the

11 growth of the virus and the outbreaks were still largely

12 at a kind of local and regional level, you know, there

13 was concern that in areas with lower prevalence it would

14 grow over -- it would grow over time.

15 **Q.** But the tier system, whilst having an impact regionally,

16 because obviously it worked by way of putting every

17 region into one or more -- one tier or another, Tiers 1,

18 2 or 3, was a national system, it applied across the

19 whole of England?

20 **A.** Yes.

21 **Q.** So --

22 **A.** But at different -- Tier 1 was considerably lower than

23 a mixture of -- than some of the things in package A and

24 B.

25 **Q.** Yes, but your answer was: this note was focused on

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1 future if he didn't take a decision in September the way

2 that the Covid Taskforce believed he ought?

3 **A.** So we were trying to find ways to make sure we were

4 having a debate about the policy decisions needed today

5 to impact where we would be in several weeks' time.

6 There was a -- there was an enormous amount going on

7 every day, and there was uncertainty in trajectories and

8 all these sorts of things, and the purpose of this

9 meeting was to try and kind of create the space to say

10 essentially, "If we don't act now, this is the

11 conversation we might find ourselves having a few weeks'

12 hence and the sorts of decisions that would come about".

13 **Q.** But he's the Prime Minister, you had given him

14 a strategy document in September saying: these are the

15 packages which we want you to consider, which one do you

16 want? Why do you need to hypothesise as to future, yet

17 to be -- future eventualities which have yet to come to

18 pass?

19 **A.** I mean, what we would -- we were trying to find, as

20 I say, different ways to have the debate with the

21 Prime Minister and others about the uncertainties, about

22 the possible positions we could be in, and about -- in

23 order to inform decisions about action today. And we

24 found at different points in July, August and September

25 that doing meetings in some slightly different ways,

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1 national action in the main that could be taken. The

2 tier system was a form of national action, was it not?

3 **A.** Yes, I mean, it was a national system.

4 **Q.** Right.

5 On 20 September the Covid Taskforce supplemented

6 this advice by presenting the Prime Minister with

7 hypothetical scenarios of what ministers might be faced

8 with in October if the virus was not brought under

9 control; correct?

10 **A.** Yes.

11 **Q.** Could we have INQ000146611.

12 So we can see from the top right-hand corner the

13 action:

14 "Submission to [Prime Minister] on 14 October."

15 This was -- and the document emphasises it's

16 "Hypothetical thought-experiment not government policy".

17 This was a hypothetical scenario put before the

18 Prime Minister in effect to tell him, "If you don't take

19 certain steps then by 14 October these are the sorts of

20 problems or crises that you may have to confront";

21 correct?

22 **A.** Yes.

23 **Q.** Why was it necessary to put that in front of the

24 Prime Minister and, bluntly, scare him or hypothesise as

25 to what terrible dilemmas he might have to face in the

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1 that providing information in different ways, helped to

2 stimulate that debate, and that's what this was about.

3 **LADY HALLETT:** Or prompt action?

4 **A.** And prompt action.

5 **MR KEITH:** If you'll allow me to say so, quite so.

6 You had -- the CTF took a view, did it not, as to

7 the merits of the various packages being presented to

8 the Prime Minister and attempted to have, to use your

9 word, that debate with the Prime Minister in a way that

10 accorded with your, the CTF's, approach? You

11 hypothesised a worst-case scenario in order to affect,

12 influence his decision-making; is that fair?

13 **A.** Well, in order to make sure we were providing advice in

14 the best way that we possibly could. I think, I mean,

15 we -- there is a meeting on 7 October where we

16 recommend, essentially, regional circuit breakers.

17 I don't know whether we will come to that --

18 **Q.** We will.

19 **A.** -- or not. We could see, you know, the path of the

20 growth of the virus and we were trying to make sure that

21 the implications of that were part of the

22 decision-making process. There were things weighed

23 against this, which are -- about, you know, the

24 economic, social costs of more stringent NPIs.

25 **Q.** The Prime Minister met with Professor Gupta,

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1 Professor Heneghan, Anders Tegnell of Sweden and
2 Professors Edmund and McLean on 20 September, on the
3 Sunday. Were you aware or were you made aware, as the
4 head -- I think very soon to be -- of the CTF, of the
5 outcome of that meeting?

6 **A.** Yes, I listened to that meeting.

7 **Q.** Meaning you were there?

8 **A.** I can't -- I can't honestly remember if I was in the
9 room or on the end of a phone. There was a train delay
10 that day and I ... But I listened to the meeting.

11 **Q.** Following the meeting the Prime Minister's conclusion
12 was to pursue all package A nationally and some
13 measures, as you've said, from package B, including the
14 national curfew from 10 pm, options to tighten face mask
15 policy and a call for tighter local restrictions.

16 If the scientific advice and the advice from the CTF
17 is package A would be very unlikely to reduce R below 1,
18 and if the government was following the science, why did
19 the Prime Minister not adopt a combination of B and C or
20 C or B, as opposed to pursuing all of package A and only
21 some measures from package B?

22 **LADY HALLETT:** I think that's a question for the former
23 Prime Minister, Mr Keith.

24 **A.** So I think that is a question -- thank you, my Lady --
25 for the former Prime Minister, but, you know, it was

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1 permitted.

2 Were these the regional lockdown measures?

3 **A.** Yeah, this is effectively a -- in the parlance of the
4 time, a regional circuit breaker.

5 **Q.** Page 2:

6 "There is a choice on whether to tighten social
7 restrictions further ..."

8 (a), (b), (c) and (d).

9 "We recommend Option A, against any tightening ..."

10 Then I think there was a -- was there a map?

11 **A.** Yes.

12 **Q.** An annex which showed those parts of the country which
13 would be subject to these regional lockdown measures.

14 If we go back to the first page, was this a document
15 that came from the CTF?

16 **A.** Yes, there was this document, there was a map, as you
17 say, and I think there was a third document that
18 described the process we could go through to put this in
19 place in about a week.

20 **Q.** There was a meeting on 8 October shortly thereafter --
21 INQ000146616.

22 And after the meeting, at which the Prime Minister
23 had met the Chancellor, the CMO, the CSA and the NHS CEO
24 to discuss Covid and NHS preparedness, this read-out
25 refers to, well, the general course of the debate in

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1 clear from all the discussions I was in that he, and
2 indeed his colleagues, were balancing a series of
3 different harms and a series of different risks in the
4 measures that they sought to put in place through that
5 autumn.

6 **MR KEITH:** But your earlier evidence was to the effect that
7 one of the primary roles of the CTF was to bring
8 together all those other considerations, the economic,
9 the social, the health, and so on and so forth.

10 **A.** Yes, and that is what we sought to do, but all we can do
11 as the Covid Taskforce is give advice.

12 **Q.** All right.

13 So you did indeed give advice to the Prime Minister,
14 further advice, on 7 October.

15 We will have INQ000198158.

16 "Policy package

17 "...

18 "We recommend that the package should be applied to
19 ... the North West ... North East ... Yorkshire and
20 Derbyshire [in part] ...

21 "2. This proposition is summarised in Annex A."

22 For four weeks. The prohibition of social mixing
23 indoors and private gardens, closure of hospitality,
24 closure of indoor leisure, closure of personal care
25 services. Weddings, standalone ceremonies not

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1 that meeting.

2 What was the general tenor of the advice being given
3 to the Prime Minister, epidemiologically? Was it made
4 clear to him, or was it said to him, "The NHS is going
5 to be overrun, the second wave is coming, unless these
6 steps are taken there will be no prospect of avoiding
7 the NHS being overrun"? How was it pitched?

8 **A.** So I think there were two parts really to the meeting,
9 as I recall it. The first part was focused on NHS
10 capacity and the extent to which the NHS was either then
11 or likely soon to be overwhelmed, which the NHS chief
12 executive spoke to, as recorded here. I think that --
13 my recollection is that nationally at that point the NHS
14 was -- was not overwhelmed but there were some very
15 clear regional pressure points, particularly in the
16 northwest as I recall, but it was getting -- it was
17 certainly getting more pressurised and there was no
18 doubt that the prevalence of the virus was increasing,
19 and the scientific advice that was without action now we
20 were likely to need to take further action soon.

21 And then the second part of the meeting was more
22 about the non-pharmaceutical interventions, which was
23 a debate about the level of confidence we could have
24 that they would have the suppression effect that we were
25 saying they would.

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1 **Q.** On that first part, we can see in the bottom third of
 2 the page:
 3 "Simon Stevens argued that -- stepping back -- not
 4 everyone currently accepted there was a problem, people
 5 did not think measures were fair, they questioned
 6 whether they worked, and if they did work, they wanted
 7 financial support. Government response should take
 8 these factors into account."
 9 Was the position with the NHS being presented on the
 10 basis that it was as bad as it had been in March -- that
 11 is to say, unless measures are taken rapidly it will be
 12 overrun -- or was it presented on the basis that it's
 13 going to be extremely difficult for the NHS, but it's
 14 not as clear as it was in March that the system would
 15 break?
 16 **A.** So my recollection of -- at this point was that the NHS
 17 was under enormous pressure. It had some more capacity
 18 than it had had in March. At a national level it was
 19 coping but there were some regional areas and some
 20 particular hospitals under enormous pressure.
 21 More broadly, and I think the comment you have drawn
 22 attention to, the debate about severe restrictions,
 23 lockdowns, circuit breakers, was certainly much more
 24 contested in October than it had been in March, and
 25 there was a -- you know, a strong view of -- across,

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1 be for the NHS and how close that was. That was
 2 inherently very uncertain.
 3 **Q.** "The [Prime Minister] was grateful for the contributions
 4 of all, and said he would discuss further with [the
 5 Chancellor] before agreeing a final approach."
 6 Having been present at the meeting, were you given
 7 to understand why he wanted to discuss this with the
 8 Chancellor, what was essentially a national decision,
 9 a health, public health emergency decision? Did he say
 10 why he wanted to discuss it with the Chancellor?
 11 **A.** Ah, I mean I think some of that is captured a couple of
 12 paragraphs up. The -- you know, the economic
 13 consequences were very much at the front of mind.
 14 I think there was also a discussion about the financial
 15 support to local areas at this period which the
 16 Prime Minister and the Chancellor, as a public spending
 17 measure, wanted to discuss.
 18 **Q.** That debate with the Chancellor is in INQ000252865.
 19 **LADY HALLETT:** It doesn't look as if we're going to finish
 20 Mr Ridley before lunch --
 21 **MR KEITH:** No.
 22 **LADY HALLETT:** -- and there are some questions from the core
 23 participants.
 24 Mr Ridley, are you all right to come back this
 25 afternoon?

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1 you know, different parts of the country of not wanting
 2 to have stronger measures than their part of the country
 3 in their view required.
 4 **Q.** Putting aside the undoubted damage that would be done by
 5 a further lockdown, putting aside the economic arguments
 6 and the arguments about the societal harm that would
 7 flow directly from a lockdown, and of course the impact
 8 on particularly vulnerable parts of the population, in
 9 terms of the NHS, the position was not as acute as it
 10 had been in March, was it?
 11 **A.** No, my recollection is that it was not.
 12 **Q.** And the Prime Minister therefore wasn't presented, was
 13 he, with a unanimous call for measures, these regional
 14 circuit breakers, these tiers to be imposed in order to
 15 avoid a collapse of the NHS; that just wasn't how it was
 16 framed?
 17 **A.** Er ... so -- so I think the meetings were -- and not
 18 just this one, there were other meetings where the
 19 position in parts of the country was becoming acute and
 20 the advice was "would become at risk". I recall
 21 Liverpool in particular at this point was at risk of
 22 being overwhelmed in due course. We were also doing --
 23 I mean, working very closely with colleagues in
 24 Number 10 to seek to understand, you know, where that --
 25 the sort of point of overwhelm, if I can put it, might

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1 **THE WITNESS:** I don't have anything else on, my Lady.
 2 **LADY HALLETT:** I take that as yes. Thank you very much.
 3 I see what you mean. I have just worked out what
 4 your answer meant.
 5 I will return, if you don't mind, Mr Ridley,
 6 at 1.45.
 7 **THE WITNESS:** Of course.
 8 **(12.45 pm)**
 9 **(The short adjournment)**
 10 **(1.45 pm)**
 11 **LADY HALLETT:** Mr Keith.
 12 **MR KEITH:** So, Mr Ridley, after the Prime Minister had been
 13 presented with the advice on 7 October,
 14 Sir Patrick Vallance refers in his evening notes to
 15 a meeting in Number 10.
 16 INQ000273901, page 216, thank you.
 17 It's dated 8 October:
 18 "Very bad meeting in no 10 ...
 19 "[Prime Minister] talks of Medieval measures than
 20 ones being suggested.
 21 "Perhaps we should look at another approach and
 22 apply different values.
 23 "Surely this just sweeps through in waves like
 24 other natural phenomena and there is nothing we can do.'
 25 "As Simon Ridley said final slide PM said 'whiskey

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1 and a revolver'.

2 "He was all over the place. [Chancellor] using
3 increasingly specific and spurious arguments against
4 closing hospitality. Both of them clutching at straws."

5 The Inquiry is very well aware of reading too much
6 into WhatsApps and diary entries, but do you recall the
7 tenor of that debate and the mood in the meeting?

8 **A.** I mean, this is the meeting we looked at the note of
9 just before lunch. I mean, it is definitely the case
10 that the Prime Minister and the Chancellor didn't want
11 to, you know, put in place circuit breakers at that
12 point, I don't recall the specific phrase that Patrick
13 notes, and the Chancellor certainly was arguing against
14 closing hospitality, and there was a debate about the
15 extent to which sector closures would have the
16 suppression impact that we were stating it would.

17 **Q.** Sir Patrick Vallance identifies only three choices for
18 high prevalence areas, ie those areas that would end up
19 in the level 3 tier:

20 "Do a proper lockdown."

21 And essentially level 3 tier was, as you say,
22 a regional circuit breaker, it was a high-level
23 intervention.

24 "Use military to enforce the rules.

25 "Do nothing and do a 'Barrington Declaration' and

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1 option?

2 **A.** So much option ...?

3 **Q.** But to impose this regional tier circuit breaker system?

4 **A.** I mean, our recommendation in this meeting was
5 essentially a circuit breaker over a reasonably wide
6 geographical area at that point in the northeast, the
7 northwest and a large area of Yorkshire, as per the map
8 you referred to earlier.

9 **Q.** Following the meeting, the meeting with the Chancellor
10 on the 8th, the Prime Minister told the Cabinet
11 Secretary that the government should seek to start
12 negotiations with the local areas, because this was
13 a regional system, there had to be negotiation with the
14 local authorities, the local mayors, and in summary, is
15 this right, negotiations began on 9 October. There was
16 a Covid-O meeting on the 11th, a Cabinet call on
17 the 11th. And, on the 12th the Prime Minister announced
18 the three tier, Level 1, 2, 3 system of Covid alerts in
19 England?

20 Greater Manchester went into Tier 3, Liverpool went
21 into Tier 3, I think Liverpool went into Tier 3 first
22 followed by Manchester about a week later, followed by
23 South Yorkshire, Coventry, Slough and Stoke-on-Trent
24 into Tier 2, so there was a change in the position, and
25 various authorities moved up the tiers.

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1 count the bodies ...

2 "What will they decide."

3 So, as you say, the Prime Minister and the
4 Chancellor were resistant to -- and the nature of the
5 debate and the tension and the terrible choices they
6 faced are absolutely apparent and known to the Inquiry,
7 they were resistant to the tenor of the scientific and
8 other advice being presented by the CTF?

9 **A.** I mean, yeah. I mean, I don't recall going through
10 those three options in the way they're articulated --

11 **Q.** No, no, no.

12 **A.** As you say, these are just Patrick's --

13 **Q.** Take on it?

14 **A.** -- evening notes. They definitely -- the tenor of the
15 debate was to not do one, if you like, as per this list,
16 and to continue regional restrictions such as we were
17 and increase enforcement and increase the use of test,
18 trace and isolate.

19 **Q.** So curfews, restrictions on hospitality, enforce more
20 but not impose what was effectively a regional
21 circuit breaker, the level 3 tier?

22 **A.** Exactly. And the decision following this meeting was to
23 bring the tiers in and negotiate Tier 3 with regional
24 areas, which we may be able to come to.

25 **Q.** As the CTF, epidemiologically was there really much

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1 I don't want to spend time debating the practical
2 difficulties of the tier system, because in the event it
3 failed to stop the incidence of the virus and we ended
4 up in a lockdown. But you identify in your statement
5 a number of real difficulties with the process.

6 Firstly, the regional areas, the mayors were
7 of course opposed to any suggestion that their area be
8 placed in a higher tier, of course; secondly, there were
9 difficulties with negotiating with the regions, the
10 nature of the restrictions and also what financial
11 support could be provided to them; correct?

12 **A.** Yes.

13 **Q.** There were requests for additional funding, and the
14 negotiation took time and not every region was prepared
15 to agree a package; correct?

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

17 **Q.** And there was confusion to the public, you thought,
18 because there were difficulties associated with how to
19 communicate to the general public the difference
20 measures, the different impacts of the different levels
21 and of course which -- whatever area was in which level.
22 So it was a difficult process.

23 When did it become apparent to the CTF that the tier
24 system was not doing enough to reduce the level of
25 incidence?

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1 **A.** I think to answer that, if I may, Mr Keith, can I just
 2 described what happened a bit in the few days, because
 3 there were some different things --
 4 **Q.** Yes, of course.
 5 **A.** -- in there. And we had been discussing tiers with the
 6 Department of Health and other departments as a concept,
 7 in terms of regularising local restrictions prior to 7
 8 and 8 October.
 9 The -- following that meeting on 8 October, as per
 10 the note, there was a subsequent -- a subsequent
 11 discussion between the Prime Minister and the
 12 Chancellor, and on that Thursday evening the decision
 13 was made that we would start the negotiations with local
 14 areas. And as you say, we started those on the
 15 following day, the 9th, before -- that is before the
 16 formal agreement to tiers which happened in Covid-O,
 17 I think on the 11th.
 18 **Q.** The 11th.
 19 **A.** I mean, you've listed the reasons I put in my statement,
 20 I won't repeat them, but we went into those negotiations
 21 incredibly quickly because of the urgency and, I mean,
 22 it was apparent very quickly that negotiating a tough
 23 enough Tier 3 with local areas was going to be difficult
 24 for all the reasons I described.
 25 The meeting on the 11th then agreed the tiers, 1, 2
 97

1 going to reduce the level of incidence sufficiently
 2 fast?
 3 **A.** So I think -- I think we -- we knew as we were
 4 continuing to go through October. I mean, prevalence
 5 was continuing to rise. The general, the general
 6 movement was up the tiers, if you like. Tier 1 areas
 7 were becoming Tier 2 areas, Tier 2 areas were becoming
 8 Tier 3 areas. And it was, as I say in my statement,
 9 clear that we'd end up having to have negotiations with
 10 large numbers of councils. So as a way of pushing back
 11 the virus quickly, we could see, as we went through
 12 other meetings in -- and discussions in October, that
 13 was unlikely to work. I think -- I think retrospective
 14 work suggested Tier 3 at least was slowing things down,
 15 but we didn't at that point have the time of all of that
 16 to play with.
 17 **Q.** So here is the question in relation to the tier system.
 18 I was asking you earlier about why this formalised
 19 system of regional circuit breaker wasn't put forward as
 20 a specific option in September.
 21 Do you think that if this tier system, which was
 22 announced, as I've said, on 12 October, had been
 23 developed further, introduced and negotiated in
 24 September, when the levels of incidence were necessarily
 25 lower, it would have stood a greater chance of success?
 99

1 and a sort of baseline for 3, with an agreement that we
 2 would further negotiate the sort of tighter restrictions
 3 with areas from the 11th.
 4 So the distinction, in response to your question, is
 5 it was not -- it was not the case either sort of prior
 6 to the 11th that tiers in and of themselves wouldn't
 7 work and that an approach locally to suppressing the
 8 virus differentially depending on prevalence wouldn't
 9 work. The negotiations and that as a mean to get tough
 10 enough restrictions in Tier 3 areas, it was -- it was
 11 clear pretty quickly we wouldn't get there. Indeed, as
 12 you say, we got an agreement with Liverpool city region
 13 quite fast, over a couple of days, but the discussion
 14 with other local areas went on much longer, and I don't,
 15 in fact, think we got there with Greater Manchester.
 16 **Q.** Forgive me, I wasn't suggesting that the government knew
 17 that they wouldn't work on the cusp of trying to put the
 18 system into place and negotiate with the regional
 19 authorities. When, as October rolled through and the
 20 virus --
 21 **A.** Yeah.
 22 **Q.** -- began to spread, did it become apparent that the tier
 23 system, which obviously had involved some regions going
 24 into Tier 3 and some regions going into Tier 2, and
 25 perhaps the balance into Tier 1, I can't recall, wasn't
 98

1 **A.** Yes, I think that is fair. I think the tiers themselves
 2 would have had to have been stringent enough, and we
 3 would have had to have applied them quickly enough in
 4 local areas and over a broad enough geography to have
 5 an impact, so they're kind of -- but in general, yes,
 6 that is a fair --
 7 **Q.** And had they been imposed in September and the
 8 negotiations had taken place, there is, you would accept
 9 no doubt, a greater chance, although we will never know
 10 how great, that it would have worked and might have
 11 avoided the need for the subsequent national lockdown?
 12 **A.** Yeah, I mean, I think that is possible. I'm -- as
 13 I say, when we kind of get to 2021 we decided against
 14 regional approaches for lots of reasons, reflecting
 15 back, and that, you know, opening back up in 2021 was
 16 best done nationally, but it's ... I mean, it's
 17 uncertain. It's certainly the case that if we'd acted
 18 more strongly earlier we'd have stood a fairer chance of
 19 avoiding a national lockdown.
 20 **Q.** On 25 October there was a forward strategy meeting in
 21 Chequers, and it was apparent to everyone there,
 22 of course, that cases were continuing to rise. By
 23 25 October it must have been apparent that the tier
 24 plan, the tier system was having an insufficient impact
 25 in terms of the rise in the virus spread.
 100

1 INQ000252880 details a number of strategies for the
 2 months rolling forward. So November to December and
 3 then January to January, and then March to April.
 4 I suppose seasonal strategies, is that correct? The
 5 strategy meeting on 25 October was held in order to try
 6 to chart a course going forward as to the possibilities
 7 that might eventuate?
 8 **A.** Yeah, I think this was a sort of schematic sort of
 9 approach that was subsequent to the meeting. I don't
 10 think this is what we discussed in the meeting on
 11 the 25th.
 12 **Q.** All right.
 13 INQ000136672 is a read-out from Imran Shafi in
 14 Number 10 in which he refers to:
 15 "The PM [meeting] the team today on the forward
 16 COVID strategy ...
 17 "James Bowler [of the CTF] set out the overall
 18 potential course to spring, including rising numbers
 19 followed by a plateau. We needed to understand now what
 20 our strategy was to Christmas ..."
 21 In the bottom third of the page:
 22 "[You] set out the strategic choices ahead. We
 23 would need to decide how to respond to LCR's upcoming
 24 28 day review."
 25 There was a debate about the general shift towards
 101

1 meeting. It says "Sunday meeting follow up":
 2 "Simon ..."
 3 Is that Simon Ridley, you?
 4 **A.** Yes.
 5 **Q.** "... Emma [Emma Payne],
 6 "In the end I thought that did what it needed to."
 7 What did the meeting do what it needed to?
 8 **A.** So I think the meeting -- I wasn't party to the setting
 9 up, but the purpose of the meeting was to try to stand
 10 back a bit from -- again, from the sort of day-to-day
 11 sort of rush of meetings we'd been having, and again to
 12 set out where we were, the trajectories, how the policy
 13 was working on the ground and to sort of debate what the
 14 options were without the meeting seeking to kind of come
 15 to a kind of -- a decision -- it wasn't
 16 a decision-making meeting, it was a --
 17 **Q.** Strategy?
 18 **A.** -- let's get the evidence out and sort of understand
 19 where we are and offer options meeting.
 20 And I -- Ollie was one of the key members of the
 21 taskforce. He and Emma were the leads on the -- a lot
 22 of the strategy work and I think what he is saying here
 23 is we sort of successfully got the issues on the table
 24 and discussed the need for further action.
 25 **Q.** "The conclusion -- it's bad, but we aren't stampeding
 103

1 Tier 3. Is that the -- what's been described as the
 2 epidemiological levelling up --
 3 **A.** Yes.
 4 **Q.** -- the fact that areas went up towards Tier 3.
 5 "... there was an option to bring some of this
 6 forward, as well as introduce tighter measures ...
 7 within a tiers framework ... or ... a national
 8 circuit-breaker ...
 9 "The PM was keen to see the economic impact of the
 10 various scenarios."
 11 So was this a meeting at which not just the strategy
 12 course going forward was debated but also a warning that
 13 cases were rising, there might need to be
 14 a consideration of tighter measures in a tiers framework
 15 as well as or instead of a national circuit breaker?
 16 **A.** I mean, yes, essentially. This is sort of the next in
 17 a sequence of meetings we had through September and
 18 October and it was reason -- reasonably clear we would
 19 need to take further action because of the tiers,
 20 people -- the country moving up the tiers as well as the
 21 regional firebreaks, as they're described here, which we
 22 talked about before we talked about a national
 23 circuit breaker.
 24 **Q.** INQ000252878 is an email to you, I think, from
 25 an official in the Cabinet Office after that Sunday
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1 into lockdown, we push on tiers, and we prepare for the
 2 big decision [the conclusion, that is] -- was broadly as
 3 we would have anticipated."
 4 What do you understand by Mr Ilott's reference to
 5 "it's bad"? Was that a reference, did you understand
 6 it, to the -- was it a reflection of the general state
 7 of the country in terms of the spread of the virus and
 8 the terrible decisions which may then be necessary to
 9 take, or bad as in bad, the Prime Minister's reaction?
 10 **A.** No, I -- my recollection of the time is that this was
 11 a description of where we were in terms of the condition
 12 of the -- and prevalence of the virus in the -- in the
 13 country, and the need to suppress it.
 14 **Q.** In his note, Sir Patrick Vallance refers to a meeting
 15 with you, INQ000273901, page 597, "Ridley meeting".
 16 Was there a meeting with -- did you have a meeting
 17 with Sir Patrick Vallance separately from that meeting
 18 at Chequers on the 25th?
 19 **A.** I expect I had a call with Patrick, possibly others,
 20 ahead of -- ahead of that meeting to explain what
 21 I thought it was about and what we as the taskforce were
 22 intending to put into it.
 23 **Q.** "... positioned PM meeting ..."
 24 That may be a reference to the forward strategy
 25 meeting.
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1 "... as 'a chance to step back / but avoid making
2 a whole load of decisions that then get undone by [the
3 Chancellor]'
4 "I asked what PM thinks objectives are
5 "what he wants to achieve is a series of mutually
6 incompatible options'."
7 Did you say that?
8 **A.** I -- I mean, I don't recall exactly what I -- what
9 I said, but it's perfectly plausible because we were,
10 you know, wrestling the need to suppress the virus with
11 the consequences of a -- of a lockdown, and we were at
12 the point where we were going to have to do one or the
13 other.
14 **Q.** In blunt terms, was the purpose of the forward strategy
15 meeting to try to put the Prime Minister in a position
16 of being able to make a decision, perhaps including
17 a national lockdown, in a way that wouldn't result in
18 him changing his mind or being "undone by the
19 Chancellor"?
20 **A.** I mean, yeah, I think we were -- we were seeking to
21 debate the options without forcing, forcing a decision
22 that wouldn't stick so that we could -- we had the space
23 to explain the -- where we were, the likely future path
24 and the implications of that.
25 **Q.** The reference to the Prime Minister being positioned, or
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1 advice, I think in the name of James Bowler, your
2 colleague -- INQ000146617 -- in which -- and the
3 handwriting is that of the Prime Minister. The note
4 provided an update of the Covid strategy following the
5 discussion on Sunday.
6 "It is for information, not for decision."
7 In essence the note told the Prime Minister that the
8 situation had continued to deteriorate. It said:
9 "... we do not expect the current approach to tiers
10 to be sufficient to bring R below 1, although the data
11 is not yet conclusive. We are ... working on options to
12 go further."
13 And then in the "State of Play", at the bottom of
14 that page, there are the grave figures given about the
15 spread of the infection.
16 We'll just scroll quickly through the document.
17 Page 2, paragraph 6, there is a reference to national
18 interventions being deployed in France, Germany,
19 Ireland, Italy, and Wales. The Prime Minister's put
20 a question mark -- exclamation mark next to it.
21 Paragraph 7, you don't expect that the tiers will
22 work because "most of England will move quickly through
23 the current tiers policy". That's the epidemiological
24 levelling up.
25 Page 3, paragraph 10:
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1 rather the meeting being positioned, and to the
2 strategic aim of trying to avoid decisions that would
3 then get undone, and to the possibility that the
4 Prime Minister was regarded as wanting to achieve
5 mutually incompatible options, smacks of the
6 Covid Taskforce trying to usurp, perhaps, the discretion
7 of the Prime Minister, to try to push him towards
8 an outcome, to achieve an end; would you agree?
9 **A.** Certainly not trying to usurp the position of the
10 Prime Minister. It was our job, as we've described, to
11 pull information/evidence together and to give advice
12 and make recommendations. We'd made recommendations on
13 7 October where we had thought that a -- essentially
14 regional circuit breakers was necessary. By the 25th we
15 thought further action was necessary and we were --
16 I mean, the meeting was not my proposal or -- I don't
17 exactly know where the meeting -- recall where the
18 meeting came from, but it was a chance to try to
19 explain, you know, in, with more space, the issues.
20 I think at this point it was my and our view we needed
21 to take further action. The negotiations with local
22 areas were not leading to strong enough measures quickly
23 enough. But I don't think we were doing anything other
24 than trying to give advice.
25 **Q.** On 28 October, the Covid Taskforce prepared a further
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1 "We are considering a range of options, should you
2 choose to act in November ..."
3 The Prime Minister says:
4 "Why not put everyone into level 3."
5 Then he provides his handwritten comments on pages 7
6 and 8, and I've taken the hint from my Lady, I'm not
7 going to put to you what you think of his comments,
8 they're a matter for the Prime Minister. But
9 essentially he expresses his terrible frustration at the
10 conundrum in which he is being placed.
11 Paragraph 4:
12 "What do we really ACHIEVE by smashing up the
13 economy if we have no idea how many times we're going to
14 have to do it?"
15 Paragraph 5, the long-term costs to health and
16 wellbeing from the lockdown strategy.
17 Paragraph 6, he fulminates on the average Covid
18 mortality ages.
19 11 to 15:
20 "What HAPPENED to mass testing? What about the
21 Moonshot?
22 "12. How can we get people to self-isolate? Is NHS
23 [Test and Trace] actually achieving ANYTHING?"
24 It might be worth just reflecting on paragraph 22 or
25 point 22. He raises the issue of whether or not there
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1 can be an analysis of quality adjusted life years, and
 2 he asks for serious economic analysis, finishing with
 3 the words:
 4 "... We are causing such long-term poverty that we
 5 need to ..."
 6 Consider jacking in, essentially, this strategy.
 7 Why wasn't all this information in that note from
 8 the Covid Taskforce put into the advice document for the
 9 strategy meeting in Chequers? Why did the
 10 Covid Taskforce, having attended the strategy meeting on
 11 that Sunday, 25 October, return to the fray with
 12 a further detailed advice just three days later
 13 promoting the need, advocating the need for further
 14 options, but which plainly meant a national lockdown?
 15 **A.** So, I mean, the note on the -- this note came about in
 16 terms of trying to take forward some of the issues that
 17 came out of the meeting on the 25th. I mean, I should
 18 say that the decisions here are incredibly difficult.
 19 I mean, I don't demur from that at any point, I have
 20 every -- you know, the Prime Minister was in a position
 21 where he was having to make exceptionally tough
 22 decisions that were going to have, you know, significant
 23 negative impacts on a number of people whichever way he
 24 went. He already had and he was -- he was going to have
 25 to. I think the plan that we had worked very hard with

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1 promote a debate about a national lockdown, because --
 2 INQ000146710 -- you presented a paper to Covid-O.
 3 Was that strategy for Covid-O or for the
 4 Prime Minister?
 5 **A.** It was a discussion that the Prime Minister had,
 6 I think, with the Health Secretary, the Chancellor and
 7 CDL -- sorry, Chancellor of the Duchy of Lancaster,
 8 which was a Covid-O discussion that agreed what became
 9 the second lockdown.
 10 **Q.** Why, putting aside the issue of why you returned yet
 11 again with another piece of advice in short order, in
 12 quick succession, why was this advice addressed to
 13 Covid-O and not to the Prime Minister directly?
 14 **A.** I ... I suspect there was a discussion with -- there may
 15 well have been a discussion with the Prime Minister
 16 before we got to the Covid-O meeting that day. I can't
 17 remember the precise sequence I'm afraid.
 18 **Q.** It's a relatively short note. If we can just scroll
 19 through, it's only two pages, and it essentially says:
 20 the epidemiological position is that we must have
 21 a national lockdown. And it recognises, of course, the
 22 significant impact on jobs and the economy in
 23 paragraph 9.
 24 Why wasn't that call to the Prime Minister for
 25 a national lockdown put into the paper or the meeting or

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1 colleagues across government to put in place around
 2 local restrictions, test and trace and isolate, and all
 3 these issues we had been doing for the last few months,
 4 and a number of these questions are in other notes and
 5 other discussions and other bits of advice, but we were
 6 at a point at this point in time where it was our
 7 judgement that, you know, where we had got to, we were
 8 at a point where to suppress the virus sufficiently we
 9 were now going to need to take further action.
 10 We went back, I think, to the -- I mean, I think the
 11 Prime Minister's direct notes here got formally put to
 12 us through his private office, I suspect it was in
 13 an email from Imran, and we sought to go back on those
 14 issues, but at this -- at this point we were, I think,
 15 heading towards needing to take further restrictive
 16 action to reduce social contact.
 17 **Q.** The Prime Minister did not, as a result of this advice
 18 dated 28 October, order a national lockdown, did he?
 19 **A.** No, we continued implementing what we had been since
 20 9 October.
 21 **Q.** Yes. Two days later the Covid Taskforce sent another
 22 advice to the Prime Minister, did it not?
 23 **A.** I think we did, we did a paper for, a further paper for
 24 a discussion on the 30th, yes.
 25 **Q.** Two days later the Covid Taskforce again sought to

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1 the debate two days earlier, on the 28th?
 2 **A.** So I -- I mean, to be honest, I can't recall exactly
 3 over these few days why we -- the sequence of the -- of
 4 the papers. I think it was reasonably clear we would
 5 need to take further action and the direction of that,
 6 we set out that for information for the Prime Minister,
 7 as you've said, on the 28th, and that led to this
 8 meeting on the 30th that made the decision.
 9 **Q.** The suggestion I put to you, Mr Ridley, is that the
 10 Covid Taskforce, obviously for credible and proper
 11 reasons, was seeking to manage the Prime Minister, it
 12 was advocating a national lockdown and, when the
 13 Prime Minister essentially resisted in the strategy
 14 meeting and two days later, ordering such a lockdown,
 15 the Covid Taskforce returned to the issue again to say
 16 to the Prime Minister, "Our recommendation is a national
 17 lockdown". You repeatedly tried to secure that end. Is
 18 that a fair summary?
 19 **A.** I don't think so, if you go back. I mean, on the --
 20 I mean, just going back to 7 October, we were
 21 recommending strong regional circuit-breakers in line
 22 with the overall approach the government was taking of
 23 not wanting to act through a national lockdown, but we
 24 were saying that to suppress the virus in the highest
 25 prevalence places we needed to take stronger action than

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1 we were currently taking.

2 That became negotiations, which we then worked
3 extremely hard with colleagues across government to put
4 in place immediately, from the next day, with lots and
5 lots of councils across the northwest, northeast and
6 Yorkshire. We ran those concurrently over a number of
7 days. That proved -- through those discussions we did
8 not get to agreement with lots of areas for stringent
9 enough measures, so we were not making the -- the virus
10 was continuing to spread and spread rapidly, because --
11 and the pressures that was putting in -- on the health
12 system and elsewhere. We then therefore came back to
13 the discussion of the action we should take, and
14 explored the issues with the Prime Minister on the 25th,
15 sent him further information in the wake of that on
16 the 28th, and then made the recommendation for the
17 national lockdown only on the 30th.

18 **Q.** Was the decision taken by Covid-O, the Prime Minister or
19 Cabinet?

20 **A.** The decision was taken by Covid-O, which I think on that
21 occasion was attended by the Prime Minister, the
22 Chancellor of the Duchy of Lancaster, the
23 Health Secretary and the Chancellor.

24 **Q.** Given what you've said about the possibility of the tier
25 system being proposed and implemented in September and
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1 been -- have been better. But that, as we -- as we
2 know, comes with other consequences.

3 **Q.** Two final questions, please.

4 I have asked you questions about data. Did the CTF
5 create a small team to examine data on
6 disproportionately impacted groups in the summer
7 of 2020?

8 **A.** Yes, we did -- I mean, actually to do more than examine
9 data: to look at the data that was there, understand it,
10 and to develop a set of propositions for what we should
11 do to address the substantive issues.

12 **Q.** Secondly, did the CTF take part in the process of trying
13 to draw up or rather directing the drawing up of
14 regulations, the regulations which govern us all, in
15 reflection of the policy decisions that were being taken
16 or was that a matter for the Department of Health?

17 **A.** So we had a team in the taskforce that essentially drew
18 together the policy decisions and essentially the
19 instructions for regulations. The regulations were
20 drawn up by the legal team at the Department of Health
21 and Social Care and signed by the Secretary of State for
22 Health.

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

24 My Lady, those are all the questions that I have.
25 I know there are a number of questions from the
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1 whether or not that gave rise to a possibility that
2 a lockdown may not have been necessary, do you consider
3 that the national lockdown, the second one, was
4 avoidable in any way?

5 **A.** I mean, I honestly don't think I know, I'm afraid.
6 I think that the second -- I mean, it -- as I think we
7 were -- said earlier, we would have had a better chance
8 of avoiding the second lockdown if we had taken stronger
9 action regionally sooner, successfully established
10 isolation through the period, successfully got broader
11 compliance with regulations and with other guidance,
12 which is what the government was pursuing. We didn't,
13 and we ended up there.

14 I think there are -- I think there are difficulties
15 with a regional approach generally, because of movement.
16 We do not have -- the way the governance of the country
17 works, implementing regional measures on a broad enough
18 geography is quite difficult. So I -- so I don't know.

19 **Q.** On the alternative premise that a national lockdown was
20 inevitable and the right decision to take, do you
21 consider that it should have been imposed earlier?

22 **A.** I mean, as I think I've said, I certainly think we
23 should have taken stronger action earlier. In
24 hindsight, if you like, the regional approach didn't
25 work and therefore earlier national action may well have
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1 core participants, but I don't know what time
2 constraints have been placed on them.

3 **LADY HALLETT:** Mr Thomas, you can't deceive me by moving
4 places with Mr Weatherby.

5 Questions from PROFESSOR THOMAS KC

6 **PROFESSOR THOMAS:** Good afternoon, Mr Ridley. My name is
7 Leslie Thomas and I act on behalf of the Federation of
8 Ethnic Minority Healthcare Organisations, and I have
9 a small handful of questions for you.

10 In your statement you describe a number of meetings
11 in 2020 regarding NHS capacity. So, for instance, at
12 paragraph 49 of your statement you say:

13 "NHS capacity was the paramount immediate and urgent
14 concern at the outset of the pandemic as prevalence grew
15 and hospitalisations rose quickly."

16 Question: did safety of NHS staff feed into those
17 discussions?

18 **A.** Yes, I -- they -- they did, and they were certainly
19 a consideration of the NHS leadership.

20 **Q.** Okay.

21 To what extent, if any, was there discussion about
22 vulnerability of NHS staff?

23 **A.** I -- there was, I think, discussion of vulnerability of
24 NHS staff. It was a matter that was being addressed and
25 led by the NHS.
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1 **Q.** Well, let me just add this: because the Cabinet Office
2 was aware of data from Public Health England, dashboard
3 meetings and elsewhere, about disparity in mortality and
4 poor outcomes amongst black ethnic minority healthcare
5 workers; that's correct, isn't it?

6 **A.** That is correct.

7 **Q.** Right, so what was the response to that?

8 **A.** So in response to that, we set up the team I was
9 referring to with Mr Keith a moment ago on
10 disproportionately impacted groups, as it -- in the
11 round it was broader, it wasn't about particular sectors
12 of workers, but there was data -- there was a lot of
13 data, as you say, about worse outcomes for different
14 ethnic groups, particularly for black and minority
15 ethnic groups. We worked very closely with the Race
16 Disparity Unit in the Cabinet Office, with colleagues in
17 other departments, and essentially set up a programme of
18 work across government and actually identified a senior
19 official in the Ministry of Housing, Communities & Local
20 Government to lead that across government, to look at
21 that data and to look at what policy or operational
22 changes we should make across government and across
23 different sectors to address those issues.

24 That very much included the Department of Health, it
25 also included Ministry of Housing, Communities & Local

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1 **Q.** Fine.

2 Let me move on to the second question that I have.
3 Your statement states that on 20 March 2020 it was noted
4 that hospitals had limited PPE stock and that, as
5 a Covid-19 strategy ministerial group meeting on
6 13 April, the lack of clear strategy in relation to PPE
7 was discussed.

8 Now, Mr Ridley, let me just put this to you: you
9 accept, do you not, that adapted personal protective
10 equipment, PPE, for ethnic minority healthcare staff is
11 relevant for several reasons during a public health
12 crisis such as this; you would accept that, wouldn't
13 you?

14 **A.** Yeah, it was important that we had the right PPE, yes.

15 **Q.** So, my question is: were any concerns raised about
16 black, Asian and minority ethnic healthcare workers
17 requiring adapted PPE, for instance, you know, taking
18 into account cultural, religious considerations,
19 diversity in terms of body sizes, shapes, language
20 barriers, anything like that?

21 **A.** So, I mean, I can only -- my recollection in this area
22 is one that I think came up in an earlier hearing where
23 Helen MacNamara raised PPE for women. That issue came
24 to a discussion later, I think it was in April, where
25 Lord Stevens responded around some of the broader

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1 Government, the Department for Transport, a lot of --
2 a lot of public-facing roles such as -- were important,
3 the implications for -- were -- around worse housing
4 were important, multigenerational households were
5 important.

6 That came to a Covid-O -- that was set up for
7 an Covid-O meeting in September. There was a view the
8 package of measures needed to be strengthened and the
9 Chancellor of the Duchy of Lancaster wrote to his
10 Cabinet colleagues in the wake of that. That came back
11 to a further Covid-O discussion in October and a set of
12 decisions and the Minister for Equalities, who I think
13 at the time was Kemi Badenoch MP, gave a quarterly
14 update starting in October about those issues and we put
15 in place a number of policy measures particularly
16 working closely with local authorities and directors of
17 public health.

18 **Q.** Thank you.

19 I'm just going to remind you just to slow down
20 a bit.

21 **A.** Sorry.

22 **Q.** I didn't want to interrupt you, but --

23 **A.** My --

24 **Q.** -- you were going at a pace there.

25 **A.** My apologies.

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1 adaptive PPE that was needed. But I don't have further
2 recollections about the different types of PPE and
3 precisely what was needed. The focus for myself and the
4 team in the Cabinet Office was in making sure we had the
5 work in place across government to procure all the
6 necessary PPE, the commercial procurement, through the
7 NHS, and Cabinet Office colleagues then sought to
8 address that. Beyond that I have -- there's nothing
9 further I can add.

10 **Q.** Sorry, can I just press you just a little bit. This is
11 my last question. I just want to be sure on what you're
12 saying. So concerns were raised, were they, about
13 adaptive PPE for ethnic minority workers? Concerns were
14 raised, were they?

15 **A.** Concerns were raised in my recollection about adaptive
16 PPE for women. That's the only recollection I have
17 where the issue was raised with me. There was
18 a discussion about PPE where Lord Stevens broadened that
19 out to the different types of PPE and different
20 adapts -- adaptations of PPE. I can't actually remember
21 the list of things he raised, but the ... the detailed
22 procurement of PPE was not something that was part of
23 what I was responsible for.

24 **Q.** So you can't assist us as to what action, if any, was
25 taken in relation to concerns that were raised?

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1 A. I cannot.

2 **PROFESSOR THOMAS:** Thank you.

3 **LADY HALLETT:** Thank you, Mr Thomas.

4 Mr Menon.

5 **Questions from MR MENON KC**

6 **MR MENON:** Thank you, my Lady.

7 Mr Ridley, I ask questions on behalf of a number of
8 children's rights organisations.

9 Earlier today you told Mr Keith that the role of the
10 CTF was to provide policy advice to the PM. When
11 considering non-pharmaceutical interventions, was there
12 any discussion in the CTF about the fundamental
13 differences between how lockdowns and social distancing
14 restrictions impact children as opposed to adults?

15 A. Yes, there was a lot of discussion.

16 Q. What was the nature of that discussion?

17 A. I mean, it took various forms. There was a lot of
18 discussion about the implications on education and --

19 Q. Beyond education --

20 A. -- schooling. There were discussions about the
21 implications for caring and very young children, and
22 indeed some of the -- of the reforms of NPIs that we
23 made in the autumn around what we called "support
24 bubbles", some of those were about addressing issues as
25 they pertained to particularly very young children and

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1 children under 11? Were you aware of that at the time
2 on the CTF?

3 A. Yes, we were aware of that. We did a lot of engagement
4 with the devolved administrations.

5 Q. And yet that didn't translate into any changes for
6 children in England, did it?

7 A. No, we retained the -- the same restrictions in terms of
8 the numbers that could gather.

9 Q. Why?

10 A. Sorry?

11 Q. Why?

12 A. So, I mean, it was the balance between, if you like, the
13 clarity and simplicity of a -- of a single number for
14 gathering versus the fact that -- you know, different
15 exceptions and different rules for different types of
16 people could better adapt to the variety of households
17 and family structures but brought with it more
18 complexity, and in the end we, in terms of gathering
19 limits, we stayed with simple numbers of individuals.

20 Q. What is complex about removing restrictions for children
21 under the age of 12? It's simple and straightforward.
22 Everybody can understand that.

23 A. I mean, with all these things, it's a -- it was
24 a judgement. We were discussing the -- the guidance and
25 the regulations. As we tried to address different

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1 children with particular disadvantages and needs.

2 Q. Was there a recognition that isolation of children is
3 simply not comparable to isolation for adults, as
4 the Inquiry heard in October from a professor of public
5 health? Was there that kind of recognition?

6 A. So, so, we certainly had discussions about the
7 consequences of and risks of isolation. I ... I can't
8 recall detailed discussion about how -- you know, the
9 differential impacts of isolation in great detail
10 between -- between different groups, but certainly I'm
11 thinking about policy, as I say, we were taking into
12 account the differences for children.

13 Q. Are you going so far as saying there was a recognition
14 that the restrictions had a disproportionate impact on
15 children, within the Covid Taskforce?

16 A. No, I'm saying there was a recognition that the
17 restrictions and isolation had significant negative
18 consequences on a wide range of the population.

19 I cannot -- I cannot recall specific -- the sort of
20 detail of differences between children as opposed to
21 elderly people as opposed to anybody.

22 Q. Are you aware that in the summer of 2020, as an example,
23 Scotland relaxed the social distancing rules for
24 children under the age of 12, and later, in September,
25 Wales relaxed the social distancing rules in relation to

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1 impacts for different types of people, as we tried to
2 address the different way in which people live their
3 lives, which is inherently incredibly complicated and
4 varied across the country, the regulations and the
5 guidance got more and more complex, as -- in the round.
6 And that in itself became a problem, it became harder to
7 communicate it.

8 I'm not seeking to say we got all these judgements
9 right, you know, some -- there may well be restrictions
10 we put in place that we shouldn't have done and
11 exceptions we put in place that we'd have been better
12 off not doing. But we were trying to strike a balance
13 overall between enough clarity to communicate what the
14 rules were and enough complexity, if you like, to try to
15 mirror the fact that society is complicated and the
16 inherent harms for different types of people are
17 different.

18 Q. But you saying, I just want to be clear about this,
19 the CTF positively advised the UK Government not to go
20 down the route that Scotland went down in July and Wales
21 went down in September?

22 A. I -- I confess on this issue I cannot completely recall
23 what we advised. We definitely knew about it, we
24 definitely discussed it, we would have put the issues
25 and the options together. There were -- there was

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1 certainly advice we put about the choice between
 2 gathering limits about simple numbers of people and
 3 gathering limits about different numbers of households,
 4 and we had those debates. I'm afraid I can't tell you
 5 exactly what we recommended at different points.

6 **Q.** Was that based on any evidence or any research or was
 7 that simply a decision plucked out of thin air?

8 **A.** It was based on evidence and research we had available
 9 and were aware of at the time, but ultimately we were,
 10 across the piece, making a series of judgements both in
 11 our advice and in the decisions that ministers
 12 ultimately made.

13 **Q.** What evidence? What evidence that the English model was
 14 better than the Scottish model?

15 **A.** Well, we didn't have any evidence that the English model
 16 was --

17 **Q.** You just said you had evidence. That's why I am
 18 asking --

19 **A.** No, I did, sorry, they're different types of -- I mean,
 20 forgive me. I was saying where there was evidence
 21 available and we were aware of it in general about the
 22 impact of different gathering limits -- and it was
 23 pretty scant, I should say, because we were doing --
 24 this was all new -- we sought to use it.

25 There was not a comparison, as I recall, between the
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1 I say, in the round as part of the overall NPIs that we
 2 had. We were seeking to learn the lessons from the,
 3 you know, the very stringent lockdown at the beginning
 4 with respect to -- with respect to society. That was
 5 necessarily a set of -- a set of judgements.

6 **Q.** Were you aware at the time on the CTF that children's
 7 rights organisations and indeed the Children's
 8 Commissioner for England, Anne Longfield, were calling
 9 for children to be exempt from social distancing rules
 10 as there were serious concerns about the impact on
 11 children's wellbeing of these rules? Were you aware of
 12 that on the CTF?

13 **A.** I'm sure -- I am sure -- I'm sure we were. I cannot
 14 give you a specific recollection of when, but we were
 15 working very closely with other departments and other
 16 organisations across government and beyond to try to
 17 maximise the information we had. We won't -- as I say,
 18 that won't always have been complete.

19 **Q.** Finally this, on the issue of disproportionate impact:
 20 could we please have on the screen INQ000137239,
 21 Mr Keith had this on the screen earlier. This is the
 22 recovery strategy from July 2020. Thank you.

23 If we could turn to page 10, please, top of page 10,
 24 I'll just read this out:
 25 "We now have sufficient testing capacity ..."
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1 efficacy either in terms of the impact as part of a set
 2 of NPIs nor in terms of families at the time we were
 3 taking these decisions in the autumn of 2020 that in
 4 detail compared those models. So we were making
 5 a judgement based on the information we had available
 6 and in the round what the set of measures we had in
 7 place were.

8 **Q.** To be fair to you, Mr Ridley, at page 369 of your
 9 statement you do say that some lessons were learnt by
 10 2021 and some changes were made, and you specifically
 11 mention exempting very young children, under the age
 12 of 5, from some restrictions, as of January 2021.

13 Why then only children under the age of 12? I mean,
 14 why not children -- sorry, under the age of 5? Why not
 15 children under the age of 12, as others had obviously
 16 done many months earlier?

17 **A.** I mean, the ... I'm at risk of, I fear, repeating myself
 18 slightly. I mean, we made changes to the NPIs and the
 19 restrictions to try and create exceptions where we
 20 thought they were necessary for the welfare of different
 21 groups as we went through. We actually expanded support
 22 bubbles in November 2020 for very young children,
 23 I think under the age of 1. We expanded some of that
 24 again in 2021. The -- we had, and I'm sure discussed,
 25 lots of different options. The decisions were made, as
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1 Sorry, that's the wrong page. One second. **(Pause).**
 2 I'm just finding it on my laptop. Sorry, Mr Ridley, one
 3 second. Yes:

4 "While these impacts have been widespread [that's
 5 the impacts of the rules and restrictions], they have
 6 not been equally distributed. Evidence shows the
 7 varying impacts on different groups or people with
 8 specific characteristics, including, but not limited to,
 9 BAME individuals, single parents, disabled individuals,
 10 victims of domestic abuse and low income groups, many of
 11 whom have been disproportionately affected."

12 Now, I appreciate that it makes it clear here that
 13 this is not a full list, but it's right, isn't it, there
 14 doesn't seem to know any acknowledgement here in the
 15 recovery strategy of the disproportionate impact of the
 16 rules and restrictions on children?

17 **A.** So, you are right that this list does not include
 18 children specifically. I don't think we would have --
 19 I mean, they are -- they would have been included in
 20 terms of our thinking about disabled groups, black
 21 minority ethnic and low income groups, but you are
 22 absolutely right we have not listed children as
 23 a cohort, if you like, in and of themselves, in this
 24 sentence.

25 **Q.** And the only mention of children that I have been able
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1 to find in the recovery strategy is on page 15 --
 2 I think, to be fair again to you, you should see it --
 3 where there is a paragraph that addresses the re-opening
 4 of schools planned for September that year; do you see
 5 that?
 6 **A.** Yes, I mean, I think we and indeed ministers and the
 7 government were very, very concerned about the impact of
 8 lockdown on education and on schools and sought as far
 9 as possible to keep schools open and to maximise the
 10 support when they were not.
 11 **Q.** With the exception of that single issue of the
 12 re-opening of schools, I mean, this is, is it not,
 13 largely a recovery strategy for adults as opposed to
 14 children?
 15 **A.** I mean, this was a recovery -- a recovery strategy
 16 applied to -- across the whole -- the whole country.
 17 I agree there is -- there is -- there is not detail in
 18 here on children in the round.
 19 When we get to the winter plan in the autumn, we do
 20 seek to increase the flexibility around some of the
 21 constraints for some groups of children through the
 22 widening of support bubbles, but you're right, we did
 23 not go as far as other parts of the UK in England.
 24 **MR MENON:** Thank you, Mr Ridley.
 25 **LADY HALLETT:** Thank you, Mr Menon.

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1 Covid-19?
 2 **A.** Yeah, I think it's important that people knew their --
 3 the risk they could face from catching Covid-19. We
 4 sought to communicate that through a number of means,
 5 including the work around the clinically vulnerable,
 6 which we were -- I mean, that was driven by the -- by
 7 medics and that changed in the winter plan. We adapted
 8 that to include some new -- some new groups to improve
 9 that -- that -- the communication of that risk.
 10 **Q.** Would you accept there was a failing by not referring to
 11 Long Covid so that people could know and seek
 12 appropriate treatment if they had long-term symptoms?
 13 **A.** I don't know whether there was a failing in that. We
 14 were, as I say, seeking to put in place the policies to
 15 keep the level of the virus under -- under control, and
 16 I think there was a lot of communication about the
 17 potential risks to Covid albeit that we weren't
 18 discussing Long Covid in and of its -- by that label.
 19 **Q.** Secondly, advice given to the Prime Minister on
 20 Long Covid. Did the CTF advise the Prime Minister on
 21 the risk of Long Covid before January 2021?
 22 **A.** I'm -- I'm not sure that we put specific advice up about
 23 Long Covid as a -- sort of labelled as such. We were
 24 concerned about the risks of high prevalence to those
 25 that are most vulnerable.

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1 Mr Metzger.

2 **Questions from MR METZER KC**

3 **MR METZER:** Thank you, my Lady.
 4 Mr Ridley, I have a few questions on behalf of the
 5 Long Covid groups, on three short topics.
 6 First, Long Covid and the plans in response to the
 7 pandemic. Can you help us, please, as to why there was
 8 no reference to Long Covid in the Covid winter plan of
 9 November 2020 when the DHSC had issued a public
 10 statement warning of the risks of Long Covid just
 11 a month earlier?
 12 **A.** I think, I mean, we were focused in the winter strategy
 13 about the plan to try to keep the suppression of the
 14 virus low enough to reduce Covid harms for everybody
 15 that caught it. We did not refer to Long Covid
 16 specifically. I don't recall the extent to which there
 17 was a sort of -- a kind of clear and agreed definition
 18 of Long Covid at the -- at the time, but we -- we were
 19 concerned about Covid harms in the round, not just about
 20 hospitalisations.
 21 **Q.** Yes. I think -- I'm not going to go over it, but
 22 I think it's well established and clear from the DHSC
 23 about Long Covid generally. But do you agree that
 24 people, primarily the young, still needed to know that
 25 there was an indiscriminate risk of long-term harm from

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1 **Q.** Is that an agreement that the CTF didn't advise him
 2 before then?
 3 **A.** I don't recall notes from us on Long Covid specifically.
 4 **Q.** On 13 April 2021, the CTF produced a detailed paper,
 5 *In Depth, Long Covid*, which covers prevalence of
 6 Long Covid, its socioeconomic impacts, including the
 7 economic cost of work place absenteeism, and the cost of
 8 Long Covid QALYs and its impact on the health system.
 9 We don't need to go to it, the reference is
 10 INQ000292660, I'm sure you know of it. Why did the
 11 Covid Taskforce produce this paper?
 12 **A.** So we -- I mean, this was a paper that was produced by
 13 our data and analysis team, a part of it, which over the
 14 course of particularly from sort of I think
 15 November/December 2020 onwards did a number of pieces of
 16 work in depth on different aspects of Covid and
 17 different implications. We did similar bits of work on
 18 educational impacts and so on and so forth.
 19 I think the reason we did one on Long Covid at this
 20 point was because it was -- it was an issue that was
 21 coming more towards the forefront. There was also more
 22 information and more evidence about it. I think it's
 23 about the same time the ONS have started to collect data
 24 on Long Covid and the purpose of us doing these notes in
 25 general, including this one, was to pull that

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1 information together from across government so that we
 2 had the best and most rounded picture of it that we
 3 could have to inform future decision-making, which in
 4 this case was the opening up from the third lockdown.
 5 **Q.** Do you consider that this paper had any impact at all on
 6 government discussions on Long Covid?
 7 **A.** I mean, I would like to think so, yes.
 8 **Q.** Can you elaborate at all, can you assist?
 9 **A.** I mean, I think if you turn to the February roadmap that
 10 we published to set out the plans for opening after the
 11 third lockdown, I don't think it refers to Long Covid by
 12 name, but we're very clear about the risk of extended
 13 symptoms for a number of people as a result of catching
 14 Covid, and that was informing the way in which we wanted
 15 to open up and the length of time between steps to make
 16 sure we did that in as successful a fashion as possible.
 17 **Q.** Do you agree that -- Long Covid was known about well
 18 before April 2021, wasn't it?
 19 **A.** Yes.
 20 **Q.** Last area I want to ask you about: Covid-19 dashboards
 21 and Long Covid. Why was the data on Long Covid gathered
 22 by the DHSC and the ONS excluded from the Covid-19
 23 dashboard?
 24 **A.** I -- I don't recall that it -- that it was fully.
 25 I mean, the -- the ONS data we got we put through the

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1 **A.** As the ONS started to collect data we had more
 2 information on Long Covid. I think there was a debate
 3 and a degree of a lack of clarity about exactly what
 4 Long Covid referred to specifically. There was clarity
 5 that there was a risk of long-term sufferance from
 6 symptoms for a number of people who caught Covid. We
 7 sought to reflect that in the policy we made,
 8 particularly through 2021, and the data that was
 9 available as a result of the ONS' work was very widely
 10 available.
 11 **Q.** More generally, but the available data on Long Covid
 12 didn't feed in, did it, to the Covid-19 dashboard, which
 13 was significant?
 14 **A.** As I say, I don't recall exactly what was and wasn't in
 15 all of the different dashboard meetings. I think it's
 16 worth saying the Covid-19 dashboard wasn't, every day,
 17 exactly the same set of charts. It was a consistent set
 18 of data to help provide a baseline and a bedrock for
 19 ministers to have -- prime ministers to have a common
 20 understanding of where we were, but the data -- we
 21 couldn't go through all the available data at every
 22 dashboard so we highlighted different things. I'm
 23 afraid I haven't been back through all of them and
 24 exactly what we covered when, but the ONS data and other
 25 data was there alongside the dashboard and as available

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1 dashboard. We could only show a portion of the data we
 2 had available at any one meeting. I don't -- I don't
 3 think there was a decision to exclude it.
 4 **Q.** Well, Mr Ridley, do you agree with me that the data on
 5 Long Covid was in fact not part -- never featured as
 6 part of the Covid-19 dashboard?
 7 **A.** I honestly can't recall all the dashboards. You may
 8 be -- you may be right, but I don't know.
 9 **Q.** On the assumption that is right, do you agree that not
 10 feeding this available data on Long Covid into the main
 11 Covid-19 dashboard deprived you, the CTF, and thereby
 12 the public, of vital information on the prevalence of
 13 Long Covid?
 14 **A.** No, I don't think I do agree with that. I mean, as
 15 we've just discussed we'd done an overall evidence and
 16 analysis note on Long Covid. The ONS collected
 17 Long Covid data. That ONS data was very, very widely
 18 available across government, including the taskforce and
 19 the Cabinet Office, but across other departments as
 20 well, and it was fantastic that the ONS were collecting
 21 it.
 22 **Q.** Yes, but the absence of available data on Long Covid
 23 meant, surely, that there was insufficient information
 24 such that that might have meant that Long Covid was not
 25 factored into decision-making?

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1 to everybody.
 2 **Q.** But the DHSC, I'm sure you agree, were producing their
 3 own Long Covid dashboard, so the data was available; do
 4 you agree?
 5 **A.** Yes, there was data available, I do agree.
 6 **MR METZER:** Yes, thank you very much indeed, Mr Ridley.
 7 Thank you, my Lady.
 8 **LADY HALLETT:** Thank you, Mr Metzger.
 9 Thank you very much, Mr Ridley, I'm very grateful
 10 for you staying as long as you have done.
 11 **(The witness withdrew)**
 12 **LADY HALLETT:** We'll break now, I've been asked to take
 13 a break, and I shall return at 3.05.
 14 **(2.53 pm)**
 15 **(A short break)**
 16 **(3.05 pm)**
 17 **LORD EDWARD UDNEY-LISTER (sworn)**
 18 **Questions from COUNSEL TO THE INQUIRY**
 19 **LADY HALLETT:** Sorry to have kept you waiting.
 20 Mr O'Connor.
 21 **MR O'CONNOR:** Could you give us your full name, please.
 22 **A.** Edward Julian Udney-Lister.
 23 **Q.** Thank you.
 24 Lord Lister, you had kindly provided for us
 25 a witness statement at our request, which you can see up

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1 on screen. I know you're familiar with the contents of
2 that statement. It's signed on the last page, we don't
3 need to bring it up, underneath the statement of truth,
4 indicating that the contents are true. Are you in fact
5 satisfied that the contents of this statement are true?

6 **A.** Yes.

7 **Q.** Thank you.

8 At the start of your statement, Lord Lister, and in
9 fact it's on the page that we're looking at now, you
10 give us some detail as to your career, and of particular
11 interest for present purposes we can see from
12 paragraph 3 that between July 2019 -- that is when
13 Boris Johnson became Prime Minister in succession to
14 Theresa May; is that right?

15 **A.** Yes.

16 **Q.** So from that time until February 2021 you were a senior
17 adviser to Mr Johnson?

18 **A.** That's correct.

19 **Q.** And within that period, initially from July 2019 until
20 November 2020, you were what's described as his chief
21 strategic adviser, and for the rest of that period, from
22 November 2020 through until February 2021, you were his
23 chief of staff.

24 That second period -- did that second period start
25 with Dominic Cummings leaving Downing Street?

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1 Then a non-executive director at the Foreign Office
2 between 2017 and 2019.

3 So do we see, then, Lord Lister, that you had in
4 fact worked with, perhaps closely with, Boris Johnson
5 for some considerable period of time before 2019, first
6 of all in City Hall and then at the Foreign Office?

7 **A.** Yes, it was -- it was -- I worked with him very closely
8 whilst at City Hall, but then I was more remote, but
9 then I went back to -- well, helping him in the sort of
10 spring of 2019 when he was running to become leader of
11 the Conservative Party.

12 **Q.** The Inquiry has now heard from quite a number of the
13 people who worked closely with the Prime Minister during
14 the pandemic, some special advisers, some civil
15 servants. It would seem from the outline we've just
16 seen that you may have been, of those people, the person
17 who had worked with Boris Johnson for the longest period
18 of time; would that be fair?

19 **A.** I think so, yes, of all the people that are on the list,
20 yes.

21 **Q.** Can you give us in a nutshell what your working and
22 personal relationship with him was like, for example
23 when you started working with him in 2019 in
24 Downing Street?

25 **A.** It was -- I was in a unique position. I was -- I sat

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1 **A.** Yes, it basically started immediately he left.

2 **Q.** Yes, thank you.

3 Then I think it's in this paragraph or it may be
4 another one that you say after February 2021, so when
5 you left that role of chief of staff, you became
6 Mr Johnson's special envoy to the Gulf, but only for
7 a few months before you left government in April of
8 2021?

9 **A.** Yes.

10 **Q.** Just briefly before then, July 2019, so before you
11 started your role at Downing Street, you describe having
12 held a number of, first of all, commercial roles in the
13 fire and security industry, and also, insofar as public
14 service is concerned, you were leader of
15 Wandsworth Council for a lengthy period between 1992 and
16 2011; is that right?

17 **A.** Yes.

18 **Q.** Then, after that, chief of staff to the Mayor of London,
19 that is Boris Johnson, and also a Deputy Mayor of London
20 between 2011 and 2019, and that's a longer period,
21 I think than --

22 **A.** 16.

23 **Q.** Sorry, 2016?

24 **A.** Yes.

25 **Q.** Well, that explains that discrepancy.

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1 outside his office. I was somebody he would speak to
2 quite regularly. I was able to go in and speak to him
3 after meetings. I was in a position where he'd use me
4 to get information or wanted to sound off about things
5 or to check on something.

6 Look, I'd known the man for ten years, so yes.

7 **Q.** Is it fair to say during that time you were in
8 Downing Street before Dominic Cummings left that you and
9 he had a sort of shared or split responsibility in terms
10 of policy coverage?

11 **A.** Yes.

12 **Q.** We can see this described actually in paragraph 4 of
13 your witness statement, which is on page 2. You say
14 that as chief strategic adviser your areas of
15 responsibility were foreign policy, security, defence
16 and trade, business, whereas Mr Cummings had
17 responsibility for areas of domestic policy; is that
18 a --

19 **A.** Yes.

20 **Q.** In broad terms?

21 **A.** That was, in broad terms, the split between us.

22 **Q.** You also say that your role included relations with
23 Stormont, that's Northern Ireland, and also I think the
24 Irish Government itself?

25 **A.** Well, during the -- particularly during the period from

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1 July 2019 to December of 2019, while Brexit was
2 under way, I was involved very directly in all the
3 negotiations with the Irish Government and with
4 Stormont, which was at the time quite a difficult series
5 of negotiations.

6 **Q.** I'm just going to read you a few sentences from
7 Dominic Cummings' witness statement and see if you agree
8 with what he said about the relationship that the two of
9 you had to the Prime Minister. He said this:

10 "I was seen by the system as the PM's most senior
11 *political* adviser in most ways, but it was also clear to
12 some officials near the centre of power that on some
13 matters the PM listened more to Lord Lister than to me,
14 and that the PM gave Lord Lister things to do without
15 always informing me."

16 Fair summary?

17 **A.** Yes, I think that's probably right, yes.

18 **Q.** How did you get on with Mr Cummings, Lord Lister?

19 **A.** We worked together, we had desks facing each other so we
20 knew each other. I can't say there was any close
21 relationship. We were just work colleagues.

22 **Q.** Let's move on, if we may, to the early stages of the
23 pandemic, and for this if we can go to paragraph 6 of
24 your witness statement, which is on page 3. If we can
25 pick it up about five or six lines down, you say this:

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1 time, we didn't -- we were not really aware of it, I was
2 worried about the economic situation. I was worried
3 that we were going to have a severe recession as
4 a result of it. I was also concerned -- I mean, we
5 weren't talking about lockdowns or anything at that
6 time, this was all pre that, and I was just concerned
7 that the effect on the economy would be severe.

8 **Q.** Were you concerned, perhaps it follows from what you
9 have said, that these economic risks were being either
10 overlooked or at least downplayed?

11 **A.** I felt at that time that all the emphasis was on the
12 health risk, which we were still trying to understand,
13 and there wasn't enough balance about some of the other
14 problems that were arising, and that if -- yes, health
15 was a serious problem. I mean, I don't think at that
16 point anybody had died from coronavirus, it was still
17 very early in the process. It was just a worry that it
18 was ... everything was coming from health. All the
19 lobbying of the Prime Minister was coming from one
20 direction and there wasn't enough of the
21 counterarguments being put on the table.

22 **Q.** Do you think it's possible that, in trying to redress
23 the balance, which I think is what you're describing
24 here, you may have been taken to, as it were, diminish
25 the health arguments on the other side of the balance?

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1 "On 27 February 2020 I set out my concerns around
2 the threat from Covid-19 from an economic standpoint,
3 indicating that this was as important as the health
4 issues and needed to be discussed in Cobra."

5 We can see, Lord Lister, what you meant by that, and
6 what you said, if we go to a document which is
7 INQ000236371, please, and it's on page 47 of that
8 document. I think this is the message that you were
9 referring to in that part of the witness statement we
10 looked at. Do you see it's at the top here, dated
11 27 February, you say:

12 "Air freight rates in Asia up 500% and four days of
13 drops on stock exchange. In my opinion this is the real
14 Coronavirus threat. At best this [maybe you meant
15 'there'] will be zero growth this year. Can I suggest
16 that at the COBRA on Monday the economic bit is as
17 important as the health input?"

18 Just to remind ourselves, we've heard a lot of
19 evidence about the developing understanding of the
20 virus. We're at the end of February here. Was this
21 actually your view at the time, that the economic risk
22 presented was as serious as the health risk?

23 **A.** I think you -- in the context of that point in time,
24 when we did not appreciate the true effect of Covid, and
25 that evolved over the coming days, but at that point in

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1 **A.** No, I don't think I ever diminished the health risks,
2 because we could see that, and I think it was around
3 then that -- I think I do put it in a document
4 somewhere -- that we were starting to get a feel from
5 China that it was becoming clear that the Chinese
6 government was actually losing their efforts to contain
7 the disease, and it was beginning to be clear that that
8 was not succeeding.

9 I was, I think, just worried that ... it was
10 a finely balanced issue, and I still believe it's
11 a finely balanced issue all the way through, and yes --
12 we may or may not go there in a minute, but yes we go
13 into lockdown, but the decision to go into lockdown is
14 not an easy one and there are conflicting issues which
15 do need to be resolved and do need to be talked about.

16 **Q.** As you say, I'm going to come and ask you some separate
17 questions about exactly that, that balance between the
18 harms of lockdown and the benefits of it, both in terms
19 of the first lockdown and later in the year.

20 Finally, still sticking in February for a moment,
21 another theme of the evidence that we've seen is that
22 around this time Mr Johnson was telling those around him
23 that he thought what was happening was an overreaction,
24 or at least that he was worried that there would be
25 an overreaction to the pandemic, as it was developing.

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1 Is that a concern that, first of all, you heard him
2 express, and, secondly, that you shared at that stage?
3 **A.** Well, I certainly shared that view. I think he did
4 express that as well. I mean, I think everybody was
5 very worried that we were overreacting to something
6 which, at that stage, we didn't believe was going to be
7 as bad as it subsequently became. And certainly it was
8 largely confined to China.

9 **Q.** Let's move on just a little bit, Lord Lister. If we can
10 go to page 10 of your statement, please, it's at
11 paragraph 23, I just want to touch on the meetings that
12 you describe attending regularly, and I think -- sorry,
13 we're on -- that's it.

14 So I still want to be asking you about that early
15 period in, let's say, February and March, but I think
16 this paragraph applies to that time. You say you
17 attended a number of core meetings, again meetings that
18 we have heard something of from other witnesses,
19 for example the 8.30 and then 9.15 meetings, the
20 9.15 meeting being the one with the Prime Minister,
21 COBR meetings whenever the Prime Minister attended,
22 Cabinet meetings and so on.

23 You say also, if we can look at the next paragraph
24 that you regarded those meetings as an effective basis
25 for decision-making that was going on at the time.

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1 didn't overreact to a problem. And that there was a lot
2 of other things that needed to be done. It's worth
3 remembering that by then we were only now some
4 two months from a general election, two months from the
5 Brexit date, there was a lot of other things on the
6 agenda.

7 **Q.** Lord Lister, confidence is one thing, but the effect of
8 Helen MacNamara's evidence was not that the mood at
9 these meetings was confident, but rather that it was
10 overconfident. That wasn't something that she was
11 saying in hindsight, she describes being concerned about
12 the overconfidence at the time. So is that something
13 that you recognise?

14 **A.** I think I -- what I recognise is that there was a belief
15 that we had a health system that would be able to
16 withstand it, that they had plans in place, it was well
17 organised, it was well structured. And I don't want to
18 jump forward too much, but it was only when we reached
19 the Italian situation that it dawned on everybody that
20 this wasn't like SARS in the Far East, this wasn't
21 a relatively minor disease, this was serious. And so
22 that was -- that was, what, in the first week of March?

23 **Q.** Yes. Let us move on to that period, only a week or so
24 on from what we're discussing.

25 If we can go, in fact, it's just a page or two back

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1 Just going back to the morning meetings for
2 a moment, it's right, isn't it, that another of the
3 regular attendees of those meetings in this period was
4 Helen MacNamara, the Deputy Cabinet Secretary?

5 **A.** (Witness nods)

6 **Q.** You may have heard that her evidence about the
7 atmosphere and discussion in the morning meetings during
8 this period, so let's say February/March 2020, certainly
9 the meetings that she attended, was that the atmosphere
10 was, in her words, confident and macho. She said that
11 wasn't a new thing but that this atmosphere was "more so
12 than usual", and she said the atmosphere was one of "we
13 were going to be world beating at conquering Covid-19 as
14 well as everything else".

15 Is that a description of those meetings that you
16 recognise?

17 **A.** Well, I'm not so sure about the last statement you made,
18 I don't recognise that, but yes, I think there was
19 a great deal of confidence at that time that this was
20 a disease, it wasn't going to be as serious as people
21 made out. I mean, it wasn't that long before we'd had
22 the whole of the SARS episode, which had largely stayed
23 confined to the Far East, it hadn't really come into
24 Europe. We were fairly confident at that stage it
25 wasn't going to come, and there was a concern that we

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1 in your statement, to page 8 and paragraph 21, so we
2 say -- you're here describing a meeting in early
3 March 2020, and approximately that is the time, isn't
4 it, Lord Lister, when, amongst other things, it became
5 apparent that the Italian, particularly in northern
6 Italy, in Lombardy, that the health systems there were
7 struggling to cope, we saw images on the news and so on
8 of hospitals being overwhelmed. That was the time of
9 this meeting, was it not?

10 **A.** Yes. I mean, and what was particularly striking about
11 it was that the Italian health system was generally
12 regarded as pretty good health system, as good as the UK
13 one, so we were looking at a country that was very
14 similar to ourselves.

15 **Q.** Helen MacNamara said amongst other things that she
16 remembered around that time in those morning meetings
17 there being a sense that we would do better than the
18 Italians, almost as though there was somehow a belief
19 that they'd got it wrong or that we would manage to not
20 make the same mistakes as the Italians; again, is that
21 something you remember?

22 **A.** Erm, I'm not sure about that, but certainly I think
23 we -- yes, there was a feeling that we are going to do
24 better than this, it's not going to be as bad as that.

25 But I think -- we were still really in the position

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1 where we believed that the system had plans that it
2 would be able to cope with this, the Health Minister was
3 confident, everybody was confident.

4 **Q.** Yes. Well, let's look at this paragraph. For the first
5 five or six lines of it, you essentially describe being
6 briefed in a meeting in early March by Chris Whitty and
7 Patrick Vallance about what we know and understand to be
8 the mitigation strategy, herd immunity strategy, and
9 clearly you were given that information.

10 Then four or five lines up from the bottom, you say:

11 "On or around 12 March ... [you] recall the
12 Cabinet Secretary advising the [Prime Minister] to
13 explain to the public that the government's plan to
14 combat Covid-19 was akin to 'chickenpox parties'."

15 Again, that's something we've heard about in other
16 evidence but it's something you remember, is it, that --
17 Mark Sedwill using that term --

18 **A.** Well, I remember it being said, I can't tell you at
19 which event or anything else now, but yes, it was -- it
20 was made, but it was made in context, and for people of
21 my age that was -- that was how -- when we were young
22 that was how chickenpox was dealt with. And it was --
23 it was still a belief that Covid was something that ...
24 herd immunity was the only answer, you needed to catch
25 it, catch it quickly, and get it over and done with.

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1 an unfortunate comment, but I think when you take it in
2 the context -- out of context, like now, and in the
3 timing, it was just an unfortunate comment.

4 **Q.** Well, I understand that's what, how you regard it,
5 Lord Lister, but I do want to press you a little. Do
6 you think, then, that it wasn't necessarily made at the
7 same time as the "chickenpox parties" comment?

8 **A.** I really am not sure, I cannot -- I cannot answer that
9 question.

10 **Q.** No. Well, even if it had been made some time earlier,
11 it had been known for many weeks by that stage, or it
12 was known for many weeks before then that Covid was
13 a disease which would kill many of the people who caught
14 it. So surely the Prime Minister wouldn't want to be
15 telling the British public that it didn't pose a threat?

16 **A.** I come back to, if I may, in answer to your question,
17 this is not that dissimilar to the situation we'd had
18 with things like SARS, where it had been a killer
19 disease but it had been a disease which had not
20 transmitted itself to Europe, we had -- not reached us,
21 and we were still living in the forlorn hope, as it
22 turned out, that it wasn't going to come. That
23 obviously was wrong.

24 **Q.** Well, there is a difference, but I don't think anyone
25 injected themselves live on television with SARS,

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1 **Q.** Let's read on, just the last few words of this page and
2 then we'll go to the next one:

3 "It was also in this context that the Prime Minister
4 suggested to senior civil servants and advisers that he
5 wanted to be injected with Covid-19 on television to
6 demonstrate to the public that it did not pose
7 a threat."

8 Then you say that you "appreciate on reflection that
9 those were unhelpful comments, but they were made at
10 a time of high stress and limited understanding of what
11 lay ahead".

12 Of course you weren't able to know, neither was
13 Mr Johnson, everything that would develop over the
14 following weeks and months, Lord Lister, but I just want
15 to take you back to what you tell us that Mr Johnson
16 said, that he wanted to be injected with Covid-19 to
17 demonstrate to the public that it didn't pose a threat.

18 It did pose a threat, didn't it?

19 **A.** It ... I've got to go back again. It was not -- we were
20 at -- I'm a little bit uncertain of timings of some of
21 these things, but it was -- it was before the Italian
22 situation had really become apparent to everybody. It
23 was the time when Covid was not seen as being the
24 serious disease. It subsequently became or was seen to
25 be. It was a moment in time. I think it was

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1 Lord Lister, nor would they have been well advised to do
2 so.

3 **A.** I fully accept it's a comment that shouldn't have been
4 made, but it was made at the heat of the moment, that's
5 all.

6 **Q.** Do you think whenever he made this comment, and
7 obviously this is something we can ask him, but you've
8 raised this so I'd like your own view about this, do you
9 think that Mr Johnson did actually think not only that
10 the country was well equipped to deal with the disease
11 and that there were systems and plans in place, but that
12 actually even more fundamentally it wasn't really
13 a dangerous disease at all?

14 **A.** I do underline the point I made earlier, I'm not sure of
15 the timing of these things, but my memory is that at
16 that stage it was not seen as the disease it -- the
17 seriousness that it became apparent later on. We're
18 right at the beginning of this. It hadn't really hit
19 Europe. It was still very, very new.

20 **Q.** Yes. Right.

21 Let me move on, Lord Lister, and ask you some
22 questions about another matter, and this relates to some
23 of the early COBR meetings that took place, in fact in
24 early March, and the question of whether the Mayor of
25 London, Sadiq Khan, should or shouldn't have been

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1 invited to those meetings.

2 We can start, in fact, on this page that we're
3 looking at, which is convenient. If we could look at --
4 that's it -- paragraph 22, (ii), you are recording here,
5 and there is a list, is there not, of things that you
6 know you did relating to Covid which I imagine you took
7 from an email review. You record here that on 9 March
8 the Mayor of London, that is Sadiq Khan, asked to
9 attend, as we will see, in fact it was a particular COBR
10 meeting, and that you refused the request and suggested
11 a meeting of mayors with Matt Hancock.

12 I would like to take you back in the chronology
13 a little bit to explore what took place.

14 If we can start, please, by going to Sadiq Khan's
15 witness statement, which is INQ000221436, and page 16 of
16 that statement. It will come up on screen.

17 We can see here that -- we'll remember that the date
18 of your email, which you referred in your statement, was
19 9 March, so we have gone back a few days, and Mr Khan
20 says that he recalls that there was a COBR meeting on
21 2 March. He said:

22 "It was about the sixth COBR meeting focusing on
23 Covid-19."

24 He hadn't been invited to attend any of the previous
25 meetings. He asked his government relations team to

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1 reason for the Mayor of London to attend COBR?

2 **A.** Perhaps because I had been so involved with London
3 government and because I've also been involved heavily
4 with the other local authorities up and down the
5 country, always at the back of my mind was the
6 accusation which would come at the mayor that he was
7 treating London differently to the rest of the country,
8 and my view was then, it stayed all the way through the
9 Covid crisis, that you had to treat all parts of the
10 country equally and give them the same kind of access as
11 London, and if you for one minute allowed London in
12 without inviting the others there would nothing but
13 difficulty and problems.

14 **Q.** We will come to see that that was why you stopped the
15 mayor attending a subsequent meeting, but -- one can see
16 that that's a sensible perhaps starting point, but if
17 one has a disease which is affecting London more
18 immediately or where the risk of the disease seems to be
19 more focused or acute, really, do you -- is there some
20 sort of prohibition on recognising the fact that
21 the Mayor of London in that situation might be more
22 deserving of a seat at COBR than other regional mayors?

23 **A.** Yeah, but where do you draw the line on this? And also,
24 I mean, as you said earlier, it was a relative -- it was
25 a large number in proportionate terms, but it was still

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1 contact Number 10 requesting that he attend the 2 March
2 meeting, given, as he said, that London was clearly one
3 of the most at-risk places in the country due to its
4 large number of airports and international travellers
5 and high-density population.

6 If we very briefly just look at the paragraph above,
7 we can see that on the same day he'd been told by
8 Dr Jenny Harries that five of the 35 confirmed cases in
9 the UK, so 15% or thereabouts, were in fact from London.

10 Just to follow from that, if we can go to
11 a document, please, which relates to this exchange.

12 It's INQ000118937. Yes, thank you.

13 So here we see -- we can look at the bottom half of
14 the page first -- an email sent on 28 February, which
15 was the end of the week before 2 March, from
16 Sadiq Khan's team to Clare Brunton, which is a name we
17 will see several times in these exchanges, at Number 10,
18 and we see that this person contacts Clare Brunton and
19 relays a request from the mayor's chief of staff for the
20 mayor to attend the COBR meeting on Monday, that was
21 2 March, and again we see:

22 "Given its large number of airports, hospitals and
23 international visitors, London is of course potentially
24 one of the most at risk places."

25 Pausing there, that would seem to be quite a good

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1 a relatively small number in London, the rest were
2 outside London. Where do you draw the line on this?

3 The mayor -- sorry, the Prime Minister subsequently
4 agreed to the mayor coming about, I don't know, a week
5 later. You'll have the --

6 **Q.** We'll come to it.

7 **A.** But my point is it was always about parity with the rest
8 of the country and treating all parts of the country in
9 the same way.

10 **Q.** Well, we can take this more quickly now. I mean, to be
11 fair, your name doesn't appear on these emails. Can you
12 tell us at this distance whether you were on involved on
13 this date or not?

14 **A.** Which one?

15 **Q.** We're looking at the emails from 28 February,
16 Lord Lister. We'll come to see the ones which bear your
17 name a week or so later. It may not matter much but do
18 you know whether you were involved on this occasion?

19 **A.** I probably was but I can't confirm 100%.

20 **Q.** In any event we see that what happened was that the
21 message went back to say that the Mayor of London would
22 not be invited to that COBR meeting.

23 Then we see, if we can go on to a different
24 document, please, INQ000214135, the same type of
25 exchange on 8 March, so let's say a week or so later.

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1 If in fact we look at the email on the very bottom,
2 again there is a member of the Mayor's team emailing
3 Clare Brunton:
4 "... following reports COBRA will meet again
5 [tomorrow] re Coronavirus, the Mayor's view is that he
6 should attend this meeting, given the potential impact
7 on London and Londoners. I know a request was declined
8 for him to attend the previous meeting [that's the one
9 we just looked at], but given the increased spread, we
10 feel it is even more appropriate that he be there
11 tomorrow. Can you let me know please ..."

12 Then if we go back to the page before, we see
13 Clare Brunton I think contacting you saying:
14 "I assume the answer is no again?"

15 You saying -- if we just leave it without it being
16 enlarged, we can just read up, I think.

17 Then in the middle of the page you saying, just
18 underneath where it says "On 9 March" you say:

19 "No but I do think there needs to be a meeting of
20 Mayors perhaps with Matt Hancock."

21 Then there is another email from Clare Brunton,
22 these are all happening within a few minutes of each
23 other, saying that the matter had been discussed at the
24 8.15 meeting, presumably without you, and that the
25 "general view from the room" was that there is

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1 invited on 9 March to COBR, on 11 March he had a meeting
2 with Chris Whitty. And then if we look on paragraph 77,
3 about halfway down, he says:

4 "We had a wide-ranging discussion [that's him and
5 Chris Whitty], covering the way in which the situation
6 was thought likely to develop ... noting that the
7 highest concentration of cases in the country was in
8 London, which was not surprising given the density of
9 its population and status as a major transport hub."

10 So in fact Chris Whitty appears to be confirming the
11 concerns that Sadiq Khan had earlier expressed. Then
12 further down the page we see that there was in fact
13 a COBR meeting the next day on 12 March. Again he asked
14 to attend, again he was told he could not, and -- the
15 next page, please -- it's only the week after that, on
16 16 March, that Sadiq Khan was invited to COBR for the
17 first time. That's paragraph 82.

18 So Lord Lister, just finally on this, on reflection,
19 in hindsight, given that sequence of events and the
20 documents we've looked at, do you think perhaps you or
21 the system ought to have been readier to make
22 an exception to that rule you've described and invite
23 Sadiq Khan -- as in fact, as we can see, he was on the
24 16th -- a week or so earlier?

25 A. And -- yes, and I -- I think perhaps we should have

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1 an argument for Sadiq Khan being at the meeting.

2 And in response a few minutes later you say you
3 can't have him there without Street, that's the Mayor of
4 West Midlands, Andy Burnham et al, "or is London more
5 important than Manchester". So this is the view you've
6 just expressed?

7 A. Yes.

8 Q. And we know that as a result of that he wasn't invited
9 to that meeting.

10 Just one more time, then, it really -- is that
11 sort of basic "you can either have all of them or none
12 of them" approach really appropriate at a time where
13 there is a developing virus and there are perhaps good
14 reasons to think it's affecting London more immediately,
15 more seriously than other places?

16 A. Well, I ... I did believe there should be regular
17 meetings with the mayors, and that's something that
18 should be taking place, but I did believe that to
19 actually single out one authority over another would be
20 a mistake.

21 Q. Just to complete the story, if we can go back to
22 Sadiq Khan's witness statement, so that's INQ000221436,
23 we can see, if we go to page 18, please, we can see --
24 and we don't need to zoom in, we can just look
25 briefly -- we can see that he refers, having been not

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1 moved -- or I should have authorised it earlier. But
2 I was always concerned about this treating London
3 differently from the rest of the country, and in fact
4 later on in Covid that became much more of an issue than
5 it was at the beginning.

6 But in hindsight, perhaps it would have been right
7 to have done it earlier, but I -- that worry was always
8 at the back of my mind.

9 Q. Yes. Right. Well, I want to take you forward, then, in
10 time, please, and let's talk about the first lockdown.

11 If we can start, please, on page 11 of your
12 statement, paragraph 26, you state here that:

13 "By 23 March ... it had become clear that a lockdown
14 was needed to prevent the NHS from being overwhelmed, to
15 buy us time until a vaccine was developed and to
16 underline the seriousness of the situation to the
17 public."

18 And I won't take you to it, but there is another
19 paragraph of your statement where you state explicitly,
20 perhaps it's implicit here, that you accepted, and still
21 accept, that the first lockdown was justified at the
22 time and in the circumstances that it was ordered?

23 A. I think what we believed at the beginning of March was
24 that there was a plan that was there that could be used.

25 There was the belief that herd immunity was the answer

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1 to the problem, and that the quicker we actually all
2 caught it, the quicker we would have immunity from it,
3 and that -- that to some extent remained true, except
4 of course that the death toll would have been
5 unbelievably high and totally unacceptable, and
6 therefore it was -- became absolutely clear that
7 herd immunity was not a policy option that was open to
8 the government, and that a lockdown was the only
9 solution.

10 But there were a lot of concerns about bringing the
11 lockdown in. I mean, there was the worry about
12 education, there was the worry about the economy,
13 I mean, they were all there and they've all been spelt
14 out, but it was felt that this was the only answer and
15 I go along with that. I think at that particular point
16 in time it was the right solution.

17 **Q.** Thank you, and in fact in the next paragraph of your
18 witness statement you give us a lengthy list, it goes on
19 for several pages, of what you described as the key
20 challenges the government faced at this time, by which
21 I think you mean perhaps just before and then during --

22 **A.** Yes.

23 **Q.** -- the first lockdown.

24 I wonder if we -- I'm not -- I will pause at one or
25 two of them, but if we scroll through we can see then

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1 wanted to access health for other reasons who would not
2 be able to. We knew that there would be problems with
3 education, that -- the economy, and I can go on on all
4 those things, but that had to be balanced against the
5 terrible prospect of deaths, which -- which was just
6 an unacceptable position, and there was really no choice
7 at that time.

8 But I'm just trying to -- what I was trying to do
9 was trying to say that it wasn't a pain-free decision,
10 it was right that government should try to see what --
11 what the consequences of what they were doing was going
12 to be.

13 **Q.** Yes. And we've looked through that range of issues
14 which you describe as being in play at the time, and we
15 can look to the bottom of this page, it includes,
16 of course, a factor that you have already raised, which
17 is retail and business.

18 Is it fair to assume, then, that this list, which at
19 its outset you were clear was not, as it were,
20 an exhaustive list, but this list was the types of
21 issues that you recall being raised with the
22 Prime Minister or those around him during this period?

23 **A.** Yes. They were all things that were discussed, because
24 there were -- there was a great deal of concern about
25 all of those things, and ...

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1 what you regarded as being those key challenges:
2 testing, social care -- if we can go on to the next
3 page, please -- public health legislation, the devolved
4 administrations. I'll come back and ask you some
5 further questions about that. You mention the issue of
6 PPE.

7 Go to the next page, please.

8 We can just cast our eyes down, there is a series of
9 issues there.

10 Next page, please, and the next page.

11 You've mentioned the closure of educational
12 establishments as being one matter of particular
13 concern, Lord Lister. Was that a factor as you regarded
14 as one which was being considered as a reason not to
15 lock down or was it something that was --

16 **A.** No, I --

17 **Q.** -- a factor in terms of trying to unlock as quickly as
18 possible?

19 **A.** It was more a question of trying to unlock as quickly as
20 possible. I think I have said earlier in my statement
21 that I believed that once it became obvious, and I think
22 it became obvious once we started to see what was
23 happening in Italy, lockdown was an inevitable outcome.

24 But it wasn't a pain-free option. We knew that once
25 you moved into lockdown there would be other people who

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1 There was an acceptance we had to go towards
2 lockdown and we would probably have to do lockdown, but
3 there were going to be effects from that which we needed
4 to take into account and try to see if we could mitigate
5 them. And I think I picked up there, when I talk about
6 testing, testing wasn't an option, there was virtually
7 no testing available, so we couldn't really test
8 anybody. We were worried about social care and what was
9 going to happen with social care. All of these things
10 were issues that we were actively talking about and
11 worrying about.

12 **Q.** Last thing before I move on, it's a long list there, as
13 I've said you don't describe it as being an exhaustive
14 list, but one, at least one issue which is notable by
15 its absence is any question of the great increase in
16 domestic abuse that took place once lockdown was
17 ordered. Is that missing from the list because it
18 wasn't considered or can you tell us that it was?

19 **A.** No, it was -- it was certainly considered but I'm not
20 sure it was considered right at the start of lockdown,
21 I don't think that was one that was particularly high on
22 the list. I don't think people had thought about it as
23 being a likely outcome from it.

24 **Q.** So --

25 **A.** I mean, in hindsight, yes, it should have been and it

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1 became an obvious discussion point later on, but by then
 2 we were in lockdown. And I'm still not sure what we
 3 could have done differently. If you're locking down,
 4 then you're locking down. That's one of the prices --
 5 I mean, there are all sorts of other things, like young
 6 people stuck in halls of residence miles away from home
 7 and couldn't come home because we'd closed the transport
 8 network down. There were lots of other things that were
 9 also happening at that time.

10 **Q.** Just to take you back to that, Lord Lister, your very
 11 lengthy career in local politics at a national level,
 12 it's an odd thing to hear you say that one identifies
 13 a problem and then just shrugs one's shoulders and says
 14 there's nothing --

15 **A.** Oh, no. No, no, I'm not saying that. I'm sorry, if
 16 I gave that impression, then I unreservedly apologise
 17 for that. All I'm trying to say was that was not
 18 an issue right at day one when we were discussing
 19 lockdown. Lockdown was a very blunt instrument which
 20 was being used to try to stop the spread of Covid.
 21 There were all sorts of consequences from that. Yes, we
 22 should have thought much more about domestic abuse. It
 23 just didn't -- it wasn't discussed in my hearing until
 24 actually after we'd imposed lockdown.

25 **Q.** Yes. So not foreseen, but it's right, isn't it, that

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1 general sense to lift the lockdown?

2 **A.** The concern was, as lockdown continued, the consequences
 3 of it were becoming more and more difficult, the concern
 4 about the economy was enormous, business wasn't flowing.
 5 I mean, if I take a very simple example, for example,
 6 sale of cars, how do you keep car factories going if you
 7 can't sell the car that's being produced? Therefore
 8 you've got no alternative but to end up needing to --
 9 letting people go. And there were all sorts of
 10 problems. And by then -- the early part of lockdown
 11 everybody understood there was no choice, but as
 12 lockdown proceeded it became more and more difficult to
 13 keep these things going. And indeed we started to relax
 14 things, we started to relax things like garden centres
 15 and other things, large places. But the pressure from
 16 the public was enormous by then to open up. And that
 17 stayed there until the summer when we did open right up.

18 **Q.** Pressure from the public, perhaps, but you seem to be
 19 expressing here your own view that things should have
 20 been done differently?

21 **A.** I -- my own view was that we needed to look at releasing
 22 the economy as quickly as possible and that the quicker
 23 we could do that the better. That was always my view.
 24 And once we started to see the numbers starting to
 25 improve -- and look, please, this sounds very cruel and

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1 once one recognises that there is a problem there --

2 **A.** Yes.

3 **Q.** -- or, for that matter, other similar problems with
 4 other vulnerable groups that are experiencing, let's
 5 say, a collateral impact of lockdown, there are lots of
 6 things that could be done to try to ameliorate the
 7 problem, aren't there?

8 **A.** Yes, and that was one of our worries: what do you do
 9 with -- this was never -- sorry, the list in my
 10 statement wasn't designed as an exhaustive list of all
 11 the issues.

12 **Q.** No, I hope I made that clear.

13 **A.** They were the number one issues, if I can put it that
 14 way, which were coming up, and we spent a lot of time
 15 going through them.

16 **Q.** Let me move on, Lord Lister.

17 At a later part of your statement, perhaps we can go
 18 to it, it's on page 16, paragraph 28, about five lines
 19 down, can you see where you say:

20 "In my view the first lockdown continued for longer
 21 than I believe was necessary."

22 Can you help us to understand that statement,
 23 please? Why do you think that, and is there
 24 a particular period that you think was inappropriate or
 25 that steps were not taken quickly enough in a more

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1 hard, every death is a terrible thing and I'm not for
 2 one minute arguing that it isn't, but I am arguing you
 3 have to balance it all the time and that the pressures
 4 on the economy were enormous by then and the pressures
 5 from people, from business, everybody.

6 **Q.** Let's look at another document, if we can, and that is
 7 an email -- in fact it's from Stuart Glassborow, who
 8 the Inquiry heard from yesterday.

9 Yes, that's it.

10 I know you're familiar with this email, Lord Lister.
 11 At the bottom of this email is a read-out, a summary, is
 12 it not, by Stuart Glassborow, who, as we recall, was the
 13 Prime Minister's deputy personal private secretary,
 14 a read-out of a meeting that had taken place between
 15 Mr Johnson and the Chancellor, and he is sending that
 16 read-out to you.

17 We see that in the meeting that he is describing
 18 there had been a discussion between the Prime Minister
 19 and the Chancellor where, as we see from the very first
 20 couple of lines of the main paragraph:

21 "... the Chancellor re-iterated the implications for
 22 the economy of the current lockdown measures if they
 23 persisted."

24 And then I won't read the rest out but we see that
 25 the theme is similar to the one you were just

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1 describing, the Chancellor in summary urging greater
2 progress on opening the economy up.

3 We see further up the page you asking to be involved
4 in a follow-up meeting.

5 Is this a fair reflection of what was happening at
6 the time? Do you recall the Chancellor really taking up
7 that course that you've just been describing and urging
8 the Prime Minister to move faster, opening up the
9 economy?

10 **A.** I don't think it was just the Chancellor, I think it was
11 really anybody that was looking at economic factors that
12 were at play at that point in time. There was also
13 pressure from other sectors to open up. It was
14 beginning to be worrying about what was happening to the
15 economy, and there was a constant stream of messages
16 coming back from various industries that they were going
17 to have to start letting people go, close down, they
18 were running out of money, and it was at this time that
19 various subsidiaries were being put into various places
20 to keep things going.

21 **Q.** It's hardly surprising in one sense that the Chancellor
22 of the Exchequer is advocating within government for
23 government to take steps to protect the economy, after
24 all that's, you might think, his job, but in this
25 particular context, where there is a pandemic afoot and

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1 presence there at the time, is: what was the
2 understanding? Was the Chancellor perceived as someone
3 who was simply advocating at every step for the economy,
4 or was there a feeling that he was trying, and in some
5 eyes failing, to strike the right balance between
6 economic risk and health concerns?

7 **A.** I think everybody was trying to strike that balance, and
8 I think it was a situation where you either erred
9 a little bit more on the economic argument or you erred
10 more on the health argument. I mean, it could be argued
11 if you -- if you like, that the health representatives
12 who attended the various meetings with the
13 Prime Minister, I don't think we would have come out of
14 lockdown that summer, they would have kept us there,
15 even though the data was showing a marked improvement in
16 the situation.

17 And therefore that this was a sort of constant
18 discussion that was taking place -- "argument" I think
19 is too strong a word -- it was a discussion that was
20 going on all the time.

21 **Q.** With the Prime Minister right at the centre of it?

22 **A.** Yes.

23 **Q.** And as, in fact, we've seen earlier today, having to
24 make some extremely difficult decisions?

25 **A.** Yes.

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1 a balance to be struck between health risks, as we've
2 been discussing, and damage to the economy, did you
3 understand the Chancellor's role to be simply advocating
4 for that economic side of the argument, or did you think
5 that he was himself trying to come up with his own
6 assessment of the balance between health risks and
7 economic damage?

8 **A.** I don't think I'm really sure on the answer to that one.

9 Certainly, as you quite rightly say, it was his job to
10 represent the economy, it was my job, as part of my role
11 in Number 10, to also represent business as well, all of
12 whom were pushing hard for some relaxation because of
13 the consequences of this. I think the rest of that
14 you'll have to ask the Chancellor.

15 **Q.** Well, we will, but I'm still interested in your
16 understanding of the dynamic at the time, because we've
17 heard some evidence that some of the scientists involved
18 in SAGE and so on took the view that the Chancellor was
19 striking the wrong balance in this period and arguing
20 too forcefully for economic matters and causing a risk,
21 and in fact we heard yesterday some evidence that the
22 Prime Minister himself referred to what was described as
23 "pro death" squads from the Treasury. One doesn't,
24 of course, want to put too much weight on a few words,
25 but what I want to ask you, with your experience and

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1 **Q.** Before we move on, I just want to ask you one more thing
2 about this document. If we can look at the very bottom
3 of this page, and it will mean we go over on to the next
4 page:

5 "The PM and Chancellor agreed on the need to
6 undertake measures that would power the economy, giving
7 the best shot at as full and fast a bounce back as
8 possible. This would likely focus on supply side
9 reform, eg on planning."

10 Well, this is in May, it wasn't that much later, was
11 it, that the Eat Out to Help Out scheme was introduced,
12 not about planning, but fairly described as something on
13 the supply side --

14 **A.** Yes.

15 **Q.** -- of the economy?

16 **A.** I think that's, by the way, where that thinking was
17 predominantly.

18 **Q.** Yes. Were you involved in the Eat Out to Help Out
19 scheme?

20 **A.** No, I was -- I was aware of it, I was aware of the
21 thinking behind it, I was aware of the discussions about
22 the changes to the VAT rules, and what they would do, to
23 try to kick start the hospitality industry. And it was
24 the hospitality industry above all other industries that
25 was the one that was most affected. It was there that

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1 the greatest number of company closures was taking
 2 place, people were losing their jobs, it was that part
 3 of the economy which was more seriously affected than
 4 any other part.

5 **Q.** You weren't involved directly, from what you say, in the
 6 Eat Out to Help Out scheme, but again, given your
 7 experience and presence there in Downing Street at the
 8 time, would you have expected that scheme to have been
 9 developed in a way that calibrated the risk to health
 10 against the benefit that was sought to be achieved to
 11 the hospitality industry?

12 **A.** But, if I may answer that, I'm now struggling to
 13 remember the numbers, I think it was at that time you
 14 could have no more than six, once we did open up -- it
 15 might have been four, I can't remember now the number,
 16 but there was a limit on the number of people that could
 17 gather together, so it was quite small groupings that
 18 were to be allowed, there was the 2-metre rule that was
 19 in place. These were things that were designed to try
 20 to make that as safe an opening as possible.

21 **Q.** Doesn't that rather beg the question, Lord Lister,
 22 because one way of doing that sort of calibration that
 23 I suggest would be by a non-scientist like you, with
 24 respect, to undertake the sort of exercise you've just
 25 undertaken to say, "Well, there is not many people

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1 **Q.** Just one more issue before we move on, and it's still on
 2 this question of striking the right balance and
 3 ultimately, following this discussion that you've
 4 described, the Prime Minister having to make what, in
 5 many cases, were very difficult decisions.

6 Are you able to help us a little bit more about the
 7 dynamics of all of this between the Prime Minister and
 8 the Chancellor? We've heard this afternoon in fact that
 9 later in the year, so in the autumn, where these
 10 discussions -- we'll come on to talk about this
 11 ourselves -- came back with a vengeance, there was
 12 a perception that the Prime Minister would make
 13 a decision, shall we say, favouring the health side of
 14 argument, only for that decision then to be, and the
 15 word used was, "undone" by the Chancellor, who would
 16 have another go at him and persuade him to change his
 17 mind.

18 Is that something that you recognise?

19 **A.** What I recognise from that was that the Prime Minister
 20 was dealing with a series of -- there were no easy
 21 decisions here. Everything was a balance. And it was
 22 a very difficult balance to strike. And I think that at
 23 the various meetings there were different lobbies that
 24 were at play, the health lobby, some of the other
 25 ministers were pro-lockdown, others were wanting to open

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1 sitting round a table and there aren't going to be that
 2 many tables, so it will probably be safe"?

3 **A.** No, that whole policy piece about the design of the
 4 rule of six and how far people should be apart was
 5 something that was set up following discussion, advice
 6 with medical professionals, it wasn't somebody like me
 7 sitting round a table who came up with a rule of six.

8 **Q.** Well, I want to go back to Eat Out to Help Out, because
 9 one obvious way of ensuring that that scheme struck the
 10 right balance, or at least understanding what balance it
 11 did in fact strike between economics and health, would
 12 be to have asked SAGE, which was after all the committee
 13 that had, as its function, providing expert
 14 epidemiological health advice to the government. And
 15 the evidence that we've heard was that SAGE was not
 16 consulted about the Eat Out to Help Out scheme. Would
 17 you have expected that to take place?

18 **A.** I can't answer whether SAGE was or was not consulted,
 19 but what I can say is that all of this was discussed at
 20 the 9.15 meetings. There were the Secretary of State
 21 for Health present, there were medical advisers present,
 22 all of it was done in discussion with those various
 23 people, and at the end of the day the Prime Minister in
 24 conjunction with his colleagues in the Cabinet made the
 25 decision.

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1 up. That was taking place all the time. So he was
 2 trying to steer a path through the middle of this, to
 3 the best of his ability and listening to the advice
 4 being given to him on both the economy and from the
 5 health professionals.

6 **Q.** Were there occasions where it appeared that he'd made
 7 one decision and then one group or the other had
 8 a further meeting with him or discussion with him and he
 9 then changed his mind?

10 **A.** Well, any decision that was -- he did change his mind on
 11 wouldn't have been a decision that had been finalised by
 12 Cabinet or any other group, it would have been in
 13 discussions with his various advisers round the table,
 14 and I think that was more him weighing up the different
 15 options that were in front of him.

16 **Q.** Let me move on, Lord Lister, and I'm moving forward now
 17 perhaps a little further in the year, or perhaps we're
 18 still in the summer of 2020, and the evidence
 19 the Inquiry has heard about the culture of the working
 20 environment in Downing Street and Cabinet Office at the
 21 time is striking, and I'm sure you're familiar with what
 22 the Inquiry has heard. We've seen the paper that was
 23 written by Helen MacNamara and Martin Reynolds on that
 24 very issue. Do you think you saw that paper at the
 25 time?

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1 **A.** Yes.

2 **Q.** I'm not going to take you to it, but we will recall that
3 summary: "superhero bunfight", junior women being talked
4 over or ignored, various different aspects of an unhappy
5 staff culture.

6 You were right at the centre at the time. What
7 insight can you provide us with about all of that?

8 **A.** I think there was a real tension at play at that time.
9 I think it was largely driven by personalities. There
10 were people there who were quite difficult to deal with,
11 and I think there was a lot of tension that was taking
12 place. I don't ... I think that there wasn't enough
13 weight given to the view of some of the different people
14 round the table. More weight should have been given
15 than there was. But it was quite difficult to deal with
16 it, there was a problem with -- and I mean -- I mean,
17 you've heard from Dominic Cummings, you've heard other
18 evidence, I mean, he was not an easy man to deal with,
19 and that was a tension that was in the room.

20 **Q.** Sorry to interrupt you, Lord Lister, when you say "he
21 was not an easy man to deal with", you mean Mr Cummings?

22 **A.** Yes.

23 **Q.** Well, sorry, having interrupted you, let me ask you
24 another question: you had worked with Mr Johnson, as we
25 saw, for many years by this stage, including somewhere

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1 do run high. I'm not saying that's acceptable, I think
2 that it would have been better if the Prime Minister had
3 dealt with it perhaps when the opportunity occurred to
4 him in the -- certainly in the July of 2020, if not
5 earlier. But he should -- there was a personality clash
6 that was constantly going on, and it was -- there was
7 an atmosphere.

8 **Q.** Can I just take you to one WhatsApp reference which
9 gives us some insight into your role, fairly limited
10 role, in all of this.

11 Yes, that's the right page.

12 This is, to be clear, an exchange between Simon Case
13 and Mark Sedwill. You don't seem to have received or
14 contributed to these messages, but you are mentioned in
15 them. We can see that on the 2 July, so that's a couple
16 of months after the paper from Helen MacNamara and
17 Martin Reynolds, Simon Case, who at this stage recently
18 had come to Downing Street, or the Cabinet Office, says:

19 "At this rate, I will struggle to last six months.
20 These people are so mad. Not poisonous towards me
21 (yet), but they are just madly self-defeating."

22 Mark Sedwill says he will fix, and then:

23 "Yup! You're ok so far because you've been around
24 for the good news phase. Wait until there are more
25 Leicesters and then the fur will fly. Watch yourself.

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1 completely different, City Hall, for some time, and
2 while there is a general understanding I think that
3 Mr Johnson creates or enjoys a perhaps slightly chaotic
4 working environment, I think it's clear that what was
5 being described in the Reynolds/MacNamara paper was
6 something quite a lot more than that.

7 Was there any comparison between the working
8 environment in the Cabinet Office in the summer of 2020
9 and other places that you had worked with Mr Johnson?
10 I suppose what I'm trying to ask you is: do you think
11 Mr Johnson's sort of influence is part of the
12 explanation for all this, or was it the very particular
13 circumstances related to that place at that time?

14 **A.** It was not like that when I worked for him in City Hall.
15 I don't think anybody would ever suggest it was. It
16 was -- there were better working relationships between
17 the individuals, and I certainly have no memory of any
18 one group being talked over. I think that was a feature
19 of Downing Street. I think it was -- it's partly,
20 I think, the tensions and the pressures of the place,
21 which are enormous, and there's also a certain amount of
22 this, about being -- people being very, very tired.

23 The working day in Downing Street is sort of 8 til 8
24 plus weekends, that's the norm for anybody who's working
25 at the centre of it, so it's hardly surprising tensions

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1 Mark Sedwill says:

2 "As I pointed out to Eddie [and that's you, I take
3 it] it's hard to ask people to [march, I think he meant]
4 to the sound of gunfire if they're shot in the back."

5 And Simon Case says:

6 "I've never seen a bunch of people less well
7 equipped to run a country. PM asked me today about who
8 will replace Shinner when he goes ... I was quite direct
9 in telling him that lots of the top-drawer people I had
10 asked had refused to come because of the toxic
11 reputation of his operation."

12 What these two very senior officials seem to be
13 discussing between themselves and also, on this basis,
14 discussing with you is a very extreme set of affairs,
15 not just some personality clashes, but the sort of toxic
16 culture which seems, as we can see from the last entry,
17 in fact to be discouraging others from wanting to go and
18 work in the Cabinet Office. Is that a fair reflection
19 of how you saw things at the time?

20 **A.** Yes.

21 **Q.** Do you remember Mark Sedwill having that particular
22 conversation with you or --

23 **A.** Not particularly, but I remember -- well, not those
24 words, but I do remember similar conversations. We did
25 speak together quite a bit about the need for change,

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1 and that it would have been easier if there was a change
2 in the regime.

3 There were two problems. One was too much power was
4 being taken to Downing Street because of the
5 frustrations of things not being done elsewhere; in fact
6 it wasn't the right answer to bring it to the centre, it
7 should have been left in the departments and whatever
8 the problem was corrected within the department. But
9 also it was because some of the personalities just made
10 it very, very toxic.

11 In fact, I mean, it's ... I'm jumping around the
12 bush a little bit. I mean, I think the problem by then
13 was that Dominic Cummings' relationship with other
14 people had become very strained.

15 **Q.** You were -- you remained in Downing Street for about
16 another eight or nine months after this. Did the
17 position carry on as bad as it's described here or did
18 it improve particularly --

19 **A.** It started to improve, really, after -- during the
20 summer and afterwards it got a lot, lot better, I think
21 because there wasn't quite the same drama and tension
22 that there had been in the first -- the first lockdown,
23 but also I think because the personalities had slightly
24 started to change and people had moved on a little bit,
25 and that -- I just think it got easier to deal with the

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1 were quite regular discussions which the Prime Minister
2 was involved with, when various issues were -- at
3 various points during the Covid pandemic there were
4 these calls, these regular Zoom calls which took place
5 between the leaders.

6 **Q.** So you're not referring to any special or sort of --

7 **A.** No, no, there was --

8 **Q.** It's just what you call them?

9 **A.** I mean, the four nation forum, I think, was the formal
10 name of the ministerial group which was led by
11 Michael Gove.

12 **Q.** We'll come to one or two particular issues, but in
13 general terms, what was your take on the state of
14 relations during this emergency between London and the
15 devolved authorities -- sorry, the devolved
16 administrations?

17 **A.** I think they went very smoothly, or relatively
18 smoothly -- nothing went smoothly, but relatively
19 smoothly with Northern Ireland and with Wales, and it
20 was fairly tense with Scotland.

21 **Q.** Well, let me explore that by moving on in the
22 chronology, because the evidence the Inquiry has heard
23 is that, as 2020 passed and in particular once in the
24 summer of 2020 the lockdown step-by-step was lifted,
25 that was the point at which the policies that were being

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1 problems.

2 **Q.** Thank you.

3 Let me go to another topic, which is your
4 involvement in relations between the government in
5 London and the devolved administrations. Of course,
6 I mean, the Inquiry has heard a fair amount of evidence
7 now on that issue. We saw right at the start of your
8 evidence that, prior to the pandemic, one of your areas
9 of responsibility had been overseeing relations between
10 the UK and Ireland in the context of the Brexit
11 negotiations.

12 Did you have a role, once the pandemic started, in
13 liaising with the devolved administrations about the
14 measures that were taken to combat the pandemic?

15 **A.** I had a role in so much that we had regular meetings
16 with the devolved administrations. I was able to make
17 calls to various people, and did do at various times,
18 because of issues that arose. So yes, I was involved.

19 **Q.** You referred in your witness statement -- I don't think
20 we need to go there, we can if we need to -- to what you
21 describe as "Four Nations Forums". Were those the same
22 things as the regular telephone calls or perhaps Zoom
23 calls that Michael Gove had with the leaders of the
24 devolved administrations?

25 **A.** Michael Gove had the more formal meetings, but there

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1 pursued in England and in the devolved nations started
2 to diverge, and it was a consequence of that divergence
3 that there were tensions developed between the devolved
4 nations, and in particular calls made -- by
5 Mark Drakeford and Nicola Sturgeon, at least -- for
6 there to be more sort of centralised decision-making,
7 calls for COBR meetings, or a joint ministerial council
8 to be held.

9 Is that a fair summary? Do you recognise that
10 description of how the relations went?

11 **A.** Yes.

12 **Q.** We've also heard that Boris Johnson was opposed to what
13 he described as, as it were, federal decision-making.
14 He felt that it would be wrong -- and I'm paraphrasing
15 a part of his witness statement -- wrong for, as it
16 were, himself and the leaders of the devolved nations to
17 meet together to decide on measures; rather, he should
18 simply decide what should happen and the devolved
19 nations should be informed and attempts made to
20 accommodate them.

21 Again, have we got that right, and what were your
22 views about that issue?

23 **A.** I think -- I think the Prime Minister felt very strongly
24 there needed to be one UK message being pushed out, and
25 there were various disputes with -- particularly with

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1 Scotland, over some of that messaging. There was
2 an issue that pretty much each -- each step of the
3 lockdown release required some change to rules or
4 regulations in one form or another, and to try and get
5 agreement amongst all the devolved authorities was very
6 difficult.

7 By and large, Wales and Northern Ireland went along
8 with Britain, with England, maybe with some small
9 modifications or changes or maybe they influenced those
10 to -- and their changes could be incorporated. But with
11 Scotland, it was always that whatever the announcement
12 was, Scotland wanted to do it a day or two earlier than
13 England, or a week later, or it never wanted to do it at
14 the same time, and that created a great deal of distrust
15 within the organisation, and a lot of frustration.

16 **Q.** The starting point, perhaps, is that health was
17 a devolved issue --

18 **A.** Yes.

19 **Q.** -- in each of the devolved nations, so they were
20 entitled -- more than entitled, they were under
21 a duty -- to make their own decisions on health issues
22 within the different nations. I mean, that must be
23 right?

24 **A.** That's right, and in each of them there was a chief
25 medical officer, and the Chief Medical Officer for

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1 different.

2 **Q.** Opportunistic?

3 **A.** I think that's a good word.

4 **Q.** And it's implicit in everything that you've said that
5 this was a source of frustration in Downing Street?

6 **A.** It was a frustration, it was just -- it -- look, you're
7 making a decision at a COBR decision or whatever to
8 change a rule, and then you find out that the change has
9 just been done in Scotland the day before or three days
10 later, and then there were also arguments about some of
11 the messaging that had to be put out. It just caused
12 confusion.

13 **Q.** Was this sense of frustration one of the reasons why
14 Boris Johnson was reluctant to meet the leaders of the
15 devolved administrations?

16 **A.** Well, he -- he largely used Michael Gove for those
17 meetings --

18 **Q.** Yes.

19 **A.** -- and he delegated that responsibility to Michael Gove
20 to do that.

21 **Q.** Well, quite. So he -- as I said, we've seen evidence
22 that in particular Mark Drakeford in the autumn of 2020
23 called for there to be meetings, a JMC or a COBR
24 meeting, on different occasions; and the answer, at
25 least on occasions, was: well, no, we won't have

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1 England, Chris Whitty, used to have regular meetings
2 with his opposite numbers, the chief medical officers of
3 those devolved administrations. That, I think, all
4 worked pretty smoothly and pretty straightforwardly; it
5 was the politics that was always the problem, and
6 this -- it seemed to us in Downing Street that it didn't
7 matter what the decision was, Scotland would always want
8 to do it slightly differently to England.

9 **Q.** Let me take you to the part of your witness statement
10 that you draw -- where you draw attention to this point.
11 Yes, thank you. It's (iv), and we can see here you say
12 that the co-operation was "less effective in the case of
13 the Scottish administration", and then as you say, "keen
14 to announce measures either before or after the rest of
15 the UK", and then this, "for reasons that appeared more
16 political than data-driven".

17 Well, the Scottish administration did have the
18 political authority and duty to make those decisions, so
19 what do you mean by "political" in that paragraph?

20 **A.** I think there was a real desire by the Scottish
21 Government to always show that they were not doing the
22 same as England and that they were running a different
23 operation in Scotland and that they were, in their view,
24 doing things better. It was just -- but it always --
25 almost seemed that there was the desire just to be

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1 a meeting of the heads of the government but
2 Michael Gove will meet with you on a Zoom call.

3 That's what I mean by perhaps reluctance of
4 Mr Johnson to engage in that type of meeting. Do you
5 think that this sense of frustration could have been one
6 cause of that?

7 **A.** Yes. I mean, I think there was a constant feeling by
8 him that whatever he was going to say, they were going
9 to play politics with it and do something slightly
10 different, and that was -- that was what happened time
11 after time.

12 **Q.** You referred, Lord Lister, to messaging, communications,
13 and there's a document I -- well, just pause there
14 before I take you to the document.

15 Yes, let's go to the document. We've got it here.
16 In fact it's a document the Inquiry has seen before, but
17 it dates from May 2020, so again when -- sort of around
18 the time of the first lockdown being lifted.

19 In summary -- I know you've seen this document
20 before -- there was a request, was there not, from the
21 Scottish Government that the new "Stay Alert" campaign
22 which was being used in replacement for the old "Stay at
23 Home" campaign, shouldn't be used in Scotland because it
24 didn't reflect the policies being pursued by the
25 Scottish Government?

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1 If we read to the bottom of the numbered points,
2 ultimately the recommendation was that the
3 Scottish Government's request should not be met, that
4 the campaign should be run nationwide, and I think we've
5 heard from an earlier witness that that's what happened.

6 Wasn't the Scottish Government, with its devolved
7 responsibility for health, entitled to ask the London
8 government not to broadcast a campaign in Scotland that
9 didn't reflect Scottish Government policy?

10 **A.** I think this was the argument, that it was just causing
11 confusion with too many different messages going out to
12 people, it was hard enough trying to have one coherent
13 message going out all the time, and the general view was
14 that it was essential to stick to one message, and that
15 was clearer, easier and better to do that.

16 **Q.** Doesn't that reasoning simply not meet the point that in
17 this area of health, under the devolution settlement, it
18 was for the Scottish Government to decide how the
19 pandemic was going to be tackled in Scotland?

20 **A.** Yeah, but when you've got national newspapers, national
21 television stations, national things, you can't suddenly
22 start having different messages. The same adverts were
23 going out on television right across the country.

24 **Q.** Well, one way of addressing this which has been
25 mentioned in evidence is that at press conferences, as

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1 **Q.** Looking back on it, clearly there was conflict, tension;
2 you've described your understanding that there was
3 a certain amount of political game playing. Do you
4 think if the governments of the four nations had tried
5 harder to work together and settle their differences
6 that there could have -- that some of these problems
7 could have been overcome?

8 **A.** I've got ... I've got to say, I think that actually the
9 Prime Minister at the COBR meetings with -- and meetings
10 that Michael Gove had, everybody tried very hard to have
11 coherent messages and to work together. It was just
12 difficult with Scotland. It was ... I mean, I don't
13 remember any disputes -- I mean, not major ones -- with
14 Wales or Northern Ireland, or disputes which weren't
15 resolved relatively amicably.

16 **MR O'CONNOR:** Lord Lister, I'm going to move on to the last
17 of the topics that I have questions for you about, and
18 that's the --

19 **LADY HALLETT:** Can I just ask roughly how long? I'm not
20 pinning you down, it's just that I've been asked to take
21 a break, but if it's not going to be that -- I know
22 Ms Mitchell's got some questions.

23 **MR O'CONNOR:** Yes. Well, it's not going to be a couple of
24 minutes, it's going to be probably maybe 10 or 15.

25 **LADY HALLETT:** Well, I'll take a 4-minute break.

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1 you say, which clearly were going out across the UK, the
2 Prime Minister should make it clear, if necessary, that
3 certain measures or certain campaigns didn't apply to
4 Scotland. But more fundamentally than that, given the
5 devolved responsibility of the devolved administrations,
6 if the English campaign wasn't something that they were
7 happy with, wasn't that a reason not to run the campaign
8 at all?

9 **A.** But you can't not run campaigns through -- through the
10 course of the pandemic. There was a series of campaigns
11 being run in newspapers, on television, and there was
12 a very strong view coming from the media side at
13 Number 10 was that you had to have one simple message
14 that goes to everybody.

15 **Q.** And the person to decide on that one simple message was
16 Boris Johnson?

17 **A.** Well, he's the Prime Minister.

18 **Q.** He's the Prime Minister of a country, parts of which had
19 their own responsibility for health.

20 **A.** But he also had a very clear responsibility about the
21 pandemic, to do the best he could for the whole country,
22 and that was the view he took. Although I've got to say
23 to you I think most of this was really discussed within
24 the media operations of the Cabinet Office and
25 Number 10.

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1 (4.27 pm)

(A short break)

2 (4.31 pm)

3 **LADY HALLETT:** Mr O'Connor.4 **MR O'CONNOR:** I'm grateful, my Lady.

5 Lord Lister, I'm going to move on to, as I said, my
6 last area, which is to ask you some questions about
7 things that took place in the autumn and winter of 2020,
8 going over into 2021. In fact, the Inquiry has heard
9 from Mr Ridley today a fair amount of evidence about
10 that period.

11 We know, of course, infection rates started to rise
12 at the end of the summer and into the autumn, there were
13 calls from SAGE and others for the so-called
14 circuit breaker lockdown from September. That's the
15 context.

16 If we could look, please, at paragraph 32 of your
17 witness statement, which is on page 17, you make very
18 much the same point: the R number was rising in
19 September 2020, the proposal for the circuit breaker.
20 However, you say, the opposition to any form of lockdown
21 was intense.

22 Then this: you recall the PM saying in
23 September 2020 that he would rather "let the bodies pile
24 high" than impose another lockdown. You go on to say
25

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1 it's an unfortunate turn of phrase.
 2 Can you help us with the occasion on which the
 3 Prime Minister said this, or to whom he said it?
 4 **A.** No, I can't, I can't recall. I mean, it was at one of
 5 the many meetings that were going on, and I can't tell
 6 you which one.
 7 **Q.** No. What did you take him to mean by it?
 8 **A.** I think it was just the ... we'd had the summer,
 9 hospitality had opened up, there was immense pressure to
 10 keep the economy moving forward, and the R number was
 11 starting to rise, particularly in the north of England,
 12 and this was beginning to lead to quite a few pressures
 13 from the Department of Health and from the
 14 Health Secretary for a lockdown to be put in place as
 15 soon as possible. And this was the debate that was
 16 going on: do you now lock down or do you keep going? By
 17 now we were starting to see vaccines coming through,
 18 things were starting to look a bit brighter than they
 19 had been earlier.
 20 **Q.** In terms of vaccines?
 21 **A.** Well, no, generally. Generally things were looking
 22 brighter than they had been in the first lockdown.
 23 There was a feeling that: could we hold off, could we
 24 find an alternative to locking down? And it also that
 25 the R number, although it was rising, was not rising at
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1 it was an attempt to try and find an alternative to
 2 a national lockdown, and therefore do it on a regional
 3 basis, and try and keep the economy, as much as of it as
 4 we could, moving forward.
 5 **Q.** You say you were negotiating or trying to make
 6 agreements with the local authorities. Perhaps it's
 7 obvious, but presumably it was with those authorities
 8 and the regions that were proposed to be put into the
 9 higher tiers --
 10 **A.** Yeah. I mean --
 11 **Q.** -- that a discussion needed to be had?
 12 **A.** Yeah. Basically the number was rising, particularly in
 13 the north, there was some movement in the Midlands, but
 14 it was mainly a northern phenomenon at that point in
 15 time. Later it changed again, but at that moment it was
 16 particularly high in areas like the northwest, and
 17 that's why we started the negotiations in Warrington, we
 18 started in Liverpool. It was those areas that were seen
 19 as the ones with the highest -- highest threat at that
 20 time.
 21 **Q.** We've heard about Liverpool and Manchester, but just
 22 give us an idea: were there in fact quite a number of
 23 different regions, a number of different negotiations
 24 under way?
 25 **A.** Yes, I mean, basically the whole of the north and the
 195

1 the same rate in all parts of the country.
 2 **Q.** We'll come on to the tiers shortly, but just before we
 3 leave this: it's one thing to have a debate about
 4 locking down or not locking down, of course issues
 5 between the harm that a lockdown would do and the health
 6 risks that might seem to indicate a lockdown is needed,
 7 but to say that "Let the bodies pile high" is a very
 8 striking term --
 9 **LADY HALLETT:** I think that's a question for the former
 10 Prime Minister, rather than Lord Lister.
 11 **MR O'CONNOR:** I'll move on, Lord Lister, to ask you about
 12 the tier system.
 13 As you say, and in fact if we move to paragraph 33
 14 of your witness statement, we see you make the point
 15 that the R number was not the same in different parts of
 16 the country, and it was in October of 2020, was it not,
 17 that this tier system was introduced and you played
 18 quite a significant part in trying to implement it; is
 19 that right?
 20 **A.** Yes.
 21 **Q.** And what was your role?
 22 **A.** My role was to try and get an agreement in the different
 23 parts of the country where the R number was going up to
 24 basically establish a tiering system, Tier 1, Tier 2,
 25 Tier 3 -- Tier 3 basically being total lockdown -- and
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1 Midlands was subject to different negotiations
 2 under way. I mean, in the northwest, for example, there
 3 was one going on with the Lancashire authorities, which
 4 was a group of authorities; in Manchester, it was the
 5 metro mayor; in Merseyside, it was a metro mayor; in
 6 Warrington, we had another one; and we had one in
 7 Cheshire. So, I mean, we had different negotiations
 8 there, and then that was reflected right across the
 9 northeast and the north generally.
 10 **Q.** We've heard in fact from Mr Ridley this afternoon his
 11 views about tiering system, and perhaps his fundamental
 12 view was that because of circumstance -- which we'll
 13 come on to -- it wasn't given long enough to prove
 14 itself or not. But he did also identify a number of
 15 built-in problems with the tiering system, and one of
 16 them we've just really been talking about, which is that
 17 it necessarily involves a series of negotiations with
 18 quite a large number of different authorities, which
 19 experience proved were difficult and lengthy.
 20 On that, were there to be another situation in which
 21 a system like this was envisaged, do you think that the
 22 necessity to have all these different negotiations with
 23 different authorities is a reason in itself to mean that
 24 a tiering system is simply unachievable, or not?
 25 **A.** I think we tried to bring in the tiering system by
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1 agreement with each of the authorities, and the problem
2 was that each one wanted to try and get a bit more money
3 than the last one. So the negotiations were, by their
4 very nature, difficult. And one of the things that
5 I did do right at the beginning of the negotiations was
6 to assure anybody that we did a deal with that, if later
7 on with some other authority we'd come to something
8 slightly different, that retrospectively that would
9 apply to them, so nobody was going to lose out.

10 But it was tense and was difficult. The local
11 authorities did not want to close their hospitality
12 industry down. It had only just started to get back on
13 its feet. There was immense opposition to it, and the
14 problem with it was we were trying to do it on
15 a regional basis, which I think was right, was the only
16 thing we could do, but of course within a region things
17 weren't always the same.

18 I mean, a good example, Manchester. I mean, the
19 high number, the high R number there was in Bolton, that
20 was our biggest problem, while Stockport had a very low
21 R number. But that was just within one region, but we
22 were trying to impose a tiering system which would be
23 for all of Manchester or all of Merseyside.

24 So it was -- it was messy, but I think it was the
25 right thing to do and I think we, by and large, got

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1 understood what was going on in their communities and it
2 was a price worth paying to try and keep their economy
3 open, and that was seen as valuable and worthwhile.

4 **Q.** Thank you.

5 Now, as you say, the experiment with the tiering
6 system in fact only lasted a month or so, or less,
7 because the second lockdown was introduced at the
8 beginning of November. Then, as we know, in January
9 there was a third lockdown introduced after Christmas.
10 You have expressed a view in your statement in a number
11 of paragraphs that you didn't think that either of those
12 two lockdowns should have been imposed.

13 **A.** I believed that the tiering system was going to work.
14 I think that it wasn't given long enough. I think we
15 could have got through to the other side of Christmas
16 without the circuit breaker. I also believe that by the
17 time we did bring in the final lockdown, by then I don't
18 think -- I just think the tiering system wasn't given
19 enough time or enough of a chance to succeed.

20 **Q.** You also mention at various places the vaccines, but
21 it's -- you mention them, I think, in relation to both
22 the second and the third lockdown, but in fact the
23 vaccines didn't really get going until into the
24 New Year, did they? So at least at the time those two
25 lockdowns were introduced, they weren't really

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1 agreement to most of it by most authorities, and I think
2 if we'd kept it going it -- well, I believe it would
3 have worked, but in the end there was a decision taken
4 just before Christmas to bring in a circuit breaker and
5 to stop it.

6 **Q.** Yes.

7 Let me just ask you about one other of the problems
8 identified by Mr Ridley. It really follows from what
9 you have just been saying, that quite apart from, he
10 said, the difficulty of the negotiations, one ended up
11 with an incredibly complex situation with a whole series
12 of different regions, different rules applying in
13 different regions, the need to draft different
14 regulations for different regions and then all the
15 confusion on the ground that stemmed from that.

16 Again, do you think that those were the types of
17 problems which in the end could have been overcome and
18 perhaps in the future, in another pandemic, could be?

19 **A.** I would like to think we could overcome them. I think
20 we were starting to overcome them. I think we'd got
21 a coherent set of regulations. I mean, once we'd done
22 the first couple, the rest were largely copies of those
23 regulations. Yes, there was a bit of confusion,
24 you know, why was Manchester different from Merseyside
25 or wherever, but by and large I think the local people

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1 a feature?

2 **A.** No, they were just being started, we'd started with
3 relatively low numbers in the autumn, early autumn, and
4 it was being ramped up pretty steadily through into the
5 New Year, when it was really beginning to then become
6 a major factor. But we knew the vaccine was there, we
7 knew it was coming, and there was a feeling that with
8 local tiering, and if the R number went up sufficiently
9 high, we would close down that area completely, which
10 was the plan. I still think that could have worked, but
11 it wasn't to be.

12 **Q.** No.

13 I think the last point, Lord Lister, can we look,
14 please, at paragraph 37 of your statement on page 18.
15 This is one of the passages where you're expressing the
16 view that the second -- in this case the second lockdown
17 should not have taken place, but I want to ask you about
18 a sentence about six or seven lines down where you say:

19 "There was no evidence that young people were badly
20 affected by Covid-19 but the argument was that it was
21 necessary to protect their parents and ...
22 grandparents ..."

23 And so on.

24 By the end of 2020, it was clear, wasn't it, that
25 Long Covid could and did cause serious illness in young

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1 people? Is that fair?

2 **A.** I'm not sure, I think it was later than that when

3 Long Covid became the issue it became. I think it was

4 still not really understood at that point in time. It

5 certainly wasn't a major factor in the -- in the autumn

6 of 2020. It certainly was by 2021, but I don't remember

7 it in the autumn.

8 **Q.** Yes. Well, I don't want to spend time going over the

9 details. In fact, what's probably more important is

10 your own understanding. So we know, for example, that

11 there had been some Department of Health sponsored

12 meetings and so on in the summer and the early autumn of

13 2020; but was your position, doing the best you can,

14 from let's say October/November 2020 -- help us, were

15 you thinking of Long Covid as a factor at that stage or

16 not?

17 **A.** No. I was much more concerned about the economic

18 effects of lockdown. I was -- I suppose it was

19 inevitable because I was spending all my time talking to

20 leaders of local authorities, I was very much involved

21 about what was happening in those local authorities,

22 about the need to get the economy moving, the worry they

23 had about people losing jobs, all of that. So for me

24 that was the priority, and I was very much involved in

25 trying to do that, and I had to -- it's worth just

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1 issue about school closures and the need to get schools

2 back.

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

4 Well, thank you very much, Lord Lister, those are

5 all my questions.

6 My Lady, there is one set of questions from the

7 core participants.

8 **LADY HALLETT:** Ms Mitchell.

Questions from MS MITCHELL KC

9 **MS MITCHELL:** Thank you, my Lady.

10 I appear as instructed by Aamer Anwar on behalf of

11 the Scottish Covid Bereaved.

12 Lord Lister, I'm going to ask you to look at

13 an email communication which you were involved in, and

14 can I ask that Inquiry numbered document INQ000214134 is

15 placed up on the screen, and can we scroll down to the

16 bottom, please.

17 Do we see here that a question is being asked that

18 the FM is looking to have a call with the Prime Minister

19 to discuss Covid-19 further, and a question is being

20 made about availability.

21 Can we scroll up from that, and if we can zoom in on

22 the response that, I think in blue. Becca is asking,

23 and I think this includes you as you respond to it:

24 "Hi all

25

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1 making the point: those negotiations were not one way,

2 it was a two-way negotiation, because I was also

3 negotiating with the Treasury, because the sums of money

4 had to be agreed. So it was quite a complex period.

5 **Q.** Yes.

6 **A.** But I still believe that ... well, we'll never know, but

7 I do think the tiering could have been given more of

8 a chance.

9 **Q.** Just sticking with this and Long Covid just for another

10 question or so.

11 Of course we know that around this time, it was the

12 time of the Great Barrington Declaration, we've seen

13 references in some of the Prime Minister's documents to

14 him worrying about the QALY issue and the age of Covid

15 victims and so on, and so it was very much part of the

16 debate that lockdowns were having a disproportionate

17 impact on young people.

18 One point to make in that regard is the one I've

19 made to you that Long Covid did have an effect on young

20 people, but can you remember that being raised as

21 an issue in your discussions --

22 **A.** No.

23 **Q.** -- either in terms of the second lockdown --

24 **A.** No, not particularly. I mean, I think the main issue

25 that was coming up with young people was always the

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1 "What do you think of this?

2 "I think it would be near impossible to reject this

3 request given the subject matter. I can ask for more

4 info on what it's about specifically first?"

5 Then can we see your response to that, and I think

6 your response there is:

7 "No choice but to do it.

8 "Ed."

9 Firstly I'd like to ask you: were you aware of any

10 attempts by the Scottish Government to discuss Covid

11 with the Prime Minister prior to this occasion?

12 **A.** I ... I have no memory of that. I'm sorry, I think I've

13 got to say I'm not sure.

14 **Q.** We see from that line of communication that the word

15 "further" is used, tending to indicate that there must

16 have been some earlier communication; would you agree?

17 **A.** Yes.

18 **Q.** If we can orientate ourselves, at this time -- this was,

19 I think, the 5th -- that the request was made, 5 March,

20 and that was on the date Covid-19 was added to the list

21 of notifiable diseases.

22 From the text of this email chain, it appears that

23 there's a reluctance to have the First Minister in

24 contact with the Prime Minister.

25 What was the reason for that reluctance?

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1 A. I ... well, I mean, as you can see from the exchange of
2 emails, the meeting took place, so it -- I certainly
3 wasn't trying to block that meeting taking place. But
4 there was quite a lot of tension between the
5 Prime Minister and the First Minister, they had no real
6 personal relationship of any kind other than that they,
7 I think, generally didn't like each other very much.

8 Q. But surely, given the nature of what was being discussed
9 and the timing of the call, it would have been important
10 for that to have taken place regardless of any views
11 held personally?

12 A. Yeah, and you will see from this exchange, I mean, that
13 the call did take place.

14 Q. I'd like to move on, please, and it's a document that
15 you've already been taken to. It's a part of your
16 witness statement at paragraph 27, page 12, and
17 the Inquiry number is INQ000237819.

18 This is the part that I would like to take you to
19 about devolved administrations, and we've already had
20 a look at this. You've indicated that, whilst there was
21 good co-operation with Northern Ireland and Wales, it
22 was less effective in the case of the Scottish
23 administration, and you've made reference to "keen to
24 announce measures either before or after". You describe
25 this as more political than data driven.

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1 time. And I think that was a political move rather than
2 a practical move.

3 Q. I think the Inquiry has already heard a lot of evidence
4 about the data suggesting that matters should have taken
5 place earlier, and that decisions should have been taken
6 earlier. Indeed, I think you yourself said so earlier.
7 Might that, rather than simply being a desire to be
8 different, in fact be something which was data driven,
9 because you were trying to implement matters more
10 quickly?

11 A. I mean, this was a general statement I was making right
12 at -- right through the Covid period. There were at
13 various times changes, there were rules which we were
14 imposing across the country, the rule of six, the
15 2-metre rule, there were various other rules that were
16 being developed, and I can't remember them all now, but,
17 I mean, at the time they were -- they were very much
18 sort of things you discussed every week, and it was just
19 every decision that was taken, Scotland always went
20 slightly differently in timing to the rest.

21 Q. You've mentioned the rule of six; I wonder if I can take
22 you to paragraph 49 of your statement at page 21.
23 You'll recall my learned friend has already asked you
24 about this matter, and you explained it wasn't simply
25 sitting round and deciding that six seemed like a good

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1 The Inquiry, I think, in relation to this matter,
2 has already heard evidence from a professor indicating
3 that this particular message, the "Stay Alert" public
4 messaging, was one which is the worst of all
5 combinations because it doesn't tell you what to do and
6 it tells you to worry.

7 This particular messaging aside, what other
8 decisions taken by the Scottish Government do you
9 consider were more political than data driven?

10 A. I think it was really what I said earlier: whatever the
11 decision that was taken at a COBR meeting that was in
12 discussion with Wales, Northern Ireland, whatever that
13 decision was, it would happen in Scotland as well, but
14 it wouldn't happen on the same day. It would never be
15 co-ordinated. There was always a desire for it to be
16 a Scottish decision, not an English decision, and it was
17 always the same decision, but it would happen two days
18 earlier, two days later or whatever.

19 Q. So, when you say that the reasons appeared more
20 political than data driven, what do you mean? That's
21 not about the same message, is it?

22 A. That is what I was meaning by that statement, that the
23 data was saying we should do this or that, whatever it
24 was, there was this desire for -- in Scotland, and
25 please excuse me saying it, to be different all the

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1 number, but it was made in combination with the experts.
2 I wonder if I can ask you to reflect on
3 paragraph 49, where it says:
4 "Reductions in the ability for people to meet and
5 later the 'rule of six' was interpreted far too harshly
6 in my view. From memory the rule of six was
7 an arbitrary number and this concept, as well as others
8 such as household 'bubbles' were introduced as a means
9 of compromise between isolation and full contact."

10 I wonder if I can ask you to reflect upon the view
11 that you believe that the rule of six was an arbitrary
12 number, and how that might square with your view that
13 the decisions taken by the UK Government were more
14 political than data driven?

15 A. I'm not arguing that the rule of six, and six was the
16 right number. What I am saying is that along the line,
17 you have to have a decision which is right across the
18 UK, and so everybody understands whatever the rule is,
19 and it was this constant pressure for something to be
20 different, and that's really the point I'm trying to
21 make.

22 Q. Well, the question, with respect, I'm asking is: did
23 these decisions taken, the rule of six, represent
24 a decision taken by the UK Government which was more
25 political than data driven?

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1 A. No, I don't think so, I think it was a -- it was the
2 best compromise people could come up with, it was done
3 in conjunction with medical advice that was given, it
4 was also discussed extensively amongst the chief medical
5 officers. These were things that were discussed quite
6 widely before they reached a decision-making point.

7 Q. But then you describe the number that was chosen as
8 arbitrary.

9 A. My point is I am not sure, and I cannot remember why six
10 was not four or six was not eight. It was a number that
11 was decided at that time and that I was not party to
12 making that decision. My point is I think it was, it
13 did create all sorts of problems for people. I think it
14 was very difficult, it was seen as being very unfair,
15 and there were a lot of examples of that unfairness.

16 Q. I would like to turn now to a different issue, and to
17 take you to an excerpt of some handwritten notes that
18 were made, and they have been typed up. These are notes
19 made by Patrick Vallance on 28 November 2020, or
20 reflects a discussion at that time, and that is
21 INQ000273901.

22 In order to orientate ourselves, if I may read:

23 "PM meeting re Tiers (advice from Gold).

24 "'We can't have endless boundary disputes. We have
25 to make arbitrary and Draconian decisions.'"

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1 Q. And the feedback which you were giving there, the
2 feedback which you describe as "all our feedback is that
3 the more you put in Tier 1 the better", what was that
4 feedback from?

5 A. That was -- that was the feedback from local authorities
6 up and down the country who all wanted their hospitality
7 sector opened up as soon as possible, and that was the
8 general view, everybody wanted to be in Tier 1, so we
9 were then having arguments in the north to move them to
10 Tier 2 or ultimately to Tier 3.

11 Q. And would you agree that that feedback that you were
12 giving at that time and the view you were expressing
13 wasn't scientific feedback or data feedback, it was
14 political feedback?

15 A. It was political feedback but not party political
16 feedback, it was political feedback from the -- from the
17 leaders of local authorities up and down the country.

18 MS MITCHELL: Those are my questions, my Lady.

19 LADY HALLETT: Thank you very much, Ms Mitchell.

20 **Questions from THE CHAIR**

21 LADY HALLETT: I've just got one question, Lord Lister.

22 Given what you described as the personality clash,
23 particularly with Mr Cummings, and you having acted as
24 an adviser to the Prime Minister, is there anything one
25 could do to put in place any kind of structure about the

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1 "PM wanting to put more into Tier 1.

2 "CMO says 'I wouldn't put anyone in Tier 1 as Tier 1
3 all went up before & this Tier 1 is even less stringent.

4 "Selling the testing on 'Liverpool got out of this
5 by testing' - not true -- it made a minor difference.

6 "also endless reference to what focus groups
7 said ...

8 "Ed Lister 'all our feedback is that the more you
9 put in Tier 1 the better' ...

10 "The exact opposite of what we need to do.

11 "This is all a game of getting votes.

12 "PM is the only rational voice in the political
13 side ...

14 "[PM] arguing for going harder & says 'more jobs
15 will go if this thing takes off again'.

16 "Simon Case comes in & says if you put everyone in
17 lower tiers and then add Christmas we will undoubtedly
18 have to do another national lockdown.

19 "PM 'What this disease has taught us is that hoping
20 that something will turn up & it will be ok is fucking
21 stupid'.

22 "Keeps coming back to hope that testing can help."

23 Now, what I want to ask you: do you remember that
24 particular meeting?

25 A. No. But I can remember that kind of argument.

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1 role of the special adviser that might prevent this in
2 the future, if you had such a personality clash, or is
3 it inevitable?

4 A. I think -- I think there's two -- can I answer it in two
5 ways, if I may?

6 LADY HALLETT: Yes.

7 A. I think that you have to think about the way
8 Boris Johnson likes to work: he's a journalist, he
9 always likes to have both sides of the argument on the
10 table. That was something, I suppose, as a journalist,
11 he just automatically felt was the right thing to do in
12 making a decision. One of the problems with people like
13 Dominic Cummings is that they always believed that their
14 decision or their view was the right view and there was
15 no alternative view. That creates that tension. That's
16 one issue.

17 The second issue is I think there wasn't a clear --
18 very clear line of responsibility in Downing Street, and
19 I think that was a mistake, and I think there should
20 have been clear lines, clearer responsibilities, and
21 I think that would have eased the situation.

22 I also think people needed to be treated as little
23 bit more respectfully than they were. Some of those
24 WhatsApp messages, and you've seen them, are pretty
25 appalling, and that's something that I felt very

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1 uncomfortable with.
 2 **LADY HALLETT:** You talk about clearer lines of
 3 responsibility, that's really what I was getting at and
 4 what has been occurring to me as I was listening to the
 5 evidence. But special advisers, I think they're
 6 temporary civil servants, aren't they?

7 **A.** Yes.

8 **LADY HALLETT:** How could you create the clearer lines of
 9 responsibility? Because, although they're temporary
 10 civil servants, they answer to the minister rather than
 11 to the permanent secretary.

12 **A.** They are there to assist the -- to assist the minister,
 13 but, I mean, for them to be effective -- I think people
 14 need greater training to understand that in government,
 15 in the civil service, you can rarely get anything by
 16 instructing somebody to do it; you actually have to sell
 17 it to them, and sell it to them as being the right
 18 decision for the country, for whatever it is you're
 19 trying to sell. I don't think it's actually much
 20 different in business, actually. You always have to
 21 sell the message, and I think the idea -- and some of
 22 the special advisers I think had it -- was that they had
 23 the authority to act on behalf of the minister and just
 24 give instructions, and that just causes resentment and
 25 difficulty. And I think that's what you picked up from

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1 some of the earlier evidence that's been heard, and
 2 that's certainly how I read it.

3 **LADY HALLETT:** Thank you very much. Sorry to use you as if
 4 you were the author of a seminar. Thank you for your
 5 help.

6 **(The witness withdrew)**

7 **LADY HALLETT:** Mr O'Connor?

8 **MR O'CONNOR:** My Lady, that's the end of the evidence for
 9 today.

10 **LADY HALLETT:** Thank you. 10 o'clock tomorrow, please.

11 **(5.05 pm)**

12 **(The hearing adjourned until 10 am**
 13 **on Wednesday, 8 November 2023)**

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