

Monday, 20 November 2023

1  
2 (10.30 am)  
3 **LADY HALLETT:** Mr O'Connor.  
4 **MR O'CONNOR:** Good morning, my Lady. Our witness today is  
5 Sir Patrick Vallance.  
6 **SIR PATRICK VALLANCE (affirmed)**  
7 **Questions from COUNSEL TO THE INQUIRY**  
8 **LADY HALLETT:** Sir Patrick, I'm sorry the modular structure  
9 of this Inquiry means we have to keep imposing on you.  
10 **THE WITNESS:** I suspect this is not the last time.  
11 **LADY HALLETT:** I fear not.  
12 **MR O'CONNOR:** Could you give us your full name, please.  
13 **A.** Yes, Patrick John Thompson Vallance.  
14 **Q.** Sir Patrick, as my Lord has just indicated, this is not  
15 your first visit to give evidence to the Inquiry. You  
16 prepared a witness statement for the first module of  
17 this Inquiry, which we see on screen now, and for  
18 completeness it's also right, isn't it, that you gave  
19 oral evidence to Module 1 of the Inquiry on 22 June of  
20 this year?  
21 **A.** Yes.  
22 **Q.** And the transcript of that evidence is of course  
23 available on the Inquiry website.  
24 You kindly have prepared two further witness  
25 statements at the request of this module, Module 2, of

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1 **A.** Yes, I was at University College London and St George's  
2 Hospital, London.  
3 **Q.** After that, your career took an academic turn, and in  
4 the 1990s and the early 2000s you spent some time first  
5 as a senior lecturer and then as a professor of clinical  
6 pharmacology, again at UCL?  
7 **A.** I was a professor of medicine at UCL and I continued to  
8 practice during that period as well.  
9 **Q.** Yes, I was going to say, during that period you were  
10 a consultant physician --  
11 **A.** Yes.  
12 **Q.** -- at various UCL hospitals?  
13 **A.** Yes.  
14 **Q.** Then in 2006 your career took another turn and you spent  
15 from 2006 to 2018 working for GlaxoSmithKline?  
16 **A.** Yes, I was a global president of research and  
17 development for them.  
18 **Q.** Then, and this of course is the period with which we're  
19 most concerned, in April 2018 your career took another  
20 turn and you were appointed on that date as Government  
21 Chief Scientific Adviser, and you remained in that post  
22 until March of this year?  
23 **A.** Yes.  
24 **Q.** When you left that post in March, you were succeeded, is  
25 this right, by Dame Angela McLean, who the Inquiry will

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1 the Inquiry. First of all, a lengthy statement which we  
2 see -- the first page of which -- on the screen now.  
3 That is a statement that runs to over 200 pages, and we  
4 will be looking in some detail at it today. It's signed  
5 by you on the last page of that statement, and we can  
6 see from this page that it's dated or indeed from the  
7 last page as well, that it's dated 14 August of this  
8 year.  
9 Are the contents of that statement true to the best  
10 of your knowledge and belief?  
11 **A.** Yes, they are.  
12 **Q.** Thank you.  
13 More recently, you have prepared a short further  
14 statement for us. It's, as we see, the third statement  
15 on the screen now. That is dated, on the top there,  
16 14 November, only a few weeks ago.  
17 Is that statement also true to the best of your  
18 knowledge and belief?  
19 **A.** Yes, it is.  
20 **Q.** Thank you.  
21 Sir Patrick, very briefly, a few questions about  
22 your career. It's right, isn't it, that your initial  
23 training was as a medical doctor, you then spent some  
24 time practising as a general physician in NHS hospitals  
25 in London; is that right?

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1 be hearing from in due course?  
2 **A.** Yes.  
3 **Q.** Let me, again by way of sort of preliminary matters, ask  
4 you about two further documents, Sir Patrick, beyond  
5 your witness statements.  
6 The first of those is the technical report. We have  
7 it on screen now. We see the first page, it's described  
8 as "A technical report for future UK ... Medical  
9 Officers, Government Chief Scientific Advisers, National  
10 Medical Directors and public health leaders in  
11 a pandemic".  
12 We can see that it was dated December of last year,  
13 and it's right, isn't it, I don't think we need to look  
14 at this, but you were one of a series of authors of this  
15 document, the other authors including Sir Chris Whitty,  
16 the Chief Medical Officer, his deputies and others; is  
17 that right?  
18 **A.** The chapters were all written by different experts, and  
19 Sir Chris and I and the other deputy medical officers  
20 and medical officers from the devolved administrations  
21 acted as sort of an editorial team to try to make sure  
22 that we ended up with the finished product that we  
23 thought would be useful.  
24 **Q.** We may go to certain passages within this document as we  
25 go through matters today, but with that title in mind,

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1 can you just expand on that slightly and give us an idea  
 2 of what the purpose of this document was?  
 3 **A.** The purpose of this document was to try to understand  
 4 a few things about what had happened during the current  
 5 pandemic from a technical perspective, and to try to  
 6 draw from that and other evidence what useful things  
 7 might be for a future, as it says, Chief Medical  
 8 Officer, Chief Scientific Adviser, or others, to be able  
 9 to look at it and say: well, there are some things there  
 10 that we need to take notice of. So some of them are  
 11 recommendations about what should be put in place now in  
 12 order to make sure that you get the preparedness and the  
 13 structures right, and some of them are things that we  
 14 think would be useful for people to look at, should  
 15 there, which I'm afraid there will be at some point, be  
 16 another pandemic, not because you can predict what that  
 17 pandemic would look like, because each will be  
 18 different, but there are some generic lessons in there  
 19 that we thought would be helpful for people to  
 20 understand.  
 21 **Q.** Yes. So this document, if you like, sits alongside your  
 22 witness evidence as drawing on some very similar themes?  
 23 **A.** It does.  
 24 **Q.** Thank you.  
 25 Let me move on to a different set of documents by  
 5

1 the following day.  
 2 These were private thoughts, they were instant  
 3 reflections from a day, and once they were written,  
 4 I actually never looked at them again. I mean, they  
 5 were put in a drawer and that was that, and I certainly  
 6 had no intention of doing anything else with them  
 7 either.  
 8 **Q.** Just on that last point, no intention to publish them or  
 9 use them as a basis -- we've seen various people who  
 10 were involved in the pandemic, including some of your  
 11 scientific colleagues, have written memoirs or accounts  
 12 of their time; did you think you might draw on those  
 13 notes in such --  
 14 **A.** I had no intention whatsoever of these ever seeing the  
 15 light of day or me looking at them again and sort of  
 16 felt the world had probably had enough of books of  
 17 reflections of people's thoughts during Covid.  
 18 **Q.** If we can go over the page, please, at paragraph 478,  
 19 that's the bottom of the next page, you make the  
 20 point -- you've already said these notes were written  
 21 quickly at the end of the day, but you then add the  
 22 perhaps obvious point that they weren't intended, they  
 23 couldn't perhaps have been, a considered analysis of  
 24 events. Reading on, you say you have never gone back to  
 25 them, you didn't edit them, you didn't, as it were, add  
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1 way of introduction, and that is the evening notes that  
 2 the Inquiry has already heard something about.  
 3 It's right, Sir Patrick, isn't it, that in response  
 4 to a disclosure request made by this Inquiry, you  
 5 produced a lengthy set of personal notes that you wrote  
 6 during the pandemic. You produced them to us and, just  
 7 to be clear about this, although those notes contained  
 8 some very sensitive and personal entries, you disclosed  
 9 the notes in full to the Inquiry, as it were, at the  
 10 first time of asking?  
 11 **A.** Yes, I did.  
 12 **Q.** You describe something about those notes in your witness  
 13 statement, and I wonder if we can go to paragraph 474,  
 14 please, on page 157.  
 15 You describe here, Sir Patrick, that your practice  
 16 of writing these notes started as a means, essentially,  
 17 of protecting your own mental health, given the stress  
 18 that you were experiencing on a daily basis. You wrote  
 19 them, the term has been used, as something of  
 20 a "brain dump" at the end of each day. Is that right?  
 21 **A.** Yes. At the end of each day, often quite late in the  
 22 evening, I would just spend a few minutes jotting down  
 23 some thoughts from that day, some things and  
 24 reflections, and did it as a way to get that, in  
 25 a sense, out of the way so that I could concentrate on  
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1 to these thoughts things that happened later or any  
 2 further reflections. Are those important matters that  
 3 we need to bear in mind when, as we will, we look at  
 4 some of those notes?  
 5 **A.** I think they are. I mean, from my perspective, these  
 6 were a way of just decompressing at the end of a day,  
 7 and they were some thoughts I'd had that day and wrote  
 8 down that day, as I say, in order to be clearer the  
 9 following day -- that I was going to concentrate on the  
 10 following day, and they had no purpose other than that.  
 11 Nobody, including members of my family or anyone, had  
 12 seen them or I had any intention of showing to anybody.  
 13 **Q.** You've obviously much more recently, in the last weeks  
 14 and months, looked back at many of those notes. Would  
 15 it be fair to say, then, that some of them, some of the  
 16 notes you made, reflect thoughts which you still think,  
 17 in fact, are accurate, and perhaps others you would wish  
 18 to qualify or even disown?  
 19 **A.** Yes, I mean, some of it I look back and think, well,  
 20 that seems like sort of a sensible series of reflections  
 21 over that period. Others I look back and I can see  
 22 I might have written something one day and then, two  
 23 days later, written something that said actually I don't  
 24 agree with myself on that, which may have been how  
 25 somebody had behaved or somebody had made  
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1 an observation. So they were very much instant  
2 thoughts.

3 **Q.** And we will bear all those things in mind when, as we  
4 will, we look at some of these notes later today.

5 May I just ask a rather practical point about these  
6 notes: I think there is at least one section of the  
7 notes which actually are notes that you took during  
8 a meeting, the meeting of 20 September, with  
9 Professor Gupta and others, but by and large, as you've  
10 said, is this right, you remembered things that took  
11 place during the day and then wrote about them in the  
12 evening?

13 **A.** Yeah, I might have described the occasional thing down  
14 on a bit of paper during the day and then looked at it  
15 in the evening, but -- so they're a mix of things that  
16 I noted at the time and things that I noted in the  
17 evening, and, as I'm sure you've had the pleasure of  
18 realising, my handwriting is not exactly excellent.

19 **LADY HALLETT:** You're a doctor, Sir Patrick.

20 **A.** I know.

21 **MR O'CONNOR:** I'm glad to say that that is a task that  
22 others in our team have had to grapple with,  
23 Sir Patrick.

24 But I just wanted to pick up the point you made  
25 about making notes during the day, because when we look

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1 or so of your term was very different from the latter  
2 period?

3 **A.** Yes, it was.

4 **Q.** You have set out in your first witness statement for  
5 Module 1 a degree of detail about all the things that  
6 the role of Government Chief Scientific Adviser entails,  
7 and I'm not going to go to that statement in any detail,  
8 but it is apparent from that statement that there is far  
9 more to that role than the fairly narrow function --  
10 very important function, but fairly narrow function --  
11 that you performed during the pandemic.

12 Can you, in a few sentences, give us an idea of the  
13 breadth of the role that you were performing, perhaps  
14 particularly in that first year and a half or so?

15 **A.** The role of the Government Chief Scientific Adviser is  
16 to provide science advice for policy rather than policy  
17 for science. So it's to try to ensure -- and the job  
18 reports to the Cabinet Secretary and is accountable to  
19 the Prime Minister and Cabinet -- that areas of policy  
20 consideration and thinking can be informed by science  
21 advice, whether short-term or long term.

22 That means areas like climate were a big focus of my  
23 attention, areas like what the science system was in  
24 government and was it adequate to provide that right the  
25 way across every department, and areas like how the

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1 at the notes, we see that quite often there are direct  
2 quotations that people who you were in meetings with  
3 said. Might that then be something that you made a note  
4 about at the time and then put into your notes later, or  
5 would that just be your best memory later in the day of  
6 what they said?

7 **A.** It could have been either of those things and I might  
8 have just jotted down the quotation on a bit of paper  
9 during the day.

10 **Q.** Yes. You've mentioned your handwriting, Sir Patrick,  
11 and just for clarity, in terms of the process, you  
12 provided us, didn't you, with your manuscript notes, the  
13 originals that you wrote? Those have then been  
14 transcribed into a typed version, and a further exercise  
15 has taken place to capture certain excerpts which have  
16 been put into a schedule. And during the course of  
17 today we will be looking mainly at the schedule of  
18 excerpts and a little bit at the transcript, but happily  
19 not at the manuscript version at all.

20 I'm going to move on, and again by way of  
21 introduction ask you something about your role as Chief  
22 Scientific Adviser before the pandemic, in peacetime if  
23 you like.

24 We've heard that you were appointed in April 2018,  
25 and one assumes that the first year and three quarters

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1 science base could be best harnessed to think about  
2 innovation and areas that might be relevant to the  
3 economy, were the sorts of things that I was involved  
4 with, and indeed even during Covid those things  
5 continued, so I was the Chief Scientific Adviser for  
6 COP26 in Glasgow as well on behalf of the government at  
7 that stage.

8 So there are many different areas that this role  
9 covers, and there's a separate Chief Scientific Adviser  
10 in each department as well.

11 **Q.** Yes. It's a very important fact for us to bear in mind,  
12 is it not, that although, of course, so much of your  
13 work during the pandemic was based on medical matters,  
14 which tallied with your own training, the role of Chief  
15 Scientific Adviser covers a far broader canvas: you've  
16 mentioned the environment, I think there's a reference  
17 in your statement or possibly the notes to matters to do  
18 with space exploration, dams overflowing, Novichok in  
19 Salisbury, a whole range of scientific matters in normal  
20 times?

21 **A.** Yes, and I would characterise that in three blocks: the  
22 science for everyday matters of policy in government,  
23 which covers everything, as you've said, from things  
24 like space exploration to transport or other areas;  
25 there's a second block, which is in emergencies, and in

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1 my time there was an emergency obviously relating to  
 2 Novichok in Amesbury in Salisbury, there was one  
 3 relating to the potential collapse of the dam at  
 4 Toddbrook Reservoir; and the third is science as it  
 5 relates to economic matters as well.  
 6 **Q.** During that first period of a year or so before the  
 7 pandemic, you were involved with, and I think  
 8 commissioned, something called the Science Capability  
 9 Review and this is something you discuss in your witness  
 10 statement.

11 Can you give us a little detail of that exercise and  
 12 also can you tell us whether there were any issues that  
 13 emerged from that exercise that subsequently you felt  
 14 were relevant to the way in which the pandemic was dealt  
 15 with?

16 **A.** Yes. That was an exercise undertaken together with  
 17 Jeremy Heywood, who was the then Cabinet Secretary, and  
 18 the Treasury, to ask the question: was science  
 19 capability adequate in the government for what I saw  
 20 then as a central plank of what all modern governments  
 21 need to know about?

22 And the work which was published in 2019 identified  
 23 a number of areas: first that the funding for science  
 24 had decreased across many departments, and that left  
 25 departments somewhat disabled in their ability to use

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1 information. But the second is that it also meant that  
 2 there isn't always a good receiving system for science,  
 3 because, a way of thinking, it's different from perhaps  
 4 how others approach a problem, and that meant it wasn't  
 5 always easy to get the right sort of pool for science  
 6 across the civil service. And I'm really pleased to  
 7 say, I should say, that as a result of that report there  
 8 is now a target to have 50% of the intake with a STEM  
 9 degree, which I think is about right, it shouldn't be  
 10 90% the other way either.

11 **Q.** Yes, do you know whether that target has been reached or  
 12 how it's doing?

13 **A.** The target is set for -- to be reached by 2024, and I'm  
 14 going to look with interest from the sidelines to see  
 15 whether it's achieved.

16 **Q.** All right.

17 Turning then to your role during the pandemic,  
 18 Sir Patrick. At a very high level, those who have been  
 19 following this Inquiry, reading the documents and so on,  
 20 might think of your role as falling into three parts:  
 21 first of all, your management role at GO-Science,  
 22 managing, providing structure to those generating  
 23 scientific advice, in particular of course chairing  
 24 SAGE; secondly, a role providing personal advice to the  
 25 Prime Minister and other key decision-makers; and,

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1 science; second, that the departments needed a chief  
 2 scientific adviser who was more than a lone operator,  
 3 that he or she needed a structure around them to be able  
 4 to do it; and a series of observations about public  
 5 sector research establishments and other parts of the  
 6 government system, but perhaps the most sort of striking  
 7 headline in a way was the realisation that the fast  
 8 stream, so the graduate intake programme for the civil  
 9 service, where future permanent secretaries and leaders  
 10 of the civil service come from, had an intake which  
 11 comprised 10% of -- 10% of the intake comprised people  
 12 with a STEM degree. So 90% was arts, humanities,  
 13 social science degrees, and only 10% was a STEM degree,  
 14 which struck me as being something that would destine  
 15 the civil service to stay roughly in the same position  
 16 as it has been for quite a long time.

17 **Q.** Yes, it was actually that last point that I wanted to  
 18 pursue with you. It is a striking statistic. Perhaps  
 19 it's obvious, but what was the effect of having only 10%  
 20 of these leaders of the civil service with a STEM, with  
 21 a science technology training?

22 **A.** Well, it means two things. It means that the routine  
 23 consideration of science in policy formulation was not  
 24 where it needed to be. Now, you can do some of that  
 25 with the scientists trying to be round the table giving

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1 thirdly, a presentational role, explaining scientific  
 2 advice to the public, of course in the press conferences  
 3 that we're all familiar with.

4 In broad terms, does that capture it, or are there  
 5 other important aspects that you think we need to think  
 6 about?

7 **A.** I think in terms of the work during the pandemic, those  
 8 three categories are reasonable, although of course  
 9 they're all quite broad.

10 **Q.** Yes. Yes. I mean, we won't be saying very much today  
 11 about your role regarding vaccines, because of course  
 12 that's going to be the subject of another module, but  
 13 particularly given your background and your work with  
 14 GlaxoSmithKline, you had a considerable role to play,  
 15 did you not, in the development of the vaccine  
 16 programme?

17 **A.** Well, I set up the Vaccine Taskforce in order to get the  
 18 appropriate skills and focus on what I saw as a major,  
 19 major issue for the world, to get vaccines in time and  
 20 of the right type, and to get them available, in this  
 21 case, into the UK.

22 **Q.** In terms of the second of those three limbs, the role  
 23 providing personal advice, and, as we will see, usually  
 24 that was orally to the Prime Minister and his advisers,  
 25 initially, is this right, that was a function you

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1 performed at COBR meetings, we've all seen the COBR  
2 meetings that took place in the early stages of the  
3 pandemic, and latterly it became something that you did  
4 at other committee meetings and also less formal  
5 occasions at Number 10?

6 **A.** Well, the personal advice element of course went to the  
7 Cabinet Secretary and others as well, it wasn't just to  
8 the Prime Minister. The COBR system really was a place  
9 where the output from SAGE came into a ministerial  
10 forum, and where other outputs would come as well. So  
11 that is the place where -- certainly in other  
12 emergencies, I'd seen it work well -- where different  
13 inputs, whether it's economic, whether it's science,  
14 whether it's something else, come together, ministers  
15 make decisions, and there's an operational structure,  
16 which is the Civil Contingencies Secretariat, that would  
17 then make sure that the output of that was properly  
18 handled across Whitehall. So that had worked well in  
19 the previous emergencies I'd talked about, and that was  
20 the structure that was in place at the beginning of  
21 Covid.

22 **Q.** Yes. We will come back to explore in a bit more detail  
23 how well that worked, and issues around how your advice  
24 is to be docked and how that might be reflected in  
25 future occasions.

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1 on three occasions, and I think I'm right in saying that  
2 my predecessor Mark Walport actually didn't have  
3 a meeting directly with Theresa May. So it wasn't as  
4 though the Science Adviser is in and out of Number 10  
5 the whole time. That obviously came to be the case  
6 during Covid but it was for specific purposes.

7 **Q.** We'll come to see that there certainly were times where  
8 you were meeting the Prime Minister on a daily basis?

9 **A.** Yes.

10 **Q.** But not all day, and there would be some meetings that  
11 you attended and then you were asked to leave and other  
12 meetings would go on in your absence; is that fair?

13 **A.** Yes.

14 **Q.** You've mentioned already, but for completeness, although  
15 of course your work was so heavily focused on the  
16 pandemic during this time, were you in fact also  
17 required to perform some of those other duties we  
18 mentioned about matters completely unrelated to Covid?

19 **A.** Yes, there was a Chief Scientific Adviser network that  
20 continued, that obviously kept that going in  
21 departments. As I've said, I was asked to lead science  
22 for COP26, the climate conference in Glasgow, to make  
23 sure we had that side of things right, and there was  
24 work going on on things like the Integrated Review, the  
25 position of the UK in the world, which had a big science

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1 I wanted, though, at this stage, just to clarify  
2 with you how frequent those occasions were and how we  
3 should regard your role, the sense being this: that  
4 the Inquiry has now heard from several witnesses who had  
5 as their full-time job advising the Prime Minister, they  
6 were with him all day every day, they would spend, it  
7 seems, much of their days during this time talking to  
8 him about what steps should be taken, whether that's  
9 civil servants or his political advisers.

10 How different was your role to that?

11 **A.** Oh, very different. I mean, it's not a role that lives  
12 in Cabinet Office or in Number 10. We came in, in the  
13 case of COBR, to come in to give advice in the COBR  
14 meeting. And then subsequently, as things ramped up and  
15 there were daily meetings in Number 10, I might be in  
16 there for 45 minutes in a meeting in the morning and  
17 then perhaps not at all till the following day or  
18 sometimes not every day. So this was an intermittent  
19 time to give science advice, I wasn't living and  
20 breathing the policy or operational aspects and didn't  
21 have a policy or operational role. That's for others  
22 who are embedded in that system to do.

23 And I think it's also worth noting that prior to the  
24 emergency I'd met the Prime Minister probably on  
25 a couple of occasions and then met Mrs May before that

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1 theme in it as well. So work like that continued and  
2 GO-Science continued to produce other reports, but  
3 was -- of course the absolutely major focus was at all  
4 times on the pandemic, and that took precedence over  
5 everything else.

6 **Q.** Yes.

7 Could I ask you to look at paragraph 13 of your  
8 witness statement on page 9, please. Picking it up  
9 about half the way down, you say:

10 "It was by chance that as [Chief Scientific Adviser]  
11 I had a background in medicine and pharmacology."

12 You say that, as we've already noted, the person  
13 filling that role could come from any scientific  
14 discipline and is expected to cover all scientific  
15 areas, and you say it would be wrong to expect, and this  
16 perhaps follows from what you've said, that any future  
17 scientific adviser would have specialist knowledge on  
18 medical or epidemiological matters.

19 First of all, given your no doubt fortuitous  
20 experience in medicine and pharmacology matters, on  
21 reflection do you think that you played a greater role  
22 in responding to this pandemic than perhaps you might  
23 have done if your speciality had been different?

24 **A.** I think the role of the GCSA would still be to chair  
25 SAGE, and during a health emergency that's done together

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1 with the Chief Medical Officer. I think that would have  
 2 continued. I think inevitably there were some aspects  
 3 of what I did when I was called in because of my  
 4 particular knowledge, particularly, as you've mentioned,  
 5 around vaccines, where I had a role, which I don't think  
 6 in any way would be something which the GCSA would  
 7 normally necessarily do, and I think probably -- no, not  
 8 probably, definitely I had more knowledge of some of the  
 9 areas that were being discussed than a GCSA would have  
 10 in day-to-day SAGE activities for this particular  
 11 emergency.

12 **Q.** Looking forward, Sir Patrick, given, first of all, the  
 13 profound effect that the pandemic had on this country,  
 14 and also, as you've said, not the likelihood but the  
 15 certainty that there will be another pandemic in due  
 16 course, do you think it's right that the Chief  
 17 Scientific Adviser should continue to be selected as  
 18 someone who may or may not have a medical background, or  
 19 do you think that in fact the person fulfilling that  
 20 function ought to have some relevant expertise that  
 21 would be useful when the next pandemic arrives?

22 **A.** I don't think the GCSA role is set up primarily for  
 23 pandemic preparedness, it's set up to provide science  
 24 advice across government. The great crisis that all  
 25 governments face for the next many decades is the

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1 **Q.** Well, this is a theme I wanted to explore briefly. If  
 2 we can look at paragraph 98, please, on page 34, again  
 3 picking it up about half the way down, you refer there  
 4 to the DHSC as being the lead government department for  
 5 pandemic planning and operations. You say it would be  
 6 inappropriate for you to become involved in operational  
 7 delivery plans. And then you make the point that the  
 8 CMO and one of his deputies were infectious diseases  
 9 experts, epidemiologists, and you then refer to  
 10 Professor Horby, who was chair of NERVTAG and so on.

11 More generally, then, were there particular areas  
 12 where Professor Whitty took the lead, as it were,  
 13 between the two of you, in responding to the pandemic?

14 **A.** Well, can I first make the point that operational  
 15 delivery is absolutely outside the scope of the GCSA  
 16 role. It's a science advice role, it's not a policy or  
 17 operational role.

18 The CMO and many of the other experts from DHSC  
 19 of course took the lead in things in the department and  
 20 were very much in the driving seat in the initial phase  
 21 in January when this was a departmentally-led response,  
 22 and at all times the CMO of course would take the lead  
 23 on clinical matters and matters relating to medicine,  
 24 NHS and other things which were outside my remit, and is  
 25 deeply expert in this. I mean, he was -- this was his

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1 climate challenge, and so it would be equally well  
 2 argued that you could have somebody who has that  
 3 expertise.

4 So I think that the GCSA should be appointed on  
 5 their scientific knowledge and breadth, and their  
 6 ability to work across areas, and there should be no  
 7 expectation that a GCSA is necessarily expert in this  
 8 area.

9 **Q.** Thank you.

10 Just finally on this sort of introductory section,  
 11 we haven't mentioned so far Professor Whitty, and if one  
 12 thinks back to those three limbs of your function during  
 13 that time, it's right, isn't it, that to a greater or  
 14 lesser extent you performed those functions jointly with  
 15 him?

16 **A.** Yes. I mean, there is a difference, in that the Chief  
 17 Medical Officer role is clearly solely focused on  
 18 matters of health and particularly has a remit for  
 19 public health, and is embedded in the  
 20 Department of Health and Social Care, so it's  
 21 a departmental role, very senior role or rather older  
 22 role actually than the GCSA role in terms of the  
 23 government, and that has an overall accountability for  
 24 that, and of course to some extent is closer to policy  
 25 questions as well as the medical advice that's given.

22

1 expertise in academia and clinically.

2 **Q.** When you say "this", you mean?

3 **A.** Pandemics and epidemiology and the spread of infections,  
 4 that is his background.

5 **Q.** Yes.

6 Let's turn, then, if we may, to that early period.

7 **A.** And by the way, he's very good.

8 **Q.** He's very good. Well, if he is watching, I'm sure he is  
 9 grateful for that.

10 January to March 2020, Sir Patrick. I'd like to  
 11 start if I may by looking at an email that  
 12 Professor Woolhouse sent and which the Inquiry has seen  
 13 before. He didn't send it to you, he sent it to two  
 14 people that you knew, Jeremy Farrar and Neil Ferguson.

15 If we can look, please, at this, so this is the --  
 16 we see that -- an email sent on Saturday January 25. He  
 17 sends Jeremy and Neil, as he calls them, this email.  
 18 We'll come to see, and I imagine you've looked at this  
 19 already, that part of their response, I think it was  
 20 Neil Ferguson's response, is to say that he had been  
 21 having a similar conversation with you. So that's why  
 22 I ask you about this, even though you weren't in fact  
 23 the recipient of the email.

24 We see, do we not, Professor Woolhouse sketching  
 25 out, on the basis of some fairly broad brush analysis

24

1 and some basic figures, his understanding of the coming  
2 pandemic? He refers in the second paragraph to two key  
3 numbers reported in the WHO statement, the R number  
4 of 2, the case fatality rate of 4%. He talks about  
5 making a reasonable guess at the generation time.

6 And then he says, and we can see that in the  
7 paragraph two below he talks about this being a rough  
8 calculation that his undergraduate class could work out  
9 with a pocket calculator, a ballpark estimate of half  
10 the people in the UK getting this infection over a year  
11 or so, a doubling of the gross mortality rate, and, as  
12 he puts it, a completely overwhelmed health system.

13 Then two paragraphs down, having asked the question  
14 "What's the right response?", he adds, his words:

15 "That's not a worst case; that's based on the  
16 central estimates published by [World Health  
17 Organisation]."

18 So not -- we asked him about this -- a scenario but,  
19 if you like, a prediction.

20 Then if we look back one page, please, we can see at  
21 the very bottom of the page that Neil Ferguson responded  
22 by saying:

23 "Fully agree. Jeremy and I were saying the same to  
24 Patrick Vallance and Chris Whitty last night."

25 Do you remember that particular conversation or  
25

1 The second thing is that we didn't really know on the  
2 overall transmissibility as to whether this would be  
3 contained in the way that SARS and MERS had been  
4 contained at that stage. And so I don't think it was  
5 inevitable at that moment that this would spread, and  
6 you can see lots of opinions being expressed quite  
7 forcibly by people around then as to whether it would or  
8 wouldn't reach right the way across the world, and WHO  
9 I think at this stage hadn't declared it as a public  
10 health emergency of international concern, certainly  
11 hadn't declared it a pandemic.

12 So I think if it escaped and if it continued to  
13 behave with the numbers he said, then yes, that's true,  
14 but we didn't know that at that stage. And I think you  
15 can see actually by people's behaviours and even senior  
16 scientists' behaviours over the next few weeks that not  
17 everyone was behaving as though this was going to happen  
18 necessarily.

19 **Q.** Do you think they should have been?

20 **A.** Well, I think -- it's very difficult to know whether  
21 this was going to be contained in China and elsewhere,  
22 and had it been then it could have been shut down. And  
23 it wasn't. And it became spread much more easily than  
24 I think anyone had anticipated, much more easily than  
25 SARS and MERS, which were containable. And that's what  
27

1 conversations with Jeremy Farrar and Neil Ferguson about  
2 that time dealing with this sort of analysis?

3 **A.** I don't remember a specific conversation, but I had many  
4 conversations with both of them and others around that  
5 time, and it was very clear from the numbers that we'd  
6 already looked at in the first SAGE meeting we'd called  
7 that this had the potential to be really quite  
8 devastating, and the numbers or potential deaths and  
9 infections was extremely high, so I don't think there's  
10 anything in here that's terribly surprising, and it was  
11 indeed the case that we knew that if this got to the UK,  
12 if this spread around the world, that this would have  
13 a large effect.

14 **Q.** I don't want to split hairs, Professor, but you've used  
15 the word "potential" there. The point that  
16 Professor Woolhouse makes in his email is that it's not  
17 a scenario, it's not a worst case, it's something  
18 that -- again, I don't want to get into technical terms,  
19 but he seems to be trying to convey the impression that  
20 it's more likely than just something which is a scenario  
21 or something which might happen. Is that sense  
22 something that you shared at the time or not?

23 **A.** Well, I don't think at that stage this had escaped China  
24 in a sort of uncontrolled way, so the first question  
25 was: would it fully escape China in an uncontrolled way?  
26

1 was not known at the time.

2 **Q.** All right.

3 Let me move on. I want to ask you some questions  
4 about this whole question of NHS capacity. As we know,  
5 and the Inquiry has heard detailed evidence, the  
6 strategy which was adopted over this time, the  
7 mitigation strategy as it's been described: contain,  
8 delay, mitigate. And within that context, if we can  
9 look, please, at paragraph 204 of your statement,  
10 page 65 I think it is.

11 Yes, so picking it up at the bottom, you describe,  
12 and again the Inquiry has heard plenty of evidence about  
13 the policy to flatten the curve, which is shown in that  
14 graph that we can see further up the page, you say you:

15 "... understood this to be a continuation of the  
16 existing policy goal once containment was not possible."

17 And if we can go over the page, please, you say "the  
18 graph should not give rise to a false sense of  
19 precision", and then this:

20 "No minister defined a cut-off point for the number  
21 of infections or deaths other than by reference to  
22 avoiding the NHS being overwhelmed."

23 Two points to pick up on that. Firstly, an issue  
24 you raise at various points in your different statements  
25 is that there was, I think, generally throughout the  
28

1 pandemic and certainly in this early stage, a lack of  
 2 clear understanding on the part of the scientists of  
 3 what the government policy was. And to put it another  
 4 way, the scientists lacked a baseline against which they  
 5 could do their modelling and provide advice. Is that  
 6 fair, is that something that you raised and which  
 7 applies at this time?

8 **A.** I think in a sense there were three broad possibilities:  
 9 one, that the disease could be contained and eliminated;  
 10 the second, that the disease would run wild and not be  
 11 controlled at all and people would make no effort to do  
 12 anything; and the third was to try to control it in some  
 13 way to minimise the impact. And we didn't know at that  
 14 stage whether it was fully containable or not, but once  
 15 it breaks out -- and by the way, the break-out of  
 16 containment domestically is dependent on the  
 17 infrastructure you have, so the test, trace and isolate  
 18 infrastructure -- but once it breaks out, then my  
 19 understanding, from the beginning, was the government  
 20 did not want to do anything other than to make -- it  
 21 didn't want it let it run riot, it didn't think it could  
 22 get to zero Covid, and therefore it was to control it  
 23 and suppress the numbers in reference to the NHS being  
 24 overwhelmed. That was the closest we got to sort of  
 25 understanding the aims, coupled with, as you will see

29

1 started on non-pharmaceutical interventions.  
 2 Neil Ferguson in particular drew up a lot of modelling  
 3 around that, what the different options were, and came  
 4 up with a figure that others endorsed as well of needing  
 5 to get the 75% reduction in contacts in order to try to  
 6 really suppress this to the right level.

7 So there was a lot of work done on the modelling,  
 8 there was a lot of work done exposing those options into  
 9 COBR, including with the behavioural science input on  
 10 that, and there was a discussion -- which I think  
 11 Boris Johnson puts in his statement -- which he had with  
 12 the CMO at the end of February on lockdown options and  
 13 what the implications of those would be.

14 So I think there was a lot of evidence that there  
 15 were things that needed to happen in order to achieve  
 16 this aim of suppressing the curve. I'm not convinced  
 17 that there was a very effective operational response to  
 18 that.

19 **Q.** A lot of work you've described on understanding the  
 20 growth rate of the pandemic and different NPIs that  
 21 might be used to suppress it. My question is: running  
 22 alongside that, if the policy direction was "yes, you  
 23 must suppress it but the target is to keep it below the  
 24 NHS", was there enough work going on in parallel to  
 25 understand what that cap actually meant?

31

1 later, a desire from the government not to impose  
 2 overburdensome restrictions on liberty.

3 **Q.** Yes, so my question is, on that first point, and maybe  
 4 this wasn't a moment where you might have wished for  
 5 greater understanding of policy, but might you have  
 6 wished for more detail from the government about  
 7 precisely what they were prepared to accept or not  
 8 accept in terms of mortality, or was it enough simply to  
 9 be told, "We just don't want the NHS to be overwhelmed"?

10 **A.** Well, I think it would have been helpful to have that,  
 11 but I also think, and I think I say this in my witness  
 12 statement, we asked at several times to try to define  
 13 a number, and nobody would give that number. I do think  
 14 that's a very difficult question to answer. So  
 15 mathematically it's rather helpful to have it, it's  
 16 actually a difficult question to answer. But what we  
 17 had at this stage was NHS not being overrun.

18 **Q.** So moving from there, given that that was what you were  
 19 being told, do you think that enough was done during  
 20 February to understand what that meant and what an NHS  
 21 overwhelm would look like, what the numbers involved  
 22 were?

23 **A.** I think the numbers -- well, there was a lot done in  
 24 terms of what needed to be -- what the options were to  
 25 reduce the spread. So quite early in February work

30

1 **A.** Thank you. Sorry, I didn't answer that part.  
 2 We had great difficulty -- when I say "we", the  
 3 modellers had great difficulty in getting clarity on the  
 4 NHS numbers. What we did know was that the NHS runs at  
 5 pretty much 100% capacity, which is quite unlike most  
 6 other countries. So we knew that the NHS capacity was  
 7 likely to be very full anyway, and trying to get precise  
 8 numbers on ICU beds and occupancy of other types of  
 9 high-dependency beds was pretty difficult during  
 10 February, and I think it culminated in a meeting which  
 11 I think I asked to be set up on the first day of March  
 12 with the NHS modellers to try to see if we could resolve  
 13 this logjam, why was it so difficult to get the numbers.

14 **Q.** Let's look, if we can, at an email exchange you had with  
 15 Ben Warner.  
 16 So this is INQ000195863, please.

17 **LADY HALLETT:** Mr O'Connor, you're coming back to what  
 18 Sir Patrick meant by the operational response being not  
 19 very effective?

20 **MR O'CONNOR:** Yes, my Lady, I will, I think.

21 **LADY HALLETT:** Thank you.

22 **MR O'CONNOR:** This is an email exchange, Sir Patrick, late  
 23 in February, 27 February, so a month or thereabouts  
 24 after the email we saw with Professor Woolhouse and well  
 25 into the time, judging by your statement, that it was

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1 understood that NHS overwhelm was the policy aim, what  
2 you were supposed to be avoiding.

3 Ben Warner says to you, he's a little concerned the  
4 NHS didn't seem to know what they needed for their  
5 models, didn't seem to have started modelling, and then  
6 your response, you have been "pushing them on this for  
7 the last 10 days or so", you think they've now grasped  
8 it, there's a "meeting planned for Monday", "they  
9 haven't defined [their] input variables well enough".

10 Taking a step to one side, Sir Patrick, you've  
11 already mentioned issues such as NHS capacity, was it  
12 really a complicated modelling exercise that was needed  
13 or was there simply a sort of basic mathematical  
14 exercise of: how many beds have they got, at what point,  
15 on our understanding of the pandemic, will they be  
16 overwhelmed? Is it that complicated?

17 **A.** Well, in one sense, no, it's not that complicated, and  
18 in Exercise Nimbus, which I think took place in the  
19 middle of February, the question of NHS capacity  
20 inevitably being overrun was discussed, and  
21 Simon Stevens I think has referred to that, so it was  
22 very clear that the projections, the worst-case  
23 scenario, would overrun the NHS. That was clear and  
24 discussed all the way through February. What is being  
25 asked for here is the point that the modellers needed

33

1 critical care surge beds on the right, and said: well,  
2 there you go, that's the point of overwhelm.

3 Just for completeness, perhaps we'd better look at  
4 the next page, please. A different graph there, that's  
5 the mitigated peak, the same lines are drawn.

6 It doesn't look, at first blush, as though that is  
7 an exercise that really needed to take weeks and weeks  
8 and weeks, and we don't know what the variables are, we  
9 don't know what the inputs are. It looks like somebody  
10 has just said, "Well, this is how many beds we've got,  
11 we'll draw that line on the graph"?

12 **A.** Well, that's fine for this, and that's not what the  
13 modellers were asking for, but this is absolutely  
14 understood, and it was understood in Nimbus in  
15 mid-February that in a big peak the NHS would become  
16 overwhelmed. What it doesn't tell you is at what stage  
17 you think you need to act in order to do something.  
18 That's what the modellers were trying to understand and  
19 why they needed more precision. But, I mean, on a basic  
20 level, anyone could see that with the -- if you had  
21 a huge wave of infections it would cause this problem.

22 **Q.** The reason I'm asking, Sir Patrick, is that as we know,  
23 and we'll come to this, when the weekend of 14/15 March  
24 came around, one of the reasons why it was felt  
25 necessary to take sort of dramatic steps or change

35

1 better information to try to understand when that was  
2 going to occur, and what the warning signs were.  
3 Because at all times during February, from a scientific  
4 point of view, and this goes right back to a comment  
5 that Sir Chris made in February, we wanted to try to  
6 understand the mechanisms to get R below 1, to make the  
7 pandemic shrink. The question, then, was: when do you  
8 trigger that and how deeply do you trigger it in terms  
9 of the number of things you need to have? That's what  
10 we were trying to understand, and the modellers needed  
11 the precise details to be able to understand what that  
12 looked like. So this was not an academic exercise, it  
13 was important for them to understand, and we thought it  
14 should be relatively straightforward to get these  
15 numbers. It turned out, like a lot of data flow early  
16 in the pandemic, it wasn't easy to get these numbers.

17 **Q.** I think you said there was a meeting in early March, and  
18 when we look at some of the data that was provided, the  
19 modelling from the NHS -- if we can look at  
20 INQ000146571, please.

21 This is 9 March -- and if we could just zoom in on  
22 those bottom two graphs, please -- the essence of it  
23 seems to be that there's a peak, this is the unmitigated  
24 peak, and that what someone has simply done is drawn  
25 a line relating to total NHS beds on the left and

34

1 direction, depending on which way you look at it, was  
2 a new understanding that the NHS was going to be  
3 overwhelmed. I suppose my question is: is that -- was  
4 that part of the analysis something that could have been  
5 understood earlier if only more urgent steps had been  
6 taken in February to do this sort of analysis?

7 **A.** Oh, I don't think there's any doubt, if you look at the  
8 CRIPS in February, that the people understood the NHS  
9 could be overwhelmed. So I don't think that's a new  
10 understanding. I think the new understanding on the  
11 weekend of 14 and 15 March was that we were much further  
12 ahead in the pandemic than we realised, and the numbers  
13 that came in that week showed that there were many more  
14 cases, it was far more widespread, and was accelerating  
15 faster than anyone had expected. That's what triggered  
16 an urgent recognition that this was an imminent problem  
17 of the NHS collapsing, not something that was weeks  
18 away, with the possibility of introducing measures at  
19 a more leisurely rate.

20 So that weekend was an intense acceleration and  
21 indeed intensification of the measures that were  
22 required to stop this.

23 **Q.** Let me turn, then, and ask you some questions about that  
24 weekend, and by way of introduction it's well understood  
25 that different people who were there seemed to

36

1 understand the events in perhaps a slightly different  
2 way. Some people regard it as being a time when  
3 measures were fast forwarded or accelerated, other  
4 people regard it as a change of direction.  
5 But certainly I think, do you agree, it was on any  
6 view a time when decisions were either made or started  
7 to be made that a suppression policy, a policy of trying  
8 to keep the pandemic -- the R number below 1, needed to  
9 be introduced whereas previously that point hadn't been  
10 reached; is that fair?  
11 **A.** Well, the plan right from early February was to keep  
12 R below 1 to stop it growing, but this was a recognition  
13 that this had to be really implemented very, very hard  
14 at that weekend in order to achieve that. So all of the  
15 measures needed to be put in place.  
16 **Q.** Is that right that the plan from the very start had been  
17 to stop the pandemic growing? We looked at those charts  
18 and we see a curve. I mean, flattening the curve is not  
19 the same as suppressing the virus, is it?  
20 **A.** I think ultimately it is. It's a question of how far  
21 you want to suppress it. So you could suppress down to  
22 zero, which was never the aim. You could suppress  
23 a little bit, but you couldn't do that if that was going  
24 to overwhelm the NHS. And so the question was how far  
25 you needed to suppress it and at what stage you needed

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1 **A.** I'm not sure that he's criticising the science,  
2 actually, I think he's talking about the operational  
3 plan to deliver, so that the notion that you had to  
4 intervene, and there are multiple emails and charts and  
5 things that were presented at COBR meetings as well,  
6 talking about the combination of NPIs that would be  
7 required to reduce the spread and to get R below 1. The  
8 question was when and how much to do it. And this  
9 unfortunately wasn't mirrored by an operational  
10 readiness. So the bit that I think is missing is  
11 whether the operational development of plans to do that  
12 at short notice were as advanced as they should have  
13 been, and they weren't.  
14 **Q.** Are you there talking about things like test and trace  
15 or --  
16 **A.** Well, test and trace for sure, we had a -- and isolate.  
17 We had an inadequate scale of facility to do that  
18 through Public Health England, but also the plans for  
19 introducing the NPIs. I think, given that they're  
20 described quite early on, there should have been  
21 an operational plan to have those ready to pull the  
22 trigger on as soon as they were needed, and what we see  
23 is it takes quite a long time to get those actually  
24 working and to get the process in place to do that.  
25 I think that is a sort of learnable lesson, that you

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1 to do that.

2 And I do think the focus on trying to get that  
3 timing exactly right was incorrect. It was an error to  
4 think that you could be that precise. That's a really  
5 important lesson that came out of this, I'm afraid: you  
6 need to go early.

7 **Q.** Yes, we'll come to that idea of yours which you repeat  
8 in your witness statement.

9 I want to ask you about a passage from Ben Warner's  
10 witness statement, please, so if we can look at  
11 paragraph 303 -- yes, we have it there -- on page 78.  
12 It's the final sentence -- no, sorry, the final two  
13 sentences, he says:

14 "Changing from a mitigation strategy to suppression  
15 midway would have been the worst of both worlds. From  
16 early 2020, we should have developed alternative  
17 explains (for example lockdowns), after seeing the  
18 actions in China or at least after northern Italy."

19 So his reflection, and it's one which is shared by  
20 some others in Number 10 who we've heard from, is that  
21 the events of that weekend in hindsight suggest that  
22 they had previously been on the wrong plan, and that  
23 they should have been thinking about a different plan,  
24 a suppression plan, earlier. Is that your view? Do you  
25 think that is a valid criticism of the science, or not?

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1 should start earlier. And I think -- I take the  
2 comment -- Andrew Parker, the previous head of MI5, has  
3 said very clearly that he heard the warnings that we  
4 were giving in early February and took actions in that  
5 organisation to do things.

6 I'm not sure that that urgency of action was as  
7 consistent and as reliable as it should have been across  
8 Whitehall at that time.

9 **Q.** You've focused your remarks very helpfully, very clearly  
10 on the operational, if you like, the implementation  
11 aspect of this. It may be that Mr Warner was also  
12 directing at least some criticism towards SAGE and  
13 saying that SAGE should have thought more about  
14 lockdowns and more severe, more stringent NPIs earlier.  
15 As you say, it's ambiguous, but is that a fair criticism  
16 to make?

17 **A.** Well, I think if you look at it, we thought a lot about  
18 NPIs, there's lots of work on NPIs, lots of work on the  
19 notion that you had to have lot so NPIs, you had to use  
20 them together probably, that this was going to be  
21 behaviourally difficult, it was -- links to the  
22 behavioural science group to look at that, all of that  
23 was done through February. Where we were wrong, and  
24 I think it's very clear, is our belief that we  
25 understood when to do that. It wasn't that we hadn't

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1 said do it and that this is going to be needed, it was  
 2 that we thought we could understand when to do it.  
 3 The data that came in during the week leading up to  
 4 the 14th and 15th showed clearly that we were much  
 5 further ahead, it was much more likely to be needed  
 6 urgently than anyone had realised. That's a data  
 7 problem, but it was also, I think, a scientific problem,  
 8 in that you can't manage this with the precision that  
 9 you think you can, and you therefore have to take  
 10 different actions.

11 **Q.** I'm going to come back to the ultimate -- the decisions  
 12 taken over that weekend briefly in a moment, but I'd  
 13 like to take a step to one side before I do that, and  
 14 ask you some questions about your relationship with  
 15 Professor Whitty at this time and the extent to which  
 16 your views differed.

17 If we can look, please, at INQ000214802, this is  
 18 an extract from Jeremy Farrar's memoire -- one of those  
 19 memoires from scientists that you referred to,  
 20 Sir Patrick -- giving us an insight into events.  
 21 Sir Jeremy, of course, was a member of SAGE during this  
 22 time, was he not?

23 **A.** Yes, he was.

24 **Q.** And he describes, we see the second paragraph there,  
 25 a "friction", as he describes it, "between waiting and

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1 At the end:  
 2 "... more cautious than me."  
 3 If we can go to page 3, please, the last few -- the  
 4 last sentence or so:  
 5 "[Chris Whitty] worried about pulling trigger too  
 6 soon -- 'cause harm' & introduced some stuff on  
 7 [behavioural] 'fatigue' if you started too early ..."  
 8 Then on page 582 of the schedule there is an entry  
 9 that you made much later on but reflecting on the early  
 10 events, so we're now in February 2021, but Sir Chris  
 11 talking afterwards about the Inquiry:  
 12 "... was lockdown too late in March, could we have  
 13 known ..."  
 14 And then this:  
 15 "... (he was a delayer of course)."  
 16 So help us, Sir Patrick, was there this tension or  
 17 friction between the two of you about how quickly to  
 18 proceed with NPIs in that first period?

19 **A.** Well, I think Chris Whitty is a public health specialist  
 20 and he was rightly, in my opinion, concerned about the  
 21 adverse effects of the NPIs. He was concerned that  
 22 there would be more than just the issue of the direct  
 23 cause of death from the virus, that there would be  
 24 indirect causes of death due to effects on the NHS, that  
 25 there would be indirect harms due to people isolating --

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1 wading in". He says it "led to a palpable tension  
 2 between Patrick and Chris in the early weeks of 2020,  
 3 particularly given the apparent absence of political  
 4 leadership in that period". And he refers to the fact  
 5 that Boris Johnson didn't attend the first COBR  
 6 meetings, as we have seen.

7 So it's what he describes as a "palpable tension",  
 8 "between waiting and wading in", and there are some  
 9 references, Sir Patrick, in your notes which would seem  
 10 to support that suggestion.

11 If we can look, please, at INQ000273901, this is the  
 12 schedule, and I just want to show you a few references,  
 13 Sir Patrick.

14 In January -- perhaps we ought to say that you  
 15 weren't in fact writing these notes contemporaneously  
 16 for the first three months or so of the pandemic, were  
 17 you?

18 **A.** Correct.

19 **Q.** You wrote a sort of catch-up section, in March or  
 20 thereabouts, looking back to the early months.  
 21 But relating to January 2020, you said:  
 22 "Chris thought would be contained [...] PM 'my gut  
 23 tells me this will be fine' ..."  
 24 But then:  
 25 "... [Chris Whitty] ..."

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1 mental health, loneliness, issues of health that come  
 2 from that procedure -- and that there would be indirect  
 3 long-term consequences due to the economic impacts  
 4 creating poverty, which is a major driver of health. So  
 5 he was definitely of the view that the treatment and the  
 6 result of that treatment needed to be considered  
 7 together, and that pulling the trigger to do things too  
 8 early could lead to adverse consequences. And that  
 9 I think is a totally appropriate worry from the Chief  
 10 Medical Officer and a legitimate public health concern  
 11 throughout. And I didn't have exactly the same worry,  
 12 I was more on the side of "we need to move on this", but  
 13 I think that's partly why the two of us found it useful  
 14 to work together. I mean, he would bring in views that  
 15 were broad public health views looking at the  
 16 consequences of interventions as well as the direct  
 17 consequences of the virus, and I think sometimes I would  
 18 want to push and he might not, and sometimes he was  
 19 right and sometimes I think we should have gone earlier.  
 20 This was an occasion when I think it's clear that we  
 21 should have gone earlier.

22 **Q.** Let me go back, then, with that in mind, to those  
 23 meetings over that weekend of the 14th and 15th. We  
 24 have gone through them in some detail with other  
 25 witnesses and I'm not going to go through them in detail

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1 with you. But in summary, what was it that you were  
 2 arguing for during the course of those meetings, and  
 3 what was your understanding of what was decided?  
 4 **A.** We got information on 13 March which unambiguously  
 5 showed that the pandemic was far more widespread and far  
 6 bigger and moving faster than we had anticipated, and  
 7 that came from a number of sources, including  
 8 surveillance systems that we'd set up to look at people  
 9 who had pneumonia, hospital-based surveillance, and some  
 10 work coming in from the initial sporadic surveillance  
 11 systems and NHS numbers. That was unambiguous, and  
 12 extremely worrying. Over that weekend, it became very  
 13 clear that much more stringent measures would be needed  
 14 to control this and they needed to be introduced  
 15 quickly. I made my views known about that, that that  
 16 was the view of the SAGE committee and the modellers,  
 17 and it was my view that we were in a position now where  
 18 we had to move quickly. That decision, I believe, was  
 19 understood. On the Sunday of that weekend I was  
 20 unambiguous in the meeting that much more stringent  
 21 measures would be needed now, I think that's recorded in  
 22 Imran Shafi's notebooks, and the following day when the  
 23 Prime Minister announced that there would be voluntary  
 24 measures to keep people from making contacts, I also  
 25 suggested on that day that London was so far ahead that

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1 **Q.** Now, there are various references in the documents, in  
 2 your witness statement, to the reaction of some of those  
 3 who were at those meetings to what you were saying. You  
 4 refer in places to people being incandescent, and you  
 5 also refer to yourself having been reprimanded for  
 6 advancing those views. Who was it that reprimanded you?  
 7 **A.** Well, I got a message back that Chris Wormald, the  
 8 permanent secretary at DHSC, was incandescent with rage,  
 9 as was the Cabinet Secretary, about the fact that I'd  
 10 said this during the meeting on the Sunday.  
 11 I subsequently spoke to Chris Wormald and asked him why  
 12 he thought that was something to be incandescent about,  
 13 and he said it was the manner of raising it in the  
 14 meeting rather than the substance that he was concerned  
 15 about, and that I'd sort of thrown it into a ministerial  
 16 meeting whereas it should have gone through more due  
 17 process, but I stand by the fact that I think it was the  
 18 right thing to say at the time.  
 19 **Q.** That was the reprimand as well, then, was it, for the  
 20 manner in which you raised it?  
 21 **A.** Yes, I was told that I hadn't done things the right way  
 22 and it was inappropriate for me to have raised that, and  
 23 I -- subsequently, on the Monday, when I'd suggested  
 24 that London was so far advanced -- and it's worth  
 25 remembering, actually, that in terms of timing of this,

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1 it would be necessary to possibly lock down London.

2 So those were my views over that weekend. I think  
 3 frankly on that weekend an in principle decision was  
 4 taken that lockdown would be required. It then took  
 5 several more days to work that into a full mandatory  
 6 process. But whether it's mandatory or voluntary is  
 7 a political issue, not a scientific one.

8 **Q.** We know and we've heard from others that the term  
 9 "lockdown" may not have been one that was in play then,  
 10 but you have said that your view in essence was that  
 11 that was what you were campaigning for at the weekend  
 12 and there was at least an understanding that that was  
 13 where things were headed as early as that?  
 14 **A.** Well, I wasn't campaigning, I was trying to point out  
 15 what the evidence was and how I interpreted it and what  
 16 SAGE thought. And Neil Ferguson's work and others' work  
 17 during February had shown that in order to really get  
 18 this down to the levels that it would need to be reduced  
 19 by, you needed to reduced contacts by 75%. That is  
 20 a huge reduction, requires all sorts of interventions.  
 21 I'm not even sure we ever really achieved much more than  
 22 75% at the peak of the interventions. And that's what  
 23 I was arguing for on that weekend, that if we wanted to  
 24 now stop this from becoming devastating we needed that  
 25 degree of reduction of contacts.

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1 London was quite a long way ahead of other parts of the  
 2 country, so although we had seeded the infection right  
 3 the way across the country, other bits, you could argue,  
 4 went into NPIs really quite early. Certainly earlier  
 5 than other countries when you look at where it was.  
 6 London, though, looked like it needed more. And I made  
 7 that point in that meeting, it was discussed, there was  
 8 a very clear rejection of that proposal, and certainly  
 9 I don't think the Chancellor looked terribly pleased at  
 10 that moment.

11 **Q.** Why not?

12 **A.** Well, quite rightly, he's concerned about the economy,  
 13 and London was very much the engine of the economy, and  
 14 that was a massive, massive decision to take.

15 **Q.** Well, we may come back to that. Just the last question  
 16 on the reprimand: there is one of the documents amongst  
 17 the disclosure which suggests that Sir Chris Whitty was  
 18 one of those who reprimanded you on this occasion?

19 **A.** No, no, Chris was the messenger.

20 **Q.** Right.

21 **A.** He did not -- he did not reprimand me.

22 **Q.** He didn't -- he didn't have skin in the game.

23 **A.** No.

24 **Q.** I want to move on. The last set of questions on this  
 25 particular issue is about the timing of the lockdown.

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1 You, as I understand it, in your statement say that  
2 you think the lockdown, this first lockdown, was imposed  
3 a week too late, and I think you're referring there to  
4 the delay, as you would put it, from that weekend, when  
5 the discussions we've just been covering were had, and  
6 the mandatory lockdown which was introduced a week  
7 later. The word you use is "implementation", so a delay  
8 in implementing the decision. First of all, is that a  
9 fair summary of your witness statement?

10 **A.** Yes, I think that's probably the earliest at which that  
11 decision could have been made. Maybe a few days  
12 earlier, if we'd got the information. I remember at the  
13 time Neil Ferguson wrote that we were taking actions  
14 earlier than other European countries relative to where  
15 we were in the pandemic. But I think that weekend was  
16 in principle a decision that all these measures would be  
17 needed, and I think it would have been sensible to have  
18 got on and done those as quickly as possible. But,  
19 you know, I'm not an expert in how you implement these  
20 things, how you operationalise them, what the legal  
21 requirements are, and there were some very significant  
22 legal requirements around that, and that took another  
23 week or ten days for that to be in place.

24 **Q.** So those are the operational implementation type matters  
25 which in fact we touched on when we were discussing

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1 measures to restrict contacts worked, and we did know  
2 that you had to move early. And the number of  
3 infections and deaths at every stage for subsequent  
4 decisions were orders of magnitude in some cases higher  
5 than at that period in March. So I think in retrospect,  
6 you know, the March decision was earlier than some of  
7 the later decisions, even with the knowledge that came  
8 with that. So I think ... I think it's difficult to  
9 conceive that that decision would have been made much  
10 before the -- that weekend, as I say, possibly a few  
11 days.

12 **Q.** We certainly will be coming on to talk about later in  
13 the year, and September and the second lockdown and so  
14 on. Before we leave this, the premise of my question so  
15 far has been that there was going to be a lockdown in  
16 March, or thereabouts, just a question of when it  
17 happened and could it have been imposed earlier.  
18 Adopting the same hindsight approach, do you think that  
19 in fact that first lockdown might have been avoided  
20 altogether had things been done differently?

21 **A.** I think that if we'd had a scaled test, trace and  
22 isolate system in place, you stand a better chance of  
23 keeping this under control. I think that, in that  
24 situation even a short type of lockdown, without  
25 defining exactly what's in that, but NPIs to try to

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1 Mr Warner's evidence. But what I want to press you on,  
2 then, is the period before that. Bearing in mind what  
3 was understood about NHS overwhelm, bearing in mind the  
4 modelling and so on, do you think that that set of  
5 decisions, that understanding that was reached on that  
6 weekend, could or should have been reached earlier?

7 **A.** Well, I've just said I think it could have been a few  
8 days earlier. I think it's -- it's difficult to know,  
9 if you look at the numbers of cases and the numbers of  
10 people who, even by then, were beginning to show how  
11 serious this disease could be. The measures themselves  
12 are not neutral, they're harmful, and so the question is  
13 around timing, it's around when you're prepared to take  
14 an intervention, accepting that you're about to use  
15 definite harm. Because we knew the interventions would  
16 cause harm, we didn't know exactly how many of them  
17 would be needed to stop the spread of the disease.  
18 I think it's difficult, and I think other witnesses have  
19 said this, I think it's difficult to conceive that that  
20 would have been much before that weekend. I mean, maybe  
21 a few days, but we would have required very different  
22 systems.

23 And it's worth actually doing the thought experiment  
24 to move to September when we did know what the  
25 consequences of this virus was, we did know that the

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1 reduce it, could have brought things down and then kept  
2 it under control with test and trace. But the reality  
3 was we didn't have tests at scale, we didn't have a test  
4 and trace and isolate system at scale, and we were  
5 unable or PHE and the organisations seemed unable to  
6 operate that, and that would have required a lot more  
7 planning over previous years than had occurred.

8 I -- even with that, because we got seeded so widely  
9 across the UK, not from China, not from the countries  
10 where people thought this would come from, but from  
11 Europe, with huge importations, and we can see this in  
12 the genomics --

13 **Q.** This is half term?

14 **A.** This is half term. And we had a huge influx from Spain,  
15 France and Italy over that half term and beyond which  
16 meant that we probably had lost control, and test, trace  
17 and isolate only works at low levels of prevalence and  
18 a high level of capacity in the system.

19 So, sorry, that's a long answer, but I think with  
20 everything that we had in place or didn't have in place  
21 at the time, I'm afraid that the sort of ultimate option  
22 of trying to lock things down probably was the only  
23 route open at that time.

24 **MR O'CONNOR:** Yes. Thank you very much, Sir Patrick.

25 My Lady, is that a convenient moment?

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1 **LADY HALLETT:** Yes.  
 2 Just before we break, Sir Patrick, as you know we  
 3 take breaks for everyone just to take the opportunity to  
 4 take a breather.  
 5 When you had this so-called reprimand, you said it  
 6 was the permanent secretary at the DHSC,  
 7 Sir Christopher Wormald, and the Cabinet Secretary.  
 8 Were they really more concerned about the process aspect  
 9 of what you were saying than the substance, which was  
 10 basically the dam has burst?

11 **A.** That's what they said to me after. I spoke to  
 12 Chris Wormald about it and said, "I hear you're very  
 13 cross with me for what I said". His response was,  
 14 "There are ways of doing this that we need to do to make  
 15 sure it's structured and ordered and it goes with the  
 16 proper process", rather than the fact that I'd said it  
 17 as statement and --

18 **LADY HALLETT:** I won't ask you --

19 **A.** We agreed to differ a bit on that. But I mean --

20 **LADY HALLETT:** I should say, I won't ask you for your  
 21 reaction to that.

22 Very well. A 15-minute break.

23 (11.46 am)

(A short break)

24 (12.01 pm)

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1 This is an issue that you touch on in your witness  
 2 statement but you don't perhaps go into it in quite as  
 3 much detail as there. Do you agree with these  
 4 sentiments?

5 **A.** I do, and I didn't when it first happened. In other  
 6 words when it was first said "We're following the  
 7 science", my reaction was: good, they're listening to  
 8 us. Because that's not always the case in government,  
 9 for the reasons I've laid out. But I think that the way  
 10 in which this was both heard and possibly meant in terms  
 11 of slavishly following the science, obeying it at all  
 12 times, is completely wrong. I mean, you can't -- and  
 13 I can also totally agree there is no such thing as "the  
 14 science". I mean, science by its definition is a moving  
 15 body of knowledge that tries to overturn things by  
 16 testing the whole time.

17 **Q.** You say when it was first used you weren't opposed to  
 18 it. Was it then something about the number of times,  
 19 the repetition of it, or perhaps the circumstances in  
 20 which it was used? I mean, at what point did it become  
 21 a negative thing for you?

22 **A.** Well, pretty quickly. I mean, initially I thought:  
 23 good, they're listening to us and they want to hear the  
 24 science, that is the right thing for them to do. But  
 25 I think it became taken, both interpreted I think widely

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1 **LADY HALLETT:** Mr O'Connor.

2 **MR O'CONNOR:** Sir Patrick, I want to move on and ask you  
 3 some rather more general questions about different  
 4 aspects of the pandemic and the response to it.

5 First, I'd like to ask you about the words  
 6 "following the science", the mantra we will see -- other  
 7 people's words not mine -- that we heard so much of at  
 8 least in the early stages of the pandemic.

9 I'd like to ask you to look at a section of the  
 10 expert report that the Inquiry received from  
 11 Alex Thomas, or latterly at any rate, from the Institute  
 12 for Government. Paragraph 120 of that, please, on  
 13 page 35.

14 It's at, as I say, paragraph 120 where we see his  
 15 views on this issue. He says:

16 "There was a blurring of policy decisions and expert  
 17 advice, with ministers' mantra that they were 'following  
 18 the science' very damaging. The repeated assertion  
 19 undermined the importance of ministerial judgement, and  
 20 the accountability of ministers for decisions. It made  
 21 it harder for experts to set out their view. And 'the'  
 22 science implied that there was one single view, which  
 23 was rarely the case. From the start, ministers and  
 24 other government communicators should have been talking  
 25 about being 'informed by', not 'led by', science."

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1 in the press and again possibly inside government as  
 2 well, as a sort of direct following the science,  
 3 a slavish following of it, which -- I agree, these are  
 4 difficult ministerial decisions, they are precisely what  
 5 needs to be taken by ministers to integrate the  
 6 different forms of evidence and make those almost  
 7 impossible judgement calls which the science can't make  
 8 and shouldn't make.

9 **Q.** Did you speak to Boris Johnson or others asking them not  
 10 to use that phrase?

11 **A.** I can't remember whether we did. They knew that this  
 12 was damaging at one point and I think they did -- it did  
 13 get sort of softened to "we're being informed by", and  
 14 I think the Prime Minister at the time actually says  
 15 that at some point, that "we're being informed by the  
 16 science", quite early on, in March or April, I can't  
 17 remember when.

18 **Q.** In her witness statement, Helen MacNamara made the  
 19 observation in this context, that you would never hear  
 20 a politician saying that he or she was following the  
 21 economics, and drawing that distinction. Do you think  
 22 that one of the reasons why this phrase may have been  
 23 used was because the politicians didn't feel comfortable  
 24 about their understanding of the science and so, if you  
 25 like, they said they were following the scientific

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1 advice in a way that, as Ms MacNamara said, they would  
 2 never say they were following economic advice?  
 3 **A.** I think that is true. There's a great variability and  
 4 largely an uncertainty and unfamiliarity with science in  
 5 government, and my experience is that many people who  
 6 haven't had a scientific training also view science as  
 7 giving immutable facts. You know, they remember at  
 8 school they were taught a lot of facts about science.  
 9 The truth is that science is a process: it's a way of  
 10 testing what you currently know, experimentally or  
 11 observationally, overturning hypotheses, advancing and  
 12 trying to increase your knowledge base, and it's  
 13 a description of what you currently have, which can  
 14 easily be overturned by new evidence. And I think  
 15 that's not widely understood -- I mean, "understood" may  
 16 be the wrong word, but it's not intuitive to many  
 17 people. And therefore I think there was a bit of  
 18 dependency, that this was a scientific problem and  
 19 people would listen slavishly to this and wanted to  
 20 sort of slightly hide behind this at times.  
 21 **Q.** Just going down the page, let's look at paragraph 122,  
 22 please, a related but slightly separate point that  
 23 Mr Thomas makes, he said that:  
 24 "SAGE ended up filling a gap in government strategy  
 25 and decision making. That meant that government

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1 proportion of fast stream applicants with STEMM degrees,  
 2 and of course this question of non-science graduates  
 3 struggling to understand scientific matters is a very  
 4 old one.

5 In your witness statement, perhaps we can go to  
 6 page 207 of your witness statement, paragraph 642, you  
 7 describe, if you like, your general experience of  
 8 providing science advice to decision-makers. Picking it  
 9 up about four or five lines down you say:

10 "... I am not in doubt that the CMO [that's  
 11 of course Chris Whitty] and I gave advice from SAGE  
 12 repeatedly and that it, together with the uncertainties,  
 13 was usually understood by decision-makers. However it  
 14 was often necessary to explain scientific concepts on  
 15 many occasions. In my view, it is entirely appropriate  
 16 for decision-makers to challenge science advice ..."

17 In the next paragraph you say you were asked  
 18 a number of questions about whether the science advice  
 19 that you provided to the Prime Minister and core  
 20 decision-makers was understood. You make the point that  
 21 others would be better placed to answer that question,  
 22 and of course we can ask the Prime Minister and others.  
 23 But you say, again, that you took care to explain these  
 24 concepts in a way that was comprehensible, which was  
 25 appropriate. Then a couple of sentences on:

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1 decisions were held off until the scientific advice was  
 2 overwhelming, rather than using scientific inputs  
 3 alongside other analysis to take distributions at the  
 4 most appropriate time."

5 Again, sentiments that you endorse?

6 **A.** I agree that we ended up filling gaps and there are  
 7 several examples where we did step into places that we  
 8 thought just needed some attention, and we tried to  
 9 provide that, and there are several examples in my  
 10 statement. I also think it's true that other inputs  
 11 weren't as visible and weren't as obvious, and so there  
 12 wasn't that overt ability to trade off between them, and  
 13 I think I've made this point about the economic  
 14 analysis. I mean, it wasn't obvious where that was  
 15 coming from, and it wasn't visible. And that led people  
 16 to assume therefore the science was the decision-making  
 17 force, so I think -- I don't think I'd disagree with  
 18 anything that's written in this statement.

19 **Q.** Yes. Well, and the point about economic input is one  
 20 that we will certainly come to in due course.

21 I'd like to move to a related subject, which is  
 22 about the ability or the ease with which government  
 23 ministers, civil servants, decision-makers, understood  
 24 the advice that you were providing them with.

25 We've already touched on the point about the

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1 "Some points had to be explained repeatedly and some  
 2 areas proved more difficult to get across than others."

3 Just flicking on to the next page, you make the  
 4 point that:

5 "Some concepts were particularly challenging,  
 6 for example absolute and relative risks in relation to  
 7 comorbidities."

8 I just want to take you, Sir Patrick, to a few  
 9 entries in your notes which touch on this subject, and  
 10 try and get a feel for whether that is a general  
 11 position and whether those reflections apply  
 12 particularly to the Prime Minister or whether in fact  
 13 the position was more marked with him.

14 So can we go, please, in the schedule, first of all,  
 15 to page 42. So this is an entry on 4 May. And by this  
 16 stage you are making the notes daily; is that right?

17 **A.** Yes.

18 **Q.** You say:

19 "Late afternoon meeting with PM on schools. My God  
 20 this is complicated and models will not provide the  
 21 answer. PM is clearly bamboozled."

22 Page 53, please:

23 "PM asking whether we have 'overdone it on the  
 24 lethality of this disease'. He sways between optimism  
 25 and pessimism ..."

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1 Then this:  
 2 "PM still confused on different types of test (he  
 3 holds it in his head for a session and then it goes)."  
 4 Page 93, please.  
 5 "Watching PM get his head round stats is awful. He  
 6 finds relative and absolute risk almost impossible to  
 7 understand."  
 8 Page 124:  
 9 "PM struggled with whole concept of doubling  
 10 [times] ... just couldn't get it."  
 11 Then just two more, please, page 167, this is from  
 12 later in the year, September:  
 13 "Clare Gardiner ... talked PM through the graphs (it  
 14 is difficult -- he asks questions like 'which one is the  
 15 dark red one' - is he colour blind?) Then 'so you think  
 16 positivity has gone up overnight oh oh' then 'Oh god,  
 17 bloody hell'. But it is all the same stuff he was shown  
 18 6h ago."  
 19 Then finally 389, this is now going forward to 2021:  
 20 "PM Dashboard ..."  
 21 Is that a reference to a meeting, dashboard meeting?  
 22 **A.** Yes.  
 23 **Q.** "... Taken through the graphs but it was a real struggle  
 24 to get him to understand them."  
 25 So the question then, Sir Patrick, is those

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1 at the time, but it was hard work sometimes to try to  
 2 make sure that he had understood what a particular graph  
 3 or piece of data was saying. And I'd learnt from  
 4 a number of meetings, including around climate, where  
 5 there were certain things that would catch his eye and  
 6 would work for him and other things that wouldn't work  
 7 for him, so there were ways of presenting the data that  
 8 allowed him to get better access than others.  
 9 **Q.** Mr Johnson, it hardly needs saying, was the man who was  
 10 making decisions that had incredibly broad impacts on  
 11 the whole country, and it was critical, was it not, that  
 12 he did understand the advice that he was being given?  
 13 **A.** Yes.  
 14 **Q.** We have been talking so far about the need to repeat  
 15 advice sometimes or to, as you say, use particular  
 16 techniques or tags to help him understand matters. Was  
 17 it ever the case that you had the impression that  
 18 despite repeating things or despite explaining things in  
 19 a particular way, he actually had completely  
 20 misunderstood some of the advice that you'd given him?  
 21 **A.** It's possible, but I think certainly when I left  
 22 a meeting I would be -- I would usually be persuaded  
 23 that we had got him to understand what it was we were  
 24 trying to say. But as one of the extracts showed, that  
 25 you put up there, that six hours later he might not have

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1 paragraphs of your statement that we looked at, yes, you  
 2 talk about sometimes needing to repeat things and  
 3 needing to explain things in detail, help us, and tell  
 4 us if this is an example of passages that you no longer  
 5 want to support, but the message that we get from these  
 6 repeated entries appears to describe something, at least  
 7 as far as the Prime Minister is concerned, more serious:  
 8 a repeated failure to understand graphs, scientific  
 9 concepts and so on, forgetting things that had been  
 10 explained to him only a few hours earlier repeatedly.  
 11 Was there a more serious problem with him than that  
 12 which you describe in the witness statement?  
 13 **A.** Well, I think I'm right in saying that the  
 14 Prime Minister at the time gave up science when he was  
 15 15, and I think he'd be the first to admit it wasn't his  
 16 forte, and that he did struggle with some of the  
 17 concepts, and we did need to repeat them often. I would  
 18 also say that a meeting that sticks in my mind was with  
 19 fellow science advisers from across Europe when one of  
 20 them, and I won't say which country, declared that the  
 21 leader of that country had enormous problems with  
 22 exponential curves and the entire phone call burst into  
 23 laughter, because it was true in every country. So I do  
 24 not think that there was necessarily a unique inability  
 25 to grasp some of these concepts with the Prime Minister

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1 remembered what was in that presentation. So I can't be  
 2 sure that he kept it in his mind all the time as he was  
 3 going into whatever the subsequent meetings were that  
 4 designed policy.  
 5 I would also say that I think, and I don't know,  
 6 you'd obviously have to ask him, but I think he does  
 7 have the technique of almost deliberately going to sort  
 8 of a misunderstanding just to check that somebody isn't  
 9 in a different position, and that was something he would  
 10 use from time to time.  
 11 But I think there was a problem in scientific  
 12 understanding and it's not unusual amongst leaders in  
 13 western democracies.  
 14 **LADY HALLETT:** And he wouldn't be the only person who  
 15 struggles with graphs. I confess to struggling with  
 16 graphs myself on occasion.  
 17 **MR O'CONNOR:** Let me show you a couple more entries,  
 18 Sir Patrick, just to try to gauge the issue here.  
 19 First of all, page 163, please. So we're in  
 20 September 2020 now, there is a reference to the chief  
 21 constable saying the rules are too complex, that's  
 22 a subject of different evidence we've heard, but then  
 23 this:  
 24 "PM looking glum. Then suddenly ..."  
 25 And I take it this is a quote from him:

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1 "... -- 'Is the whole thing a mirage? The curves  
2 just follow a natural pattern despite what you do'  
3 Incredulity in the room [...] The whole meeting  
4 carefully manages the PM (is it always like this?) ..."  
5 Is that an example of him perhaps being provocative  
6 or did that demonstrate just a fundamental  
7 misunderstanding?  
8 **A.** It was a point that he raised on several occasions and  
9 he would look at the peaks of waves of infection and  
10 ask: are the interventions we're making doing that or is  
11 this what would have happened anyway? And he did come  
12 back to that point often and we'd talked him through  
13 what the evidence was that the interventions had made  
14 the difference. And of course it is true that at some  
15 point the peak will come down because at some point  
16 public behaviour changes, the number of susceptible  
17 people changes, the amount of immunity in the population  
18 changes, they do go up and down, but the point was that  
19 clearly these were being manipulated down by  
20 interventions.  
21 **Q.** Just before we leave this entry, do you see the last  
22 sentence there, and note that we're now in September:  
23 "CMO still keeps offering a slightly slower  
24 path ..."  
25 We've talked already about the caution that

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1 together'.  
2 He doesn't seem to have been the easiest of  
3 decision-makers for you to provide scientific advice to,  
4 Sir Patrick?  
5 **A.** It was difficult at times, and this is an example of  
6 where I suspect in this meeting I would not have tried  
7 to get across too many scientific concepts, would have  
8 waited for a better opportunity to do so and to have  
9 spoken to some others.  
10 **Q.** As you mentioned at the outset, you had worked with  
11 other decision-makers, Mrs May; was this reception of  
12 scientific advice that you were providing something you  
13 were used to or was it out of your experience?  
14 **A.** Well, he, Boris Johnson, and Dominic Cummings, were  
15 extremely keen to get scientific advice, so they had,  
16 I would say, a disproportionate interest in getting  
17 science advice. But, as you can see, it wasn't always  
18 easy to provide it in a way that was understood and  
19 actionable by the Prime Minister. And I don't think --  
20 I mean, I doubt that the sorts of things described in  
21 here are terribly surprising to most people.  
22 **Q.** Just before we leave this, I want to add in one extra  
23 factor, which is of course we know the Prime Minister  
24 was unwell for some period sort of March/April time in  
25 2020. The extracts I've shown you do have some in that

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1 Sir Chris had in March. It looks as though you're  
2 recording a similar issue later in the year. Was it  
3 something that continued?  
4 **A.** Well, I think the point in brackets is important:  
5 "... (I think this is wrong and said it)."  
6 And Chris and I discussed this sort of thing often.  
7 I still think that he, as the Chief Medical Officer with  
8 a public health accountability, was right to raise the  
9 problems associated with the measures being taken, and  
10 that appropriate caution I think was useful and it was  
11 very helpful for the two of us to be able to discuss  
12 that and understand why we were in positions of either  
13 greater or slower pace on some of these things. I think  
14 it's appropriate.  
15 **Q.** One more of these references, please, page 190. So  
16 we're at very much the same time, September of 2020.  
17 You record that the Prime Minister had come back from  
18 a Battle of Britain memorial service distressed by  
19 seeing everyone in masks, and then this:  
20 "Starts challenging numbers and questioning whether  
21 they really translate into deaths. Says it is not  
22 exponential etc etc. Looked broken -- head in hands  
23 a lot. 'Is it because of the great libertarian nation  
24 we are that it spreads so much.' 'Maybe we are licked as  
25 a species' ... 'We are too shit to get our act

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1 period but, as we've seen, also later. Is that a factor  
2 that we need to bear in mind with all this?  
3 **A.** I think he was -- there was a period, and I described  
4 that, when I think he was really unwell and was unable  
5 to concentrate on things. When he came back, he eased  
6 himself back into things over a few weeks and thereafter  
7 I think there was no obvious change between him and what  
8 he was like beforehand.  
9 **Q.** Thank you.  
10 I'd like to move on to a separate subject, please,  
11 and that is in the first instance about SPI-B, the  
12 behavioural science subgroup of SAGE. Perhaps we can  
13 start by looking at the SAGE minutes which record the  
14 decision to set up that group.  
15 As we can see, it was SAGE 7 on 13 February. If we  
16 go over to the next page, we can see that you were  
17 there -- I don't know, did you in fact attend every SAGE  
18 meeting during this period?  
19 **A.** I think I missed one.  
20 **Q.** Right. Not this one?  
21 **A.** Not this one.  
22 **Q.** If we go on to page 4, please, we see the section of the  
23 minutes headed "Behavioural science", and this was  
24 a summary, was it not, of the discussions which led to  
25 the decision that a behavioural science subgroup would

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1 be a good idea and then we've heard from Professor Rubin  
2 the way in which it was set up.

3 I wanted to draw your attention to one of these  
4 paragraphs without reading it out, which is that there  
5 is a repeated reference within them to messaging. Do  
6 you see that? I haven't actually counted, but most of  
7 these paragraphs refer to the importance of messaging  
8 and the link with behavioural science.

9 Is it a fair understanding, then, of these  
10 paragraphs that part of the purpose of setting up SPI-B  
11 was to assist with the exercise of providing the public  
12 with appropriate messaging during the pandemic?

13 **A.** Part of the reason for having behavioural scientists  
14 there, and by the way I think James Rubin and  
15 Brooke Rogers, who were at this meeting, are absolutely  
16 exceptional, was to make sure that the principles  
17 underlying messaging were understood. So it wasn't to  
18 design the messaging, it was to make sure that  
19 principles like collective ownership of things was  
20 important, like don't drive fear as the messaging  
21 vehicle. And those sorts of things were important  
22 messages. And SPI-B produced some really important  
23 papers on that. It's because of that that around this  
24 time I introduced James Rubin and Brooke to both  
25 Dominic Cummings and to Alex Aiken, who was the head of

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1 into communications and messaging, beyond  
2 communications, messaging more generally. Those -- that  
3 link is an important one, and I think the ownership  
4 though of the actual communications had to be within  
5 Public Health England, within the public health system,  
6 within government communications, and where SPI-B could  
7 help was making sure that the principles were clear, and  
8 indeed on occasions I think they were brought in to help  
9 with specific messaging as well, as individuals, but  
10 I don't think it -- maybe I'm wrong, but I don't think  
11 it would be appropriate to have an academic group  
12 designing government communications.

13 **Q.** Well, I don't want to overstate this, of course one can  
14 see that in principle providing the academic sort of  
15 direction is one thing and designing the communications  
16 themselves is a different thing, but the evidence we  
17 heard from Professor Rubin and also Professor Yardley  
18 was that how it worked out was that, yes, they did the  
19 behavioural science work, but they couldn't see that  
20 being taken into account at all in the communications  
21 strategies, and in fact they disagreed, sometimes quite  
22 strongly, with several of the main strategies that were  
23 rolled out.

24 I think when we spoke to Lee Cain, he said "Well,  
25 I really paid more attention to my focus groups than

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1 government communications, to make sure that there was  
2 a vehicle for them to feed in their principles of  
3 messaging.

4 **Q.** Yes. This is really what I wanted to explore,  
5 Sir Patrick, because on the one hand, as we've said, we  
6 see great emphasis being placed on messaging, on the  
7 other hand we asked Professor Rubin about the fact that  
8 the forerunner to SPI-B, which had been set up during  
9 the swine flu pandemic, was called SPI-B&C, the C  
10 standing for communications, and I asked him whether the  
11 lack of a C this time round was accidental, he said: no,  
12 there was a deliberate decision taken that we weren't to  
13 be involved in communications.

14 It's fair to say, isn't it, that there is, if you  
15 like, an inconsistency there, to have on the one hand  
16 a committee which was, at least one of its main  
17 purposes, to be involved with developing messaging, and  
18 on the other hand to be told, "But you're not having  
19 anything to do with communications"?

20 Is that a fair point?

21 **A.** I'm not sure it is, actually, because the point that the  
22 behavioural scientists are trying to give is the  
23 principles behind messaging, not the actual construct of  
24 the communications, and I think that distinction is  
25 quite important. This is behavioural science advice

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1 what the behavioural scientists were telling me". So  
2 perhaps in principle the division you describe is  
3 sustainable but in practice it didn't work, did it?

4 **A.** Well, I think it's exactly the same as science advice  
5 and ministerial decision-making. So I think SPI-B gave  
6 very good advice on this. We introduced them to  
7 Alex Aiken, to Dominic Cummings and others. The fact  
8 that the government then chose to do things that were  
9 different from that, provided they've understood that  
10 the input has come, provided they've heard it properly,  
11 that is a ministerial decision to do things differently.

12 I mean, I happen to think that they could have  
13 listened more to SPI-B on this for sure, and that would  
14 have been helpful, but it seems to me that's exactly  
15 where ministerial accountability comes in and  
16 decision-making. It's the same for this area of science  
17 as other areas of science. And maybe to put it even  
18 more baldly, "following the behavioural science" would  
19 have been as bad as "following the science".

20 **Q.** Are there, though, lessons to be learned for next time?  
21 Accepting your point that ultimately it's for  
22 politicians and their teams to either accept or reject  
23 advice they're given, it can't be regarded as  
24 a positive, can it, that the evidence we have heard is  
25 that one had a group of behavioural scientists

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1 suggesting one thing and a group of communications  
2 people at Number 10 essentially ignoring them and  
3 getting on and doing their own thing? I mean, that  
4 can't be regarded as having been a successful outcome?

5 **A.** No.

6 **Q.** Are there lessons to be learned for next time?

7 **A.** I think there are lessons to be learned, and one of the  
8 lessons which is important is to get the advice and the  
9 papers out quickly in the public domain. Because then  
10 it's very obvious when ministerial decisions are  
11 deviating from that advice. Ideally you'd like to know  
12 what other advice they'd received that meant that they  
13 had gone down a different route, and you said that  
14 Lee Cain suggested it was focus group advice that he  
15 wanted to pay attention to. Again, that seems to me to  
16 be a decision that is one that the ministers and their  
17 officials can follow. But I agree with you that the  
18 advice from behavioural science needs to be prominent,  
19 clear and accessible to everybody, and it wasn't a good  
20 outcome that some of these things were ignored.

21 **Q.** Let me move on and in fact pick up that theme. One of  
22 the solutions or the solution you have suggested is  
23 transparency, which echoes an approach you took with  
24 SAGE, which we'll come to. But it may be that some of  
25 the documents suggest that precisely one of the problems

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1 Brooke was that it also undermined the way that SPI-B  
2 works sometimes, because people were concerned about  
3 expressing their views for fear that that was then going  
4 to appear in a newspaper.

5 So I think there was, and this is my personal  
6 judgement, there was too much policy, too much  
7 commentary on things that even weren't behavioural  
8 science sometimes, on other aspects, and too many  
9 individuals who didn't distinguish between them as  
10 an individual and them as SPI-B and SAGE.

11 And by the way they might have done that themselves,  
12 but it was not how it was ultimately portrayed, and  
13 I think it's very difficult to run a government advisory  
14 committee if things are perpetually being discussed in  
15 the press.

16 **Q.** Can I ask you about a different document but it touches  
17 on the same issue, but this time in relation to SAGE  
18 itself rather than SPI-B.

19 So this is INQ000232074, please.

20 So this is, if we have the bottom half, a Treasury  
21 email which summarises a SAGE meeting. It's a read-out.

22 We see the first bullet point there. We don't need  
23 to go back but we can see that the date was April 2020.  
24 It says:

25 "Vallance started the meeting by highlighting he had

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1 with SPI-B, and perhaps more broadly, was with  
2 scientists expressing their views publicly.

3 If we look, for example, back at the schedule of  
4 your notes on page 50, you say that -- we're in March,  
5 sorry, May 2020:

6 "SPI-B -- had to calm them down about the role of  
7 advice vs decisions."

8 So to that extent clearly a division you've already  
9 explained.

10 "Immediately after another article in  
11 the Guardian...with quotes from people and SPI-B --  
12 disgraceful."

13 So if part of the solution you're suggesting is that  
14 SPI-B's views should be made public, why was it  
15 disgraceful that they were doing that?

16 **A.** This wasn't a SPI-B, it was individuals in SPI-B, and  
17 one of the problems that I think did occur was a very,  
18 very small number of people, one, two or three, made  
19 policy judgements very visible in the press and  
20 statements on existing and planned policy, including, on  
21 occasions, even discussions that had taken place in  
22 SPI-B, in the press.

23 That had the effect of undermining SPI-B, and it  
24 undermined trust in SPI-B from within government, and my  
25 understanding from discussions with James Rubin and

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1 seen several reports in the media of SAGE members  
2 commenting on the science behind the government's  
3 approach. He highlighted that this wasn't helpful, and  
4 said that no one should be speaking to the media."

5 Again, of course, scientists were independent and,  
6 in that sense, they had to right to speak to the media,  
7 but was this something, to go back to your point about  
8 SPI-B, which increases transparency and makes it easier  
9 for the government to be held to account, or, as you're  
10 suggesting here, was it something that undermined the  
11 advice function itself and therefore ought to be  
12 discouraged or even prohibited?

13 **A.** Well, I'm going to take issue with the minute, because  
14 the chair's brief, and indeed the repeated commentary  
15 that I made at SAGE, was: any of you can speak to your  
16 own topic, your own expertise, in the press and should  
17 feel free to do so. So actually we had a very open  
18 policy to people speaking to the press about their own  
19 areas of expertise. We asked that people didn't comment  
20 on policy, because that then would confound the SAGE  
21 remit with their policy views, and we asked that they  
22 tried not to stray into areas that were not their area  
23 of expertise, because that inevitably would reflect back  
24 on SAGE, and we asked that they didn't report the  
25 discussions that were taking place in the meetings

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1 because the minutes wouldn't have come out by that  
2 stage.  
3 So that's what the restriction was. It was  
4 absolutely not that people couldn't speak to the media.  
5 And if you ask Fiona Fox from the Science Media Centre,  
6 she would say there has been more scientists from  
7 government committees out speaking about their expertise  
8 and trying to help the media understand in this pandemic  
9 than we've ever seen before. So I think we actually  
10 actively encouraged, where it was appropriate, for  
11 people to go and speak about their own areas of  
12 expertise, but not policy.

13 **Q.** So you're telling us that that is not an accurate  
14 summary of what you would have said?

15 **A.** Yes.

16 **Q.** It has more nuance to it --

17 **A.** Yes.

18 **Q.** -- that that, and that's what you've just given us?

19 **A.** Yes.

20 **Q.** With that nuance, is it your reflection that that was  
21 the best way of dealing with this issue of how  
22 scientists should speak publicly without being able to  
23 stop them completely?

24 **A.** Well, I don't know if it was the best. I mean, there  
25 may be better ways of doing it. I did know that it was

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1 go on to the next page, please.

2 Yes, we see at the top there an email from  
3 Stuart Wainwright. It's an exchange at this point  
4 between him and James Rubin, and you can see that they  
5 are discussing the fact that, I think, at that stage,  
6 a small number of members of SPI-B had joined ISAGE,  
7 Independent SAGE that is, and Mr Wainwright says:

8 "... it raises real issues of trust for policy  
9 makers in HMG in the ability to bring things to the  
10 committee as a 'safe' space."

11 Do you see that?

12 Then if we can please look at the email immediately  
13 before that, so back to the next page, you can see  
14 Professor Rubin saying that:

15 "DHSC will presumably want us to adopt nervtag style  
16 membership arrangements and I think that is the  
17 appropriate time for a refreshed set of [terms of  
18 reference] ..."

19 Then just before I ask you about this, if we can  
20 look at a subsequent email, this time it did involve  
21 you, INQ000196969, we see an email, two-thirds of the  
22 way down, from you to Professor Rubin:

23 "James

24 "The effect is that Government departments are now  
25 becoming very wary of putting anything to SPI-B because

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1 very, very difficult when scientists spoke about policy  
2 and other areas because it then undermined trust in the  
3 committees, and we saw that later in the pandemic with  
4 some departments and some ministers saying, "I won't  
5 bring something to SAGE because it's just going to leak  
6 and people will talk about it". And I know that, again,  
7 the Science Media Centre felt that we'd got it about  
8 right. So I'm not sure what more could be done here.

9 I definitely believe that people should be free to  
10 speak about their own areas, and I also believe that  
11 it's very difficult for a government committee to  
12 operate if people are apparently reporting government  
13 advisory views in the press outside the formal  
14 mechanisms. It becomes really difficult to build the  
15 trust that's required to get influence inside  
16 government.

17 **Q.** Thank you.

18 Let me just move, we're sticking with SPI-B, to  
19 a related issue. That's not so much them commenting  
20 publicly but several of them joining Independent SAGE.

21 For these purposes perhaps we can look at some email  
22 exchanges between you and Stuart Wainwright. First of  
23 all, can we please look at INQ000197131.

24 Here -- excuse me a moment.

25 Yes, so if we look towards the ... I think if we can

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1 of a risk of leaks or misuse. We should think about how  
2 to deal with it. Frankly it is bizarre behaviour ..."

3 And just for context, by this stage rather more  
4 members of SPI-B had joined Independent SAGE.

5 So a related problem, Sir Patrick. Is what we see  
6 here in effect a chilling effect, that HMG becomes less  
7 willing to ask questions of SPI-B because, in this  
8 instance, of a concern about whether that information  
9 will simply be passed to Independent SAGE?

10 **A.** Yes, I think that is what was happening. There were  
11 confidential papers that came to SPI-B and to SAGE, and  
12 it was important that people who put those papers in  
13 knew that they weren't going to disappear somewhere  
14 else, and it was important that the outputs of those  
15 committees came to ministers with a chance for them to  
16 reflect upon them before it was widely articulated  
17 elsewhere.

18 And I think there are -- I mean, I'm second to none  
19 in my belief of academic freedom, but if you join  
20 a government committee it's slightly odd to then be on  
21 a committee that's set up to challenge the government  
22 committee. It doesn't seem quite right to me. And  
23 I think Kamlesh Khunti when he gave his evidence was  
24 very good on this and said that Independent SAGE was  
25 very often focused on policy rather than science advice.

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1 And that seemed like quite a big worry, that we'd end up  
 2 with a sort of policy advice organisation with direct  
 3 links to some of the papers that had come confidentially  
 4 to SPI-B. So I was worried about it, and there are some  
 5 examples where there was a chilling effect, where people  
 6 didn't want to bring things to either SAGE or to  
 7 subcommittees as a result of either this or, indeed, the  
 8 transparency of publishing all of our minutes and  
 9 papers.

10 **Q.** Again, looking forward and thinking about how, as we  
 11 stand now, some of these committees have been disbanded,  
 12 some others are getting on with their work, but  
 13 of course, in an environment which is completely  
 14 different, there isn't the blaze of publicity, we don't  
 15 hear scientists debating these issues in the press all  
 16 the time. But as you have said, there will be another  
 17 pandemic, and we can imagine that similar circumstances  
 18 might well arise.

19 What have we learnt from this experience? Are there  
 20 ways of controlling what scientists do? There was  
 21 a reference to the NERVTAG arrangements. Are those  
 22 different, and is that a blueprint for the future?

23 **A.** I don't know exactly what the NERVTAG arrangements were,  
 24 but we have definitely, as part of the SAGE Development  
 25 Programme developed guidelines on what you should and

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1 whether the government had made appropriate decisions or  
 2 not?

3 **A.** Yes, I think we'd made the decision to publish minutes  
 4 in March and then did the backlog catch-up by May. I do  
 5 think, and this again has been put in the SAGE  
 6 development plan, I think there should be a process for  
 7 publishing minutes and papers as soon as is reasonable  
 8 after the meeting, with some caveats, and those caveats  
 9 would be national security, one, and, two, if there was  
 10 a need to delay things for a little bit to give  
 11 ministers a chance to be able to consider policy options  
 12 in advance. But I believe both the evidence for SAGE  
 13 but more widely I believe the scientific evidence that  
 14 underpins advice to departments should be made public,  
 15 because that's what science does best. It puts things  
 16 out there, other scientists can challenge, and that  
 17 creates the right external environment to actually be  
 18 helpful, not on the policy but on the evidence base, and  
 19 I think that is a valuable thing. And we had to go  
 20 through quite a lot to make that happen during the  
 21 pandemic, including operationally it's quite difficult  
 22 to get these things done, because you've got to get  
 23 permissions from the authors, you've got to get them in  
 24 the right format, you've got to get them up on the  
 25 website, and that took a little while in a team that was

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1 shouldn't do in terms of speaking to the press (and it's  
 2 the rules that I've just said, speak about your own  
 3 area, please do, that's helpful to inform, but don't go  
 4 outside that) and about membership of other  
 5 organisations (that it needs to be declared upfront and  
 6 there needs to be discussion with the chair before it's  
 7 agreed whether that's appropriate or inappropriate).

8 The difficulty here was it just happened without  
 9 anyone knowing about it, and then it became public, and  
 10 it became very difficult to deal with.

11 **Q.** Thank you.

12 Let me move on, although sticking with this theme of  
 13 transparency, because, as you've said -- you talk in  
 14 your witness statement about SAGE transparency. In  
 15 particular we know that, at the outset of the pandemic,  
 16 the SAGE minutes, indeed attendees of SAGE, was not  
 17 something that was published, and this was something  
 18 that you took on yourself and after a few months that  
 19 changed and minutes and lists of attendees were  
 20 published, and you describe that step in a very positive  
 21 way in your witness statement.

22 Is this right, you regarded it as important both as  
 23 a reputational matter but also, and I think this is the  
 24 context in which you raised it with SPI-B, as a means of  
 25 providing challenge and allowing people to understand

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1 very busy doing other things. It's the sort of thing  
 2 that we -- I describe in the so-called 100 Days Mission  
 3 is getting the rules of the road sorted out in advance,  
 4 so you're not trying to sort them out during the  
 5 pandemic.

6 **Q.** One can see and you've described very well all the  
 7 advantages that flow from this policy of transparency,  
 8 but there are problems that come with it, are there not,  
 9 and one of them is the problem we've just been  
 10 discussing in the context of SPI-B, which is a chilling  
 11 effect, and if we look at your notes -- well, I will ask  
 12 you, but at least on the face of it, it seems that this  
 13 policy of transparency did indeed create this type of  
 14 chilling effect with SAGE itself during the pandemic.

15 If we can go, please, to the schedule, and look at,  
 16 I think it's three references, thank you, first of all  
 17 this one, we're in June 2020, and you write, you refer  
 18 to a paper from Number 10, you say someone has  
 19 completely rewritten it:

20 "They have just cherry-picked. Quite  
 21 extraordinary."

22 And then, for our purposes here:

23 "Note -- apparently Simon Case ..."

24 I'm afraid I can't remember now whether at that  
 25 point he had -- no, he wasn't, he was

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1 a permanent secretary within the Cabinet Office at that  
2 point, he hadn't become the Cabinet Secretary.

3 "... Simon Case said don't bring new schools advice  
4 [questions] to SAGE -- as the minutes get published."

5 If we can move on to page 102, another note:

6 "[Secretary of State for] Education DfE says don't  
7 ask SAGE as minutes get published."

8 Then moving forward a few months, both of those  
9 references were in June, we can move forward to  
10 page 253, please, we're in October, on a similar theme:

11 "Apparently CO ..."

12 The Cabinet Office, so not the Department for  
13 Education but the Cabinet Office:

14 "... now cautious about putting things to SAGE  
15 because we publish it all. That is a very bad outcome."

16 Well, it is a bad outcome, Sir Patrick, and I just  
17 want to ask for your reflections on where the balance  
18 is. I mean, for all the reasons you've given there is  
19 a lot to be said for publishing the minutes, but on the  
20 other hand if the consequence of publishing the minutes  
21 of an advisory body is that its customers don't come to  
22 it for advice any more --

23 **A.** Yeah.

24 **Q.** -- isn't that something of an at least mixed situation?

25 **A.** If I may just, on the very first one you read out, about

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1 is just what it is, and provided all of the evidence is  
2 published, ministerial decision can be completely free  
3 to overturn that evidence and say, "I choose to do  
4 something different".

5 So it is a worry and it was a concern particularly  
6 during this period, but I don't think the answer is to  
7 reach for more redaction or more secrecy around this,  
8 I think it's to get into a normalised position where  
9 evidence publication is seen as the right route.

10 **Q.** Sir Patrick, you emphasise evidence in contrast to  
11 advice, but what we've seen in these extracts is  
12 a concern, in this case emanating from the Department  
13 for Education, about the SAGE minutes being published.  
14 Surely those minutes contain advice?

15 **A.** The minutes usually are containing evidence and have it  
16 couched in terms of "if the aim is to do X, then the  
17 following would be necessary", or "given the state of  
18 the pandemic at the moment, without a decrease, it's  
19 likely to lead to the following situations". It is  
20 usually not the case that it's giving direct advice on  
21 precisely what the science is suggesting a minister  
22 should do.

23 **Q.** Sir Patrick, we don't want to split hairs about this,  
24 but thinking about the practical situation that, in this  
25 case, the Department for Education seemed to have been

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1 someone rewriting the science, that was an internal  
2 paper in Cabinet Office, and that rewrite never went  
3 anywhere, so that I think is not -- but this is a very  
4 important question, and there is no doubt that DfE took  
5 this view at times and Cabinet Office, there was  
6 an alarm that that might happen.

7 I don't think in the end it stopped us doing  
8 anything on schools that we wanted to do, but it did  
9 mean we sometimes didn't get precise questions. I do  
10 think it's a problem, and I don't know what the answer  
11 to it is, but I believe there is a cultural issue which  
12 can be overcome, which is the more the principle is  
13 accepted that the evidence is published, not the advice,  
14 not the policy position but the evidence is published,  
15 the better government decision-making would be, and the  
16 more that happens during normal time as well as during  
17 emergencies like this, the more it will become  
18 a culturally accepted and reasonable thing.

19 There is a fear sometimes that if the evidence is  
20 out there it's going to force a minister's hand, and, as  
21 I said, I do think you need to give ministers time to do  
22 things before it becomes public, but my approach has  
23 been, and I've had this discussion during peacetime in  
24 government as well as during the pandemic, is the  
25 evidence itself can neither be harmful or beneficial, it

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1 in, the thought process appears to be: "We have this  
2 policy that we're considering, why don't we ask SAGE  
3 about it, one reason not to ask them about it is that if  
4 we do their minutes will record their discussion" -- and  
5 you can call it evidence if you like, but anyone reading  
6 it will see, if this is the view they took, that they  
7 think it's a bad idea -- "and that will mean that if we  
8 go ahead with it people will criticise us". I mean,  
9 that's the problem, isn't it?

10 **A.** It is the problem. And again, I think the more you  
11 focus on evidence rather than advice, the easier it is.  
12 It is a problem. I don't know what the answer to it is.  
13 My instinct is that greater transparency is helpful all  
14 round and my experience from the pandemic was that, in  
15 the end, none of these came to be a problem. In other  
16 words, DfE did try and not bring things to SAGE, we  
17 overcame that and they did in the end bring them, and we  
18 also did work on it. So they were -- they were bumps in  
19 the road, they weren't blocks. And I think  
20 Stuart Wainwright laid out the sort of pros and cons out  
21 very nicely in his evidence. I would not wish to see  
22 less transparency of the science evidence.

23 **Q.** Let me ask you briefly if I can about a similar but  
24 slightly different issue. Here we're discussing the  
25 question of whether SAGE were asked at all about issues.

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1 There is another issue which emerges from the notes  
2 where SAGE were asked but their advice was either  
3 ignored or even apparently attempts made to change their  
4 advice.

5 Can we look at some entries in your schedule,  
6 please. First of all, page 56. So here we have your  
7 comment that:

8 "We have been excluded from the PM's strategy  
9 meeting. Chris [that's Chris Whitty no doubt] is sure  
10 it is because the economic secretariat in  
11 [Cabinet Office] want to be able to present things about  
12 re-opening without us contradicting them."

13 That's perhaps a little like the other ones we were  
14 looking at.

15 At page 94, please:

16 "... the 2 [metre] rule meeting made it abundantly  
17 clear that no one in no 10 or [Cabinet Office] had  
18 really read or taken time to understand the science  
19 advice ... Quite extraordinary."

20 Page 98, please:

21 "No 10 pushing hard on releasing measures ... They  
22 are pushing very hard ..."

23 And then this:

24 "... and want the science altered. We need to who  
25 would on to our hats. There will likely be a second

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1 we were not invited to things sometimes, and there is --  
2 it definitely is the case that there were times when,  
3 because we were giving unpalatable evidence and advice,  
4 people would rather not hear it. And I think that  
5 probably is a normal part of politics. And our job was  
6 to make sure that we weren't in the politics, we were  
7 continuing to make that advice as heard as we could make  
8 it.

9 **Q.** Did you, and this I now ask for your view on reflection,  
10 not writing your notes late at night, but did you feel  
11 that you were in some way being manipulated or handled  
12 or that your advice was -- people were asking you to  
13 change your advice?

14 **A.** Well, I don't think anyone -- well, I know, nobody  
15 actually got us to change our advice. I mean, the  
16 example of somebody maybe putting pressure on us to do  
17 it, we wouldn't do, and I think there's a WhatsApp  
18 exchange you've got where Matt Hancock asked me to  
19 change something and I say "No, we're not going to  
20 change our advice". Because that's where the evidence  
21 bit comes in, that you've got to at least see that, even  
22 if you disagree with it, you don't want to do it.

23 But I'm sure, I'm absolutely sure, because  
24 politicians are politicians, that there were attempts to  
25 manage us and make sure that we were not always given

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1 peak."

2 Then lastly page 112:

3 "In economics meeting earlier in the day they didn't  
4 realise CMO was there and [Chancellor] said, 'It is all  
5 about handling the scientists, not handling the virus.'  
6 They then got flustered when [he] chipped in ..."

7 So a collection of entries, all of them, to be  
8 clear, in terms of date, around sort of May, June, July,  
9 re-opening in 2020, the common theme is that either SAGE  
10 is being ignored or it's not being asked or even  
11 a suggestion that the SAGE scientists should be handled  
12 in some way or that their advice should be altered.

13 Help us, was there a feeling, perhaps particularly  
14 at that time, that perhaps you weren't being asked for  
15 your advice in good faith?

16 **A.** I think there were definitely periods when it was clear  
17 that the unwelcome advice we were giving was, as  
18 expected, not loved, and that meant we had to work  
19 doubly hard to make sure that the science evidence and  
20 advice was being properly heard.

21 Now, it doesn't surprise me that there were meetings  
22 that we were not included in. That's normal. We were,  
23 as I said, in Number 10 probably for 45 minutes or  
24 an hour and there were things going on all day and  
25 political decisions as well, so it's not surprising that

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1 the access that we might need. But I think overall we  
2 actually managed to get through all of that and make  
3 sure that the advice and the evidence was heard. So  
4 I don't know what damage it did, and I ... I'm not sure  
5 exactly what I'd recommend for the future on that,  
6 because it seems to me that's partly the nature of the  
7 way the political system seems to operate.

8 **Q.** One thing we do know, and you state this in your  
9 evidence, is that around this time and in the period  
10 just after it, there were a series of government  
11 initiatives in respect of which SAGE was not asked to  
12 provide its advice: Eat Out to Help Out in the summer of  
13 2020, tiers, the rule of six later in the year. I mean,  
14 do you know whether the type of thinking that's  
15 evidenced in these notes was part of the reason why you  
16 weren't asked about those matters?

17 **A.** I -- quite possibly. I don't know the reasons behind  
18 each of those. I mean, Eat Out to Help Out we didn't  
19 know about until it was announced, and I think our  
20 advice would have been very clear on that. I think the  
21 tiers, we were involved in some of the discussions, as  
22 they started to say what they wanted to do, to try to  
23 advise on what would be sensible in different tiers if  
24 that were going to go down this route, but I don't think  
25 we were involved at the inception of that. And in some

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1 ways nor should we be, these are policy choices, but we  
 2 should at least see what the policy choice is and have  
 3 a chance to comment on that. And it's one of the things  
 4 that I say to Chief Scientific Advisers in every  
 5 department: you've got to make sure you're at the table  
 6 for the policy discussion rather than waiting for  
 7 somebody to come to you and say "I have a bit of  
 8 a science question that I've got for you".

9 **Q.** Just focusing for a moment on Eat Out to Help Out, it's  
 10 evident from your witness statement that at the time you  
 11 and indeed SAGE didn't agree with that approach -- or at  
 12 least were alive to the risks that it brought with it,  
 13 would that be a better way of putting it?

14 **A.** Well, I think up to that point the message had been very  
 15 clear, which is: interaction between different  
 16 households and people that you weren't living with in  
 17 an enclosed environment with many others was a high risk  
 18 activity. That policy completely reversed it to saying:  
 19 we will pay you to go into an environment with people  
 20 from other households and mix in an indoor environment  
 21 for periods extended over a couple of hours or more.  
 22 And that is a completely opposite public health message  
 23 as a result of that.

24 Now, it's quite likely that had an effect on  
 25 transmission, in fact it's very difficult to see how it

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1 Mr Sunak's statement where he says that you never  
 2 objected to it.

3 **A.** Well, we didn't see it before it was announced and  
 4 I think others in the Cabinet Office have also said they  
 5 didn't see it before it was formulated as a policy, so  
 6 we didn't -- weren't involved in the run-up to it. And  
 7 around that time lots of measures were being released,  
 8 and you will see repeated references in various minutes  
 9 and notes and emails, and indeed, I'm sure, in my  
 10 private notes, to our concern that people were piling on  
 11 more and more things and that this would come to drive R  
 12 above 1, and I think that was discussed at Cabinet as  
 13 well, that that was the concern we had. So I think it  
 14 would have been very obvious to anyone that this was  
 15 likely to cause -- well, inevitably would cause  
 16 an increase in transmission risk, and I think that would  
 17 have been known by ministers.

18 **Q.** And Mr Sunak?

19 **A.** If he was in the meetings, I can't recall which meetings  
 20 he was in, but I'd be very surprised if any minister  
 21 didn't understand that these openings carried risk.

22 **MR O'CONNOR:** Yes. Thank you, Sir Patrick.

23 My Lady, I'm about to move on to another topic, if  
 24 that's a convenient time.

25 **LADY HALLETT:** Certainly, Mr O'Connor.

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1 wouldn't have had an effect on transmission, and that  
 2 would have been the advice that was given, had we been  
 3 asked beforehand.

4 **Q.** Yes. Well, let me just take you to your statement, if  
 5 I may, it's paragraph 648 on page 209. It's the last  
 6 sentence or so, you say:

7 "As I have discussed, SAGE [this is the point you  
 8 have just made] was not asked to provide advice ahead of  
 9 the Eat Out to Help Out scheme being introduced ..."

10 And then you say this:

11 "... but I think it would have been obvious to all  
 12 involved that our advice would have been that this was  
 13 likely to increase transmission of the virus."

14 If we can hold that in mind, can we look at  
 15 a paragraph of Mr Sunak's witness statement, please,  
 16 thank you, and it's paragraph 317, and Mr Sunak says:

17 "Throughout the period at which [Eat Out to Help  
 18 Out] was in operation, and immediately prior to its  
 19 implementation, I do not recall any concerns about the  
 20 scheme being expressed during ministerial discussions,  
 21 including those attended by the CMO and CSA."

22 No doubt he means the GCSA, that's you.

23 There's a certain inconsistency between your  
 24 statement where you say that you think that it would  
 25 have been apparent to everyone that you opposed it and

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1 2 o'clock, please.

2 **(1.01 pm)**

3 **(The short adjournment)**

4 **(2.00 pm)**

5 **LADY HALLETT:** Mr O'Connor.

6 **MR O'CONNOR:** Sir Patrick, one of the matters we touched on  
 7 this morning was the question of the advice other than  
 8 SAGE advice covering areas such as economics and  
 9 societal issues, and how that fed into policymakers,  
 10 both privately and publicly, and I want to ask you some  
 11 questions about that topic, and I'd like to start by  
 12 looking at another passage from Ben Warner's witness  
 13 statement, something we asked him about a week or so ago  
 14 when he gave evidence.

15 If we can look at paragraph 309 of his statement,  
 16 please, he said this:

17 "I felt that the biggest absence throughout the  
 18 pandemic was the lack of economic modelling in decision  
 19 making. HMT [that's the Treasury] ... responsible for  
 20 economic modelling, has a strong set of policy  
 21 officials, but when it came to my interactions for all  
 22 aspects of my work in Government, I found that HMT was  
 23 severely limited when it came to specialists in science,  
 24 advanced analytics, technology or data."

25 So Mr Warner's view was that this was an important

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1 gap in the larger picture. That may be very much the  
 2 same point that you were making in one of your notes.  
 3 If we can look, please, at the schedule, page 522, this  
 4 is late, this is an October 2021 entry, where you say:  
 5 "Economic predictions! HMT saying economy nearly  
 6 back to normal [and] plan B would cost 18 [billion]. No  
 7 evidence. No transparency. Pure dogma [and] wrong  
 8 throughout."  
 9 Now, Sir Patrick, that may be one of those comments  
 10 which is towards the frustrated late at night end of the  
 11 spectrum, but am I right in essentially you're making  
 12 the same point there as Mr Warner was about the problems  
 13 with economic advice feeding into decision-making?  
 14 **A.** Well, so I agree that's probably the late night  
 15 frustration comment, but I did think that there was  
 16 a lack of transparency on the economic side and it was  
 17 difficult to know exactly what modelling had been done,  
 18 and what input there'd been to various assertions and  
 19 comments made, and that made it very difficult. And  
 20 of course it wasn't publicly available either, and that  
 21 created I think an imbalance where the science advice  
 22 was there for everybody to see, the economic advice  
 23 wasn't, and it wasn't obvious what it was based upon,  
 24 and it therefore unduly weighted the science advice in  
 25 the public mind, I think, and created a real problem in  
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1 So in a meeting where the question of rising numbers  
 2 of infections was being discussed, there was very little  
 3 that I saw that said that the economists had understood  
 4 that rising infections alone were enough to cause  
 5 a problem for the economy, and a lot of emphasis on why  
 6 interventions were negative for the economy, and quite  
 7 difficult for me to see what the workings were behind  
 8 that and why that was the case.  
 9 So I didn't see evidence of a very strong analytical  
 10 basis, but -- it may have been there, I just never saw  
 11 it.  
 12 **Q.** When you talk about here, for example, "no evidence",  
 13 "pure dogma", that does at least seem to suggest that  
 14 you thought it wasn't there, rather than you --  
 15 **A.** I did think it wasn't there.  
 16 **Q.** And that, as you say, is perhaps one of the reasons why  
 17 you suggested an economic SAGE?  
 18 **A.** Yes, and I wasn't even necessarily suggesting  
 19 an economic SAGE, I just thought that an external  
 20 economic body would be helpful. And certainly that was  
 21 the representation I was getting from various rather  
 22 eminent academic economists, who felt that that would be  
 23 helpful.  
 24 **Q.** Yes. Well, then let's look, if we may, at an email  
 25 which is INQ000235261, please.  
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1 terms of how decisions could be made.  
 2 I did try to suggest that an economic advice group  
 3 similar to SAGE was set up, and indeed had one meeting  
 4 where we brought people together, but it wasn't pursued.  
 5 **Q.** No. Well, I'm going to come to that in a moment and  
 6 we'll look at some documents. But before we do that,  
 7 I think what you're describing is, if you like, two  
 8 different problems, albeit perhaps come from the same  
 9 root. One is, which we can all see, there was  
 10 an imbalance in terms of the public perception, because  
 11 on the one hand SAGE minutes were being published and  
 12 certainly there was no similar exercise with anything to  
 13 do with economic advice or modelling. So, as you say,  
 14 an imbalance there, and that led to the sort of public  
 15 perception that you've described.  
 16 But there's a second issue which I want to press you  
 17 on, which is: was it just an imbalance publicly or was  
 18 there in fact a lack of or deficiency in the advice, the  
 19 economic and other advice, that decision-makers were  
 20 receiving?  
 21 **A.** Well, I can't comment on what they were receiving  
 22 because I don't know what they were receiving. That was  
 23 part of the problem. There was definitely, in my  
 24 opinion, a lack of seeing that, seeing the basis for  
 25 decisions and assertions made at meetings.  
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1 It's dated 5 June 2020. It's in fact an internal  
 2 Treasury email from Clare Lombardelli to her colleagues  
 3 at the Treasury, but it describes a meeting at which you  
 4 were present, Sir Patrick, and I think in fact this may  
 5 have been a meeting that you were -- convened or were  
 6 instrumental in organising. We've asked Mr Warner about  
 7 this email as well. You refer in your witness statement  
 8 to having convened a meeting. Do you think this was it?  
 9 **A.** I wasn't sure, reading this, whether it was that  
 10 meeting, but --  
 11 **Q.** All right.  
 12 **A.** -- it was probably in or around this time.  
 13 **Q.** In any event, we see Ms Lombardelli recording what had  
 14 taken place at that meeting, we see it was at Number 10  
 15 and chaired by Mr Warner, but I think we know, and this  
 16 is right, isn't it, that you were there?  
 17 **A.** Again I wasn't quite clear from this whether I was at  
 18 this meeting or not. It refers to a follow-up with me.  
 19 I certainly don't think Ben Warner would have been  
 20 chairing a meeting that I organised, I think that was  
 21 a separate meeting probably, because it was chaired  
 22 by --  
 23 **Q.** Yes.  
 24 **A.** -- possibly Clare.  
 25 **Q.** Well, if it helps, if we look at the bottom of this  
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1 page, we can see another email, in the way these things  
2 often work -- this one -- which seems to have been in  
3 the run-up to the meeting, and you are one of the  
4 copyees, can you see "Government Chief Scientific  
5 Adviser"?

6 **A.** Okay, well, that, with Tim Besley and Nick Stern, I was  
7 involved for sure.

8 **Q.** So that was a preparatory step to the meeting, so it  
9 looks like perhaps you were there. In any event, let's  
10 not worry too much about that because I want to ask you  
11 about the substance of Ms Lombardelli's email.

12 So if we can go back up to that, please, thank you,  
13 she says the discussions "felt very familiar":

14 "... the economists all did a very clear pitch on  
15 smarter NPIs being able to deliver the same level of  
16 virus control at lower [economic] cost."

17 Then this:

18 "There was a general conclusion (by economists) that  
19 the economics is not being considered enough. And  
20 a desire for a place to bring this together."

21 And three options: first, an economic SAGE;  
22 secondly, a single model; and lastly, something more  
23 informal.

24 She then says:

25 "The economists [obviously] killed the single  
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1 having a group that tries to integrate the very thing  
2 that ultimately is a ministerial trade-off decision and  
3 one that is an important democratic area. So I would  
4 not be in favour of having an integrated single model,  
5 for the reason that it then tends to put out the answer,  
6 which it can't possibly do. And given what I know about  
7 the uncertainties in infectious disease mathematical  
8 modelling and the uncertainties in economic modelling,  
9 I suspect there would be one almighty uncertainty that  
10 came out at the end of it.

11 **Q.** So just to be clear, I think what you're saying is that,  
12 as far as the modelling is concerned, that is something  
13 that should and could be pursued to see whether it's  
14 possible?

15 **A.** Yeah.

16 **Q.** And certainly the evidence we heard from the modellers  
17 was that if that is to be pursued then, I think their  
18 phrase -- it should be done between pandemics rather  
19 than during a pandemic. And that may take us back to  
20 the type of institution or academic body that you  
21 described.

22 Switching focus to the SAGE idea, I think what  
23 you've said is that you are against the idea of, as it  
24 were, adding an economic strand to the existing SAGE; is  
25 that --

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1 model ... "

2 Just pausing there, we've heard some evidence from  
3 members of SPI-M, in particular I think it was  
4 Professor Keeling, but Professor Medley and  
5 Professor Woolhouse touched on this subject as well,  
6 about early steps that were taken during the pandemic to  
7 try to bring together economic and epidemiological  
8 modelling, and certainly the flavour of their evidence  
9 was that this was something that should be pursued.

10 Do you know why it would be that economists don't  
11 take kindly to this idea, and what's your view about  
12 whether this is something that should be pursued in the  
13 future?

14 **A.** Well, I'd like to deal with that in two parts, if I may.

15 I think that there should be in the UK an academic  
16 centre for pandemic preparedness, and I've put that in  
17 my witness statement, and I think such a centre should  
18 be very multidisciplinary, and in such a centre I can  
19 absolutely imagine how economists, mathematical  
20 modellers, infection -- social scientists could get  
21 together and work out whether there is a way of  
22 modelling this, and that would be a very important thing  
23 to do. So on that level I agree it's worth exploring.

24 On the question of whether there should be  
25 an economic SAGE, I think there's a very grave danger in  
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1 **A.** Yes.

2 **Q.** What about separately having a separate body similar to  
3 the existing SAGE which is more focused or entirely  
4 focused on economics, which may have been the suggestion  
5 here?

6 **A.** Which -- I think that sounds sensible, and it's one  
7 thing that I would support. But, and I want to make  
8 an important caveat here: I'm not in Treasury, I don't  
9 really understand all the sources of advice they've got,  
10 and it may well be they've got similar advisory  
11 mechanisms going on. If so, I didn't see them. So on  
12 the face of it I would be in favour of an economics SAGE  
13 type activity.

14 **Q.** You are in favour now and I think it was the case, you  
15 said in your statement, you were in favour --

16 **A.** Yes.

17 **Q.** -- two years ago or so, three years ago, when this was  
18 discussed at the time. The message in the email is that  
19 this is an option that was going to be taken forward.  
20 We can see there it says:

21 "It was agreed that Ben Warner would follow up  
22 with ..."

23 Individuals including you.

24 What did happen to this idea back in 2020? Were  
25 steps taken to try to establish an economic SAGE?

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1 **A.** If I remember correctly, I think Simon Case pulled  
 2 together a meeting at my suggestion, which may have been  
 3 following this one, with economists to try to see  
 4 whether that would work, but there was no take-up  
 5 afterwards. So I think there was a single -- a single  
 6 meeting and no follow-up, and I don't know what happened  
 7 to this within Treasury. Clare Lombardelli would  
 8 probably be the best person to answer that.

9 **Q.** In your witness statement you say that your  
 10 understanding was that the Treasury did not wish to  
 11 pursue this idea.

12 **A.** Well, that seemed to be the case.

13 **Q.** I can take you to it if you like. I don't know if  
 14 you've looked at it, but there's an IFG report that was  
 15 published recently that puts the position slightly more  
 16 strongly than that and said that they understand the  
 17 Treasury vetoed this proposal. Is that something that  
 18 you can speak to?

19 **A.** I don't think I was aware that there was a veto.  
 20 I mean, I was aware that nobody really wanted to do it,  
 21 but I don't -- I don't know whether it got as far as  
 22 sort of concrete written proposal and somebody said no.

23 **Q.** I suppose one of the possible criticisms of this  
 24 approach, which would set up a new body sitting  
 25 alongside the existing SAGE, is that one might then say,

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1 work for pandemic preparedness and I think a single  
 2 centre with a sort of hub and spoke model would work  
 3 extremely well in the UK, and it could look at all the  
 4 things that you would like to have looked at during  
 5 normal times to make the input much more effective  
 6 during a pandemic, and that could include everything  
 7 from evaluating the effects of NPIs, which ones work,  
 8 which ones didn't, how well do they work, what would you  
 9 do differently, smart NPIs, different approaches to  
 10 viral detection surveillance systems, ways to  
 11 understand, pathogenesis of viruses. I mean, it should  
 12 be a very broad activity, in my view, which should draw  
 13 on existing groups rather than necessarily bring  
 14 everyone into something which is only working on that,  
 15 because you then have a huge amount of expertise brought  
 16 into an area that's focusing on how one thinks about  
 17 pandemics. And Oxford and Liverpool and others have  
 18 suggested doing this and I'm a strong supporter of the  
 19 idea that this would be a useful thing.

20 **Q.** Would it involve government funding?

21 **A.** Well, I think it should, and I think it should also  
 22 involve UKHSA, because UKHSA is the body with the  
 23 statutory responsibility for this area, and one of the  
 24 things that I observed during this pandemic was that  
 25 Public Health England didn't have the strong connections

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1 well, if we've got an economic SAGE and an  
 2 epidemiological SAGE, why don't we have a sociological  
 3 SAGE or -- and one creates sort of too many advisory  
 4 bodies. Is that something which you think would have  
 5 any force?

6 **A.** I think -- I mean, a lot of social science was included  
 7 on SAGE and would be included on the economics SAGE as  
 8 well, and I certainly asked the British Academy to do  
 9 a piece of work in, I think, June 2020 looking at the  
 10 Covid decade, trying to understand all of the  
 11 ramifications, and there are other ways to get that, so  
 12 I think you're right, it is a risk that you end up with  
 13 a sort of plethora of these things, but I think that one  
 14 and a science one does seem like a sensible approach,  
 15 provided Treasury want it and will make it work,  
 16 otherwise it will be not effective.

17 **Q.** Yes.

18 Before we leave this subject, you mentioned the  
 19 academic centre for pandemic preparedness a moment ago  
 20 and it's something you've referred to more than once in  
 21 your witness statement. Is there anything else you want  
 22 to say about that in terms of how you imagine it, what  
 23 it would cover, what it would address, how it might be  
 24 set up?

25 **A.** Well, there are several universities that are developing

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1 and science base that were needed. It had some very  
 2 strong ones, but it wasn't -- you know, it wasn't as  
 3 robust as it should have been during that time, through  
 4 no fault of their own, but there was inadequate funding  
 5 and inadequate links to various academic groups.

6 **Q.** Let me move on to another subject, Sir Patrick, although  
 7 it's related, which is a sort of structural SAGE  
 8 question of how the advice which is generated within  
 9 SAGE and the subcommittees is communicated to ministers.

10 There are perhaps two linked issues: one is by what  
 11 means is that advice communicated and the other is  
 12 sort of to whom or to what body should it be  
 13 communicated.

14 And it may be that we need to bear in mind the  
 15 distinction between, if you like, the typical short-term  
 16 emergencies for which the COBR system was designed on  
 17 the one hand and the type of pandemic that we're  
 18 addressing on the other, because in that first category  
 19 of case, I think we can see that the existing system  
 20 worked well. You have SAGE, it discusses issues that  
 21 it's asked to discuss, it can produce a minute, and then  
 22 the chair of SAGE, you or another, can convey that  
 23 information in a fairly straightforward way to a COBR  
 24 meeting. And both of those issues, therefore, that I've  
 25 mentioned are addressed.

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1 The difficulties perhaps come from the pressure that  
2 was put on that system by the much larger scale and the  
3 much longer duration of this pandemic.

4 Before I go on, do you agree that those are the  
5 issues?

6 **A.** Yes.

7 **Q.** So starting with the question of the means by which the  
8 advice is communicated, several witnesses who have given  
9 evidence to the Inquiry have commented on the great  
10 pressure that was put on you and Professor Whitty as, as  
11 it were, the conduit for advice from SAGE to  
12 decision-makers. All of them, I hasten to add, endorsed  
13 your hard work and ability to undertake that task, but  
14 they have said that both because of the enormous amount  
15 of work that was being done by SAGE and all of the  
16 subcommittees that were sort of corralled underneath it,  
17 and the duration, that in fact it was really an enormous  
18 task, perhaps too big a task, to expect the two of you  
19 to be that very narrow point of connection in terms of  
20 explaining and passing on that advice orally to  
21 decision-makers.

22 What are your comments on that, and should we be  
23 thinking of a different model for the future?

24 **A.** I think you have to have a point of connection from SAGE  
25 which is one or two people into the system. You have to  
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1 to ask questions that perhaps he might not want to ask  
2 in a bigger group. I think that is something that's  
3 worth exploring a bit more. But I think it's not  
4 practical to assume that you could have a group of  
5 modellers going in to speak to the Prime Minister and  
6 getting a sort of sensible sort of interaction.

7 **Q.** I wasn't really suggesting an alternative, I was asking  
8 if there was one, but I think your broad answer is that  
9 more or less the system that existed at the time ought  
10 to carry on.

11 Just to press you on that, we've already noted that  
12 we as a country were very lucky that the two individuals  
13 who were occupying the two posts of Chief Medical  
14 Officer and Chief Scientific Adviser were so well  
15 qualified by their experience and training to deal with  
16 the pandemic. If one imagines another pandemic where  
17 the CMO and the GCSA are not specialists in  
18 epidemiology, pandemics, vaccines, pharmaceuticals and  
19 so on, but come from completely different specialisms,  
20 would that be an extra problem in those individuals  
21 bearing the weight of conveying SAGE advice to  
22 decision-makers?

23 **A.** I think the CMO will always be an expert in this area in  
24 some form or another, and the CMO will always have  
25 around him or her a group of people who really  
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1 build trust within Whitehall, you have to have trust  
2 within the Cabinet Office, you have to have it clear who  
3 people turn to, and similarly you need a docking point  
4 on the other side that's equally clear and able to  
5 receive the advice.

6 I think on occasion it's useful to have a broader  
7 group. So we had various teach-ins that took place in  
8 Cabinet Office where we had up to sometimes 170 people  
9 coming to listen to things and hear more about them.  
10 That's useful. I think we had at least one meeting  
11 where a number of dissenting scientists got together and  
12 spoke directly to the Prime Minister in a small group.  
13 I have to say I don't think he found that in the end  
14 particularly helpful, other than to realise that it was  
15 difficult to work out what to do with all these  
16 dissenting voices.

17 So I think it's not practical or realistic to assume  
18 that you can have groups of scientists just pitching up  
19 to talk to the Prime Minister or to the  
20 Cabinet Secretary without some structure around it.  
21 I do think that we could have benefitted from  
22 an occasional step-back meeting, and this is something  
23 I did certainly during peacetime where we bring in a few  
24 scientists to speak to the Prime Minister on  
25 a particular topic to give him, in that case, a chance  
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1 understand this, which is why the lead government  
2 department idea does have some importance to it.

3 So I don't -- I don't have concerns there. I think  
4 it's highly likely that the GCSA wouldn't, and that has  
5 advantages and disadvantages. What the GCSA would need  
6 to do would be to make sure that they had the right  
7 advice around them so that they could undertake that  
8 function, but I suspect there would be more weight on  
9 the CMO's shoulders in that sort of situation, and it  
10 may be that one of the deputy CMOs or one of the other  
11 people in that sphere would step up as well.

12 **Q.** I've focused up to now on the first part of the equation  
13 in terms of who is -- what's the conduit from SAGE into  
14 the decision-makers, and I want to move on and ask you  
15 for the other end, which you've referred to as the  
16 docking point, because it's right, I think we can see,  
17 that although at the start of the pandemic you were  
18 conventionally feeding into COBR, once the COBR meetings  
19 ceased to certainly take place regularly you were then  
20 providing advice to a range of committees, whether it  
21 was Covid-S to dashboard meetings, the Covid Taskforce,  
22 and so on.

23 Do you think that there is a need to be clearer  
24 about, your term, the "docking point" for SAGE advice?

25 **A.** I do. I think it was very clear when it was CCS, the  
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1 Civil Contingencies Secretariat, for COBR. It then  
 2 became very unclear. It became clearer again when  
 3 Simon Case came in to lead the Covid Taskforce, it  
 4 narrowed down to a more sensible system, and that then  
 5 improved quite a lot over time in terms of them being  
 6 able to ask better questions as well and frame them more  
 7 appropriately. But I think there needs to be a system  
 8 that swings into action immediately in the case of  
 9 a pandemic that says: here is a structure which will  
 10 stay constant and it's properly populated with people  
 11 who can both look at the operational needs that come out  
 12 of that, so they can co-ordinate that across Whitehall,  
 13 and have enough scientific understanding and data  
 14 analysis understanding to be able to absorb the evidence  
 15 and understand the implications.

16 **Q.** Would that system be an expanded CCS or something  
 17 completely different, do you think?

18 **A.** It's always easiest I think to build off things that are  
 19 used routinely rather than to stand up something that is  
 20 completely special for one event, and so I think  
 21 building it from some expanded CCS, which is then  
 22 exercised regularly in other forms, but knowing that  
 23 you're going to have to increase the scale of this and  
 24 the duration of this very dramatically at the time of  
 25 an event, would probably work.

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1 were able to fulfil without blurring that line or at  
 2 least blurring it too much between your independent role  
 3 to give advice and the government's role in setting  
 4 policy and announcing it?

5 **A.** I think it would be very helpful to have others doing it  
 6 as well, and we said that at the time, so economists,  
 7 people from the NHS, others, to make sure that the  
 8 operational side was properly covered.

9 In terms of the blurred line, a lot's been written  
 10 about this, people have strong views in both directions.  
 11 My view is it was helpful for us to stand up and deliver  
 12 the evidence as we saw it and the outputs from SAGE, it  
 13 was unhelpful when questions became overtly policy  
 14 driven and political, which is inevitable in a press  
 15 conference, and that worked best when whichever minister  
 16 we were with or the Prime Minister took those questions  
 17 himself.

18 But I think it did cause some people to say, well,  
 19 it lends a sort of credibility to a policy that you  
 20 might not agree with. All I can say is, yes, I think  
 21 that is a risk, but there were occasions when we overtly  
 22 at the podium disagreed on the evidence that was  
 23 underlying or at least explained the evidence that  
 24 underlay a decision. So, for example, in the move of  
 25 the 2-metre rule to a lower figure, I was clear on the

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1 In the SAGE system, we've -- in the SAGE development  
 2 plan -- come up with the idea of reservists who could be  
 3 brought in -- who would always be sort of aware of what  
 4 was going on and they could quickly be brought in to  
 5 expand capabilities, and it may be that something like  
 6 that would work as well inside the Cabinet Office.

7 **Q.** Thank you.

8 Let me ask you briefly just about one other,  
 9 a rather discrete point, which is about press  
 10 conferences. Can we look, please, at paragraph 743 of  
 11 your witness statement, page 235.

12 We of course all, Sir Patrick, remember your  
 13 appearance --

14 **A.** I don't have anything on my screen.

15 **Q.** No, we have confidence that it's coming. There it is.

16 We all remember, Sir Patrick, the press conferences  
 17 at which you and Sir Chris Whitty were regular, albeit  
 18 not permanent, attendees. In this paragraph of your  
 19 witness statement, you say, and we can see here, picking  
 20 it up at the end of the second line and going on, this  
 21 was not a role that you sought, but you were asked to do  
 22 it and you did.

23 The question I want to ask is whether, looking back  
 24 over the whole run of the couple of years when you  
 25 undertook this task, you think that it was a role you

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1 podium 2 metres is safer than 1 metre, full stop.  
 2 Doesn't mean that it's not unreasonable -- it's  
 3 unreasonable to make a policy decision to move, but the  
 4 evidence base is clear.

5 So I'm sorry that's a rather long answer to your  
 6 question because I don't know whether ultimately it's  
 7 the right or the wrong thing for us to have been there.  
 8 I think it's something worth looking at. My gut feel is  
 9 it was probably, overall, beneficial for us to be there.

10 **Q.** One could of course imagine a recommendation that that  
 11 simply shouldn't happen and that the risk of independent  
 12 advisers such as yourself becoming too associated with  
 13 government policy was such that it was better for you  
 14 not to take part in those sessions at all, but that  
 15 would come at a cost?

16 **A.** Yes, I think -- exactly, there's risk on both sides.  
 17 And I think marginally I'm in favour of saying, yes,  
 18 that was beneficial, but I don't have an evidence base  
 19 to back that, and there are clear risks associated with  
 20 it that need to be recognised. And if somebody had said  
 21 to me, "Don't worry, you don't need to cover any more  
 22 press conferences", I wouldn't have lost any sleep over  
 23 it.

24 **Q.** Well, I may come to ask you one or two more questions  
 25 about press conferences before we're done, Sir Patrick,

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1 but --

2 **LADY HALLETT:** One of the risks too, presumably, is the risk  
3 of abuse about which Sir Christopher Whitty spoke during  
4 Module 1, the abuse that you and some of your colleagues  
5 suffered because you had been associated with the policy  
6 decisions.

7 **A.** Yes, I think that's a risk that's going to occur anyway  
8 and it was very real during this pandemic for a lot of  
9 us, and something that needs careful thinking about in  
10 the future, and for -- certainly some members of SAGE  
11 had that as well even though they were somewhat distant  
12 from the direct association with politicians.

13 **MR O'CONNOR:** Sir Patrick, I want to move on and ask you  
14 some questions about events in the latter part of 2020  
15 and to start with questions about the segmentation  
16 policy or suggestion.

17 As an introduction to that, really just to take you  
18 back to the line which you mentioned earlier and which  
19 is repeated several times in your witness statement  
20 about the learning you took from that whole experience  
21 about -- well, I'm not going to say it, because there  
22 are some quite careful words you use in your witness  
23 statement, I'd like to show you them, it's page 71,  
24 paragraph 225, please. We see about four lines down you  
25 say:

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1 argued that their area shouldn't be in a higher tier,  
2 they should be in a lower tier. So everyone is arguing  
3 to do things just a little bit less than they should do.

4 The result of that, particularly -- and this is  
5 important -- particularly when there is a high  
6 prevalence -- and it's worth remembering there was  
7 a high prevalence for a lot of that period -- means that  
8 you tip over into an R above 1, and then you grow.

9 So I think this is an important thing and it's  
10 partly my psychology, which is "than you like to", and  
11 partly just the reality that these things need to be  
12 taken into account.

13 **Q.** Yes. I said that we were starting a discussion about  
14 segmentation, which was a suggestion championed by,  
15 amongst others, Professor Woolhouse, and you will know  
16 that his -- he has another sort of approach which is  
17 similar perhaps to what you've described and I want to  
18 explore how different it is.

19 His approach is: the earlier you impose an NPI, the  
20 less restrictive it needs to be. And therefore he is  
21 very much in favour of imposing moderate NPIs as early  
22 as possible.

23 Now, at first blush that's not the same as "go  
24 sooner than you like, harder than you like". How much  
25 difference is there between those two ideas?

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1 "The most important lesson that I learned and stated  
2 repeatedly from the first lockdown onwards in respect of  
3 the timing of interventions was that you had to go  
4 earlier than you would, harder than you would like, and  
5 broader than you like."

6 Sometimes people talk about that as "go early, go  
7 hard", but it's not quite what you say there, is it?

8 And I think the difference is important. Can you just  
9 in a few sentences explain this thinking and how your  
10 thinking about this developed during the pandemic?

11 **A.** Well, as I mentioned, in the first wave I think we  
12 didn't go early enough, and I absolute -- and there was  
13 a trickle in of measures when I think we should have  
14 gone with more measures simultaneously, and at various  
15 other times when geographical areas were put into  
16 certain measures the temptation was always to make it as  
17 limited as possible and then that failed because the  
18 surrounding areas immediately got very overwhelmed.

19 So my rider that it's "than you would like to" is  
20 very clear, and that is because the observation I made  
21 was that everyone's instincts is to not to do any of  
22 these things, it's to delay just a bit too much, it's to  
23 argue that the measures shouldn't be quite as strict at  
24 the moment, or to argue -- and we saw this very clearly  
25 during October, I think it was October, where every MP

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1 **A.** Well, it entirely depends on what he means by moderate,  
2 and it's obviously very circumstance dependent. My  
3 experience is that if you said "I'm going to go very  
4 early but I'm going to go with quite mild interventions"  
5 the chances are the interventions that were ultimately  
6 selected would be even milder than the ones that you  
7 thought and you would be playing catch-up. And I think  
8 that's exactly what happened at several stages: people,  
9 well meaning, trying not to put too many restrictions  
10 on, would go a little bit lighter than they should have  
11 done. And you play catch-up.

12 And I'm sorry if this is sort of a very obvious  
13 point but I think it's just worth thinking about: there  
14 is a lot of focus on the R value but actually it's the  
15 prevalence that matters as well. So if, to take  
16 an extreme, the prevalence in the UK was only ten people  
17 had Covid, you could keep R at 1 and feel perfectly  
18 happy, and if it went up to 1.2 you'd be able to see it  
19 and deal with it. When you're dealing with 50,000  
20 people or 100,000 people with Covid and you're keeping  
21 that level R about 1, the moment you break the 1, so  
22 you're now growing, you're growing in huge numbers.

23 So this is even more important in a situation where  
24 the prevalence is high and you don't want to allow  
25 escape from what is a controllable situation to one that

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1 then becomes uncontrollable.  
 2 **Q.** Does this point about prevalence help us, in turn,  
 3 understand the floating of the segmentation idea and  
 4 perhaps one of the reasons it wasn't pursued? Because  
 5 would it have been a proposal that would have been much  
 6 easier to follow at a time of low prevalence whereas in  
 7 fact, as we know, it was proposed and discussed over the  
 8 summer and into the autumn of 2020, which was,  
 9 of course, a time of rising prevalence?

10 **A.** So segmentation, the idea of sort of having one part of  
 11 the population heavily shielded in some ways, was  
 12 inherent right from the very beginning. Yes, it works  
 13 much better at low prevalence, just as test, trace and  
 14 isolate works much better at low prevalence. I think,  
 15 though, it's worth remembering that we never found  
 16 a form of shielding, and Mark Woolhouse may argue, well,  
 17 it never went far enough, and he may be right, but we  
 18 never found a form of shielding that meant that the  
 19 prevalence didn't increase in that population at the  
 20 same time that it increased in the general population.

21 So the risk of running at very high prevalence and  
 22 shielding is that the moment that prevalence goes up in  
 23 the general population, it's probably going to go up in  
 24 your shielded population, you've now put them at risk as  
 25 well.

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1 supershielding idea, which is a very interesting idea,  
 2 which is that not only the vulnerable person but all of  
 3 their carers and family all get shielded in a group, and  
 4 we were worried there that the added complication was  
 5 that would place most burden on multigenerational  
 6 households, very often in poor situations and, indeed,  
 7 ethnic minorities, where we know multigenerational  
 8 households are more common. So we were worried that  
 9 there were all sorts of problems with this, in terms of  
 10 how you would do it, that would ultimately lead to  
 11 a worse outcome for the shielded population not a better  
 12 outcome.

13 But I think the idea of segmentation is a very  
 14 interesting one, it's the sort of thing that needs to be  
 15 looked at, and my view is it's much better to try to get  
 16 that in at a low state of prevalence than at a high one.  
 17 **Q.** Now, you mentioned Long Covid, the discussion about  
 18 segmentation, for and against, is very -- or certainly  
 19 is capable of being based on Covid itself and the risk  
 20 of catching the acute symptoms or disease, but, as you  
 21 said, the concern about Long Covid is a slightly  
 22 separate factor, is it not?

23 We can see, if we look at the schedule of your  
 24 notes, if we go to 159 -- yes -- this was something that  
 25 you were concerned of at the time. You say:

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1 The other problem with that is that you've then got  
 2 a lot of people in the general population with Covid,  
 3 they also will suffer, there will be a problem with  
 4 subsequent Long Covid, and there is a problem with  
 5 increased viral mutation rates.

6 So lots of things argue against keeping a high  
 7 prevalence. Keep it low prevalence then all sorts of  
 8 things can work much better.

9 **Q.** I'm going to come back to the question of Long Covid in  
 10 particular in a moment, but just sticking with the  
 11 segmentation proposal for a moment, with hindsight do  
 12 you think that it might have been a proposal that could  
 13 have been made to work if it had been introduced  
 14 earlier, or do you think that the objections you've just  
 15 really identified, which after all -- I mean, we looked  
 16 at this with Professor Woolhouse at the SAGE minutes  
 17 where it was discussed and refused -- do you think that  
 18 those objections really would always have counted  
 19 against it?

20 **A.** We never really had a really low prevalence situation,  
 21 and I think we -- I mean, that proposal of segmentation  
 22 was there right from the beginning, it was discussed  
 23 a lot in April, it was re-discussed in great detail in  
 24 June and July, and at that point I think  
 25 Professor Woolhouse was also suggesting a sort of

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1 "No 10 team segmentation meeting. Pushing really  
 2 hard on segmenting and allowing people back. We  
 3 explained (i) young still get ill and may get long-term  
 4 effects ..."

5 Is that a reference to Long Covid there?

6 **A.** Yes.

7 **Q.** Then we see that you refer to some of the other problems  
 8 that you've just identified. And indeed you also refer  
 9 to Long Covid, we see another reference in your notes,  
 10 if we look at page 210.

11 Now here you are addressing the Great Barrington  
 12 Declaration, which, just to be clear, is a very  
 13 different beast to the segmentation ideas that were  
 14 being developed by Professor Woolhouse; is that right?

15 **A.** Well, they are related. I mean, there was -- part of  
 16 what was being suggested was segmentation, then allowing  
 17 the levels to rise in other groups. The Barrington  
 18 Declaration was at one end of that, which was a complete  
 19 let it sweep through everybody else, and I think  
 20 Mark Woolhouse was not in that position.

21 **Q.** No. So a much less nuanced approach but nonetheless  
 22 Long Covid was an objection to the Great Barrington  
 23 approach and one which you've identified here, we see  
 24 the numbered point 4.

25 That is on 6 October, a note that you make. We know

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1 the Great Barrington Declaration was current at the  
2 time.

3 If we go on three pages in the notes, please, to  
4 page 213, we can see that very much at that time you are  
5 also making a note that the Prime Minister was very  
6 sceptical about Long Covid:

7 "... 'It's like Gulf War syndrome,' he says."

8 We've seen other records from around this time and  
9 indeed later where he made this or a similar comment.

10 Help us with what your understanding of the  
11 Prime Minister's view about Long Covid was at the time,  
12 and also whether, as you understood it, it actually had  
13 any impact in terms of policymaking or whether these  
14 were really just noises off?

15 **A.** I think he didn't really think it was a big -- big  
16 problem. I mean, he recognised, because we described,  
17 three different long-term consequences: there was the  
18 post-intensive care syndrome that some people get,  
19 that's a well recognised problem; there was organ damage  
20 that some people got from Covid, that's a very well  
21 recognised clear problem; and there was Long Covid,  
22 which is much more ill defined. And I think he was --  
23 as it says here, he was sceptical about that, and  
24 I don't think was keen to take that into account for  
25 policy making.

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1 to be a reliable, trustworthy colleague. I don't want  
2 to take you through a whole load of unnecessary  
3 references; perhaps you can summarise your  
4 understanding, your experience of working with  
5 Mr Hancock in this sense?

6 **A.** I think there is one entry which I -- I will explore,  
7 which -- I think he had a habit of saying things which  
8 he didn't have a basis for, and he would say them too  
9 enthusiastically too early, without the evidence to back  
10 them up, and then have to backtrack from them days  
11 later. I don't know to what extent that was sort of  
12 overenthusiasm versus deliberate, I think a lot of it  
13 was overenthusiasm, but he definitely said things which  
14 surprised me because I knew that the evidence base  
15 wasn't there.

16 **Q.** Said things that weren't true?

17 **A.** Yep.

18 **Q.** Turning just briefly to Long Covid, Sir Patrick, and  
19 looking a little further ahead, as we know and I'll come  
20 on to ask you in a moment, later on in 2020 there was  
21 the second lockdown and then the third lockdown in early  
22 January 2021, and, moving forward still, a process of  
23 unlocking and removing restrictions as one went into the  
24 spring, early summer of 2021.

25 One of the risks that was going to be faced by the

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1 **Q.** Do you think that there were decisions that he made or  
2 didn't make which turned on his approach to Long Covid?

3 **A.** I don't -- I don't think so, in the sense that I think  
4 he didn't really think about it, so there wasn't any  
5 active decision based around this. He didn't really  
6 want to consider that, I think. You'd have to ask him.  
7 But there was definitely, during this period -- the  
8 Covid pandemic was running at high levels all the way  
9 from August through to the end of that year, and so the  
10 recommendation was: keep the prevalence low. That was  
11 not happening, and the consequence of that is more  
12 people with Long Covid. And I don't think that was  
13 something that policymakers were keen to factor in.

14 **Q.** Right.

15 One more reference, please, in this same document,  
16 page 166, it's a few weeks earlier. Here we see  
17 Matt Hancock, as you say, "explained things well for  
18 once and reminded them about 'long Covid'". So can we  
19 take it that Mr Hancock was understanding and alive to  
20 the issues of Long Covid at that time about this time?

21 **A.** It certainly sounds like it from that.

22 **Q.** There are many other entries in your dairies which refer  
23 to Mr Hancock, Sir Patrick, and you will know that some  
24 of the evidence the Inquiry has heard from others is  
25 that they did not find, during this period, Mr Hancock

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1 population at that stage, in particular perhaps the  
2 younger population, was a risk of Long Covid. Do you  
3 think that that risk was flagged sufficiently, taken  
4 into account sufficiently by policymakers in that later  
5 period?

6 **A.** Well, it was definitely flagged. It was a real issue,  
7 and I think by that stage in the unlocking -- so we're  
8 talking about the unlocking in 20 --

9 **Q.** 2021.

10 **A.** -- 21, that unlocking was done much better than the  
11 previous unlocking, and it was properly monitored with  
12 proper gaps in between the stages and the next stage,  
13 and indeed there are examples where the stages were  
14 pushed back further in order to allow the prevalence not  
15 to rise too high. So I thought that was a much better  
16 process and much more structured, and kept prevalence  
17 lower than it otherwise would be. I don't know to what  
18 extent Long Covid was factored into the thinking of the  
19 policymakers on that.

20 **Q.** All right. Well, going back to the period we were  
21 looking at, then, and sort of second half of 2020, we  
22 know, we've seen references in the diary notes and so on  
23 that we've looked at, you've explained prevalence was  
24 increasing over the summer and into the autumn, the  
25 mechanisms that were put in place to react, tiers,

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1 rule of six and so on, you make clear in your statement  
2 that from sort of late September the view that SAGE was  
3 expressing was that there autumn to be some sort of  
4 circuit breaker, at least to try to create a pause and  
5 to reduce the prevalence. Is that a fair summary of the  
6 sort of general position --

7 **A.** Yes.

8 **Q.** -- towards the end of the year?

9 Then what I want to do now is look at a series of  
10 entries in your notes to try to understand the sequence  
11 of events running up to the second lockdown.

12 So if we can start, please, by looking in this  
13 schedule that we have up at the moment, at page 245,  
14 this is Sunday 25 October, and, I mean, before we even  
15 look at the content, what we will see is that you were  
16 attending meetings, giving advice every day of the week  
17 over this period, Sir Patrick, seven days a week.

18 **A.** Yes.

19 **Q.** Presumably at least some of it working from home, but  
20 nonetheless attending meetings, advising. Was it a very  
21 high tempo situation?

22 **A.** Well, I think the seven-day-a-week working started in  
23 February 2020 and didn't end till end well into  
24 late 2021. I mean, possibly later than that actually.

25 **Q.** Working -- were you advising and having meetings with  
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1 circumstances or that they should -- not so much concern  
2 should be had about casualties of that age; is that  
3 really what he was trying to say?

4 **A.** I think it's important to note that he might easily have  
5 said the following day "I want no deaths at all".

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

7 **A.** So, yes, he must have said that on that day.

8 **Q.** We see a few lines down you've put:

9 "PM then back on to 'Most people who die have  
10 reached their time anyway'."

11 Would these be examples of perhaps little notes you  
12 made at the time and then --

13 **A.** These are probably scribbled notes I wrote on papers of  
14 this meeting.

15 **Q.** A few lines down:

16 "PM concludes, 'Looks like we are in a really tough  
17 spot, a complete shambles. I really don't want to do  
18 another national lockdown'."

19 This 25 October, so about -- for about a month would  
20 it have been by then that the SAGE advice essentially  
21 had been that a circuit breaker lockdown was needed?

22 Then you -- "DC", I'm looking at the last line now:

23 "DC [Dominic Cummings] says 'Rishi thinks just let  
24 people die and that's okay.' This all feels like  
25 a complete lack of leadership."  
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1 the Prime Minister almost on a daily basis throughout  
2 that period or --

3 **A.** Most of it, yes.

4 **Q.** Right. Well, let's look at this one. Sunday the 25th,  
5 as I said, it starts with:

6 "PM meeting -- begins to argue for letting it all  
7 rip."

8 That was almost a term of art by that stage, perhaps  
9 it's obvious: simply removing restrictions and the  
10 Great Barrington proposal?

11 **A.** Yes, there had been lots of discussion on that in  
12 September and we'd had a meeting at the end of September  
13 with some external scientists invited in to discuss that  
14 as well, and that was something that was very prominent  
15 in much of the press as well, and "letting it rip"  
16 became the expression that people used.

17 **Q.** The Prime Minister saying:

18 "... yes, there will be more casualties but so  
19 be it ..."

20 Then you've put quotes:

21 "... 'they have had a good innings'."

22 We've seen other references of a similar nature.  
23 Was this something that the Prime Minister returned to  
24 from time to time, the idea that the casualties of any  
25 "letting it rip" would be older and perhaps special  
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1 Is that your comment at the end there?

2 **A.** Yes, I think so.

3 **Q.** Perhaps it's obvious, again tell us, is this one of your  
4 late night furious thinking or is it something you would  
5 stand by now?

6 **A.** Well, it must have felt like a complete lack of  
7 leadership on that day and, reading it, it feels like  
8 quite a shambolic day.

9 **LADY HALLETT:** And to put things in context, that's  
10 Mr Cummings saying that that was -- the thought that  
11 just let people die, it's not necessary -- you didn't  
12 hear that from Rishi Sunak himself?

13 **A.** That is what Dominic Cummings said.

14 **LADY HALLETT:** Reported, yes.

15 **A.** Yes.

16 **MR O'CONNOR:** Let's just move on in the sequence, please,  
17 and to do this let's go into the transcript, so we can  
18 see a sort of full record of your notes rather than just  
19 extracts for these next few days, because, as you say,  
20 there were changes.

21 So if we can look at INQ000280061, page 240,  
22 please -- yes, thank you.

23 So we see a date which is just disappearing off the  
24 top, the 26th, so this is the next day, the Monday, and  
25 as you say, Sir Patrick, it appears the  
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1 Prime Minister -- you've recorded in fact -- he's in  
 2 a "different mood":  
 3 "... terrible, terrible, terrible numbers.  
 4 "Says 'we need to do local lockdowns fast.'  
 5 "'Foot to the throttle', 'accelerate' ... He is so  
 6 inconsistent."  
 7 So previous day letting it rip, this day something  
 8 very different, by the look of it?  
 9 **A.** Yes.  
 10 **Q.** Then if we can go on to the next page, please, there is  
 11 a similar observation:  
 12 "On Sunday all [Prime Minister] wanted was a sense  
 13 of mutually incompatible outcomes -- says Simon Case  
 14 privately."  
 15 That's to you I take it?  
 16 **A.** I think that must have been in a call with me.  
 17 **Q.** "Owns something for a day and then changes."  
 18 That's his comment.  
 19 A couple of lines further down, we're now into the  
 20 next day, the Tuesday, you record the number of deaths.  
 21 This takes us back perhaps to a comment you made this  
 22 morning, which is to compare what was happening in  
 23 October with what was happening in the run-up to the  
 24 first lockdown, when of course there were far fewer  
 25 deaths at that stage than there were by then.

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1 which was a good one, on mass testing as a way to reduce  
 2 the incidence in the population, which was everybody  
 3 would test on one day and then everyone who is positive  
 4 would isolate, and that would definitely have cut things  
 5 down a bit. But of course you've then got to repeat it  
 6 and you've got to do it several times. And as that was  
 7 being worked up as a sort of moonshot, it just wasn't  
 8 feasible at that time, there weren't enough tests, the  
 9 right sort of tests, it wasn't practical to do it. And  
 10 I worried that as people were looking at that as the  
 11 absolutely, we were seeing numbers go up anyway and that  
 12 there were some other things that could happen to try to  
 13 get the numbers down.

14 **Q.** Then if we look further down the page, we can see a line  
 15 saying -- it's a bit further than that, no, sorry,  
 16 that's fine, three lines up:

17 "[Prime Minister] resistant to national lockdown &  
 18 wants to continue with regional."

19 But then both above that and below it, there are  
 20 observations by you that it's not enough to deal with  
 21 the areas in the higher tiers, you need to deal with  
 22 what you describe here as lower prevalence areas as  
 23 well.

24 You mentioned earlier the issue with lower  
 25 prevalence areas having their incidence rising; is that

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1 **A.** I think on 16 March there was something like 51 deaths,  
 2 and now we're talking about nearly 400 per day.

3 **Q.** And your observation:

4 "Everything we said is happening and still no  
 5 action."

6 Is that a reference to advice you had given -- well,  
 7 tell us, dating back how long?

8 **A.** I think it dated back from a press conference that  
 9 Chris Whitty and I had done on 21 September, and indeed  
 10 to many SAGE papers and SPI-M papers that had come out  
 11 in the meantime.

12 **Q.** Let's look over the page, if we can, that takes us to  
 13 the 28th, the Wednesday, there's a -- you say "PM  
 14 Dashboard". Was that a meeting with the Prime Minister  
 15 and his close advisers?

16 **A.** There was a morning meeting just to go through numbers  
 17 and have an update called the dashboard meeting.

18 **Q.** About five or six lines down we see:

19 "PM completely obsessed with testing as the solution  
 20 even as numbers so bad that is obvious more action is  
 21 needed."

22 Explain why your reflection was that testing wasn't  
 23 an appropriate or a sufficient answer to the problem at  
 24 that stage.

25 **A.** Well, there was the proposal that was again in traction,

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1 what you're referring to here?

2 **A.** Yes. Because test, trace and isolate has a limited  
 3 capacity, and it's actually rather effective when you  
 4 have low prevalence, so you can keep a lid on low  
 5 prevalence with that. Once it get swamped it becomes  
 6 totally irrelevant because it's been swamped and the  
 7 prevalence will increase.

8 I was worried at this time that, for all sorts of  
 9 reasons, test, trace and isolate was being surged into  
 10 high prevalence areas where it wasn't going to make any  
 11 difference and it would have been more effective to have  
 12 used it widely in low prevalence areas to keep them low  
 13 and dealt with the high prevalence areas with other  
 14 means.

15 **Q.** So there is a passage in your witness statement where  
 16 you say that SAGE urged the government to look beyond  
 17 current prevalence as the trigger point for moving  
 18 between tiers. So is this really making the same point,  
 19 that one should try and keep the low prevalence areas  
 20 low rather than just allowing them to move up?

21 **A.** Yes, because unfortunately the tier system was such  
 22 that, and as I said already, many people were arguing  
 23 that their own area should be in the lowest tier  
 24 possible; well, that was the surest way to end up in  
 25 a high tier.

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1 Q. Yes.  
2 Let's move over the page, please, we're still on the  
3 Wednesday, and about three lines down we see you've made  
4 a note:

5 "France and Germany have acted. France I think took  
6 our circuitbreaker idea and applied it. (We sent them  
7 the papers)."

8 Is that a recollection that you had -- have now, or  
9 obviously something you thought about --

10 A. Well, I had organised meetings between science advisers  
11 from about eight European countries, we met every couple  
12 of weeks, sometimes every week, very informal meetings  
13 where we just shared information and advice, and we  
14 often shared papers and we -- they'd asked us about the  
15 circuit breaker idea and we'd sent them the papers.  
16 I've no idea if it is what triggered them to take action  
17 or not.

18 Q. Just above the redaction, towards the bottom of the  
19 page, we see here an extract we looked at earlier:

20 "Apparently [Cabinet Office] now cautious about  
21 putting things to SAGE because we publish it all. That  
22 is a very bad outcome."

23 It's notable that this happened at this time of  
24 increased tension. I think you said earlier that you  
25 weren't convinced that in fact anything ever came of

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1 And this takes us back, does it not, to a point we  
2 raised earlier about scientists needing to understand  
3 exactly what the government was trying to achieve, other  
4 than perhaps just stopping the NHS being overwhelmed?

5 That was in March where we were talking about it  
6 this morning. It looks as though that concern arose  
7 again at this time.

8 A. Yes, possibly even intensified at this time.

9 Q. Just help us, I mean, what would you have liked to have  
10 been told that you weren't being told?

11 A. I think it would have been very useful, for example,  
12 they might have said "All we care about is NHS collapse,  
13 just work to only that", but that isn't all they cared  
14 about, because on some days it was "We can't stand the  
15 numbers of deaths and we want to have this lower". So  
16 that then begs the question: so what is the target if  
17 that's not the target? Is it that you want to have all  
18 routine care in the NHS running properly and cope with  
19 Covid? Or is it something else, which is "We'd like to  
20 manage the NHS as effectively as we can but with the  
21 economy being in a stronger position with more things  
22 open"?

23 I mean, there are several different permutations  
24 that one could think of that would have been helpful to  
25 then be able to ensure that we tailored the advice

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1 that concern. Did you in fact think that at this time  
2 there were things that you might have been asked about  
3 but weren't because of this caution?

4 A. I suspect and, I'm sorry, I can't remember, that I would  
5 have had a direct conversation with Simon Case and said  
6 "That's not okay, we've got to see things". And I don't  
7 think that they -- I don't think Cabinet Office ever did  
8 not bring something to us because they were worried  
9 about it, but clearly there was a mood that it might  
10 happen.

11 Q. Then just above that we see you have referred to the  
12 press and then said "we have a weak indecisive PM".  
13 Again, is that something that, on reflection, you stand  
14 by or was that a late night brain dump?

15 A. Well, it was definitely a late night moment of  
16 frustration. I do think that the Prime Minister was  
17 influenced a lot by the press.

18 Q. Let's go over the page, please. We are on now to the  
19 Thursday of that week, 29 October, and you make  
20 a reference immediately under the date to a call with  
21 the Cabinet Office, I assume, and you say:

22 "I argued strongly for [Prime Minister] to set out  
23 his aims. What does he want to achieve.

24 "Protect NHS? Something else? Emergency care, all  
25 care etc."

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1 accordingly.

2 Q. In your witness statement you describe a feedback  
3 session or -- with some of the scientists who worked on  
4 SAGE and its subcommittees, and this feeling that they  
5 didn't have a clear understanding of government policy  
6 was one of if not the sort of top issue that you heard,  
7 and in fact it's something that we've heard in evidence  
8 ourselves. So is that a learning point for next time?

9 A. It is a learning point, to lay that out as clearly as  
10 possible.

11 I do want to offer one slightly pragmatic  
12 observation, though, which is: I've worked in global  
13 multinational companies and many other things, and  
14 everyone always says, "I don't think the strategy is  
15 clear enough", wherever you are.

16 So I think we shouldn't dream that setting out the  
17 policy clearly is going to be something that satisfies  
18 this need, but I don't think it was clear enough at that  
19 point.

20 Q. Yes.

21 We can go on two pages because the next one is  
22 a blank but it takes us then into the Friday of that  
23 week, and in fact -- yes, at page 246, that's it -- and  
24 we can see towards the bottom of the page again the same  
25 point:

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1 "We have pushed all week that the key is for the PM  
2 to define his aims but he still hasn't done that."  
3 And a similar point raised, clearly a matter of  
4 continuing concerns; is that fair?  
5 Then at the bottom of the page, we know that there  
6 was a lengthy meeting on that Friday or possibly more  
7 than one meeting, we see "PM meeting" at the bottom  
8 there, do you see that, and then if we scroll on to the  
9 next page there is a few entries and then about halfway  
10 down the page "PM Dashboard Meeting". Would that have  
11 been a separate meeting or a continuation of the first  
12 one or --  
13 **A.** A separate meeting, I think.  
14 **Q.** Were these meetings taking place remotely or would you  
15 have been in Downing Street or can't you remember?  
16 **A.** They were a mix. I can't -- I can't remember this one.  
17 A lot of the meetings were taking place in person.  
18 **Q.** Now, we're now on the Friday of that week and we know  
19 that there were events over the weekend when this  
20 lockdown was announced, and I think what we see in the  
21 next few pages is a fairly lengthy debate, is it not,  
22 about whether a national lockdown should or shouldn't be  
23 imposed? And you obviously sat down that night and  
24 wrote quite a lot of notes just at the end of that day.  
25 Let's go over the page, please, to 248. You've made  
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1 us?  
2 **A.** Well, it looks from this as though the decision probably  
3 had been made in another meeting and there had  
4 been weeks of build-up to what needed to happen, and  
5 this meeting sounds like it was an update on the  
6 situation and the PM reiterated what Simon had already  
7 told me in what WhatsApp was going to happen.  
8 **Q.** Because if we go over the page again, and we're still on  
9 that Friday --  
10 **A.** I think that's "Homeric logic", at the bottom of that  
11 page, it's a mistake, not "Humeric".  
12 **Q.** Yes. There's then a discussion about -- amongst other  
13 things the Prime Minister talks about a painting, but  
14 about four lines down you see:  
15 "[Prime Minister] then argues that letting it go may  
16 be better economic route."  
17 And further down the page, just falling off the  
18 bottom at the moment:  
19 "'So the case is weaker if we are just arguing about  
20 saving lives, as they are all very old anyway'.  
21 So on that argument -- on that basis it would seem  
22 that a decision hadn't been made at that point or is  
23 that not right?  
24 **A.** That's what it looks like.  
25 **Q.** Were these records recording the sort of toing and  
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1 an entry just under the first redaction that Simon Case  
2 sent you a WhatsApp to say "national lockdown on  
3 Monday -- French style". Well, we know -- we saw that  
4 the French had just imposed a lockdown. And you say:  
5 "I wonder what that really looks like ..."  
6 So do you think you were being told there that that  
7 decision had been made?  
8 **A.** Yes.  
9 **Q.** Would that have been during the meeting that you were in  
10 or --  
11 **A.** No, it must have been in another meeting that I didn't  
12 know about.  
13 **Q.** I see, I see. Because you then carry on describing  
14 the meeting with the PM, and we see that you refer there  
15 to:  
16 "... graphs on projections that suddenly got given  
17 to [Cabinet Office] without me seeing them."  
18 And they will become significant over the next day  
19 or so, will they not?  
20 And then, a couple of lines further down:  
21 "[Prime Minister] says -- we need to act. French  
22 style national lockdown ..."  
23 So again it appears that a decision has been made  
24 but the notes that follow suggest that there may have  
25 been a certain amount of toing and froing. Can you help  
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1 froing or the -- of the arguments at the meeting?  
2 **A.** I think I was just recording, as far as I can tell from  
3 what was written, exactly what happened over the course  
4 of the day, with things changing from meeting to meeting  
5 depending on who was there and what had happened in  
6 between.  
7 **Q.** And you weren't clear whether there was going to be  
8 a lockdown or not presumably?  
9 **A.** No, it looked like there was, but it was difficult to  
10 tell.  
11 **Q.** Then over the page, someone has said "These are truly  
12 horrible decisions".  
13 "[Dominic Cummings] said 'the only reason not to do  
14 it now is if you won't ever do it'.  
15 "[Prime Minister] says 'should we just level with  
16 the public & say we will tough this out & tell them  
17 there will be deaths'.  
18 And Lee Cain, who has given evidence to this effect,  
19 essentially says there needs to be a lockdown:  
20 "... 'I don't see any world in which we don't act'.  
21 Then going over the page one more time, still on  
22 that Friday, you say --  
23 "Meeting ended with no decision and going round in  
24 circles. 'Too many unknowns' -- 'we need to look in our  
25 windscreen & avoid a car crash & deaths will be  
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1 unacceptable ..."  
 2 And so on.  
 3 Although then, further down the page again, "28 day  
 4 lockdown".  
 5 We're obviously just looking at your notes,  
 6 Sir Patrick. The notes convey a suggestion of a great  
 7 deal of indecision on that day. Does that align with  
 8 your memory, your understanding?  
 9 **A.** I think this was a time of -- I mean, this was almost  
 10 a microcosm of what had been going on for the  
 11 previous weeks with the incidence, prevalence and R  
 12 changing a bit and people moving from one position to  
 13 another, and the Prime Minister would take a certain  
 14 position in one meeting and then perhaps another one  
 15 later on, and sometimes I think was also trying to test  
 16 people's positions and find out whether they really held  
 17 to what they were saying.  
 18 But these meetings largely look to me like they were  
 19 meetings that probably Chris Whitty and I were there to  
 20 provide information as requested rather than as active  
 21 participants in what was a policy discussion.  
 22 **Q.** What we know, and you describe this in your witness  
 23 statement, is that that Friday night there was a leak,  
 24 and so the next morning, on the Saturday, there were  
 25 reports that a lockdown was going to be ordered, and  
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1 six-week medium-term projections", which was showing  
 2 exactly where things were going and were much more  
 3 reliable examples of what was happening, which was  
 4 pretty grim.  
 5 Then overnight on Friday, having had the policy --  
 6 having made the decision they were going to do  
 7 a lockdown, that was leaked, so the decision was leaked  
 8 to the press.  
 9 **Q.** Yes. Then if we look on the next page, we come back to  
 10 this slide point, that it says:  
 11 "The PM has latched onto that & the one of NHS  
 12 collapsing as the reason for doing it."  
 13 And he was "furious" that he'd "based a decision on  
 14 a slide that I [that's you] was now having to slightly  
 15 row back from", and you describe there being a sort of  
 16 demand, a requirement from Number 10 that the slide be  
 17 used in the press conference.  
 18 You subsequently, in a subsequent note, say that you  
 19 said it shouldn't be but in the end you were persuaded  
 20 that it should.  
 21 Now, this instant has become the subject of some  
 22 debate, so tell us in your own words what the rest of  
 23 that part of the story was?  
 24 **A.** Well, so we were called in to do the press conference,  
 25 Chris Whitty and I, and we were then in a room for  
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1 there was then a sort of hastily arranged press  
 2 conference.  
 3 If we go over to the next page, you record that in  
 4 your notes. This is now Saturday the 31st:  
 5 "Frantic day, whole thing leaked into the media.  
 6 "Everyone can see action is needed ... some [people]  
 7 are pushing hard against it.  
 8 "We suddenly have to do a presser [press conference]  
 9 today.  
 10 "... why not keep it quiet, get it right over  
 11 weekend & then announce properly on Monday."  
 12 It's clear from the tone of this that you felt -- it  
 13 had obviously been the case -- somewhat sort of bounced  
 14 into making an announcement?  
 15 **A.** Well --  
 16 **Q.** Or being part of an announcement?  
 17 **A.** Yes, being bounced into the press conference.  
 18 So the sequence was that a graph that had been to  
 19 SPI-M had been taken from SPI-M directly into Number 10  
 20 that we were unaware of. I think Ben Warner took it in.  
 21 And we got rather sort of blindsided by this having been  
 22 shown to the Prime Minister and the Number 10 team on  
 23 Friday, and we at that time said "I think you shouldn't  
 24 take too much notice of this graph because it's  
 25 a reasonable worst-case scenario, you should look at the  
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1 three hours or four hours, I think, when the  
 2 Prime Minister was making calls to various backbenchers  
 3 and other people and no doubt the press to try to get  
 4 people on the right side to that decision.  
 5 As I said, we'd been clear the night before that  
 6 this slide was a reasonable worst-case scenario, and  
 7 that's not a good thing to show at a press conference  
 8 because it's so complicated to explain what a reasonable  
 9 worst-case scenario is and that we should simply only  
 10 show the medium-term projections, six-week medium-term  
 11 projections, which made the case, and Simon Stevens had  
 12 also said the NHS is going to collapse if we don't do  
 13 something. And we said that's an important statement,  
 14 it would be good to have Simon standing at the press  
 15 conference saying that if that's the case.  
 16 The -- those three or four hours we were in the room  
 17 waiting, the message came back several times that the  
 18 Prime Minister felt that as he had seen this slide it  
 19 was only right that the public saw it, and that we had  
 20 to show it, and I think in the end we agreed that  
 21 I would show the slide but try to move on to the  
 22 medium-term projections, which were the real thing. And  
 23 I think that argument, "I've seen it, therefore the  
 24 public should see it", carries some legitimacy.  
 25 **Q.** With hindsight, was this one of those moments that we  
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1 talked about earlier where you, as a sort of independent  
 2 adviser to the government, were being drawn  
 3 uncomfortably close to being aligned with certain policy  
 4 decisions?

5 **A.** Well, maybe. I mean, it was a slide -- I did check  
 6 because this slide had appeared from, as I say, nowhere  
 7 into Number 10. I did check with the SPI-M people that  
 8 they would stand behind this slide, and it was the right  
 9 slide and it had got the right validation through SPI-M,  
 10 so there was nothing wrong with it in terms of its  
 11 sort of scientific origins and its validity, it was more  
 12 I just didn't think it was a sensible they think to show  
 13 at a press conference because these are complicated  
 14 things to explain, reasonable worst-case scenarios, and  
 15 it wasn't really the issue. The issue was what's going  
 16 to happen in the next six weeks, not what the  
 17 theoretical unmitigated scenario looks like over the  
 18 next several months. So I think it was -- I think  
 19 I made a mistake to agree to show it, and I think in  
 20 retrospect probably what I should have done, maybe  
 21 I even did do this, I can't remember, is phone  
 22 Simon Case and say that, "I'm being put under a lot of  
 23 pressure to do something I don't think I want to do".  
 24 But I didn't have any worries about its sort of  
 25 scientific legitimacy; it had come through a proper

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1 scientists who took time away from what they would  
 2 otherwise have been doing voluntarily, unpaid, to feed  
 3 into that system and, as you said to my Lady, in some  
 4 cases at least suffered some difficulties as a result of  
 5 that.

6 As with other aspects of the SAGE system, this was  
 7 another example of the system being tested in a way it  
 8 hadn't been tested before. Is that element of the  
 9 system, the dependence on unpaid voluntary assistance,  
 10 viable in another pandemic?

11 **A.** Can I just make one other comment about the slide, which  
 12 is after the press conference the Prime Minister said to  
 13 me "You skipped over that pretty quickly and went on to  
 14 the other ones, didn't you?"

15 **Q.** Was he right?

16 **A.** Yes, and I caveated it very heavily.

17 I do think that there was an extraordinary effort of  
 18 altruism from scientists right the way across the  
 19 country to work on this, unpaid, gave up their normal  
 20 work, all hours of the night and day some of them, and  
 21 some of them subject to abuse and physical threat. And  
 22 it was extraordinary to see it, and a fantastic example  
 23 of why funding a broad research base in the UK, both  
 24 academic and industrial, is important for the resilience  
 25 and success of the country. So I thought they were

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1 process and was a reasonable slide. I just thought it  
 2 was not a sensible slide to show.

3 **Q.** Subsequently did the modellers, the people who had  
 4 provided you with that information, did they stand by  
 5 that slide or did they subsequently start to suggest  
 6 that maybe their modelling wasn't quite what you had  
 7 thought it was?

8 **A.** Well, they stood behind the fact it was the reasonable  
 9 worst-case scenario from three weeks before and that's  
 10 what it showed and, like me, thought that's not the one  
 11 you'd want to be showing today. And then of course,  
 12 inevitably, the reasonable worst-case scenario evolved  
 13 and changed subsequently. But it was, as I say, it was  
 14 not a slide that they said is not correct, it was  
 15 correct, for what it was.

16 **Q.** Yes. Right.

17 Sir Patrick, just finally, I want to move on to one  
 18 final point, which is perhaps something we haven't dealt  
 19 with as fully as we should have done, which is I've  
 20 asked you a lot of questions about the SAGE structure,  
 21 committees, the advice and so on, you of course were  
 22 a paid civil servant, you were doing your job in  
 23 everything that we've described, but it's also right to  
 24 say, isn't it, that that whole structure of advice below  
 25 you relied on voluntary assistance from expert

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1 fantastic.

2 I think we put too much on them, and some of them we  
 3 needed to I think give more breaks than we did, and we  
 4 should have implemented a payment system to backfill  
 5 teaching commitments and so on, which we did, but it was  
 6 difficult to get that going in the middle of a pandemic.  
 7 We did get it going.

8 All that said, I think the mechanism, ie to pull on  
 9 world-leading, active academic researchers, is the right  
 10 one, rather than to build a big intra-government  
 11 infrastructure to do this. I think that worked, and we  
 12 were very fortunate to have the level of input skills,  
 13 debate, dissent, challenge that we had as a result of  
 14 that. So I'm not sure I would dramatically change that  
 15 beyond things like: make sure we get the diversity  
 16 right, make sure we get the geographical diversity  
 17 right, make sure we have way to pay people so they can  
 18 backfill teaching and make sure we provide both  
 19 psychological and security support for people.

20 **MR O'CONNOR:** Sir Patrick, thank you very much.

21 My Lady, those are all my questions.

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

23 We will take a break now, and I shall return  
 24 at 3.30. And I can undertake, Sir Patrick -- I can  
 25 almost do a United States Supreme Court, can stop people

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1 in mid-sentence -- we will definitely be finished by  
2 5 o'clock at the very latest. I'm sorry it's such  
3 a long day for you.

4 (3.18 pm)

(A short break)

6 (3.30 pm)

7 **LADY HALLETT:** Mr Weatherby, are you going first? I meant  
8 to check when we had the break, and I'm afraid I forgot  
9 to do so.

**Questions from MR WEATHERBY KC**

11 **MR WEATHERBY:** Thank you very much.

12 Sir Patrick, I represent the Covid Bereaved Families  
13 for Justice UK, representing bereaved families from  
14 across the UK.

15 There are just two topics that I'm going to cover,  
16 and I'll be well within the time estimate. I was going  
17 to share my time with Mr Wilcock, my Lady, but in fact  
18 Mr O'Connor has covered his questions --

19 **LADY HALLETT:** Oh, I see. Right, thank you.

20 **MR WEATHERBY:** -- and I'll be within the time.

21 **LADY HALLETT:** Thank you, Mr Weatherby.

22 **MR WEATHERBY:** I want to return to a point that Mr O'Connor  
23 raised about -- and I'm quoting here -- how many deaths  
24 were acceptable. I just want to explore that a little  
25 more with you.

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1 just for the record, paragraph 406, you're dealing with  
2 the lessons learnt in fact from the second lockdown, and  
3 your first observation is that the first lesson that  
4 should have been learned was the same as should have  
5 been learnt from the first wave: go earlier, harder, and  
6 broader on the introduction of NPIs; yes?

7 **A.** That's a clear lesson that --

8 **Q.** Yes. And then your second lesson was where you returned  
9 to this issue and you say there was a need to establish  
10 some greater "degree of clarity on the level of  
11 mortality or morbidity the government and society were  
12 willing to accept for an epidemic". And that there is  
13 bookending it, February, and then, looking at your  
14 observations on the second wave, the same concern:  
15 you're not being provided with the strategy and that  
16 makes it much more difficult for you as advisers to give  
17 advice in good time so that swift, real-time, efficient  
18 and effective decisions can be taken; is that a fair  
19 summary?

20 **A.** I think it was illustrated in the quotes that  
21 Mr O'Connor showed of me asking: what is the  
22 Prime Minister's aim and objective?

23 **Q.** Yes. So the answer to my question is yes?

24 **A.** Yes.

25 **Q.** That's the problem.

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1 So in your statement that's the term that you used,  
2 and the context of it is the middle of February of 2020,  
3 and you observe that this is a question that was put to  
4 ministers but never answered. And today you very fairly  
5 indicated, of course, it's a very difficult question for  
6 an elected representative to actually come out and  
7 answer.

8 Nevertheless, it's a central point for you as the  
9 scientific adviser, isn't it?

10 **A.** It is, because --

11 **Q.** Indeed.

12 **A.** -- a lot follows from that.

13 **Q.** Indeed. And it's so central that by April you and  
14 I think Professor Whitty provided an advice paper about  
15 different approaches, and you referred to it in your  
16 statement as "hot" or "cold" policy or somewhere in the  
17 middle, and you're explaining to government there in  
18 April how important it is that first of all they have  
19 a strategy but also that you as advisers know about it;  
20 yes?

21 **A.** Yes.

22 **Q.** That question was never in fact answered through the  
23 whole period, was it?

24 **A.** No, not with (overspeaking) specificity.

25 **Q.** And that's why, again going back to your statement, and  
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1 I'm going to come to just one more of those messages  
2 in a minute, but before I do, in order to give proper  
3 scientific advice, you've got to research, you've got to  
4 model and that's the only way that you can provide very  
5 fast real-time advice; is that right?

6 **A.** Well, the only way to provide real-time advice is to  
7 build on the knowledge you have at that moment.

8 **Q.** Yes, but in the context of an overall strategy?

9 **A.** Yes.

10 **Q.** So Eat Out to Help Out, you've already told us that you  
11 didn't know anything about this policy decision until  
12 after it had been taken?

13 **A.** Correct.

14 **Q.** You've also told us that it inevitably increased the  
15 number of infections, and therefore it must follow,  
16 mustn't it, it must have increased the number of deaths?

17 **A.** It's highly likely to have done so.

18 **Q.** Yes, and you say at paragraph 348, just for the record,  
19 that you have "no doubt that the decision-makers would  
20 have understood from the general advice that I and  
21 others had given before the introduction of the scheme  
22 that it would increase viral transmission and  
23 potentially quite substantially". So you're saying  
24 there that, although you weren't asked to advise, you've  
25 no doubt that those who took the decision understood the  
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1 general points about the increase of transmissibility;  
 2 is that right?  
 3 **A.** I think I answered that earlier on as well, that it must  
 4 be the case because it was the complete sort of turn on  
 5 its head of the public health advice.  
 6 **Q.** Yes, and then in the next paragraph you go on to say  
 7 that these principles, and I'm quoting:  
 8 "These principles were clear and had been discussed  
 9 with ministers and at Cabinet."  
 10 And that "it was entirely predictable".  
 11 So you're not leaving much room for doubt about not  
 12 only the effect of Eat Out to Help Out but also the fact  
 13 that ministers were aware of what its likely effect  
 14 would be when they took the decision?  
 15 **A.** Well, that was certainly my view when I wrote that, yes.  
 16 **Q.** Yes, that's very clear, thank you very much.  
 17 The second point relates to a notebook entry, your  
 18 diary entry of 11 October, and it's again picking up  
 19 from a topic that Mr O'Connor's dealt with, and I do  
 20 want to put this on screen, please, it's INQ000273901 at  
 21 page 220. I think it bears reading:  
 22 "Press conference tomorrow."  
 23 11 October 2020.  
 24 "Press conference tomorrow. I am now dropped in  
 25 favour of Cx ..."

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1 exponential resurgence of Covid at that time; is that  
 2 right?  
 3 **A.** I think this is a discussion of tiers, if I'm --  
 4 **Q.** Yes.  
 5 **A.** -- correct, and it's a very clear statement that the  
 6 tiers were not going to be strong enough to keep R  
 7 below 1, as the Prime Minister says.  
 8 **Q.** So your frustration here is that SAGE has given forceful  
 9 advice that what is actually required is  
 10 a circuit breaker and Covid-O are still discussing with  
 11 ministers directly involved about trying to make  
 12 an alternative suite of measures work, and your  
 13 frustration is that they're ignoring SAGE and trying to  
 14 follow a course that won't work?  
 15 **A.** I think the message is not so much around  
 16 a circuit breaker as the tiers need to be stricter at  
 17 the top end if they're going to have an impact, and this  
 18 is me in the evening referring my frustration that  
 19 that's very clear, and the Prime Minister says as much,  
 20 R will not go below 1 unless local leaders go further  
 21 than the tier system.  
 22 **Q.** Okay, so, but you're expressing a very strong view here,  
 23 aren't you, first of all that the press conference which  
 24 you thought you were down to do was now going to be  
 25 dealt with by a minister, the Chancellor, Mr Sunak, and

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1 That's the Chancellor of the Exchequer?  
 2 **A.** Yes.  
 3 **Q.** "... - good. They need to understand and own the  
 4 decisions they are making [...] Covid O [...] Being  
 5 asked to 'approve the measures knowing that it is not  
 6 enough'. Gave the example that Bolton worked but only  
 7 because hospitality fully closed. This is a massive  
 8 abrogation of responsibility."  
 9 Then I won't read the next bit but you go on to deal  
 10 with individual ministers and what you thought their  
 11 position was. Then you refer to the fact that -- this  
 12 is relating to I think a Zoom meeting, and you say:  
 13 "Whilst waiting someone clearly not on mute -- baby  
 14 crying and then she starts singing 'the wheels on the  
 15 bus' -- somehow symbolic of the shambles. PM said on  
 16 call, 'The package we have as a baseline is unlikely to  
 17 get R < 1 unless local leaders go further' ... Hancock  
 18 says this is our last shot at avoiding national  
 19 lockdown...meek as mice from Cabinet ministers."  
 20 Again, for context, this is referring to the fact  
 21 that Covid-O, the ministerial and officials' meeting,  
 22 had been looking at a package of measures which were not  
 23 consistent with the September SAGE 58 meeting, advice,  
 24 and that advice had been this robust call for  
 25 a circuit breaker, and a suite of NPIs, given the

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1 you were happy about that because you didn't want to be  
 2 putting across this view that was contrary to the  
 3 scientific advice that had been given to government?  
 4 **A.** I think these are different sections stitched together,  
 5 so I'm not quite sure how they flow on in terms of --  
 6 but yes, I mean, I wouldn't have want to be in the press  
 7 conference and I would have said R will not be brought  
 8 below 1, and I think I did at other press conference --  
 9 **Q.** Yes, so you're clearly saying that ministers should own  
 10 the decisions where they're standing away from the  
 11 scientific advice that you were being -- had been  
 12 conveying to them?  
 13 **A.** That is the case.  
 14 **Q.** Yes, and you were saying it in forthright terms,  
 15 "a massive abrogation of responsibility"; that's the  
 16 only way you can read that, isn't it?  
 17 **A.** Yes. I mean, again, that's obviously what I thought  
 18 that night when I wrote these notes.  
 19 **Q.** Okay. Well, again, that's very clear, thank you.  
 20 Finally this, can you just help us with the last  
 21 sentence. The baby crying and the wheels on the bus  
 22 might be quite clear, but what did you mean by "Hancock  
 23 says this is our last shot at avoiding national lockdown  
 24 ... meek as mice from Cabinet ministers"?  
 25 **A.** Again, it's a bit difficult to know because these are --

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1 looks like they are selected sections with something in  
2 between. I'm sure that that's a reference to Mr Hancock  
3 saying at the Cabinet meeting this is the last shot at  
4 avoiding a national lockdown and probably trying to  
5 implore his colleagues to go further, and it sounds like  
6 there wasn't much of a Cabinet discussion.

7 **MR WEATHERBY:** Yes.

8 Yes, thank you very much.

9 **LADY HALLETT:** Thank you Mr Weatherby. So no questions,  
10 Mr Wilcock?

11 **MR WILCOCK:** No, thank you, my Lady, they were covered by  
12 Mr O'Connor.

13 **LADY HALLETT:** Ms Gowman.

14 **Questions from MS GOWMAN**

15 **MS GOWMAN:** Thank you, my Lady.

16 Sir Patrick, I ask questions on behalf of Covid-19  
17 Bereaved Families for Justice Cymru. My questions are  
18 centred around the interactions with the devolved  
19 administrations and in particular Wales.

20 Firstly focusing on your role as chair of SAGE,  
21 please can we bring up exhibit INQ000216615.

22 Now, on 26 May 2020, the First Minister for Wales,  
23 Mark Drakeford, wrote to you in your capacity as the  
24 chair of SAGE requesting the ability to engage more  
25 directly in the work of SAGE and specifically in respect

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1 requests, probably -- no, definitely too granular to  
2 answer properly with modelling and that there may be  
3 some advice that could be given, but it was not going to  
4 be possible to model this sort of degree of granularity,  
5 all you'd end up with is spurious accuracy.

6 **Q.** And insofar as the second point raised by the  
7 First Minister within his letter, did SAGE take up the  
8 Welsh Government's offer to support the development of  
9 the evidence base?

10 **A.** Yes, we got a lot of very useful information fed in  
11 through Rob Orford and Fliss Bennee who were the two  
12 people from Wales on SAGE. There are references several  
13 times to the useful information. And it was also very  
14 helpful because there were minor differences in policies  
15 between devolved administrations that did allow to us  
16 and try to look and see what effect things were having.

17 **Q.** Thank you, Sir Patrick.

18 Moving on to your role as the Government's Chief  
19 Scientific Adviser, what was the role, if any, of the  
20 Chief Scientific Advisers across the devolved  
21 administrations, including yourself, in the  
22 co-ordination of advice and policies across the  
23 four nations?

24 **A.** Well, the four nations worked very closely together at  
25 a scientific and medical level. The Chief Medical

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1 of the development of the evidence base, and looking to  
2 commission work directly from SAGE.

3 Please can we bring up exhibit INQ000216616.

4 Here we see the list of modelling questions that  
5 accompanied that letter that the Welsh Government wanted  
6 SAGE to answer, and my questions are these: to your  
7 knowledge, had any requests been made by the  
8 Welsh Government to commission work directly from SAGE  
9 prior to 26 May 2020?

10 **A.** I don't think a direct request -- well, I know a direct  
11 request hadn't come from the First Minister before then.  
12 It's possible that the representatives from Wales had  
13 got pieces of work done through subcommittees before  
14 that.

15 **Q.** Are you aware whether SAGE complied with the  
16 First Minister's requests of 26 May?

17 **A.** I replied a few days later and said that Rob Orford,  
18 then Acting Chief Scientific Adviser for Health, I met  
19 with him, went through all of these requests, made sure  
20 he was linked into SPI-M, which was the modelling group,  
21 and that he'd realised the papers which had gone before,  
22 which were in the public domain, that he'd seen anyway  
23 because he was on SAGE --

24 **Q.** Yes.

25 **A.** -- and that these were very, very specific modelling

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1 Officer met with the CMOs of the four nations very  
2 regularly, at least once a week, I think, right from the  
3 very beginning, and we had representatives on SAGE.  
4 I also had a direct long-standing relationship with the  
5 Chief Scientific Advisers for Scotland and Wales, one of  
6 whom was involved in Covid and one of whom Wales decided  
7 wasn't involved in Covid and suggested Rob Orford and  
8 Fliss Bennee be linked to SAGE.

9 So I think we had them involved in SAGE. We also  
10 created a SAGE chairs' meeting where specific things  
11 were brought up relating to devolved administrations and  
12 others that could then be put into the work plan, and  
13 separately I had regular meetings with the overall Chief  
14 Scientific Advisers for the devolved administrations  
15 except Northern Ireland who didn't have one.

16 **Q.** And it follows from that question, my next question:  
17 where there were proposed divergences in policy between  
18 devolved administrations, were these ever discussed  
19 between the Chief Scientific Advisers across the  
20 devolved administrations in advance of implementation?

21 **A.** The science advice was uniform, pretty much, across the  
22 four nations, the policy decisions diverged, and I think  
23 there was probably more discussion amongst the CMOs,  
24 because most of the decisions were more in their  
25 territory than in the CSA territory, but they were

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1 obviously regionally important distinctions and policy  
 2 preferences that altered between the nations.  
 3 **Q.** Thank you.  
 4 Finally, did the Chief Scientific Advisers from the  
 5 devolved governments have access to information,  
 6 including data, on an equal footing to yourself to  
 7 enable the fully informed exchange of views in any  
 8 meetings that you had with them across the four nations?  
 9 **A.** They saw all of the information that SAGE and the  
 10 chief -- the person who chaired the Scottish committee,  
 11 Andrew Morris, actually is the chair of Health Data  
 12 Research UK, which is the big data repository, so he  
 13 probably had rather more information than I did from  
 14 time to time, but we were very careful to make sure we  
 15 that all saw everything.  
 16 **Q.** So, from your perspective, you didn't consider that the  
 17 devolved administrations were disadvantaged in their  
 18 access to data?  
 19 **A.** I don't think so. I mean, there may be specific  
 20 examples but I don't know of any and there were  
 21 certainly many examples where the data that came from  
 22 the devolved administrations was incredibly important.  
 23 I'd single out Scotland in particular there, with some  
 24 of the work, with their electronic health databases and  
 25 the EAVE study, which was incredibly important.

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1 indications of changes, through to very important data  
 2 on the vaccine efficacy, which led to multiple  
 3 publications in top tier international journals, and was  
 4 a continued source of helpful information into SAGE and  
 5 to other bodies.  
 6 **Q.** And am I correct in saying that some of the data comes  
 7 from GP notes and indeed the data was able presumably  
 8 then to cover what is approximately 98% of Scotland?  
 9 **A.** I think Scotland has done, over the years, a brilliant  
 10 job of getting health records, both primary and  
 11 secondary care health records, and linking them, and  
 12 that's been a piece of work that was done a long time  
 13 ago, and it really came into its own during this, to be  
 14 able to provide very useful information.  
 15 **Q.** Thank you.

16 I wonder if I can now turn to your role in SAGE and  
 17 ask you some questions about that.

18 The first thing I want to ask you about is,  
 19 I suppose, it would be informing the policymakers.  
 20 We've heard this morning the job that you went to to try  
 21 to ensure policymakers were well informed before taking  
 22 decisions, and you said, neatly, that you provided  
 23 science for policy rather than policy for science.

24 You said and I caught that you did teach-ins, and  
 25 those were large, you said, in fact, up to 170 people --

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1 **MS GOWMAN:** Thank you, Sir Patrick.

2 Thank you, my Lady.

3 **LADY HALLETT:** Thank you, Ms Gowman.

4 That leads us nicely to you, Ms Mitchell.

#### 5 **Questions from MS MITCHELL KC**

6 **MS MITCHELL:** Sir Patrick, I appear as instructed by  
 7 Aamer Anwar & Company on behalf of the Scottish Covid  
 8 Bereaved, and just perhaps taking things out of order  
 9 but as you spoke there about EAVE II, it might be best  
 10 if I can take you to one of my questions on that.

11 In the course of giving your statement to this  
 12 Inquiry, you said, at paragraph 45(h), that doesn't  
 13 require to be brought up unless you would like it, that  
 14 you said that data that you got from Scotland included  
 15 electronic health records and the EAVE II studies which  
 16 you considered was "very useful and provided rapid  
 17 information".

18 Firstly, can you assist the Inquiry with what the  
 19 EAVE II is and then also can you explain to the Inquiry  
 20 why it was particularly useful?

21 **A.** So the EAVE studies were run by Aziz Sheikh, from  
 22 Scotland, and it was a very effective way of looking at  
 23 electronic databases held in Scotland and health records  
 24 to give early signals on things, so we got information  
 25 from there, everything from rates in Scotland, early

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1 I'm obviously assuming these are all online, was that  
 2 correct?

3 **A.** Yeah, well, they -- I'm pretty sure they were all  
 4 online. I didn't take part in them, they were various  
 5 chairs of subcommittees. So Cath Noakes, who chaired  
 6 the transmission subgroup, was absolutely brilliant at  
 7 giving tutorials inside Whitehall. I think they were  
 8 probably all virtual.

9 **Q.** My question then really focuses on that particular  
 10 issue. Were these teach-ins only given within  
 11 Whitehall?

12 **A.** I don't know for sure. I suspect the answer is yes, but  
 13 I don't know for certain, and the agreement was with the  
 14 chief scientific advisers and indeed the chief medical  
 15 officers from devolved administrations that they would  
 16 take the information to the devolved administrations to  
 17 make sure that people understood it there.

18 Whether they ever got people like Cath Noakes to  
 19 give the teach-ins to them or whether they were able to  
 20 get copies of it, I'm sorry, I just don't know.

21 **Q.** Would you consider that if policymakers from the  
 22 devolved administrations were given the same opportunity  
 23 as policymakers in Whitehall that would have been of  
 24 assistance to them in forming their policies?

25 **A.** Yeah, I think they were completely open to get it, so

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1 what I just don't know is whether the chief scientific  
2 advisers from the devolved administrations that to make  
3 it happen or not, but it was there and available if  
4 people wanted it. And I certainly had a discussion,  
5 I can't remember when now, with one of the Scottish  
6 ministers directly who wanted to speak to me about  
7 something.

8 **Q.** And was that in relation to finding out more about  
9 a particular topic to inform themselves?

10 **A.** Yes, and I can't -- I'm sorry, I can't remember what it  
11 was now, it was during a visit that I made.

12 **Q.** Well, we will hear from Scottish politicians in  
13 Module 2A, so perhaps someone will be able to advise us  
14 at that time.

15 In relation to discussions with politicians or  
16 indeed others, I would like to move on to the next  
17 topic, which is the issue of borders.

18 Now, in your statement you speak of borders and  
19 you're discussing them in relation to international  
20 borders. What I am wanting to ask you about is whether  
21 or not there were any discussions about border controls  
22 between the borders of Scotland and England or England  
23 and Wales?

24 **A.** Our science advice on borders was very clear to stick  
25 away -- to stay away from policy, and our advice was

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1 would be used in schools and thereafter England followed  
2 suit at some point in August of 2020; do you recall  
3 that?

4 **A.** I recall that happened, yes.

5 **Q.** I wonder if we can have up INQ000273901, pages 148, do  
6 we see your entry records:

7 "Scotland breaks ranks over face coverings and  
8 schools despite CMO having worked hard to get all CMOs  
9 aligned to a very good statement released the day  
10 before."

11 Now, I just want to check, that's your personal  
12 observation, I take it, and not anyone that you're  
13 recording?

14 **A.** That is my personal observation as what happened.

15 **Q.** I see. And why do you use the phrase "break ranks"?

16 What I'm really trying to explore is: why was it a good  
17 idea to ensure that everybody was doing the same thing?

18 **A.** I think this was a CMO to CMO thing. I wasn't really  
19 involved in this discussion, but I think the CMOs were  
20 very keen that the four nations worked together and that  
21 the advice was similar across the four nations. This  
22 was medical advice being given, didn't come from SAGE  
23 and didn't come from me, but they wanted to work  
24 together, they'd reached an agreement and they'd given  
25 consistent advice across all four nations. That's

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1 really quite simple, which is border control measures  
2 are of importance when the country that you are talking  
3 about has a much higher prevalence than the current  
4 prevalence in the UK or in one of the nations of the UK,  
5 and that's when border measures could make a difference,  
6 and that in order to be effective border measures needed  
7 to be extremely stringent and, even if extremely  
8 stringent, would delay rather than stop importation of  
9 cases and -- particularly variants is what we were  
10 thinking of. So that, pretty much, was the science  
11 advice, summarised rather briefly, but it didn't go  
12 further than that. We never said what you should do in  
13 any particular border. That was a policy decision.

14 **Q.** So, for example, when the prevalence of Covid was almost  
15 entirely London-based to begin with, based in England,  
16 there was no discussion about the possibility of closing  
17 the border in Scotland or in Wales?

18 **A.** I don't recall that being a discussion, but there may  
19 well have been policy people thinking about that,  
20 I don't know.

21 **Q.** But certainly you weren't part of that --

22 **A.** I never heard that suggestion.

23 **Q.** Moving on to my final issue, and that is in relation to  
24 the issue of masks in schools. You made a call,  
25 Sir Patrick, that the Scottish Government decided masks

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1 obviously advice; the policy was clearly different.

2 **Q.** So from a scientific perspective, from your perspective,  
3 there wasn't a necessary need to keep all four  
4 consistent?

5 **A.** We always anticipate -- there was a very important need  
6 to make sure that we had appropriately aligned science  
7 advice, where it was right to do so. I mean, it was  
8 highly unlikely the science advice would be different in  
9 the four nations, in fact it was hardly different across  
10 the whole of Europe. The policy choices are obviously  
11 for politicians and they will differ as politicians wish  
12 them to differ.

13 **Q.** I wonder if we could have that same Inquiry document,  
14 page 151. Now, this reads:

15 "Hancock -- praising himself for mask decision. He  
16 know that Scotland decision was not based on medical  
17 advice (ie it was totally political)."

18 Now, can you assist the Inquiry with whether or not  
19 you are simply recording what his view was or what your  
20 view was?

21 **A.** Well, it's certainly not my view. I mean, my view was  
22 the advice had been given and it was consistent across  
23 the four nations, anything else was politics.

24 **Q.** So if we see here, just to be clear, if we see here "He  
25 knows that Scotland decision was not based on medical

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1 advice", no part of that is you saying that it wasn't  
2 medical advice? Indeed, as far as you're aware, it was  
3 consistent with medical advice?

4 **A.** All -- I think if it's the same time, all I'm -- as the  
5 previous one, all I'm saying is that the four medical --  
6 the CMOs had all agreed something, so that presumably  
7 was unified advice.

8 **Q.** Well, I think in this particular instance it wasn't  
9 unified advice and that's why I'm asking to draw your  
10 attention to it. It appears to be advice that came from  
11 Scotland and then at a later stage England followed  
12 suit.

13 **A.** I don't know. I mean, this was the CMOs. I'm sorry,  
14 you'd have to ask them this. I wasn't involved in this  
15 and don't know exactly what happened.

16 **MS MITCHELL:** I'm obliged.

17 Thank you.

18 **LADY HALLETT:** Thank you, Ms Mitchell.

19 Mr Dayle.

#### 20 Questions from MR DAYLE

21 **MR DAYLE:** Sir Patrick, I ask questions on behalf of FEHMO,  
22 the Federation of Ethnic Minority Healthcare  
23 Organisations, and I have a clutch of questions for you.

24 Can I invite you first to have a look at  
25 paragraph 552 of your witness statement, if it could be

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1 into account and, I'm sorry, I don't know exactly when  
2 we would have first raised this. I raised it at a press  
3 conference pretty early on, I know that.

4 **Q.** Very well, but you wouldn't be able to say whether this  
5 was advice that, as a general proposition, could be  
6 infused or was infused in the type of advice that you  
7 would have given?

8 **A.** I'm pretty sure that Chris Whitty would have said this  
9 very early on, but I'm sorry, I don't have any -- exact  
10 date as to when that would have been said.

11 **Q.** Very well.

12 Could we now turn to one of your diary entries of  
13 17 April 2020 at INQ000273901\_604. In the interests of  
14 time, I will read what it says:

15 "... Yvonne opened up the only two areas we agreed  
16 to steer clear of -- ethnicity (we don't have the answer  
17 yet) and she wasn't even asked the question [...]"

18 I'll stop there. My question arising from that  
19 is -- well, first of all, can you confirm that the  
20 reference here to Yvonne is to Professor Yvonne Doyle,  
21 then the head of Public Health England?

22 **A.** Yes, I think she was the medical director of Public  
23 Health England.

24 **Q.** And this was at a press conference where you were both  
25 appearing?

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1 brought up, please.

2 It's at INQ000238826\_180, it's the first paragraph  
3 of the section of your witness statement entitled  
4 "Covid-19 Disparities", and you say this:

5 "I was aware that the pandemic, and the measures  
6 required to tackle it, [could] have an unequal impact.  
7 As I stated at more than one press conference, the virus  
8 fed off inequality and drove inequality ... It was  
9 entirely foreseeable that pre-existing structural and  
10 health inequalities within ethnic minority and other  
11 vulnerable groups would result in disparities in risk  
12 and outcome."

13 Can I ask, firstly, whether this clear understanding  
14 expressed here formed part of the advice to senior  
15 decision-makers as you and Sir Chris Whitty spoke with  
16 them in the period leading up to the first lockdown in  
17 March 2020?

18 **A.** I think it was -- I mean, it's historically -- this is  
19 an historically true statement, that pandemics  
20 differentially affect the most disadvantaged people and  
21 they drive further disadvantage and inequality, and this  
22 is a statement that describes that.

23 I can't recall exactly when we would have given that  
24 advice, and in a sense it's not really science advice,  
25 but it is something that policymakers needed to take

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1 **A.** I don't think I was appearing at that conference. Maybe  
2 I was, but I can't remember it. Those two were, maybe  
3 I was the third person.

4 **Q.** Very well. My substantive question is this: was the  
5 ethnicity issue that you both had agreed to steer clear  
6 of the matter of disproportionate death rates among BAME  
7 healthcare workers?

8 **A.** No, the issue was the previous day we'd received  
9 preliminary information from a study called CO-CIN about  
10 disproportionate proportions of different ethnic  
11 minorities in hospitals and outcomes and they weren't  
12 quite sure exactly what was happening and why they were  
13 seeing it, and they'd gone away to undertake some more  
14 work urgently to try to understand whether this was  
15 a difference in admission to hospital, a difference in  
16 outcome in hospital, a different pathway that people  
17 were following during treatment, or whether it was  
18 related to pre-existing comorbidities and underlying  
19 illnesses. So there was a piece of work that we'd just  
20 seen literally I think on the afternoon before, on  
21 the 16th, that was due to be updated with the  
22 information as to what was causing it so we could  
23 actually give proper information as to what might be  
24 done.

25 **Q.** Okay. So it was a very specific set of facts or

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1 a scenario that you were talking about. That's the  
2 reason why you wanted her to steer clear of it; is that  
3 correct?  
4 **A.** Yeah, because we didn't know -- the question that we  
5 were trying to address was, as I say, what happened in  
6 hospital, was this something that was going on in  
7 hospital, that the same proportion of different ethnic  
8 groups were being admitted and then the outcome was  
9 worse in hospital, or was it something to do with the  
10 admission and was it something to do with underlying  
11 disease states which made it worse? We'd seen something  
12 that didn't look right, and we wanted to understand the  
13 likely underlying causes of that so we could comment on  
14 it more effectively.

15 **Q.** Very well.

16 I have to ask you this question: would you say, in  
17 reflection, that there was any nervousness to speak  
18 authoritatively on issues of disparity in health outcome  
19 based on ethnicity?

20 **A.** No, I think we -- well, certainly not from our  
21 perspective. We very early on raised this as an issue,  
22 we were very keen to see it properly understood, Public  
23 Health England undertook work and published it, and the  
24 ONS also undertook work and published it, so we were  
25 keen to actually try and understand what was driving it.

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#### Questions from MR MENON KC

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

2 Good afternoon, Sir Patrick, I ask questions on  
3 behalf of a number of children's rights organisations.  
4 I have a few questions on three topics.

5 Firstly, the Inquiry has heard evidence from  
6 a Dr David Taylor-Robinson, a public health expert, to  
7 the effect that social isolation for children is totally  
8 different than social isolation for adults as there are  
9 critical and sensitive periods in children's development  
10 and windows of opportunity, as he called it, in  
11 children's lives that you can never get back.

12 Are you aware of any scientific research done for  
13 the government during the pandemic on the specific  
14 impact of the lockdown rules and restrictions on  
15 children as compared to adults?

16 **A.** I don't know of the specific pieces of research that may  
17 have been done. We set up a Children's Task and Finish  
18 group to look at the question of impacts on children  
19 which involved people from the Royal College of  
20 Paediatrics and Child Health, and various other  
21 organisations, and was chaired by the Chief Scientific  
22 Adviser in the Department for Education, to try to  
23 understand exactly these questions of disproportionate  
24 impact, risk to children, and it became the basis of,  
25

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1 And I think quite early on -- I don't remember the date,  
2 I'm sorry -- we came to the conclusion that the likely  
3 causes was to do with inequality and to do with issues  
4 of health related inequality, rather than to biological  
5 differences which were driving this outcome at that  
6 stage.

7 **Q.** Very well.

8 My final question: is it fair to say that during  
9 this time, on or around the middle of April 2020, the  
10 matter of disproportionate deaths based on ethnicity was  
11 considered more a matter of public messaging, political  
12 messaging, rather than a bona fide issue of public  
13 health?

14 **A.** No, I think it was seen by the public health people very  
15 much as an issue of public health, and that there were  
16 obviously pre-existing structural inequalities that were  
17 causing a problem and, as I've already said in  
18 a previous quote, I was worried that not only was there  
19 inequality in terms of what the effect of the virus was,  
20 but the virus itself was then driving even further  
21 inequality because of that. So I think this was seen as  
22 absolutely a public health issue.

23 **MR DAYLE:** Very well, thank you for that.

24 **LADY HALLETT:** Thank you, Mr Dayle.

25 Mr Menon.

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1 I think, a very complicated position of relative risks  
2 and benefits in children. I don't know of specific  
3 research that was undertaken then to look at the impact,  
4 but Public Health England or ONS may have done so.

5 **Q.** So am I right that you can't assist as to whether any of  
6 that work, research or otherwise, was in fact presented  
7 to the key operational decision-makers in government; is  
8 that correct?

9 **A.** Oh, no, the task and finish group, all of their work was  
10 fed directly into all of the decision-makers, and it was  
11 deliberately chaired by the Chief Scientific Adviser in  
12 the Department for Health to make sure that the  
13 officials in the Department of Health could have  
14 listened in to the group, understand all of the work  
15 that came out of it, and it was plugged directly into  
16 the highest levels in the Department for Education and  
17 indeed into Number 10.

18 **Q.** So it was considered within the remit of scientific  
19 advice being provided to the government; is that right?

20 **A.** Yes, it was.

21 **Q.** Thank you.

22 Secondly, in February 2020, did you ask Professor  
23 James Rubin and Professor Brooke Rogers to run SPI-B?

24 **A.** Yes.

25 **Q.** Did this in turn lead to the creation of a specific

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1 subgroup on education that came to be known as SPI-Kids?  
 2 **A.** No, that came later, I think, and was part of the --  
 3 what started, I think, as a task and finish group to try  
 4 and undertake a piece of work, and then it morphed into  
 5 SPI-Kids, which brought together lots of the people who  
 6 had worked on that to become a more regular way of  
 7 looking at things relating to children.  
 8 **Q.** And SPI-Kids, for example, produced a paper on the role  
 9 of children in transmitted Covid; is that right?  
 10 **A.** Sorry, in what?  
 11 **Q.** Transmitted Covid.  
 12 **A.** Yes.  
 13 **Q.** Transmission.  
 14 **A.** Yes.  
 15 **Q.** Do you know whether SPI-Kids ever researched or  
 16 considered the wider impact of the government's  
 17 non-pharmaceutical interventions on children and their  
 18 long-term social and psychological wellbeing?  
 19 **A.** Yes, there was a very extensive report published by them  
 20 on the negative effects of NPIs, and there were some  
 21 very vocal inputs from people around that subject.  
 22 I think there was -- I'm not sure about this, actually,  
 23 there may have been a report from Public Health England  
 24 as well but, yes, it was a topic that was -- the reason  
 25 that group was set up was exactly that sort of risk

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1 **Q.** And that's your view, isn't it?  
 2 **A.** And that was the view of that group as well, and that's  
 3 precisely why it was set up, because in all of these  
 4 cases -- I'll just take a step back, if I may.  
 5 All the NPIs carried risks as well as the obvious  
 6 benefit of stopping the spread --  
 7 **Q.** Yes.  
 8 **A.** -- and it's often perceived that somehow they were  
 9 an easy option, whereas stopping the spread was the  
 10 priority. But we were aware at all times that these  
 11 carried significant risks, and they carried particular  
 12 risks for children.  
 13 **Q.** Thank you.  
 14 Thirdly and finally, I have a question for you about  
 15 something that appears in your handwritten notes.  
 16 I don't think I can put this on the screen, I don't  
 17 think I'm allowed to, but I'll just give the reference  
 18 for the record. It's INQ000280061, page 223. It's  
 19 a note of yours -- I'll just read it to you -- dated  
 20 15 October 2020, and it reads as follows:  
 21 "SAGE pushing for 'can't we exempt children from  
 22 rule of 6' -- we said no not unless CO wanted to  
 23 revisit."  
 24 I'll just read it again:  
 25 "SAGE pushing for 'can't we exempt children from

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1 balance between these interventions versus infection.  
 2 **Q.** And can you give an approximate date for that?  
 3 **A.** I'm sorry, I'd have to come back to you on that.  
 4 **Q.** That's fine, thank you.  
 5 And that was subsequently, was it, fed into the key  
 6 political decision-makers?  
 7 **A.** Yes, all of the outputs from that group would have gone  
 8 to Department for Education and into Cabinet Office and  
 9 across Whitehall.  
 10 **Q.** And that material would have recognised, I think you're  
 11 saying, that there were differential impacts in relation  
 12 to non-pharmaceutical interventions vis-à-vis children  
 13 and adults; is that right?  
 14 **A.** It was certainly focused on the impacts of school  
 15 closures on children's mental health and wellbeing. It  
 16 also focused on, if I remember correctly, vulnerable  
 17 children and what -- the risk they had in relation to  
 18 isolation and being taken away from services. I can't  
 19 be 100% sure it covered all of the NPIs.  
 20 **Q.** And just to be fair to you about this, in your witness  
 21 statement at page 113, in paragraph 341 -- no need to  
 22 put it on the screen -- you say explicitly that school  
 23 closures have obvious unequal and potentially long-term  
 24 detriments on children?  
 25 **A.** Yes.

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1 rule of 6 -- we said no not unless CO wanted to  
 2 revisit."  
 3 Can you explain that note, please?  
 4 **A.** I don't know what context that was in, but it sounds  
 5 like it was a SAGE meeting where people wanted to think  
 6 about whether the rule of six should or shouldn't  
 7 include children, and Cabinet Office didn't want to  
 8 revisit that policy.  
 9 **Q.** Would that view of SAGE have been communicated to the  
 10 Prime Minister or any other government minister at the  
 11 time?  
 12 **A.** I think --  
 13 **Q.** This is October 2020.  
 14 **A.** Well, I think on the rule of six, we were pretty clear  
 15 that we didn't actually think that that had an enormous  
 16 basis in anything. In other words, it was: why six?  
 17 Why not eight? Why not ten? We couldn't tell anyone  
 18 which was better or worse, only that the more contacts  
 19 you had, the more likely it was to create a spreading  
 20 environment. Exactly how that was organised was  
 21 a policy matter.  
 22 **Q.** Would that -- can you assist as to what the government's  
 23 response was, if any, to that view that SAGE apparently  
 24 held in October 2020?  
 25 **A.** I can't recall. I think, if I remember correctly, the

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1 government had made a decision that it wanted to stick  
2 with six, and that was the policy decision.

3 **Q.** And it wanted to stick with six in England, without  
4 making any exemption for children, unlike Scotland and  
5 Wales --

6 **A.** Yes.

7 **Q.** -- who took a different approach. You know that, don't  
8 you?

9 **A.** Yes.

10 **MR MENON:** Thank you very much.

11 **LADY HALLETT:** Thank you, Mr Menon.

12 Mr Friedman.

13 **Questions from MR FRIEDMAN KC**

14 **MR FRIEDMAN:** Sir Patrick, I act for national disabled  
15 peoples organisations.

16 Can I ask you about representation on SAGE and  
17 related expert groups. Mr Dayle, to my left, for FEMHO  
18 has asked you today about your statement at  
19 paragraph 552, that it was entirely foreseeable in  
20 effect that pandemics as a rule have the greatest impact  
21 on those who suffer from pre-existing structural and  
22 health inequalities, and we would take it disabled  
23 people fall into that category, and today you've called  
24 that "an historically true statement".

25 In your Module 1 oral evidence, we needn't go up to  
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1 should, though, have looked at it more in SAGE, I think.

2 **Q.** Yes. So in effect you should have and, as it were,  
3 HM Government as your client should have pushed you more  
4 to consider it?

5 **A.** Well ... yeah, definitely this is an HM Government issue  
6 because they have a unit that focuses specifically on  
7 this, and so I think could have fed us a question.

8 In terms of the science, though, the two areas that  
9 I think are most important that were repeatedly covered  
10 was: keep the prevalence low, and look out for special  
11 institutions. And I'll pick up one example: in  
12 May 2020, we received a piece of work that had been done  
13 by a subgroup on forgotten institutions that was  
14 specifically looking at those institutions where spread  
15 might occur, including residential homes for people with  
16 disabilities. That's a sort of science question we can  
17 address, but I would argue it's primarily a policy and  
18 operations question for the Cabinet Office unit to think  
19 about that.

20 **Q.** Yes.

21 Well, can I move on about, as it were, prompts,  
22 then, that came within the course of the work. You've  
23 just referred to one.

24 Can I just then ask you about the work of the Office  
25 for National Statistics that the Chair has seen, that in  
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1 it, but it's Day 8, 22 June 2023, at page 165, lines 5  
2 to 23, you told the Chair on reflection that it was:

3 "... a terrible, terrible truth, and it's something  
4 that we all need to reflect on, which is that all  
5 pandemics feed off inequality and drive inequality."

6 And you added that awareness of issues of inequality  
7 ought to have been:

8 "... embedded right from day one, it needs to be one  
9 of those questions on the first SAGE, you know: what are  
10 the issues around inequality that you should be thinking  
11 about now? In terms of science advice."

12 And you added:

13 "Others need to think about it in terms of  
14 operational planning."

15 Now, given that foresight, why was there not more  
16 representation of those with insight into the  
17 predicament of those groups embedded from day one into  
18 SAGE?

19 **A.** Well, I think the insight was that that would have been  
20 helpful. We didn't do that on day one. We had a number  
21 of scientists looking at specific areas. I think my  
22 statement actually is that there is a policy and  
23 operations group within Cabinet Office that deals  
24 specifically with disabilities and inequalities, and  
25 that's really where this should be driven from. We  
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1 effect showed disproportionate impacts upon mortality  
2 rates and quality of life for disabled people becoming  
3 apparent from their papers from June 2020 onwards.

4 Again it may be a similar answer, but can I just ask  
5 you: why, when it was recognised by that time or  
6 thereabout that time that SAGE standing committees could  
7 benefit from a wider diversity of expertise in terms of  
8 inequalities, was no dedicated expertise sought  
9 regarding disabled people?

10 **A.** I think that ONS survey came out of discussions probably  
11 at SAGE, that piece of work --

12 **Q.** Yes.

13 **A.** -- because Ian Diamond was part of the SAGE -- he's the  
14 National Statistician -- part of the SAGE group. That  
15 clearly is a report that needs to go into central  
16 government to deal with. As I said, I think -- and  
17 I said this in my Module 1 -- I think this is an area  
18 where it should automatically happen in SAGE going  
19 forward, and it didn't.

20 **Q.** Is that the answer to my question about: why no  
21 dedicated expertise? Because I just want to push you on  
22 that. My question is: why, when this kind of data is  
23 coming out, whether you have been involved in  
24 commissioning it or not, is thereafter there's no  
25 dedicated expertise sought regarding disabled people  
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1 into SAGE and its dedicated subgroups?  
 2 **A.** I think the dedicated expertise needed to sit somewhere  
 3 else and ask questions of SAGE, which we can then  
 4 potentially bring people in if we needed to. But  
 5 I think there's a danger, I mean, SAGE is not the  
 6 operational or the policy organisation, and it's not the  
 7 place where these sorts of things need to be turned into  
 8 action.  
 9 **Q.** That may then follow on to my next question, which is:  
 10 in effect the work that is commissioned of SAGE, and  
 11 I take the answers you've already given about this.  
 12 You've given a list of not all, but many of SAGE  
 13 commissioned pieces of work. Just for the record, at  
 14 page 180, at paragraph 554, and it's (a) to (p) of your  
 15 statement subparagraphs.  
 16 Now, none of the list there is dedicated in its  
 17 focus to the disproportionate impacts of the Covid-19  
 18 pandemic upon disabled people, and we found no dedicated  
 19 SAGE paper of that nature.  
 20 Now, we understand that SAGE supplies the advice  
 21 it's asked to supply from HM Government, but again why  
 22 no dedicated focus? Is it simply that you weren't  
 23 asked?  
 24 **A.** Well, I'll go back a bit to an answer that Professor  
 25 Kamlesh Khunti gave in relation to a similar question,  
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1 needs to happen, and I think that would have been  
 2 helpful and we didn't have it, and it would be useful  
 3 going forward to have a specific focus on that question  
 4 just to make sure we are getting the right questions  
 5 coming to us. But I do think it's not a good system for  
 6 government to rely on a group set up to give science  
 7 advice largely filled with academics to try and plug  
 8 holes elsewhere.  
 9 **Q.** Finally, may I ask you about the risk posed by  
 10 a Covid-19 virus to the learning disabled and  
 11 particularly those with Down's Syndrome.  
 12 Professors Watson and Shakespeare have given  
 13 evidence to the Inquiry to the effect that prior to  
 14 Covid-19 pandemic, it was well established that  
 15 respiratory disorders are the predominant cause of death  
 16 for people with an intellectual disability, and hence  
 17 those experts on disparities relating to disabled people  
 18 regard the failure to identify those with intellectual  
 19 disabilities and particularly those with Down's Syndrome  
 20 early on as a missed opportunity.  
 21 Now, again, acknowledging to you and reminding  
 22 myself, SAGE is not directly responsible for these lists  
 23 of clinically extremely vulnerable and the like. Others  
 24 are, and they're medical matters. But should those with  
 25 Down's Syndrome have been on the clinically extremely  
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1 which is: the science advice was largely around making  
 2 sure that the prevalence was low, making sure that those  
 3 people who were particularly vulnerable were protected,  
 4 and making sure that there were mechanisms to provide  
 5 that shielding that others needed to put in place were  
 6 the key things that we needed to do.  
 7 So many of the papers here are highly relevant in  
 8 terms of what somebody needs to do, even though we  
 9 weren't specifically talking about disabilities, that is  
 10 again where the advice from SAGE comes out in terms of  
 11 science, "Here are some principles"; the  
 12 operationalisation of that needs to be done by teams  
 13 with a dedicated focus, and I do think that's one that  
 14 needed dedicated focus.  
 15 **Q.** We understand that, and we've heard from the Minister  
 16 for Disabled People in terms of what was done or not  
 17 done by the Disability Unit. But if we stand back and  
 18 we think of the problem, for whatever reason, that  
 19 HM Government is the client and its dedicated units  
 20 don't ask the question or seek the advice from SAGE,  
 21 then again does that not underscore that sometimes the  
 22 expert adviser needs to have people with that focus on  
 23 its main groups or subgroups in order to prompt its  
 24 client to think about those kind of matters?  
 25 **A.** Which is why, in statement 1, I said: yes, I think that  
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1 vulnerable list throughout the pandemic and, if not,  
 2 should they have been added sooner than  
 3 2 October/November 2020 when we know that revised  
 4 letters were sent out to GP practices and the various  
 5 healthcare bodies to that effect?  
 6 **A.** So the list of vulnerable and extremely vulnerable was  
 7 entirely within DHSC and a matter for the medical  
 8 community to define. It didn't come to SAGE, it  
 9 wouldn't be expected to come to SAGE, and so I don't  
 10 think there was any input, indirect or direct, on that,  
 11 nor would I expect there to be.  
 12 In terms of what do I think, I'm not an expert in  
 13 this area, but I think it is well understood that people  
 14 with Down's Syndrome do have an increased infection risk  
 15 and therefore do carry a vulnerability.  
 16 **Q.** Thank you for that.  
 17 I've understood your answer about division of labour  
 18 on this, but if I could just ask you one more point  
 19 about it. We know again it's a separate structure, but  
 20 the NERVTAG clinical risk stratification subgroup in  
 21 June 2020 had issued papers recognising high risk at  
 22 least on the modelling in relation to those with  
 23 Down's Syndrome.  
 24 Again, I'm not asking about responsibility, I'm more  
 25 asking about looking forward. Given your answer about  
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1 Down's Syndrome, should there have been speedier ways to  
2 process that recognition of risk from June 2020 to  
3 November 2020 when we know the nature of the clinically  
4 extremely vulnerable list changed to include  
5 Down's Syndrome?

6 **A.** Well, NERVTAG is a committee of DHSC, and therefore its  
7 outputs fed directly into DHSC. I think these questions  
8 are really best addressed to somebody in the DHSC or the  
9 CMO, they weren't SAGE questions, they were very  
10 important clinical questions and very important  
11 operational matters, but I wouldn't expect them to come  
12 to SAGE and I don't think putting SAGE in the middle of  
13 any future plan around this would be a sensible action.

14 **MR FRIEDMAN:** Thank you.

15 Thank you, my Lady.

16 **LADY HALLETT:** Thank you, Mr Friedman.

17 Mr Jacobs, I'm sorry, last again.

18 **Questions from MR JACOBS**

19 **MR JACOBS:** Thank you, my Lady.

20 Sir Patrick, I ask questions on behalf of the  
21 Trades Union Congress.

22 It is important that when giving your answers at  
23 least you do speak into the microphone so it can pick  
24 your voice up.

25 I'm going to ask a few questions about decision  
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1 commissioned a piece of work from the Academy of Medical  
2 Sciences -- I'm sorry, I'm going to have my back to you.

3 **Q.** Not at all.

4 **A.** -- Academy of Medical Sciences on -- just called  
5 "Winter" to take into account that this -- all of the  
6 things that government needed to consider, and our view  
7 was that the increased lifting of measures would drive  
8 an increase in prevalence and that inevitably that  
9 starts to put pressure on the remaining things that were  
10 open, and therefore, in a sense, there's a trade-off  
11 between schools and other things and certainly, for the  
12 reasons discussed earlier, our belief was that schools  
13 should usually be the last thing to shut, because of all  
14 the knock-on consequences for children.

15 **Q.** Yes.

16 Sir Patrick, given those consequences, schools  
17 opening, being open is obviously hugely important, but  
18 given also the context around prevalence and R rate,  
19 were you concerned, on listening to that observation  
20 from the Prime Minister, that it was a little, perhaps,  
21 reckless to discourage any careful focus on when  
22 a plan B might be needed and focusing exclusively on  
23 a plan A?

24 **A.** Well, as you might imagine, I was rather focused on  
25 evidence-based plans and that there needed to be

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1 making in respect of schools, of course the detail will  
2 be the subject of a future module but I have a few  
3 questions about the general approach to decision-making.

4 I'd like to start, if I may, with an entry in  
5 the Inquiry's schedule of your notes at INQ000273901,  
6 and in particular page 139. So when it arrives, we're  
7 going to be looking at an entry from 6 August 2020:

8 "PM Covid (S) meeting on schools. 'Don't want to  
9 hear about plan B and C for failure. I just want all  
10 pupils back at school' ..."

11 And then a further quote:

12 "... 'We are no longer taking this Covid excuse  
13 stuff. Get back to school'."

14 Firstly, are those quotes from the Prime Minister --  
15 or quotes of what the Prime Minister had said?

16 **A.** It looks like it.

17 **Q.** The context, of course, Sir Patrick, is looking forward  
18 to schools reopening that September. Is it right also,  
19 as a point of context, that at that time you and others,  
20 in around July and August 2020, had been raising some  
21 concern about the potential path of the virus over the  
22 winter months and the risks associated with lifting  
23 various NPIs at around that time?

24 **A.** Yes. We had raised the risk that prevalence was  
25 increasing and would continue to increase, and I had  
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1 a series of scenarios not a single option.

2 **Q.** Yes. So, and give us a sense of the importance of those  
3 scenarios being considered in advance rather than just  
4 holding tight to the plan A of schools open?

5 **A.** Well, these are very difficult operational questions  
6 that require planning, and we're now straying outside my  
7 role, but it's pretty clear that you can't just flip  
8 from one plan to another without preparing.

9 **Q.** Sir Patrick, you spoke earlier in your evidence about  
10 meetings going round in circles. Is it quite a simple  
11 consequence of having plan A but no plan B or C that one  
12 ends up, in the face of very difficult issues, just  
13 going round in circles?

14 **A.** It makes it much more of a binary choice, and it makes  
15 it much more difficult, I imagine, to operationalise if  
16 you do need to change.

17 **Q.** With that in mind, I'm going to look at just, I think,  
18 two entries in your notes in which you describe  
19 subsequent decision-making. The first, in the same  
20 document, is page 181, and this is from 16 September, so  
21 just six weeks or so after the "have a plan A but no  
22 plan B or C". There is a reference to the PM saying:

23 "... 'Maybe we should blame ourselves'."

24 And a reference to moonshot, which you have given  
25 evidence about.

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1 "A rare moment of truthful insight."  
 2 And then you say:  
 3 "Complete chaos over schools and what they should  
 4 do. No one had any answers."  
 5 Sir Patrick, give us a sense of what the complete  
 6 chaos was and why it was that no-one had any answers?  
 7 **A.** I really don't know, I mean, that was my observation  
 8 that day. There was obviously a meeting where it didn't  
 9 sound like they were getting anywhere and there were  
 10 a lot of things that needed to be addressed but I'm  
 11 sorry I don't think I can add anything to what that  
 12 scribbled note said.  
 13 **Q.** Might it have been early indications of the R rate going  
 14 up?  
 15 **A.** Oh, we knew by then the R was increasing and the  
 16 prevalence was going up and we were worried about it.  
 17 **Q.** Were you particularly worried, Sir Patrick, in the  
 18 absence of a plan B?  
 19 **A.** We were worried that action would need to be taken of  
 20 some sort and that needed to be defined, and I think I'm  
 21 right in saying that five days after this, Sir Chris  
 22 Whitty and I held a press conference where we described  
 23 what we saw as a dangerous emerging situation.  
 24 **Q.** Yes.  
 25 The next entry is at page 339 of the same document.

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1 impression from the meetings that took place that day.  
 2 **Q.** In terms of your impression of meetings not necessarily  
 3 that day but over the course of that first year of the  
 4 pandemic, did you form a view as to the effectiveness of  
 5 the working relationship between Number 10 and the  
 6 Cabinet Office and the Secretary of State for Education?  
 7 **A.** I had many discussions with the permanent secretary at  
 8 DfE who was really trying to get on top of this and to  
 9 understand the advice on schools, and I know there were  
 10 some very strong views held by the Secretary of State  
 11 there, and those views were discussed and sometimes  
 12 taken up and sometimes not by Number 10. It didn't seem  
 13 to me that there was necessarily an alignment between  
 14 what was going on at the political level, and there was  
 15 attempts by the permanent secretary to try and draw some  
 16 structure to what was happening in DfE around this area.  
 17 **Q.** You described there wasn't necessarily an alignment, is  
 18 that a slightly delicate way of putting it? How would  
 19 you describe the extent to which there was a sense of  
 20 coherent planning between Number 10 and the  
 21 Secretary of State for Education?  
 22 **A.** I was worried that the schools planning was not under  
 23 control and that there wasn't a very clear plan as to  
 24 what would happen and why it was going to happen and how  
 25 it would be implemented.

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1 It's an entry of 3 January 2021. That was the day  
 2 before primary schools were sent back for one day,  
 3 wasn't it, Sir Patrick?  
 4 We see it says:  
 5 "The NHS in London is in real trouble. The govt  
 6 needs to lock down more firmly & to take the advice on  
 7 schools...Called Chris & agreed he should pull a group  
 8 together to listen directly. He is worried about  
 9 individual extremist views.  
 10 "... Schools is a complete mess largely due to  
 11 [Department for Education]."  
 12 Why did you make the observation, at that stage,  
 13 that "Schools [was] a complete mess [and] largely due to  
 14 the DfE", the Department for Education?  
 15 **A.** I really can't -- I mean, I was obviously frustrated  
 16 that evening, I was obviously very concerned about the  
 17 rising rates and that London, I do remember, really  
 18 looked like it was in big trouble at that moment. And  
 19 that schools were considered to be an important part of  
 20 the spread of what then, I think, was the Alpha variant  
 21 that was spreading very rapidly throughout the younger  
 22 part of the population. So I think that's the  
 23 background to this. I really don't know why I said  
 24 schools are a complete mess largely due to DfE, all  
 25 I can say is that's clearly what I came away with, an

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1 **Q.** In terms of trying to understand why it might not have  
 2 been under control, could we look at page 605 of the  
 3 same document, the schedule of notes. So we can see  
 4 an entry in your notebooks from 11 June 2020:  
 5 "Slater ..."  
 6 And just pausing there, is that Jonathan Slater, the  
 7 permanent secretary at the time that you were just  
 8 referring to?  
 9 **A.** Yes.  
 10 **Q.** "Slater basically described keeping Gavin Williamson  
 11 away from policy development but give him some illusion  
 12 of ownership 'but not his area and not his expertise'.  
 13 Just pausing there, before we consider the remainder  
 14 of that, did it strike you as dysfunctional that  
 15 a permanent secretary was describing keeping the  
 16 Secretary of State away from policy development?  
 17 **A.** Well, policy development I'm not sure, but policy  
 18 ultimately agreement, yes that would be unusual. We're  
 19 deep into the way departments work here, which I'm  
 20 certainly not familiar with, as somebody relatively new  
 21 to the civil service, but yes, it doesn't sound like  
 22 a very good set-up.  
 23 **Q.** Was it your impression, you were in the room for many  
 24 meetings, that that sort of dysfunction contributed to  
 25 the lack of grip or lack of control which there might

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1 have been?  
 2 **A.** I wasn't in lots of meetings to do with schools at this  
 3 operational level, so I wouldn't have seen this, I think  
 4 this is Jonathan Slater talking to me as he is trying to  
 5 get some science advice, so I wouldn't have seen that.  
 6 **Q.** Okay. If we return finally just to that entry, it  
 7 finishes:  
 8 "I don't know what Gavin's plan for schools is but  
 9 probably pretty feeble' PM."  
 10 Is that the Prime Minister stating, in a meeting in  
 11 June 2020, his view of his Secretary of State for  
 12 Education?  
 13 **A.** Well, that's a quote which I wrote down on that day from  
 14 the Prime Minister about the Secretary of State, from  
 15 a meeting. So I think I can't say any more than that,  
 16 other than that's what presumably was said.  
 17 **Q.** To the extent that you were aware, from being present in  
 18 meetings, is that indicative of a confidence or lack of  
 19 confidence that key people such as the Prime Minister  
 20 had in the Secretary of State for Education?  
 21 **A.** I think that's a question that really needs to go to the  
 22 Prime Minister, but I have to say a lot of these  
 23 statements seem to fly around Number 10 about a lot of  
 24 people.  
 25 **MR JACOBS:** Which we may have seen.

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1 Those are my questions, thank you very much.  
 2 **LADY HALLETT:** Thank you very much, Mr Jacobs.  
 3 That's all for Sir Patrick.  
 4 Sir Patrick, again, extremely grateful to you for  
 5 all your help and your insight and for your patience in  
 6 staying with us all day today. I'm sorry I can't say  
 7 goodbye as yet -- I'm sorry from your point of view.  
 8 **(The witness withdrew)**  
 9 **LADY HALLETT:** Tomorrow we'll sit again at 10, and then,  
 10 just so people can make their plans, because we have got  
 11 so much to do this week, I'm sitting at 9.30 on  
 12 Wednesday and Thursday.  
 13 Thank you very much.  
 14 **(4.42 pm)**  
 15 **(The hearing adjourned until 10 am**  
 16 **on Tuesday, 21 November 2023)**  
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