

Tuesday, 28 November 2023

1
2 (10.00 am)
3 **LADY HALLETT:** Yes.
4 **MR KEITH:** My Lady, today's first witness is Michael Gove,
5 please.
6 **MR MICHAEL GOVE (sworn)**
7 **LADY HALLETT:** Mr Gove, may I make the same apology to you
8 that I've made to other witnesses, that the module
9 structure means we have to call you back again. I am
10 sorry about the demands we are making on your time.
11 **A.** I quite understand, my Lady.
12 **MR KEITH:** Would you commence your evidence please by giving
13 us your full name.
14 **A.** Michael Andrew Gove.
15 **Q.** Mr Gove, thank you for your provision of a further
16 witness statement in these proceedings, your statement
17 of 1 September 2023 for the purposes of this module.
18 I want to start, please, your evidence by asking you
19 some questions about your past ministerial role. You
20 were Chancellor of the Duchy of Lancaster between
21 24 July 2019 and 15 September 2021; is that correct?
22 **A.** Yes.
23 **Q.** But you also held the post of Minister for the Cabinet
24 Office between 13 February 2020 and 15 September 2021.
25 Why did you fill both posts? Why were you fulfilling

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1 connected with the workings of the Cabinet Office, and
2 did that mean that you were broadly responsible and you
3 held the ministerial responsibility for dealing with
4 matters such as civil contingencies, the resilience of
5 government, with the response to civil emergencies? Was
6 that all broadly within your brief?
7 **A.** Yes, but I had observed before taking on this role, and
8 realised very quickly upon taking on this role, that the
9 way in which the Cabinet Office was configured was not,
10 to my mind, appropriate for the type of pandemic that we
11 faced and, indeed, the type of crisis that requires an
12 effective whole-of-government response.
13 **Q.** I'm going to ask you some questions about the Cabinet
14 Office in a moment. Before I do so, and just to
15 conclude the issue of your ministerial positions, then
16 on 15 September 2021 were you appointed Secretary of
17 State for Levelling Up, Housing and Communities and also
18 Minister for Intergovernmental Relations?
19 **A.** *(The witness nodded).*
20 **Q.** Why were you appointed to both those positions?
21 **A.** The Prime Minister recognised that levelling up was
22 a principal focus on domestic policy that had not, in
23 his view, at that time, had the focus and drive devoted
24 to it required, so he strengthened the department which
25 I took over, previously MHCLG, the Ministry of Housing,

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1 both those positions?
2 **A.** When I was first appointed the Chancellor of the Duchy
3 of Lancaster, the Prime Minister made it clear that my
4 role at that time was to lead on preparations for Brexit
5 and in particular for preparations for a potential no
6 deal scenario. It had been the case, I believed and the
7 Prime Minister certainly believed, that preparations for
8 Brexit had not been made in the way that they should
9 have been, and that was my sole focus during the time
10 that I was Chancellor of the Duchy of Lancaster, CDL,
11 alone.
12 After the general election the Prime Minister
13 believed that government should be reconfigured and he
14 wanted to give me a slightly broader role, now of course
15 that he enjoyed a majority and that a Brexit deal had
16 been secured in outline, and that broader role was to
17 encompass looking at how the Cabinet Office might
18 improve co-ordination of government policy particularly
19 but not exclusively with the devolved administrations.
20 **Q.** Was your appointment as Minister for the Cabinet Office
21 connected in any way with the dawning realisation of the
22 crisis, the coronavirus crisis, which of course was
23 beginning to make itself apparent?
24 **A.** I don't believe so.
25 **Q.** You therefore held two ministerial posts broadly

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1 Communities and Local Government. We had an additional
2 permanent secretary who was appointed on a temporary
3 basis -- I know it may seem odd to have a temporary
4 permanent secretary, but Andy Howding(?) joined us in
5 order to drive that activity. But intergovernmental
6 relations which had been excised from the Cabinet Office
7 was added, and I think the Prime Minister believed that
8 it was a complement to the work of levelling up across
9 the whole United Kingdom to have a minister responsible
10 for co-ordination with the devolved administrations.
11 **Q.** What was the genesis of that ministerial position,
12 Minister for Intergovernmental Relations? Had there
13 been a review, in fact, before that time into
14 United Kingdom Government union capability?
15 **A.** Absolutely, conducted by Lord Dunlop, Andrew Dunlop,
16 originally commissioned when Theresa May was Prime
17 Minister, and of course the experience during Covid
18 reinforced the need for us to have a more coherent
19 approach towards sharing information and co-ordinating
20 policy across the whole United Kingdom.
21 **Q.** In broad terms did your appointment to Secretary of
22 State for Levelling Up and as Minister for
23 Intergovernmental Relations mean that you were less
24 involved in decision-making related to Covid from that
25 date of appointment, 15 September 2021?

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1 A. Yes.

2 Q. All right. Coming back to the Cabinet Office, the
3 Inquiry has heard evidence, and particularly in the
4 context of Module 1, to the effect that the Cabinet
5 Office performs a vital role at the heart of government
6 in liaising between other government departments,
7 synthesising the response of government in broking, if
8 you like, the affairs of government between its various
9 multifaceted parts.

10 There has been an abundance of evidence in this
11 module, Mr Gove, to the effect that, over and above
12 perhaps a degree of expected chaos or confusion in the
13 face of an unprecedented crisis, the Cabinet Office was
14 largely dysfunctional, and that is a word that's been
15 used by Mr Cummings, by Mark Sedwill, the former Cabinet
16 Secretary, the former Deputy Cabinet Secretary, Helen
17 MacNamara, and others.

18 How, as you see it, and you have been a minister for
19 the Cabinet Office for some time, how was that position
20 allowed to develop?

21 A. For a variety of reasons. I think the first thing is
22 that the inherent structure of the Cabinet Office was
23 flawed. Normally the lead minister, the Secretary of
24 State, is responsible for everything that happens in his
25 department, and of course -- or her department, and

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1 the National Security Secretariat and so on, worked to
2 the Prime Minister.

3 Q. Ministerially, to whom should the Inquiry look in terms
4 of accountability for the state into which the Cabinet
5 Office descended prior to the onset of the coronavirus
6 pandemic?

7 A. Well, I would take two steps back. I think my point
8 would be that the Cabinet Office in and of itself, over
9 many years, has operated in a way which is not as
10 effective as it should be for the effective delivery of
11 government policy, both business as usual and also in
12 response to crises.

13 In the first module, we touched on the lead
14 department model for responding to crises and there is
15 much merit in that for many of the crises that
16 government faces. An animal health emergency or
17 flooding emergency are best handled using the expertise
18 that Defra, for example, has.

19 But when we are dealing with a whole-system crisis
20 of the kind that Covid clearly was, then the lead
21 departmental model is not adequate for that. We had an
22 approach, the Cabinet Office had an approach, which
23 I fear ceded too much responsibility to lead government
24 departments and did not mean the assumption of
25 sufficient responsibility at the centre. And we can see

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1 answerable to the House of Commons, accountable for what
2 happens there.

3 But the Cabinet Office is different. There is much
4 within the Cabinet Office that is not within the purview
5 and not within the control of whoever happens to be the
6 lead Cabinet Office minister, Chancellor of the Duchy of
7 Lancaster, Minister for the Cabinet Office or whatever.
8 So there are significant parts of the Cabinet Office
9 that answer to the Cabinet Secretary or to the Prime
10 Minister rather than to the lead minister for the
11 Cabinet Office. And as Helen MacNamara I think points
12 out in her evidence, in paragraph 22 of her evidence,
13 she says that:

14 "In July 2019 [she] had been given clear
15 instructions by the Prime Minister and his team that
16 following the *de-facto* Deputy Prime Minister model
17 [which some attribute the role of CDL into being] was
18 not the intention behind appointing Mr Gove into the
19 Cabinet Office ... my teams and I should be clear that
20 our Ministerial accountability flowed through the Prime
21 Minister only."

22 And I think actually, even though Helen was talking
23 about the particular circumstances under which I was
24 appointed, it was a feature of the way in which the
25 Cabinet Office worked that various secretariats there,

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1 that in the way in which the Civil Contingencies
2 Secretariat believed that it was supposed to respond.
3 It was not occupying, I believe, the space and it did
4 not exercise the authority that it should have done
5 across government, partly because of the lead department
6 model. And that is a structural issue of government
7 that had not been addressed and which I believe this
8 Inquiry is seeking to address.

9 Q. Can I return to the structural position in a moment. My
10 question was in fact directed at the nature of the
11 Cabinet Office itself rather than structural issues
12 which may have arisen between itself and other
13 government departments, in particular the response of
14 government in the face of a whole-government crisis.

15 The Cabinet Office itself has been described as
16 dysfunctional, bloated, too many senior levels, too many
17 director generals, a degree of duplication and
18 confusion, a huge number of communications engagement
19 staff, and so on. That is a facet of the Cabinet Office
20 itself and not any other lead government department.

21 Why do you think that the Cabinet Office came to be
22 in such a state?

23 A. Well, again, the Cabinet Office acquired additional
24 responsibilities before and during my time there. There
25 was a tendency, there has been a tendency, amongst

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1 successive prime ministers to shove into the Cabinet
2 Office responsibilities that do not appear to fit
3 conveniently or easily elsewhere. At different times,
4 different prime ministers have used the Cabinet Office,
5 for example, to lead on drugs policy or on policy
6 towards charities and the third sector. So it becomes
7 a sort of Mary Poppins bag into which different prime
8 ministers will shove things that they believe require to
9 be dealt with by the Government's nanny, as it were.
10 And it's also the case that the Cabinet Office under
11 previous ministers had acquired responsibility, which
12 I believe is right, for ensuring that various
13 cross-government functions, procurement, communications
14 and buildings and so on, were administered more
15 effectively.

16 On many of those occasions, as the Cabinet Office
17 grew, as its responsibilities grew, what we did not have
18 was the drains(?) up exercise to look and to focus on
19 exactly what should be done through the Cabinet Office
20 and what should be done through other government
21 departments and what should be done in Number 10. And
22 when I assumed responsibility for the whole of the
23 Cabinet Office in the middle of February and in early
24 March, I believed that we needed to change the way in
25 which it operated and I made my views clear to the Prime

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1 responsibilities being added in a piecemeal and
2 cumulative way, without strategic thought being given to
3 how the Cabinet Office would discharge all of those, and
4 a related failure to think strategically about how there
5 centre of government should be reconfigured.

6 **Q.** Regardless of whether the cause was a systemic one,
7 a structural one, a problem with the Cabinet Office, in
8 blunt terms, being given too much to do, the reality in
9 terms of the impact was very serious, was it not?

10 **A.** Oh, yes.

11 **Q.** The government body responsible for synthesising the
12 response of government in the face of this unprecedented
13 crisis was largely, as it must have seemed to you, not
14 fit for purpose in February, March, April, May of 2020?

15 **A.** Yes. I want to take this opportunity, if I may,
16 my Lady, to apologise to the victims who endured so much
17 pain, the families who endured so much loss as a result
18 of the mistakes that were made by government in response
19 to the pandemic. And as a minister responsible for the
20 Cabinet Office and who was also close to many of the
21 decisions that were made, I must take my share of
22 responsibility for that.

23 Politicians are human beings, we're fallible, we
24 make mistakes and we make errors and I'm sure that the
25 Inquiry will have an opportunity to look in detail at

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1 Minister, to the Cabinet Secretary and to those working
2 for the Prime Minister that we need to reform the way in
3 which the Cabinet Office operated.

4 **Q.** Again, Mr Gove, you've referred to the areas for which
5 the Cabinet Office became responsible and to the
6 structural system around it. Was it not apparent to
7 you, particularly when you became Minister for the
8 Cabinet Office, that in terms of personnel, in terms of
9 its working arrangements, in terms of its ability to
10 function, there were very serious concerns revolving
11 around the nature of the Cabinet Office?

12 **A.** On the question of personnel I would gently push back.
13 I think that the Cabinet Office had some of the finest
14 civil servants in Whitehall working within it and
15 overall I was and continue to be impressed by many those
16 who work there. And it was certainly the case that one
17 of the additional responsibilities that the Cabinet
18 Office had, as we mentioned earlier, from July, was
19 preparing for the UK's departure from the
20 European Union. During that time some of the civil
21 servants, both who were there and who joined, were among
22 some of the finest public servants that this country
23 has.

24 I would not blame them. I think the dysfunction in
25 the Cabinet Office was a consequence of two things:

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1 many of the errors I and others made but I also want to
2 stress that I and those who -- with whom I worked were
3 also seeking at every point, in circumstances where
4 every decision was difficult and every course was bad,
5 to make those decisions that we felt we could, in order
6 to try to deal with an unprecedented virus and
7 a remarkable assault on the institutions of the country.

8 **Q.** Could we have, please, the report from Helen MacNamara
9 on the screen. INQ000136755.

10 Mr Gove, you will be very familiar with this
11 document?

12 **A.** Yes.

13 **Q.** It's a document about which Helen MacNamara herself,
14 somebody who I'm sure you also described as being one of
15 our finest public servants --

16 **A.** Absolutely.

17 **Q.** -- prepared in May 2020. The tenor of this document,
18 Mr Gove, is that, not in terms of the structural
19 responsibilities of the Cabinet Office but in terms of
20 its output, in terms of the personnel, in terms of the
21 culture, in terms of what it was actually able to do,
22 there were very serious problems: the culture was not
23 "getting the best from people", there was
24 "powerlessness", there was "bad behaviours from ...
25 leaders", "too much politics", the talking over of

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1 junior women.

2 She says:

3 "Too many [Cabinet Office] senior leaders which
4 means they can't take decisions without consulting
5 others ... Super-hero culture ..."

6 The Cabinet Office has "fallen out of shape".

7 Those are damning observations, are they not?

8 **A.** Yes, they are. And Helen's broader evidence points to
9 the way in which, as she says, the Cabinet Office is not
10 elastic. It was moved into a particular shape as
11 a result of some of the successive responsibilities that
12 I mentioned earlier, and so the overall structure of the
13 Cabinet Office was not such that it could perform as it
14 should, as any government department should when faced
15 with the crisis.

16 Some of the behaviour that Helen quite rightly
17 points out and calls out is, I think, a regrettable
18 feature of one of our failures to effectively and at an
19 early stage change the way in which the Cabinet Office
20 worked. And as I mentioned earlier, there were
21 a variety of changes that I wished to make, including
22 some that I did make to personnel, which were intended
23 to address some, though not all, of the concerns that
24 Helen rightly raises.

25 **Q.** Right at the bottom of that first page there are these

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1 office and also with the new permanent secretary,
2 Alex Chisholm, made a series of recommendations as to
3 how things should and might change, improving its
4 analytical function, changing the way in which reporting
5 lines operated.

6 But, if I may, one of the things that I found while
7 I was there, and even as the situation with Covid was
8 looming on the horizon, was that I discovered during the
9 course of those early weeks that there were parts of the
10 Cabinet Office and ways the Cabinet Office operated that
11 were shielded almost from my scrutiny and intervention.

12 A case in point occurred when on 3 March, I believe,
13 I had to answer an urgent question about the resignation
14 of the Philip Rutnam as permanent secretary at the Home
15 Office and the consequences for the position of the then
16 Home Secretary, Dame Priti Patel. I was preparing, as
17 the minister accountable, to go into the House of
18 Commons to answer the question when, shortly before
19 I went in, I was told -- and didn't know beforehand --
20 that there was an enquiry going on as to whether or not
21 there the then Home Secretary had breached the
22 Ministerial Code.

23 That Inquiry was supervised by the propriety and
24 ethics team within the Cabinet Office, who do a peerless
25 job, but I wasn't aware of that at all. So the key

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1 words:

2 "Sense that Cabinet Office has lost its way in
3 making the Whitehall machine work for No 10 [and then
4 over the page]: not synthesising departments or
5 leveraging machine."

6 That is a fair broad observation of course but it
7 may be thought to be an obvious one. If it had appeared
8 to Helen MacNamara that in this very general sense the
9 Cabinet Office was failing in its primary role of
10 leveraging the government machine, that must have been
11 apparent to you from being Chancellor of the Duchy of
12 Lancaster, which of course is a related Cabinet Office
13 ministerial role, and certainly from February 2020 when
14 you became Minister for the Cabinet Office.

15 **A.** Yes.

16 **Q.** What did you do yourself in February, March, April to
17 address the concerns which you appear to have shared?

18 **A.** Well, the first thing is that when I was Chancellor of
19 the Duchy of Lancaster solely, as I mentioned earlier,
20 my focus on was on Brexit preparations and, again, we
21 discussed in the Inquiry the extent to which I believe
22 that those helped us to prepare for some of the
23 challenges of Covid. But after assuming responsibility
24 for the whole of the Cabinet Office, I sought to try to
25 wrestle it into shape and I -- both with my private

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1 element in the Cabinet Office, a key team, was shielded
2 from my scrutiny and my ability to both know what was
3 going on and then ask questions about its effectiveness.
4 At various differed times, in the run-up to that UQ and
5 afterwards, I sought, by talking to Number 10 and making
6 clear my frustrations, that we needed to fundamentally
7 alter how the Cabinet Office worked. And indeed
8 I expressed my views, including to Dominic Cummings,
9 sometimes in very direct terms, about the need for
10 change and reform in the way in which the Cabinet Office
11 operated.

12 **Q.** Mr Gove, we will look in due course at many of the
13 suggestions that you made in relation to reform of the
14 Cabinet Office structure but, again, why did this
15 revelatory understanding about the state of the Cabinet
16 Office not occur whilst you were Chancellor of the Duchy
17 of Lancaster, that is to say, between July of 2019 and
18 February of 2020? It must have become apparent to you,
19 while you discharged that important ministerial
20 responsibility, that the government department for which
21 you were at least indirectly responsible was failing?

22 **A.** Well, the first thing is that my responsibility as CDL
23 was to make sure that the inadequate preparations that
24 we had made for our departure from the European Union
25 were ramped up, and that was the principal focus of my

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1 work. It meant enlisting additional people from outside
2 the Cabinet Office to come in. Already I was aware that
3 in one area, a central area of government
4 responsibility, government was not configured as it
5 should be.

6 I was, during that time, increasingly aware of some
7 of the inherent dysfunction within the Cabinet Office
8 but it was only when I assumed full responsibility as
9 MCO that it became clear to me quite how dysfunctional
10 the structure of the organisation was. And as
11 I mentioned earlier, there were parts of the Cabinet
12 Office that, perhaps rightly, considered themselves not
13 to be responsible to or accountable to me, or indeed
14 anyone who was CDL or MCO. And I used to refer to parts
15 of the Cabinet Office as the dark side of the moon
16 because they were obscured from my gaze.

17 **Q.** If you were increasingly aware, as you say you were, why
18 did you take no steps prior to March 2020 to address the
19 problem?

20 **A.** I was appointed to be MCO, I think, on 13 February and
21 I think within weeks I was making clear to Number 10 and
22 others --

23 **Q.** No, I mean, I apologise, between July 2019, when you
24 were Chancellor of the Duchy of Lancaster, and
25 March 2020, when you had your feet under the table of

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1 change. When I arrived at the Cabinet Office it was
2 rather quicker.

3 There is a principle in politics, a principle of
4 Chesterton's Fence: sometimes the existence of
5 a particular institution of protocol seems irrational
6 but before you remove it you need to understand why it
7 might have been put there.

8 That applies in other government departments. Don't
9 immediately rush to change things before understanding
10 why they were there. As you say, while I was Chancellor
11 of the Duchy of Lancaster I became increasingly aware of
12 the need for change and then, as Minister for the
13 Cabinet Office, I sought quickly to familiarise myself
14 with those aspects of the operation of the Cabinet
15 Office that I had not been directly responsible for
16 beforehand and became even more seized of the need for
17 changing how it worked.

18 **Q.** You are not suggesting, of course, that
19 dysfunctionality, if revealed in the heart of
20 a government department, is something that should not be
21 addressed?

22 **A.** No, it absolutely should be addressed but my point is
23 one borne of experience which is, you need to understand
24 why things are the way they are. That things which at
25 first or even second glance within government, or within

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1 that new ministerial responsibility?

2 **A.** Again, it's a nature of -- or a feature and in the
3 nature of cabinet government that you can make
4 observations to the Prime Minister and to others about
5 the weaknesses that you discern in other parts of
6 government but there are delineations of
7 responsibility --

8 **Q.** I apologise for interrupting. Did you make those
9 observations between July 2019 and February 2020?

10 **A.** I made some observations informally about some features
11 of how the government machine was operating but at that
12 time I was prioritising what I considered to be the role
13 and mission that the Prime Minister had given me and
14 which I believed was absolutely critical.

15 So as I arrived as minister for the Cabinet Office
16 alongside being Chancellor of the Duchy of Lancaster,
17 I had concerns but I wanted to familiarise myself with
18 the shape and structure in greater detail before then
19 making recommendations for change.

20 Normally, in previous Cabinet roles, when I have
21 arrived in departments and I believed that there needed
22 to be change, I've taken a couple of months before
23 instituting what some of those changes are, because
24 I wanted to make sure that I properly understood why
25 things are the way they are before then arguing for

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1 any institution, which may seem a barrier to progress or
2 may seem illogical must have seemed at one point,
3 logical to someone.

4 So you need to understand why things are the way
5 they are before then saying, "Right, this needs to
6 change, the justification has fallen away, the logic
7 behind this decision no longer applies".

8 **Q.** Was it also apparent to you from February 2020 that
9 there were very serious systemic issues in the heart of
10 Number 10? The Inquiry has heard a great deal of
11 evidence about the toxicity, the atmosphere in
12 Number 10, the behaviour of people in Number 10. You
13 will be familiar with the references in the Cabinet
14 Secretary's WhatsApps to it being like taming wild
15 animals, nothing in Mr Case's past experience had
16 prepared him for the madness, he had never seen a bunch
17 of people less well equipped to run a country.

18 That could not have been hidden from you as Minister
19 for the Cabinet Office, could it?

20 **A.** I think Mr Case's evidence --

21 **Q.** Well, he hasn't given evidence yet.

22 **A.** I think that WhatsApp refers to circumstances later in
23 our response to Covid, but I entirely understand your
24 point.

25 I think it is the case that almost every Number 10

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1 operation has had, by its nature, strong personalities.
2 Sometimes those personalities clash. Sometimes under
3 tension humans express themselves in ways which, with
4 the benefit of hindsight, they regret.

5 It is certainly the case that under Boris Johnson
6 there were strong personalities in Number 10, but those
7 strong personalities had been responsible for helping to
8 secure not just an election victory but an end to the
9 logjam in Parliament over Brexit, and many of those
10 strong personalities needed to be assertive in order to
11 deal with some of the other challenges that we faced.

12 **Q.** But you accept, do you not, that this was an issue going
13 beyond personality clash: the behaviour, the style, the
14 personalities of the people in Number 10 had a direct
15 impact on its functionality, on its ability to perform
16 in the face of this unprecedented crisis. You would
17 accept that proposition?

18 **A.** Well, I think that you're never going to get a perfect
19 team of personalities all of whom are beautifully
20 aligned and amongst whom there is perfect harmony. You
21 will always have -- it's in the nature of politics --
22 strong views, sometimes punchily expressed.

23 The key thing, I think, is: overall, does the system
24 accommodate a diversity of opinion and then, once
25 a resolution is reached, does it implement that policy

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1 Again, I would not want to pre-empt the committee's
2 conclusions at all but I think I would argue that the
3 government of Boris Johnson, when it came to preparation
4 for Brexit, executed that well, when it came to the
5 vaccine roll-out, executed that well, but there are
6 other areas which I know the Inquiry will look at where
7 it would be quite wrong to award ourselves high marks.

8 **Q.** I'm going to press you on that, Mr Gove. In terms of
9 the government's overall response in those early months
10 to the crisis and deliberately not addressing the issue
11 of vaccines, the government response was deficient.
12 There was a chaotic and dysfunctional element inside
13 Number 10, inside the Cabinet Office, and the
14 government, whether you put it in terms of -- using your
15 words, in terms of output or delivery, was significantly
16 off the mark was it not?

17 **A.** I think it was the case that there were specific
18 failings, and we can go on to list them, but I would add
19 two things. The first is that governments across the
20 developed world were dealing with a novel virus and
21 governments across the western world scrambled to
22 appreciate quite how devastating the impact of this
23 virus would be on their healthcare systems, on their
24 economies and on vulnerable people within their
25 societies. So of course mistakes and errors were made

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1 quickly and effectively? And I think the nature of
2 politics the nature of decision-making in any
3 organisation under pressure means that people do
4 sometimes need to be, you know, a little bit direct.
5 **Q.** The evidence, Mr Gove, suggests -- well, the point is
6 not that a council of perfection should have been
7 expected on the part of Number 10 but that it was
8 dysfunctional, that it was chaotic, that in terms of its
9 ability to produce policy, as you have described it, to
10 implement government decision-making, it was, to use the
11 words of Mr Cummings himself, dysfunctional?

12 **A.** I think that there were -- Mr Cummings' written evidence
13 goes into great length about many of the frustrations
14 that he felt, even before he entered government, about
15 the way in which it worked. I share many, if not all,
16 of his concerns and views about some of the weaknesses
17 in the way in which government operates. But I think
18 that it's in the nature of anyone who's a reformer that
19 they will feel the need to test the effectiveness of
20 delivery and then want to seek to improve it, sometimes
21 by being exacting and tough but, one would hope, always
22 with an understanding of the human factor as well. And
23 I think that the question of how effective government
24 was and is, is best discerned from a detailed look at
25 its response to different crises.

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1 by the UK government and some of them were unique and
2 specific to the UK government. But I also think that we
3 need to remember that governments everywhere made
4 errors.

5 This is not to excuse me from my responsibility for
6 the mistakes that I made, it's simply to say that, when
7 dealing with a crisis of this kind, one needs to
8 appreciate that for democratic politicians everywhere
9 there were sudden and accumulating pressures which some
10 dealt with better than others, but also the very nature
11 of the virus and the nature of the response required
12 became more and more apparent over time as more and more
13 evidence came to light. As we've seen from the evidence
14 presented to the Inquiry.

15 Originally there was scepticism about asymptomatic
16 transmission. As we've seen from the evidence presented
17 to the Inquiry, there was a strong body of scientific
18 evidence that suggested that, for example, to lock down
19 earlier than we did would have tested the patience and
20 the endurance of the British public in a way that was
21 not sustainable.

22 **Q.** Can I interrupt you there to say of course we're going
23 to look at some of the decision-making, important
24 decision-making, and the information available to the
25 government but, before we move on from this topic,

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1 Mr Gove, you would accept that however eloquently
2 advanced those observations in relation to the
3 performance of other governments, it can only be
4 proffered by way of mitigation. They are not an answer
5 to the basic charge -- I don't mean that in a legal
6 sense -- that there were failings in the heart of the
7 government machine, its departments, its centre, its
8 operations in Number 10, that directly impacted upon its
9 ability to respond to the crisis?

10 **A.** Yes, but I think that it's important that we are
11 specific and that we look at specific incidents.

12 So it's understandable that people will express
13 themselves in WhatsApps in the heat of the moment, or
14 even in evidence in placid recollection they will
15 express themselves with frustration, sometimes anger,
16 about what they see and what went on. That is human.
17 What is also human is making mistakes.

18 The key thing is were we -- were individuals, case
19 by case, operating in a way that was cavalier,
20 irrational or foolish? My contention would be that if
21 we look in detail at each of the processes of
22 decision-making, we can understand that many of the
23 weaknesses were as a result of systemic factors, other
24 weaknesses were a result of people's preferences,
25 instincts and judgments leading them in a particular

25

1 is that I also, and I know not everyone testifying to
2 this Inquiry has, I also have a high opinion of
3 Matt Hancock as a minister.

4 However, I believe that too much was asked of DHSC
5 at that point. And it goes to the heart of one of the
6 challenges that I mentioned earlier. We should
7 collectively have recognised that this a whole-system
8 crisis at an earlier point and taken onto other parts of
9 government the responsibility for delivery that was
10 being asked of DHSC at that time.

11 I think with the benefit of the hindsight those
12 within DHSC felt "we can do it, we can meet this hour".
13 And I think that while that degree of commitment and
14 leaning in is admirable in spirit, the truth is that at
15 an earlier stage we should have broadened
16 responsibility. We did, in due course, with the setting
17 up of the ministerial implementation groups, the
18 Covid-19 Taskforce and so on, but I do believe that
19 should have happened earlier.

20 **Q.** You have said that there may have been an element in the
21 DHSC of "we can do it"?

22 **A.** Yes.

23 **Q.** In Sir Patrick Vallance's diaries there are references
24 to Mr Hancock appearing to want to keep too much to
25 himself.

27

1 direction which, with the benefit of hindsight, was
2 wrong.

3 **Q.** Indeed.

4 The DHSC, you must have been in a position to form
5 a view in a general sense about its ability to respond
6 to the crisis. Evidence has been given in this module
7 from Mr Cummings, from Lord Sedwill, also by Sir Patrick
8 Vallance, with particular reference to his diaries, to
9 the effect that between February and May 2020 the DHSC
10 was overwhelmed by the scale of the crisis.

11 I don't wish to engage with you on the merits of the
12 lead government department model. We must focus on the
13 practical response, the practical ability of that
14 department to be able to respond to the crisis.

15 Would you agree with that proposition that it was
16 indeed overwhelmed by the scale of the crisis?

17 **A.** I think I would put it in a slightly different way.

18 I think that -- and I feel I am having to go back to the
19 lead department model, not as a shield behind which DHSC
20 should be protected from criticism but just broadly to
21 contextualise.

22 The first thing I would say I have a very high
23 opinion of the then and current permanent secretary that
24 department, Sir Chris Wormald, with whom I worked at the
25 Department for Education. The other thing I would say

26

1 **A.** Mmm.

2 **Q.** That in the face of the operational mess, as he
3 describes it, into which the DHSC descended, there was
4 a failure on Mr Hancock's part and on the part of the
5 permanent secretary to tell the rest of government how
6 it was. They kept too much to itself -- or to
7 themselves. Would you agree with that proposition?

8 **A.** Yes, but I think that, as I've just described, it was
9 a desire to rise to the occasion and a wish to not evade
10 responsibility actually on their part, but there should
11 have been arguably a greater degree of challenge at an
12 earlier stage.

13 And it was case that I, and I'm sure others as well,
14 used COBRs and used other opportunities, emails,
15 messages and so on, to try to ensure that the right
16 questions were being asked and that DHSC, if it wasn't
17 able to deliver in a particular area, sought the help of
18 other government departments or had the oversight and
19 scrutiny that other government departments could bring.

20 **Q.** Regardless of their intentions, and they may have been
21 honourable, you would agree that a failure to move fast
22 enough, a failure to keep the rest of the government
23 informed as to the crisis faced by the DHSC was
24 a significant failing in itself? That is not how the
25 system is meant to work.

28

1 **A.** Well, I would take it one step back, which is that
2 I think it is the case that there was a noble intention
3 on the part of DHSC, but it is not as though DHSC was
4 the sole repository of information about what was going
5 on with the virus.

6 One of the things that we were all doing was both
7 listening to the thoughtful advice from the Government
8 Chief Scientific Adviser and the Chief Medical Officer
9 but also seeing what was happening on our television
10 screens, reading material that was open source and
11 widely shared. So we could form a judgment about
12 whether or not the whole government response and the
13 DHSC response was appropriate.

14 So, again, we could make a judgment about the need
15 for ventilators, seeing what was happening both in the
16 Far East and in Italy. It didn't need -- it should not
17 have needed one single government department to prompt
18 questioning from others within government about the
19 approach that we were taking. And, indeed, as I think
20 my evidence points out, I benefited from reading outside
21 government briefings in order to be able to bring to
22 bear the sorts of questions which I believed it was
23 necessary to ask.

24 **Q.** Let us look then at some of the documents to which you
25 were privy and the meetings which you attended in the

29

1 there were some ways in which the government, as
2 a result of exercises and steps that we had taken
3 beforehand, was, you know, in a position to deal with
4 aspects of the crisis, other areas which we were clearly
5 weaker.

6 But no, I didn't have the prescience to see in early
7 February that we were not well prepared. I think was
8 only later in February and early in March that my
9 concerns about our response mounted.

10 **Q.** Of course there was no real change in relation to those
11 deficiencies?

12 **A.** No.

13 **Q.** The healthcare system was what it was, the pan flu plans
14 had been prepared in 2011 and had not been significantly
15 altered, and there was no sophisticated, scaled-up TTI
16 system.

17 So to that extent, Mr Gove, why were you not made
18 aware of those salient features, those pre-existing
19 aspects of the government's ability to respond?

20 **A.** I think because, again, I trusted and I think others
21 within government would have trusted the Department of
22 Health and those with whom it all worked in that area.

23 Even after I took on MCO responsibilities, which
24 was, as we discussed, in the middle of February, I could
25 not immediately, I think, have scrutinised every single

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1 early days of February 2020.

2 Just by way of introduction to this topic, and to
3 explore your understanding as to what -- in general
4 terms, what general state the United Kingdom was in.

5 Professor Sir Chris Whitty has stated that he was
6 under no illusions that the United Kingdom was well set
7 up to meet the challenges of a major pandemic, because
8 he knew that investment in healthcare had been
9 suboptimal, he knew that the planned flu plans, such as
10 they were, wouldn't necessarily stand up to the
11 challenges of coronavirus, and of course he was aware
12 there was no sophisticated or scaled-up test and trace
13 system, in contradistinction to some other countries.

14 In general terms, Mr Gove, in early February were
15 you aware of those concerns? Was that a viewpoint that
16 you shared? Were you under any illusions as to the
17 general ability of the United Kingdom to respond to this
18 crisis?

19 **A.** I think it was only later in February that I began to
20 feel a sense of concern about how well prepared as
21 a country we were. Prior to that (a) I didn't have the
22 MCO responsibilities, but (b) the general sense was that
23 we were relatively well prepared as a country. Those
24 were the assurances that we were being given across
25 government, and I broadly took those on trust. I think

30

1 contingency plan across government and tested it with
2 the rigour that might have been deserved.

3 **Q.** Of course.

4 **A.** And, of course, we were in the middle of an evolving
5 crisis. And as I mentioned earlier, and this is well
6 known, while the plan for pandemic flu that had been
7 developed was -- you know, had many strengths and
8 virtues, it was in the nature of the virus that we faced
9 that it presented a different set of challenges from
10 those that pandemic flu presented.

11 **Q.** Indeed. But you would therefore accept that it turned
12 out your trust in the system of government, your trust
13 in, as you've described it, in the understanding that,
14 structurally, United Kingdom was well placed to meet the
15 challenges of this new virus, were misplaced. It turned
16 out we were not?

17 **A.** We were not as well prepared as we should have been
18 ideally. I think that is true. Again, it's in the
19 nature of the fact that the virus was novel. And,
20 indeed -- I think this probably goes beyond the remit of
21 the Inquiry -- there is a significant body of judgement
22 that believes that the virus itself was man-made, and
23 that that presents a particular set of challenges as
24 well.

25 **Q.** That forms no part of the terms of reference of this

32

1 Inquiry, Mr Gove, to address that somewhat divisive
2 issue so we're not going to go there.

3 **A.** But I think it is important to recognise that the virus
4 presented a series of new challenges that required both
5 the science to adjust and science, by definition,
6 adjusts on the basis of accumulating evidence both about
7 the operation of the virus and its effect on particular
8 elements within the population.

9 **Q.** Well, we'll come to that quite separate issue in
10 a moment.

11 There was a Cabinet meeting on 6 February,
12 INQ000056137. You were an attendee. We can see your
13 name in the left-hand column on the first page.

14 On page 6 there was a reference to a tabletop
15 exercise. We should be able to see that reference --
16 perhaps not on this page -- oh, yes:

17 "There would be a tabletop exercise the following
18 week. Colleagues should attend personally or designate
19 a junior minister as a dedicated departmental minister."

20 That may have been, I think it probably was,
21 Operation or Exercise Nimbus that took place on
22 12 February. Did you attend Exercise Nimbus?

23 **A.** No.

24 **Q.** What learning was communicated to you about the outcome
25 of that tabletop exercise to which there had been

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1 **A.** Well, my belief, and this is what eventually came to
2 pass, is that it should have been the case that Cabinet
3 Office should have been in a position, with the
4 resources and the structure, in order to be able to more
5 rigorously interrogate and then take control of the
6 response to crises that other government departments, as
7 lead government departments, had allocated or had been
8 allocated -- allocated to themselves or had been
9 allocated, I should say.

10 **Q.** Therefore, we may presume from your evidence that it did
11 not do those things.

12 Can I ask you what your understanding was, in a very
13 broad sense, about the nature of the work done by the
14 CCS, because the material, as you rightly identify,
15 shows that the CCS, the Civil Contingencies Secretariat,
16 was concerned with planning for excess death management?

17 **A.** Yes.

18 **Q.** What a terrible euphemism. It was dealing with issues
19 such as body bags --

20 **A.** Yes.

21 **Q.** -- and the care for and the looking after of dead
22 bodies?

23 **A.** Yes.

24 **Q.** It was concerned with the promulgation of a pandemic --
25 in fact, a flu pandemic bill. It was concerned with the

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1 reference in Cabinet?

2 **A.** I do not recall any specific reference to Exercise or
3 Operation Nimbus. I do recall that after I acquired the
4 responsibilities as MCO a series of conversations with
5 Katharine Hammond, the director of the Civil
6 Contingencies Secretariat, about some of the specific
7 responsibilities that the Cabinet Office had.

8 One thing I would say, which again goes to some of
9 our earlier points, in the conversation I had with
10 Katharine, again great public servant, quite a lot of
11 the conversation was preoccupied with excess death
12 management. A very sombre and important subject.

13 The sense that I had was that the Civil
14 Contingencies Secretariat was dealing with those issues
15 that other government departments felt they did not want
16 to or should not be leading on, so it was dealing with,
17 as it were, not the whole sweep of questions that it
18 should be dealing with, and I was struck by the fact
19 that Cabinet Office, instead of assuming that broader
20 co-ordinating role which I would have assumed that it
21 did, was instead being expected to deal with admittedly
22 a hugely important section of our response rather than
23 the whole of the response.

24 **Q.** What other matters, what issues, should it have been
25 dealing with?

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1 search capacity within the NHS and with the financing of
2 the care sector.

3 **A.** Yes.

4 **Q.** But there was no consideration of possible
5 countermeasures at that stage or, in a broad sense, of
6 infection control matters?

7 **A.** Yes.

8 **Q.** Is that the area to which you are referring when you say
9 there were areas it didn't address?

10 **A.** Part of it. But it's even more a prior question, which
11 is: if you have a lead government department and the
12 Secretary of State for that lead government department
13 chairing COBR, he is asking of other government
14 departments for a variety of things. So if I were
15 Secretary of State for Health and it were a pandemic or
16 if you were --

17 **Q.** Slow down a little bit, Mr Gove, you are racing away
18 now.

19 **A.** Forgive me.

20 If either of us -- if my Lady were Secretary of
21 State for Health and chairing COBR, any of us would ask
22 of other government departments, "What are you doing?"
23 So one would ask of the Education Minister, "Are we
24 certain that policy X is being followed in schools?"
25 One would ask of the Defence Secretary, "Is it possible

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1 that we can deploy the military in this occasion?"

2 But the Health Secretary him or herself is not being
3 questioned or held to account in that process, and
4 I believe that that's the wrong model, that the Health
5 Secretary -- or the Home Secretary if it's a terrorist
6 outrage, or the Environment Secretary if it is an animal
7 or plant disease outbreak -- should not be the person
8 chairing COBR but the person reporting to COBR, and it
9 should be a Cabinet Office minister or the Prime
10 Minister who acts as the chair, interrogating all
11 government departments, seeking to ensure that ancillary
12 departments support the lead department but also
13 questioning the lead department on its responsibilities
14 and management.

15 **Q.** Was there a specific issue in this regard in relation to
16 the Health ministerial implementation group, because
17 Mr Hancock chaired that MIG and therefore was, to some
18 extent, in the way that you described, marking his own
19 homework?

20 **A.** Yes. And I would say as a structural weakness, because,
21 as I mentioned earlier, I have a high opinion of
22 Mr Hancock and believe that many of the decisions that
23 he made were right and displayed foresight and wisdom.

24 **Q.** You have acknowledged that when you discussed these
25 issues with the Civil Contingencies Secretariat --

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1 is who's dealing with X, who's dealing with Y, who's
2 dealing with Z. Because appreciating the need for
3 infection control, non-pharmaceutical interventions,
4 therapeutics and so on was something that I only became
5 more acquainted with as the crisis developed.

6 **Q.** In this Cabinet meeting you will see, two or three lines
7 above the reference to tabletop exercise, the words:
8 "The central point to make was that the Government
9 had a plan to deal with this illness, and this was
10 guided by science."

11 **A.** Yes.

12 **Q.** I don't intend you ask you any questions about the
13 doctrine of following the science but what was the plan,
14 as far as you understood it, that the government had in
15 place to deal with the illness? What plan? You must
16 have asked yourself.

17 **A.** Yes, and the plan, and again this was emphasised in
18 COBR, was a plan to delay and contain the spread of the
19 disease. The disease, however, overwhelmed that plan,
20 to put it mildly.

21 **Q.** How delay, how contain, Mr Gove? What was the plan for
22 delaying, for practically stopping the spread of the
23 virus into the United Kingdom and then containing it
24 thereafter to the extent that -- delaying it thereafter
25 to the extent containment was lost? What were the nuts

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1 **A.** Yes.

2 **Q.** -- and we must presume from the fact that you said you
3 approached them and you spoke to them, that you were
4 engaged in this issue, it was something that you were
5 looking at, was it apparent to you that there was no
6 real debate about infection control being carried out
7 within the CCS, that it was focusing on -- and I don't
8 mean this disrespectfully -- ancillary issues such as
9 the management of dead bodies, legislative proposals for
10 dealing with public order in the face of a flu or
11 coronavirus pandemic and, admittedly, surge capacity
12 within the NHS? In central government terms there was
13 no real consideration of how do we stop this virus from
14 spreading, of what infection control measures need to be
15 thought about and then put into place.

16 What was your reaction?

17 **A.** Yes, I would not want to overstate either my knowledge
18 or my prescience. All that I felt when I was talking to
19 Katharine is (a), as you say, the whole issue of excess
20 death management is sombre, chilling, scary. Also, why
21 is this assuming so much of the Civil Contingencies
22 Secretariat's time and time in this conversation when
23 there are so many other aspects of dealing with this
24 emerging pandemic that require to be addressed.

25 What I could not say, because I did not know enough,

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1 and bolts of that plan, as far as you understood it to
2 be?

3 **A.** That we should use testing and contact tracing in order
4 to monitor the spread of the disease and that -- seek to
5 isolate those who were infected.

6 **Q.** You understood, of course, that that system dealt only
7 with index cases, a relatively small number of
8 travellers who had come into the United Kingdom --

9 **A.** Yes.

10 **Q.** -- and that there was, beyond the first few hundred,
11 absolutely no system for testing, tracing and isolating.

12 **A.** Quite. And not only was the system at that time proven
13 to be inadequate and overwhelmed, there were subsequent
14 problems with testing and contact tracing throughout the
15 pandemic.

16 I would only add, however, that the initial evidence
17 that ministers were presented with was that there was
18 a low likelihood of asymptomatic transmission and
19 obviously we subsequently discovered -- we all
20 discovered that was not the case.

21 **Q.** That is to do with the overarching understanding of the
22 characteristics of the virus, but focusing on what the
23 Cabinet was told --

24 **A.** Yes --

25 **Q.** -- by the CMO about the nature of the plan, this was

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1 plainly a matter of the gravest concern and you were
 2 being assured, "Don't worry we've got a plan"?

3 **A.** Yes.

4 **Q.** And I want to ask you what was your understanding of the
 5 mechanics of that plan beyond, "Well, we're going to
 6 contain it and delay it"?

7 **A.** That principally, but also that we had as Chief Medical
 8 Officer one of Britain's foremost epidemiologists, that
 9 we had a robust system within the NHS of providing surge
 10 capacity at certain moments, and that we had stocks of
 11 some of the drugs that might prove efficacious and
 12 of PPE. Of course it was in the nature of our
 13 preparation that our preparation was for a flu pandemic
 14 and that the PPE and drugs that we had were aligned with
 15 that type of pandemic, not the coronavirus pandemic, as
 16 it turned out.

17 **Q.** Even at that stage, Mr Gove, it was known to everybody
 18 there was no antiviral or no therapeutic for this
 19 coronavirus so that could have been of little solace.

20 **A.** Mm.

21 **Q.** In terms of how it was envisaged that if the virus
 22 spread beyond the handful of travellers and index cases,
 23 infection control measures could be put into place, what
 24 debate was there?

25 **A.** That debate only intensified or really took place later.

41

1 **Q.** We will return, of course, to the issue of lockdown.
 2 But for present purposes, it wasn't of course a decision
 3 that was made until 23 March.

4 **A.** Indeed.

5 **Q.** And not debated, in fact, at a serious and high level
 6 until probably two weekends before the weekend of
 7 14/15 March.

8 **A.** Mmm.

9 **Q.** You accept, therefore, Mr Gove, that whilst debating the
 10 spread of a new coronal viral outbreak, acknowledging as
 11 you have done already that there was a dawning
 12 realisation that there were no practical measures that
 13 could stop its spread, no TTI, sophisticated TTI system,
 14 that the virus, once it got out of China, would be
 15 impossible to be limited, to be kept away from our
 16 shores. There was no debate about infection control,
 17 prosaically, "How do we stop the virus from spreading
 18 throughout this land?"

19 **A.** I would say two things. I'm sure there was debate going
 20 on in SAGE, in other government advisory committees,
 21 amongst medical experts, epidemiologists and public
 22 health experts. I'm sure that debate was going on.
 23 I could only rely on the advice that was given to
 24 government ministers, broadly, and also to what you or
 25 I or anyone could read through open source information.

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1 **Q.** I'm so sorry to interrupt. There was no debate about
 2 the nature of the existence of infection control
 3 measures at this stage in early February?

4 **A.** Well, there was an observation or a series of
 5 observations about what was being done in east Asian
 6 countries and particularly in China. And, again,
 7 a central question that I know many of us will be asked
 8 to address is the wisdom or efficacy of lockdown.

9 But I think as the CMO, CSA and others have said,
 10 lockdown was an unprecedented departure for a country
 11 like the United Kingdom with its traditions of liberty.
 12 Normally, it would be the case that those who were
 13 infected and visibly so would be isolated, not an entire
 14 population being locked down.

15 It was a very, very significant step, I believe
 16 right and justified given the nature of the virus, but
 17 nevertheless a momentous one. And, again, we were
 18 looking at emerging evidence at that time and, again,
 19 I would stress that the burden of the advice that we
 20 were being given in early March was that thinking about
 21 locking down the population was not just a momentous
 22 step and a significant departure from what had gone
 23 before, but a policy that would have to be introduced
 24 with care because we could not expect the UK population
 25 to endure those restrictions for too long.

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1 And at the time, in public debate, there were not
 2 many voices who were urging the type of action that we
 3 subsequently embraced and I think it was only because of
 4 the situation in Italy, in Lombardi, and the effect of
 5 lockdown there, that we had a real existing example in
 6 a Western European country of the application of the
 7 types of policies that we subsequently had to embrace.

8 So I search in vain for the individual or
 9 individuals who, well in advance of early March, were
 10 clear about what was required. I think I mentioned in
 11 my evidence that the former Cabinet Minister,
 12 Rory Stewart, invoked the example of dealing with Ebola
 13 in calling for very firm measures. But I believe in
 14 Rory's case, I think one of the most prescient figures
 15 in the debate, that was only early in March that he was
 16 making that case. Admittedly of course, and to be fair
 17 to him, he was, having been a government minister, also
 18 outside government.

19 **Q.** You've referred of course to the outbreak in northern
 20 Italy. To get our chronological bearings, the first
 21 lockdown was imposed in northern Italy in ten
 22 municipalities on 21 February.

23 **A.** Mmm.

24 **Q.** So we will come back to this some time before the
 25 comparable decision was taken here.

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1 Another document before the break, please, the Civil
2 Contingencies Secretariat was tasked on 25 February with
3 drawing up plans for central government for dealing with
4 this coronal viral outbreak.

5 If we have that, please, INQ000146569, we can see
6 a document dated 28 February which was sent to the Prime
7 Minister. We can see the reference in the top
8 right-hand corner.

9 "[Prime Minister], this is a short update paper on
10 domestic plans on coronavirus. Attached is the full
11 action plan Matt wants to publish on Tuesday [and] which
12 COBRA will review Monday."

13 That is a reference to the action plan which
14 ultimately was published on 3 March.

15 **A.** Mmm.

16 **Q.** If you could scroll back out, we can see dated 2 March
17 that the CCS is saying, in paragraph 1:

18 "Covid-19 looks increasingly likely to become
19 a global pandemic, although this is not yet certain."

20 I'm not going to debate with you, Mr Gove, when it
21 became understood that there would be a global pandemic,
22 but that was the position taken by the CCS.

23 "However, a global pandemic will require a step up
24 in our response, as we use additional legal powers,
25 public messaging and difficult policy decisions to delay

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1 **Q.** But do the best that you can then. There are repeated
2 references to the preparation that would need to be
3 done, a clear plan of activity that would be required,
4 and to the strategic and tactical aims.

5 **A.** Mmm.

6 **Q.** At this time, at the end of February, which is over
7 a week after the lockdowns had been imposed in Italy,
8 were you struck by the absence of detailed infection
9 control plans, the practical measures, which ultimately
10 of course were imposed? Did it strike you that their
11 omission from this core document, from the Civil
12 Contingencies Secretariat was significant?

13 **A.** I think it was only a week after that the week
14 commencing 9 or 10 March that my concerns began to mount
15 significantly.

16 **Q.** There's a reference to overreaction in paragraph 9:
17 "... as cases spread across the world the risk of
18 overreacting is reducing."

19 There was a meeting with the Prime Minister, which
20 again you may not have attended, on that day,
21 20 February, and his Private Secretary's notebook refers
22 to the fact that the Prime Minister stated the biggest
23 damage would be done by overreaction.

24 **A.** Yes.

25 **Q.** What was your view at this stage, around about the end

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1 the onset of any peak and mitigate the worst
2 impacts ..."

3 If we could scroll back out, we can see then in
4 paragraph 3:

5 "Preparations are well underway, COBR is meeting
6 regularly and our best scientists are advising on when
7 this step up will be needed ... we may need to share
8 more of our planning ..."

9 Then to get your bearings, if we could scroll back
10 out on page 2, at 7, 8 and 9, we can see strategic and
11 tactical aims set out: protect lives, contain the
12 infection, delay the peak?

13 **A.** Yes.

14 **Q.** "We need to strike a balance between taking precaution
15 steps and overreacting."

16 So two questions, please. Were you privy to this
17 document? Was this sent to you?

18 **A.** Well, I appear to be on the cc list but --

19 **Q.** You do.

20 **A.** I am not certain. I would have to check with my office
21 that I actually received this document in this form.

22 **Q.** There was another variant of this document, of course
23 one without the note on the top, the handwritten note,
24 which is why I have taken you to it.

25 **A.** Yes.

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1 of February, on the danger of overreacting?

2 **A.** I recognise the case. I do not believe that it was at
3 the end of February. I believe that it was just
4 a little bit later, as I say, on the week beginning 9 or
5 10 March that I became convinced that the danger was
6 under reacting, not overreacting.

7 But I think that the Prime Minister's view that on
8 past occasions we had seen, foot and -- not so much foot
9 and mouth, forgive me, Freudian slip -- BSE, that we had
10 seen an overreaction. I think his natural concern was
11 that if we paralyse the economy, there would be
12 undoubted costs, there were undoubted costs, and before
13 taking such a grave step we need to be absolutely
14 certain that it was justified.

15 As I say, at the time, at this precise point around
16 the very end of February, I was inclined to give
17 substantial weight to the Prime Minister's concerns.

18 It was only in the succeeding days that I became
19 more and more convinced actually that action was
20 required, and that was partly because of what I had seen
21 happening in Italy, partly also material that had been
22 sent to me by friends outside government, that led me to
23 believe action was needed.

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

25 **LADY HALLETT:** It is certainly. 11.30, please.

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1 (11.14 am)

2 (A short break)

3 (11.31 am)

4 **MR KEITH:** Mr Gove, during the course of the morning I was
5 asking you some questions about dysfunctionality at the
6 heart of central government, in particular in some of
7 its government departments. I asked you, I said I'm
8 going to press you in relation to the areas in which you
9 said it would be wrong to award yourself and the
10 government high marks and you said:

11 "I think it was the case that there were specific failings,
12 and we can go on to list them ..."

13 Rather rudely I didn't ask you to list them. Could
14 you list them please.

15 **A.** I don't think I can exhaustively. I think that --
16 I believe that we were too slow to lockdown initially,
17 in March. I believe that we should have taken stricter
18 measures before we eventually decided to do so, late in
19 October. I believe that while it was admirable that we
20 succeeded in building testing capacity so quickly that
21 the strategic approach to who should be tested and why
22 and what the tests were for, was not as rigorously
23 thought through as it might have been.

24 I am also concerned that we did not pay enough
25 attention to the impact particularly on children, and

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1 Officer (CMO) and the Government Chief Scientific
2 Adviser (GCSA) to provide a situation update. The CMO
3 said that contract tracing for the source or
4 investigation for the last two cases in the
5 United Kingdom had not been successful and that in both
6 France and Germany there was now sustained community
7 transmission."

8 So this is 2 March, it's about a week or ten days
9 after a lockdown has been imposed for the first time in
10 the ten municipalities in Italy. There have been cases
11 within the United Kingdom since the beginning of
12 January -- 30 and 31 January in fact, and COBR, the
13 primary crisis response body for the United Kingdom is
14 being told contract tracing for the source of infection
15 for the last two cases had not been successful and there
16 is sustained community transmission in France and
17 Germany.

18 Did you, experienced Cabinet Office minister as you
19 were, understand that, in effect, containment had been
20 lost, that the virus was here and was spreading?

21 **A.** Yes.

22 **Q.** There was an action plan published the following day,
23 you have referred to it earlier, INQ000057508, the
24 Coronavirus: action plan. This was -- and we'll come to
25 this in a different context later in the course of your

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1 vulnerable children, of some of the measures that we
2 took.

3 I also believe that the approach that we took
4 towards PPE procurement deserves, at the very least,
5 reflection.

6 **Q.** Thank you.

7 On 2 March, there was a COBR. It was first one
8 chaired by the Prime Minister.

9 **A.** Yes.

10 **Q.** INQ000056217.

11 Do you believe that the Prime Minister should have
12 chaired earlier COBRs, not for the purposes of reaching
13 different outcome in terms of the work done by COBR,
14 Mr Gove, but in terms of giving a greater impression
15 that the crisis was being taken seriously, or are you
16 agnostic on this issue?

17 **A.** Not quite agnostic. In an ideal world, the Prime
18 Minister or another minister who was not the Secretary
19 of State for Health -- this is not a personal comment
20 about Matt Hancock, simply about the role as we
21 discussed earlier -- could have chaired it but I do
22 believe that the Prime Minister chairing it on
23 Monday 2 March was wise and right.

24 **Q.** Page 5, paragraph 2:

25 "The CHAIR invited the Government Chief Medical
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1 evidence -- a document, a publication, to which all the
2 devolved nations had contributed.

3 At page 10 on paragraph 3.9 there is, set out, the
4 broad strategic approach of the United Kingdom
5 Government:

6 "Contain: detect early cases, follow up close
7 contacts, and prevent the disease taking hold in this
8 country for as long as is reasonably possible."

9 If it does take hold, "slow the spread in this
10 country".

11 Did COBR, which was sighted, of course, on the
12 publication of this action plan, consider the degree to
13 which containment had already been lost, that the virus
14 was in the United Kingdom and it was spreading, there
15 was sustained community transmission and therefore that
16 a strategy based in part upon containment was a failed
17 strategy?

18 **A.** I think it's fair to say that there was a dawning
19 realisation that the spread of the disease would mean
20 that moving from "contain" to "delay" was becoming more
21 and more imperative, certainly on my part and I'm sure
22 on others.

23 **Q.** Did anybody think to ask themselves: what is the point
24 of publishing our sole strategic document on a basis
25 which may simply not turn out to be correct?

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1 **A.** I think it was the case at that time that there was
2 a growing realisation, but it was not universal -- this
3 was a document, of course, agreed by all four
4 governments into which a degree of close working had
5 gone and this was the plan overall as had been drawn up
6 in the weeks and days beforehand.

7 So I think it's fair to say that in laying out how
8 the government sought and planned to approach the
9 pandemic, that it was right to show our working, as it
10 were.

11 **Q.** On page 4 at paragraph 1.1 there is a reference to the
12 United Kingdom being "well prepared to respond in a way
13 that offers substantial protection to the public". That
14 turned out not to be the case.

15 **A.** Certainly we were not well enough prepared, no.

16 **Q.** Going back to the COBR document, to the day before the
17 meeting of COBR, INQ000056217, on page 5, paragraph 3:

18 "Continuing the CMO said that interventions to delay
19 the spread of the virus must not be implemented too
20 early in order to ensure maximum effectiveness. [SAGE]
21 was looking at [social distancing measures] and
22 exploring measures that both Hong Kong and Singapore had
23 utilised."

24 Now of course, as it happened, you are well aware,
25 that on 12 March the first countermeasures were ordered

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1 **Q.** Not just a lockdown, correct?

2 **A.** Not just, no.

3 **Q.** So the CMO told COBR that whatever these measures for
4 social distancing were, they should not be imposed too
5 early and COBR accepted that proposition?

6 **A.** At the time, yes.

7 **Q.** Page 6 there is a reference to "Next steps":

8 "Summing up the CHAIR said the Government's response
9 must be guided by science and protecting the vulnerable.
10 The CHAIR said that COBR will continue to meet on
11 a regular basis."

12 Why was there no debate on the merit or efficacy of
13 specific measures perhaps of the type that the Chief
14 Medical Officer had had in mind?

15 **A.** Well, no such measures were put to COBR at that time.
16 I think that the CMO -- I can't obviously know what all
17 his thinking was but I think the CMO was preparing us
18 for the need for such measures in the future rather than
19 listing the sorts of measures that needed to be
20 implemented with rapidity later.

21 **Q.** Bluntly, why did no-one on COBR, the primary crisis
22 response body for the United Kingdom Government, say to
23 the Chief Medical Officer, "It's obvious containment is
24 lost or is about to be lost, this fatal virus to which
25 there is no vaccine or antiviral is here and is

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1 to be imposed. There was an order that those displaying
2 symptoms of coronavirus had to self-isolate for
3 seven days.

4 What was COBR's position in relation to the CMO's
5 suggestion that infection control measures, perhaps of
6 that type, isolation, self-isolation, possibly
7 hand washing, possibly social distancing, should not be
8 imposed too early to ensure maximum effectiveness? Was
9 there a debate about the good sense or otherwise in that
10 proposal?

11 **A.** Not at that COBR, no, that I recall. There was,
12 I believe, understandable respect for the CMO, as
13 I mentioned earlier, Sir Chris is a very distinguished
14 epidemiologist and dedicated public servant, and the
15 view, the broad scientific consensus at that time, was
16 that to impose measures that we now know of as lockdown
17 would have tested the patience of the public, that they
18 would not have endured for long, and therefore they
19 needed to be applied at just the right time.

20 **Q.** This was not, with respect, a reference to lockdown or,
21 at least not least lockdown, because it's measures for
22 social distancing and exploring measures.

23 **A.** I think the reference to both Hong Kong and Singapore
24 was clearly a reference to east Asian jurisdictions that
25 had very, very tight measures, analogous to lockdown.

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1 spreading, what in practice needs to be done to prevent
2 the spread of the virus throughout this population?"

3 **A.** I think it was case that we accepted the broad view at
4 the time that -- from the CMO and others, that there was
5 a limit to what could be done to contain the spread, and
6 the reason there was a limit is that lockdown measures,
7 or analogous measures, were unprecedented in their
8 application in the UK, and the public, as I mentioned
9 earlier, would not endure them for long.

10 So the argument at the time was: such measures may
11 well be required, but we have to be careful not to
12 introduce them too early because that will only mean
13 that they will have to be lifted and that will lead to
14 a second wave.

15 **LADY HALLETT:** Mr Keith, I am sorry to interrupt, I hope
16 I haven't stopped your train of thought.

17 Going back to the reference to the Chief Medical
18 Officer's advice to COBR, I can't remember, forgive me
19 and I haven't got my notebook with me, whether that
20 passage was put to Sir Chris and whether he accepted it
21 was a fair reflection, because it seemed to me that he
22 appeared to be advising caution against any measures,
23 including lockdown, and we can understand the reasons in
24 relation to lockdown, and I just wondered if --

25 **MR KEITH:** Yes, indeed the general proposition was put to

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1 him but not that sentence. So, my Lady is quite right,
2 there is an issue as to whether or not "measure" meant
3 measures or meant the lockdown measure.

4 **LADY HALLETT:** Exactly, and whether it meant things short of
5 lockdown like social distancing, yes.

6 **MR KEITH:** Obviously, I am not in a position to give
7 evidence and of course I can't. You have received
8 a fair amount of material already as to what the general
9 state of play was about the understanding of what
10 measures might in due course be imposed, so I think
11 a sensible place to land in relation to this is that no
12 part of government was saying, "These are the lists of
13 measures which you need to be considering", there was
14 a general sense of: be careful.

15 **LADY HALLETT:** It's just that Mr Gove just said that the
16 public might get tired of them. Well, things like
17 washing hands, we know that that has no downside. So
18 I just wondered whether -- can you remember, Mr Gove,
19 did the CMO cover the broad spectrum of measures or was
20 your impression he was talking about measures as
21 draconian as lockdown?

22 **A.** I think that he was preparing us for the possibility
23 that there might need to be draconian measures, hence
24 the reference to Hong Kong and Singapore, but at that
25 stage the broad advice was as, my Lady says, to wash

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1 **A.** Yes.

2 **Q.** -- there was a general understanding, of course, that
3 there were measures available. In past pandemics there
4 have been the closure of schools, there has been hand
5 washing, as my Lady says. There are quarantines which
6 have been contemplated and imposed in the past,
7 self-isolation of not just individuals but households,
8 indeed the very measures that did come to be imposed at
9 a later stage.

10 There just doesn't appear to be any debate at all
11 about the nature of those measures, whether it was
12 lockdown or any of these other well understood measures.
13 Do you agree?

14 **A.** Not that week but the next.

15 **Q.** And of course you did have a growing concern, as you
16 said in your statement, about whether or not tougher
17 measures were required and that goes to the same point.

18 On 10 March you emailed Mr Hancock and Mr Cummings,
19 INQ000263380, and you detailed a list of questions that
20 you required answers to:

21 "Just following up from Cobra yesterday.

22 "I think the DHSC team ... are ... doing a great job
23 [but] ... I wanted to follow up on some of what was
24 being discussed yesterday ..."

25 And you raise a number, if I may observe, of very

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1 one's hands.

2 To jump ahead slightly, and it may not be helpful,
3 I believe the Cabinet met the following Tuesday, on
4 10 March, and in the Cabinet minutes a point is recorded
5 as having been made. I believe this is a reference to
6 a point or a question I asked them.

7 I by that stage was concerned that the measures we
8 were taking were not sufficient, that the hand washing
9 advice, obviously valuable in itself, was not enough,
10 and I think the Cabinet minutes record my saying that we
11 needed to look at what other countries were doing and we
12 needed to be clear that there was a potential divergence
13 of scientific opinion that needed to be taken account
14 of.

15 I wanted to balance both respect for the CMO and
16 CSA, distinguished scientist I'm not, but with a desire
17 to say: we do need to recognise that the course that we
18 are on needs to be altered.

19 **MR KEITH:** And of course, advice is advice, as the
20 scientists and the CMO himself and GCSA have been at
21 pains to tell the Inquiry. The ultimate decision-makers
22 were COBR and, of course, above COBR, ministers, and,
23 above ministers, Prime Minister.

24 One final question on this point, and it is
25 a question prefaced in my Lady's question to you --

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1 good questions. You ask about resilience, and the food
2 and hospitality sector, what to do about people who have
3 mild symptoms, ICU capacity, equipment and, over the
4 page, education, 111 calls, hospital organisations,
5 screening, temperature screening:

6 "Ditto on public gatherings -- I am all for schools
7 etc staying open, but what is ... the published
8 scientific reasoning of, say, Spain, that suggests they
9 may have the closure of schools in Madrid wrong?"

10 "We must of course be guided by science, but that
11 involves testing the propositions and weighing up
12 different choices."

13 Cognisant of the fact that, of course, advice is
14 advice and you are the decision-makers.

15 These questions, Mr Gove, appear to indicate that
16 you were raising them because they had not been properly
17 ventilated in COBR, they were not being properly
18 addressed by government which is why you were reduced to
19 writing to Mr Hancock and Cummings directly and saying,
20 what about these issues? Why had the system required
21 you to have to take this step?

22 **A.** I think in fairness the email followed on from a COBR
23 discussion in which some of these issues --

24 **Q.** It did. I read out the first line, "following [the]
25 Cobra yesterday".

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1 **A.** Yes. So I had a chance to reflect on some of the
 2 discussions that we had had then and these were
 3 questions consequent on that. It will often be the case
 4 that in a COBR or a Cabinet Committee meeting, certain
 5 issues will be raised, and then, as I have a chance to
 6 reflect afterwards, other questions occur to me which
 7 need to be addressed to follow up, and it seemed to me
 8 the most timely and efficacious way of driving change
 9 was to email both the Health Secretary and the Prime
 10 Minister's principal adviser direct. And, again, both
 11 at the beginning and at the end I stress that some of
 12 these questions may already have been addressed and
 13 therefore if what I'm saying is superfluous or off beam,
 14 I apologise, because I recognise that there would be
 15 activity going on within the Department of Health and
 16 indeed decision-making within Number 10 that I might not
 17 be sighted on.

18 **Q.** Mr Gove, none of these questions are formulated in terms
 19 of -- the point was made yesterday -- or something was
 20 said yesterday and I just want to follow up with
 21 a question. It is this: these are all, if I may say so,
 22 very good but obvious questions, concerns, that you've
 23 got. There is nothing here that suggests that they were
 24 debated in detail or at all the day before, specifically
 25 each of these questions.

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1 about. It was about the Cabinet Office overall,
 2 including its ability to deal with Covid.

3 I apologise to you and to the Inquiry and to the
 4 public for expressing myself in the way that I did. I'm
 5 sure that you'll understand that this sort of thing
 6 happens.

7 **Q.** Speaking for my part, no apology is required.
 8 But the point is, Mr Gove, you were obviously
 9 concerned about the general position of the Government?

10 **A.** Yes.

11 **Q.** On 4 March what was the most pressing concern of
 12 Government?

13 **A.** Well, it was the coronavirus, but I was concerned about
 14 the Cabinet Office overall.

15 I don't want to suggest that I was a perfect
 16 clairvoyant -- very far from it -- but it was the case,
 17 and I think I also emailed Mr Cummings around this time
 18 as well to point out some of what I believed were the
 19 defects in the way in which the Cabinet Office operated,
 20 and I made the point then that the situation with
 21 coronavirus would only further expose the weaknesses in
 22 how the structure of Government was set up.

23 **Q.** 11/03/2020, 18:53:45, Mr Cummings refers to the Cabinet
 24 Office in terms which he has, in fact, repeatedly
 25 referred to it, but he says this:

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1 **A.** Many of them were, including, as I mention, the 111 line
 2 and equipment overall. Because both Dominic Cummings
 3 and Matt Hancock were in the meeting I would not have
 4 needed to have said in the email, "as we discussed" or
 5 "this is issue was raised". I don't believe all the
 6 questions that I ask followed on from everything that
 7 was discussed at the meeting. I think there are one or
 8 two that occurred to me because of other concerns that
 9 I had as more material became apparent to me.

10 **Q.** INQ000275436 is a WhatsApp group concerning yourself and
 11 Mr Cummings.

12 If we can have page 3, "Michael Gove" at the top,
 13 and then there are reference to "Dom", obviously Dom
 14 Cummings. At 19:48 on 4 March, so two days after the
 15 COBR:

16 "You know me. I don't often kick off. But we are
 17 fucking up as a Government and missing golden
 18 opportunities. I will carry on doing what I can but the
 19 whole situation is even worse than you think and action
 20 needs to be taken or we'll regret it for a long time."

21 Expand, please.

22 **A.** I was concerned at that stage about the ability and
 23 structure of the Cabinet Office, overall, to deliver on
 24 the Government's priorities. Covid was in my mind but
 25 it wasn't the principal thing that I was messaging

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1 "They told us they had plan."
 2 And you say.
 3 "Indeed."
 4 What plan? A plan for what, Mr Gove?

5 **A.** I believe that Dom was referring, then, to a plan for
 6 the pandemic.

7 **Q.** Right. You were the Cabinet Office minister on
 8 11 March, on the breaking of the coronal viral wave upon
 9 this country, you were speaking to the Prime Minister's
 10 chief adviser and you are agreeing that the Cabinet
 11 Office appears to have a deficient plan or no plan for
 12 addressing this unprecedented crisis. That is a
 13 terrible state of affairs, is it not?

14 **A.** It is a deeply regrettable state of affairs.
 15 I mentioned earlier that, on assuming responsibility
 16 overall for the Cabinet Office, I sought to initiate
 17 change and, as I say, I assumed responsibility on
 18 13 February and then immediately sought to recruit
 19 additional personnel from within and without the Civil
 20 Service to support change, ordered a zero-based review
 21 of the Cabinet Office, asked for an improved analytical
 22 function and, as the first WhatsApp of 4 March
 23 indicates, I wanted to alert Dom to what I considered to
 24 be the scale of change necessary.

25 **Q.** Page 4, there is a reference to "act today" -- yes, at

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1 12:03 -- 12 March, 23:00, 11 o'clock at night -- I've
 2 now lost -- ah, yes, at the bottom of the page, if you
 3 could scroll back out please -- well, there we are.
 4 "Michael Gove", you send to Mr Cummings a link for,
 5 what appears to be an article or piece of information
 6 entitled, "act today or people will die".
 7 **A.** Yes.
 8 **Q.** You were under no illusions about the seriousness of the
 9 Government's position, were you?
 10 **A.** No.
 11 **Q.** You were concerned that were not more stringent steps to
 12 be taken and were the Government not to act more
 13 speedily, people would die?
 14 **A.** Yes.
 15 **Q.** All right.
 16 **A.** And in particular, the reference to that article by
 17 Tomas Pueyo -- the article had been sent to me by
 18 friends who worked outside government.
 19 **Q.** You mentioned that earlier, that you had been provided
 20 with information from outside government, but was this
 21 material that friends had sent you in relation to
 22 a possible response to the coronavirus crisis or related
 23 to steps that the government, they believed, should be
 24 taking?
 25 **A.** Tomas Pueyo's article was intended to act as a wake-up

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1 **Q.** Regardless of whether it was a real change in strategy
 2 or whether it was a scaling up of an existing strategy,
 3 and whether or not there is a distinct conceptual
 4 difference between mitigating the impact of the virus
 5 and suppressing it, what in your view was the driver for
 6 that change in approach, that dawning realisation over
 7 that weekend?
 8 Was it the information from SAGE in relation to the
 9 workings of and the work done by Imperial College and
 10 the London School of Hygiene and Tropical Medicine, was
 11 it the CMO, was it Mr Cummings and Marc and Ben Warner
 12 and Helen MacNamara and Imran Shafi who had met to
 13 discuss the crisis and their understanding of the
 14 emergency? What was the push? Where was coming from?
 15 **A.** I think the fact that you cite so many examples shows
 16 that there was a convergence of thinking, in different
 17 institutions, from different individuals, about the need
 18 to act.
 19 I was not aware of Neil Ferguson's work until after
 20 that weekend. In fact, I don't think it was shared
 21 publicly until after that weekend. A great deal of
 22 weight has been placed on Professor Ferguson's work as
 23 influencing government decision-making. I think it's
 24 fair to say that I and others had come to these
 25 conclusions before that.

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1 call to governments across the west. So it wasn't
 2 specific to the UK but the arguments that he made about
 3 coronavirus weighed with me. I'd read other material
 4 beforehand that had provoked concern but this seemed to
 5 me to be the best, clearest and most urgent expression
 6 of the need to act, of anything that I had read and
 7 I wanted to make sure that it was shared across
 8 government so that people could see, essentially, the
 9 reasoning that had reinforced my conviction that we
 10 needed to act.
 11 **Q.** This is not a hindsight debate, is it? Your friends and
 12 your colleagues outside government were sending you
 13 material imploring the government, or imploring you, to
 14 act. They were doing so on the basis of information
 15 material which was available to them and no doubt, in
 16 large part, publicly available; is that correct?
 17 **A.** Yes. And I deliberately sought information from friends
 18 outside government, whose opinion I trusted, because
 19 I wanted to make sure that I had alternative sources of
 20 information to test the views that were being expressed
 21 by government colleagues and others.
 22 **Q.** Yes. Evidence has been given to the Inquiry to the
 23 effect that there was, over the weekend of Saturday 14
 24 and 15 March, a change in strategy.
 25 **A.** Yes.

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1 What weighed with me were the numbers.
 2 **Q.** Why was the drive, such that it was, or the dawning
 3 realisation on the part of various parts of government
 4 and the people within it, not coming from the DHSC, the
 5 Department of Health, the lead government department
 6 responsible for health?
 7 **A.** I do believe that that weekend, as I recall, the
 8 Secretary of State for Health was also, like me, keen on
 9 the exercise of greater caution when it came to dealing
 10 with the virus and was, like me, I believe, an advocate
 11 for very uncomfortable restrictions on civil liberty in
 12 order to deal with the health emergency.
 13 **Q.** The Secretary of State himself engaged in what became,
 14 of course, the lockdown debate and the need for more
 15 stringent measures, but why wasn't, institutionally, the
 16 DHSC, its officials, its advisers, its civil servants,
 17 responsible, at that stage, the lead government
 18 department for the response to the crisis, not driving
 19 the government machine forward to this conclusion?
 20 **A.** I believe it was the case that the Secretary of State
 21 and others within DHSC would have been pressing upon
 22 Number 10 and the Prime Minister the need to act at that
 23 time as well.
 24 **Q.** Well, I'm afraid I need to press you. You say you
 25 believe. Have you seen emails or communications from

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1 the DHSC, institutionally, to the Prime Minister saying,
2 "We're behind the curve, we've missed a trick here. We
3 are delayed and there is an urgent need for more
4 stringent measures and we need a change in strategy"?

5 **A.** No, but my recollection of the conversations that I had
6 around that time was that the Secretary of State was of
7 that view and I should say that I'm pretty certain that
8 he would have communicated that in conversation with the
9 Prime Minister.

10 But, again, I would not have been in all of those
11 conversations and one of the reasons why I texted and
12 emailed as I did was to alert people to my concerns and
13 to hope that if they were, as I believed both
14 Dominic Cummings and Matt Hancock were, if they were of
15 similar mind, to feel strengthened in their desire to
16 push forward with these restrictions because they would
17 know that they had my support.

18 **Q.** On 12 March, as we know, there was self-isolation for
19 individuals who were symptomatic for seven days?

20 **A.** Yes.

21 **Q.** After the weekend, on 16 March, COBR decided that there
22 needed to be further, more stringent measures, and you
23 will recall the household isolation for 14 days, reduced
24 contact advice, over 70s particularly must ensure that
25 they reduce contact?

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1 world view, and therefore, as I think everyone knows, to
2 contemplate such a big measure, with the inevitable
3 costs, was a decision of huge weight. I believe that
4 the evidence was clear that such a decision was
5 unavoidable.

6 **Q.** Again, I'm sorry to interrupt. You say, "decision".
7 You appear to be relating your answer, therefore, to the
8 lockdown decision. I'm asking you about the stringency
9 of the measures during the course of that week?

10 **A.** I think that almost every restriction of liberty,
11 including the closure of schools, was one that the Prime
12 Minister would instinctively have felt unhappy with.
13 I don't think any of these decisions were taken lightly.

14 In terms of the Prime Minister's decision-making
15 style, the oscillation referred to, it's in the nature
16 of the way that Boris Johnson worked that he wanted to
17 see thesis/antithesis, that he was -- he preferred
18 gladiatorial decision-making rather than inquisitorial.
19 He wanted to see the two cases or the three cases
20 rehearsed in front of him or even rehearsed in his own
21 mind.

22 I know that he would sometimes run argument A and
23 articulate it himself and then run argument B and
24 articulate it himself in order to weigh in his mind
25 which was the stronger argument.

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1 **A.** Yes.

2 **Q.** And there was a warning about the need to move to
3 shielding imminently.

4 On the 18th, COBR decided to close schools from
5 the 20th, just in very general terms, Mr Gove.

6 Did you have any direct dealings with the Prime
7 Minister during the course of that week as to whether or
8 not those more stringent measures needed to be applied?
9 I ask you this because the evidence from Mr Cummings has
10 been that there was a widespread view -- he said pretty
11 much everyone -- considered the Prime Minister to be
12 oscillating -- I'm not using his word but that's the
13 sense of it -- in relation to his response.

14 What was your assessment of the Prime Minister's
15 intent, state of mind, as to whether these measures
16 should be countenanced?

17 **A.** I think the Prime Minister found the decisions
18 difficult. It's not that he found decision-making
19 difficult, it is that a decision to restrict freedoms in
20 an unprecedented way went against his instincts and the
21 principles that governed his political outlook.

22 The Prime Minister at the time, Mr Johnson, was
23 someone who was a liberal in so many senses, and
24 certainly someone who found the idea of restricting free
25 association deeply difficult, deeply opposed to his

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1 For some people, that style of decision-making or
2 that way of running meetings was difficult to take, but
3 I'd known the Prime Minister for some time and
4 appreciated this was the way he needed to process
5 information in order to get to an outcome. And every
6 political leader, every distinctive political leader
7 will have their own way of operating that needs
8 a certain amount of space and respect, even if you
9 disagree with their conclusions.

10 **Q.** This was a public health emergency at its core?

11 **A.** Yes.

12 **Q.** By that week, the evidence -- or rather, the advice from
13 SAGE, from the CMO, the GCSA, from the DHSC from Cabinet
14 Office, from Number 10, was, to use your word,
15 unanimous. There was no real argument as to whether,
16 for good and obvious public health reasons, these
17 measures had to be contemplated. They were matters of
18 life and death.

19 So there wasn't really a thesis and an antithesis
20 position here, Mr Gove. All the public health advice on
21 a public health crisis were pointing in one direction.
22 So on what basis could the Prime Minister push back and
23 say, "Well, I've got material which does point the other
24 way"? There was no public health material pointing the
25 other way, was there?

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1 A. Well, the first thing is that just a few weeks
2 beforehand --

3 Q. No, I'm not beforehand. I'm talking about that week.

4 A. No, quite, but in order -- as your evidence shows I was
5 in a different position at that time to the Prime
6 Minister. However, in fairness to him, just a few weeks
7 beforehand the point had been made that to impose these
8 measures was --

9 Q. Too early?

10 A. Yes. Was problematic. And I think -- he is the
11 ultimate decision-maker and therefore I think he, any
12 Prime Minister, is entitled to test propositions and to
13 think: is the restriction of liberty and the economic
14 damage, consequent upon lockdown, worth inflicting on
15 people in order to prevent the spread of this virus?

16 I believe that the evidence was clear but I think it
17 only fair to the ultimate decision-maker that they have
18 as chance to reflect on the momentous nature of the
19 decision and to consider arguments against it.

20 Q. I need to suggest to you, because of the material which
21 has been received and the evidence which has been given,
22 that it wasn't just a question of testing the opposing
23 argument. The material was, as I've suggested to you,
24 and of course it's a matter for you, all one way in
25 public health terms. The suggestion has been made that

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1 that he was oscillating, I think it was the case that he
2 was weighing things before coming reluctantly but firmly
3 to a conclusion.

4 Q. And this, may we presume, doesn't derogate from your
5 earlier evidence to the effect that the government
6 machine as a whole maybe nevertheless have acted too
7 slowly? Personally, by the Prime Minister, he, you
8 believe, took the decision, the ultimate decisions, in
9 that week and the week after timeously?

10 A. Yes. Yes. And again, I -- the Prime Minister is the
11 ultimate decision-maker but no Prime Minister takes
12 decisions in a vacuum. My view, it is with the benefit
13 of hindsight, is that we should have acted earlier, but
14 that means it is incumbent on all of us who believe that
15 to look and think: did we say or do enough sufficiently
16 early in order to enjoin upon the Prime Minister the
17 need for action?

18 I mentioned, for example, briefly, Rory Stewart
19 earlier, whom I believe was prescient, but Rory was only
20 calling for the sorts of steps that we required in
21 public on 12 March. Again, he was making it clear that
22 we needed to act that day. That was the same day
23 I shared the Tomas Pueyo article privately.

24 So the consensus for action became firmer and
25 clearer in that second week of March, with the benefit

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1 he didn't just test the opposing arguments, he was
2 incapable of making a decision or at least not sticking
3 to a decision that he had already made.

4 Is that a fair suggestion, would you say, in light
5 of your experience and your closeness to the government
6 machine at that time?

7 A. No, on this occasion I believe that it was a reluctance
8 to embrace a decision rather than an inability to stick
9 to one, because again, as we discussed, the Prime
10 Minister had a view that overreaction was often
11 a greater danger. He also had a principled attachment
12 to maximising individual liberty. Therefore, it was
13 difficult for him -- both from the point of view of his
14 outlook on how to handle crises and the set of
15 principles by which he guided his political life, it was
16 difficult for him to contemplate something like this,
17 especially when we had been told, as I say, just weeks
18 beforehand, that these were measures that should only be
19 applied for a limited period and at the right time.

20 So the Prime Minister eventually concluded this was
21 the right thing to do. I believe that that ultimate
22 decision was right and I believe that he made the case
23 for it in public well. If it took him a little longer
24 to come to that conclusion than others, we can consider
25 the impact of that, but I don't think it was the case

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1 of hindsight if only it had been firmer and clearer in
2 all our minds earlier.

3 Q. Yes.

4 A. But I don't think that one can single out the Prime
5 Minister at the time for criticism. We all deserve our
6 share retrospectively of criticism.

7 Q. You chaired the COBR on Friday, 20 March.

8 A. Yes.

9 Q. Could we have INQ000106263, which is a paper on
10 additional measures.

11 These are the measures which were put in place on
12 that 20th to try to achieve the overarching objective of
13 a 75 per cent reduction in non-essential social mixing.

14 If we just look very briefly at page 1, paragraphs 2
15 to 4, we can see that there is a general position on
16 compliance set out, and the history of the government
17 steps taken are set out from Monday 16 March.

18 If you could scroll back out to paragraph 3, there
19 is a reference to "latest public polling data", which
20 shows the number of people who claim to be engaging in
21 socially distancing behaviours.

22 Then over the page, page 4, paragraph 4:

23 "The mixed picture means that there is merit in
24 considering further measures to increase compliance."

25 There's a reference to overnight polling. And then:

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1 "As such, it is proposed that measures apply to the
2 whole [United Kingdom]."

3 There were some positive indications. If we go back
4 to the first page, it's obvious, Mr Gove, that tube
5 travel was down, West End footfall was down, Google
6 Places data showed significant drops.

7 So the position on the Friday appeared to be, is
8 this correct, that there was significant material
9 showing that compliance was up but it was just not
10 enough, it hadn't reached, in broad terms, the
11 75 per cent reduction in social distancing that was
12 required.

13 **A.** Yes.

14 **Q.** As a general proposition is that right?

15 **A.** Absolutely.

16 **Q.** All right. Why didn't the COBR consider expressly
17 waiting to see whether or not the measures which had
18 been put in place on Monday the 12th would have effect
19 over a longer time period? There is an acceptance that
20 it's not good enough but why could COBR not have waited
21 and, by extension, by analogy, why could not the
22 ultimate decision on Monday 23rd have been delayed a bit
23 more to see whether or not these compliance figures
24 would continue to go in the right direction and reach
25 the right levels?

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1 terms and in numbers, literally unimaginable.

2 So therefore as you move from 1 to 2 to 4 to 8 to 16
3 and so on, if you leave it for another day or another
4 week, the numbers are so significant and so huge that
5 you know that you have left it too late.

6 And as Chris Whitty and Dame Angela McLean made
7 clear, the measures that you take have a time lag before
8 they begin to take effect. So you have the curves going
9 up and up and up and the measures not beginning to take
10 effect for some time, so therefore you do need to hit
11 the curve at the earliest possible point when you know
12 that growth is exponential.

13 **Q.** You all knew that there was exponential growth. That
14 this nature of this virus. Once control has been lost
15 it will spread, inexorably, exponentially?

16 **A.** Yes.

17 **Q.** You knew that on 12 March when the first measures were
18 imposed and on 16 March and then on 20 March?

19 **A.** Yes.

20 **Q.** But notwithstanding your understanding of the risks of
21 exponential growth, you were still prepared the
22 a government to try those measures. You didn't say on
23 the 12th or the 16th, "Well, the central feature of
24 exponential growth is it's going to be terrible and it
25 will overwhelm us unless we have a lockdown", you were

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1 **A.** Because the virus was spreading exponentially and the
2 risk was that the NHS would be overwhelmed.

3 **Q.** We will come to look at the NHS in a moment but was the
4 debate on the Friday about the hard data presented in
5 relation to the impact on the NHS, hard data relating to
6 the likely mortality rates that would continue to go up
7 if the measures were not imposed, and on the need or the
8 possibility of waiting further? The Inquiry well
9 understands exponential growth and evidence has been
10 given by Professor Sir Chris Whitty as to what it means
11 in practice.

12 **A.** Yes.

13 **Q.** Unless you get on top of exponential growth it will
14 continue and it will continue relentlessly until the
15 country is completely overwhelmed and the death
16 mortality rates are absolutely intolerable.

17 But it is a curve, it is a degree. Why was there
18 not more debate about the alternative of waiting to see
19 whether or not this would work?

20 **A.** Because those of us who were taking decisions understood
21 where we were in terms of the growth of the virus. The
22 whole point about exponential growth, as we know, is the
23 famous analogy of a grain of rice on the first corner of
24 a chess board. By the time that you get to the final
25 other corner of the chess board then you are talking, in

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1 prepared to countenance measures short of a lockdown.
2 Why didn't you give longer for those measures to work on
3 the premise that on 12 and 16 March you knew you were
4 dealing with an exponential crisis already?

5 **A.** I think it was the case that both in the communications
6 that I had with people on the 12th and also, as I think
7 Imran Shafi's notes of the meetings that occurred that
8 weekend show, I was pressing at the time for the most
9 vigorous action as early as we possibly could.

10 **Q.** Can I interrupt you there. Are you saying, therefore,
11 that you would have countenanced and you believed that
12 it was appropriate to impose a lockdown perhaps on 16 or
13 20 March?

14 **A.** Oh, yes.

15 **Q.** Right. What about the week before?

16 **A.** Well, I came to the conclusion during the week, as
17 I mentioned, of 9/10 March that it was necessary. And
18 as I say, the Tomas Pueyo article I think crystallised
19 that imperative in my mind more than perhaps anything.

20 **Q.** Do you recall in the COBR meetings that you chaired and
21 attended in the week of the 16 March for a lockdown to
22 be imposed that day?

23 **A.** I don't believe that I did, but I do believe that my
24 communications to other decision-makers shows the
25 position that I took. But I would not have wanted to --

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1 given that the nature, certainly when I chaired COBR,
2 was to act as a chair rather than an instigator or an
3 advocate, my instinct would have been at that point to
4 seek consensus and to give effect to collective
5 government policy.

6 **LADY HALLETT:** Mr Gove, sorry to interrupt, you have
7 obviously referred to the article that had some
8 influence on you by the sounds of it. Did you have
9 access to other material from, for example, scientists
10 who advised against a lockdown? Did you get that kind
11 of material to consider?

12 **A.** Later on, yes. I mean, I paid attention to the
13 arguments put forward by people like Carl Heneghan and
14 the authors of the Great Barrington Declaration and
15 others.

16 I think that -- obviously their point of view
17 I respect but the propositions that they put forward
18 I think were just undeliverable. The idea that we could
19 shield the elderly and allow young people free reign,
20 I think, given the nature of multigenerational
21 households and so on, it would not have been effective
22 in mitigating the virus.

23 But the second thing is that quite a lot of people
24 have understandably said Sweden managed those things
25 better but again the public -- sorry, forgive me.

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1 develop without taking the steps that we did, the NHS
2 would have been overwhelmed and that would have meant an
3 impact on economic activity far greater than that that
4 we had to endure. So when people talking the trade-off
5 between the economy and health, when you have the virus
6 you need to respond in a way that protects both the
7 health service and the health of the nation and the
8 economy.

9 **MR KEITH:** Can I ask you just for the few remaining
10 questions on this subject to focus on that week of
11 16 March.

12 **A.** Of course.

13 **Q.** You said when you chaired COBR your position was that
14 you should act as a chair rather than an instigator or
15 advocate you wanted to seek consensus.

16 The material shows, Mr Gove, quite clearly that over
17 the weekend of Saturday 14 March, and also latterly in
18 October/November and then again in December, you made no
19 bones at all about the need for the particular measure
20 under consideration, ultimately lockdowns 2 and 3. You
21 made your position on what should be done perfectly
22 plain. Having acknowledged that your own view was that
23 a lockdown was required to be imposed in the week of
24 16 March, why did you, in these COBR meetings, one of
25 which you chaired, not say, "I, Michael Gove, believe

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1 Many of those who advocate that we should have gone
2 down the Swedish route misunderstand what Sweden did.
3 Sweden was able to reduce social mixing by a greater
4 degree of reliance on wide societal acceptance of those
5 restrictions. We, as this COBR paper points out, were
6 seeking societal -- what's the word? -- compliance with
7 those measures, but we knew that would not be enough and
8 it was too late. And indeed, as I think the evidence to
9 the Inquiry points out, Anders Tegnell himself, when he
10 was invited to speak to the Prime Minister, said, "You
11 should act".

12 So, again, people -- I understand how this happens
13 having been a journalist, people in the media will
14 sometimes paint a picture of what's happening in order
15 to create a greater sense of drama or divergence.
16 So: Sweden, libertarian nirvana; Britain, lockdown
17 dystopia.

18 Actually the approach taken by both countries is
19 more similar than many would like to admit.

20 Another point as well, if I may. People also
21 sometimes make the argument that there was a tension
22 between the economy and health. Now, obviously lockdown
23 creates problems for the economy. But, as
24 I subsequently wrote in an article in The Times to
25 explain our reasoning, if we had allowed the pandemic to

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1 the only way forward, the only sensible route, is to
2 lock down now to save lives"?

3 **A.** I believe that I had communicated by views clearly in
4 every forum where I could. It's in the nature of
5 ministerial life that sometimes you chair a meeting of
6 a subcommittee or a Cabinet committee and your job there
7 is to act as the neutral chair seeking consensus, and
8 sometimes you are an advocate for a particular position,
9 your own departmental position or your own deeply felt
10 position, and I had been asked by the Prime Minister to
11 chair that COBR and I was acting, as it were, under
12 instructions, and I felt that that was the right thing
13 to do to serve the government collectively.

14 Again, it's --

15 **Q.** In hindsight, do you regret that you were not more
16 forthright in what you plainly and genuinely believed
17 was the right course of action to take?

18 **A.** Generally, people have always been unhappy when I have
19 been more forthright in the past, but on this occasion
20 I should definitely have been more forthright.

21 **Q.** This was a matter of life and death?

22 **A.** Absolutely. And that is why I believe that I should
23 have been.

24 **Q.** Thank you.

25 The decision to implement the national lockdown was

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1 of course taken on that Monday and there was a COBR.
 2 Can we just very briefly look at INQ000056213, which
 3 is the minutes of that meeting.
 4 Just by way of quick observation, if we look at the
 5 first page we can see, of course, that there are
 6 a number of ministers there.
 7 Over the page -- I should say, Mr Gove, that that
 8 minute doesn't reflect your attendance but you believe
 9 you were there?
 10 **A.** I believe I was, yes.
 11 **Q.** Over the page we can see officials dialled in, and then
 12 on page 4, paragraphs 1 to 3, we can see the "Current
 13 situation update", and there is more information given
 14 about compliance.
 15 It wasn't too bad. As with the COBR on the Monday,
 16 compliance was there in large part, but the park
 17 attendance over the weekend had shot up. You can see
 18 that in the paragraph 3.
 19 Standing back, this penultimate decision-making
 20 body -- obviously the Prime Minister had the whip hand,
 21 but this penultimate decision-making body discussed
 22 compliance rates, but there was very little by way of
 23 debate over the economic and societal harm that would be
 24 necessarily done if these measures were to be imposed
 25 over the terrible balancing exercise inherent in that

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1 **Q.** Well, no, you knew already it was an exponential spread?
 2 **A.** Mmm.
 3 **Q.** You didn't know any more about what the ultimate outcome
 4 would be, because that rested upon whatever decisions
 5 you might take on that Monday.
 6 But the basic feature hadn't altered. It was still
 7 an exponential growth?
 8 **A.** Yes.
 9 **Q.** You put measures in place which you in good faith
 10 believed would do the trick, and only three days had
 11 passed, one weekend, before you then moved to the next,
 12 ultimate level, a lockdown?
 13 **A.** Yes. And as we discussed, my view was sterner measures
 14 earlier, and I think both the accumulating evidence but
 15 also the force of argument made it clear that more
 16 action was required.
 17 So if the conclusion that you are seeking is did we
 18 adopt measures knowing that they were inadequate,
 19 I profoundly feared they would not be enough but, of
 20 course, in any debate within government you make your
 21 case and accept that you will not always prevail.
 22 **Q.** Finally on this topic, the NHS. There was very little
 23 debate in the COBR of that day, the penultimate
 24 decision-making body, about the impact on the NHS, and
 25 in light of the time I'm not going to take you through

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1 decision, but also, again, no discussion at all as to
 2 whether or not more time should be given for the
 3 measures which it, COBR, had imposed the very week
 4 before, on the Friday, three days before. Why was there
 5 not more debate about waiting to see whether or not
 6 those other measures, earlier measures, which by
 7 implication must have been sensible and well judged
 8 measures, could be taken to have effect?
 9 **A.** Well, again, it was clear, certainly to me, that those
 10 measures had been inadequate. I think at the time that
 11 I was sceptical that they would be enough but understood
 12 why people thought that this was proportionate.
 13 By definition, when you are dealing with any sort of
 14 crisis, you use whatever data comes to hand, whatever
 15 feedback there is in order to adjust your response.
 16 Sticking inflexibly to a set of measures when those
 17 measures are clearly inadequate would be an error.
 18 **Q.** Why were they inadequate? If only three days had passed
 19 and compliance was going up, just not fast enough --
 20 **A.** Well, quite.
 21 **Q.** -- why were they inadequate? Might they not have become
 22 adequate two days hence?
 23 **A.** I think you have answered your own question, that
 24 compliance was not going up fast enough and that more
 25 evidence was accumulating about the spread of the virus.

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1 all the material.
 2 Perhaps we could just have up on the screen
 3 a summary of the material referring to the likely impact
 4 on the NHS. It's INQ000274026.
 5 If we just very shortly look aft this document
 6 INQ000274026 and scroll through to this time, which is
 7 round about 21, 22, 23 March, so pages 5 or 6., there
 8 are -- perhaps a one more page -- there are multiple
 9 references to the likely impact on the NHS being either
 10 "overwhelmed" or "overtopped" or "collapse".
 11 **A.** Yes.
 12 **Q.** Then if we go forward one page, on page 8, we can see on
 13 21 March at a Covid meeting the Chief Medical Officer
 14 gives figures about how ITU in London might be
 15 overwhelmed.
 16 If we go forward one page further, the chief
 17 executive of the NHS responds: dealing with a worsening
 18 situation but how the NHS is aiming for more ventilator
 19 beds, more surge capacity, how it's going to make more
 20 hospitals available, and so on and so forth.
 21 Then, over one more page, to 22 and 23 March,
 22 references to a major drive to free up capacity,
 23 occupancy now at the lowest than in more decades,
 24 continuing at the bottom of the page, planning for
 25 ramping up ventilators.

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1 Then finally, over one page, to page 11 -- I'm sorry
2 it's rather a long question -- references to doubling to
3 the risks that the NHS would not cope.

4 So, in light of all that, two questions, please.

5 Firstly, to what extent did that COBR body on the
6 Monday look at the hard data relating to the actually
7 anticipated impact upon the NHS, the figures, the ICU
8 beds, the ventilators and so on, or did COBR just assume
9 that if it didn't act in the way that it advised the NHS
10 would just bluntly collapse?

11 **A.** Several things. Firstly, one did not need to know the
12 precise nature of capacity within the NHS to be
13 influenced by the broad argument that continued
14 exponential growth would overwhelm it.

15 **Q.** Right.

16 **A.** By definition. There would be a level of growth that
17 almost no health system could have coped with if the
18 virus was left unchecked or if inadequate measures had
19 been put in place. Both before and after I and other
20 ministers sought information and were informed about the
21 precise nature of the capacity constraints within
22 the NHS.

23 And, again, when we talk about beds we have to
24 recognise that for intensive care beds you need not just
25 equipment but trained individuals: doctors, nurses,

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1 measures which you imposed on the Friday?"

2 **A.** As I recall, I think everything revolved around whether
3 or not we could suppress the growth of the virus or
4 whether the virus would continue to grow exponentially.
5 If you suppress the growth of the virus, reduce R below
6 1, then you can begin to see at some point of coming
7 down and the pressure removed or at least reduced on the
8 NHS. If it goes up, i.e. if you are not managing to
9 take R down below 1, then sooner or later the NHS will
10 be overwhelmed until you get it back below 1.

11 **Q.** So are you saying then that what COBR concluded was that
12 only this final ultimate step would suffice to bring the
13 R rate below 1, that you couldn't just gamble that the
14 earlier measure on the Friday would be sufficient?

15 **A.** Yes.

16 **Q.** You had to take that final step because only that would
17 give you the sufficient degree of sureness that you were
18 doing everything you could to bring R below 1?

19 **A.** Exactly.

20 **Q.** Can we now then turn, please, to an entirely different
21 subject, which is the structures within government for
22 responding to the crisis, because you became chair of
23 what was then known as Covid-O, and also I want to look
24 at the degree to which you liaised with the devolved
25 administrations, which is another extremely important

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1 others. So NHS capacity constraints are driven by the
2 number of specialists and by the equipment as well as by
3 physical capacity as well. We may go on to talk about
4 the Nightingale hospitals that were built. Well, it was
5 an amazing feat. I think the inference that some people
6 drew was you could somehow magic up significant
7 additional capacity with the NHS at rapid speed.

8 The truth, of course, is that what you are
9 fundamentally relying on is not just ventilator capacity
10 but the capacity of trained clinicians, staff.

11 **Q.** I don't wish to get into the debate about the actual
12 mechanics of the NHS. The question is this: there was,
13 it appears, a general assumption that if these steps
14 were not taken, the additional or the final step of
15 lockdown was not taken, then on account of exponential
16 growth the NHS would ultimately at some unknown point in
17 the future collapse?

18 **A.** Yes.

19 **Q.** There was no alternative in that sense. What debate was
20 given as to the difference, the distinction between the
21 likely impact on the NHS under the Friday 20th measures
22 as opposed to the lockdown measure being advocated on
23 the Monday? Did anybody in COBR say, "Well, hang on,
24 what will be the practical difference in terms of the
25 impact on the NHS of this final step as opposed to the

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1 issue.

2 I am just going to try to summarise the position
3 structurally, and if you just indicate whether or not
4 you can agree then we can move on swiftly to the nub of
5 the issue.

6 COBR, the devolved administration health ministers
7 attended initial COBR meetings, then of course the First
8 Ministers attended, Mr Drakeford from 18 February, the
9 remainder from 2 March; is that correct?

10 You attended 16 COBRs between March 2020 and
11 February 2022. You sent a note to the Prime Minister on
12 30 November 2020 highlighting the shortcomings of the
13 COBR machinery. I think you had been forced out of COBR
14 because the video technology didn't work?

15 **A.** Yes.

16 **Q.** Just this simple question, please. Had there been any
17 changes to the machinery within COBR, within the
18 corridor and the room, or the rooms, particularly the
19 Cabinet office, between March, when the crisis crashed
20 upon this country, and November, when you wrote that
21 note to the Prime Minister about the shortcomings in the
22 machinery? Had there been changes? Had the room been
23 updated at all?

24 **A.** I think there were some changes. And I think, though
25 I would have to check, COBR can refer both -- please

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1 forgive me -- to one single physical room but also to
 2 the act of convening people, and -- I'm not sure how
 3 much I can say actually --

4 **Q.** Well --

5 **A.** But there is more than one COBR room.

6 **Q.** The Inquiry understands that.

7 Were there significant changes to the machinery, the
 8 data links, the video --

9 **A.** Insufficient.

10 **Q.** -- and so on -- were there changes between March and
 11 November?

12 **A.** I believe there were, but they were clearly
 13 insufficient.

14 **Q.** Right. You took part in what was called the "quad".
 15 That was a group of ministers comprising the Prime
 16 Minister, the Chancellor of the Exchequer, Mr Hancock
 17 and yourself in the early part of the crisis. From
 18 March there was instituted the 9.15 meetings in Downing
 19 Street which were chaired by the Prime Minister; is that
 20 correct?

21 **A.** Yes.

22 **Q.** They took place between 17 March and 15 May. You note
 23 your statement that those meetings were important but
 24 there was a limit on what they could do because of the
 25 exigencies of time, the need to update the Prime

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1 **Q.** Covid-S and Covid-O. Covid-S was chaired by the Prime
 2 Minister?

3 **A.** Yes.

4 **Q.** But he also chaired Covid-O occasionally?

5 **A.** Yes.

6 **Q.** But you were the main chair. And those meetings started
 7 in June and Covid-S went all the way through to
 8 February 2021?

9 **A.** Yes.

10 **Q.** Would it be right to say that Covid-O, the body you
 11 chaired, convened over -- or around 150 times between
 12 May 2020 and September 2021?

13 **A.** I believe so. 145.

14 **Q.** We have heard evidence that Covid-19 Taskforce was the
 15 secretariat for Covid-O?

16 **A.** Yes.

17 **Q.** Helen MacNamara raises this issue in her witness
 18 statement. She says if there is to be a criticism of
 19 Covid-O and Covid-S -- and, Mr Gove, the evidence quite
 20 plainly shows that Covid-S and Covid-O operated at
 21 a much better level than their predecessors -- her
 22 concern would be that they were quite narrow, that the
 23 full Cabinet were better at bringing in a wider
 24 perspective, a body that is "more grounded in
 25 consequences and in the complexities of the world as it

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1 Minister, deal with the daily events of government and
 2 so on.

3 Then you chaired what was known as the general
 4 public services (sic) ministerial implementation group,
 5 the GPSMIG, and that was convened between March and May;
 6 correct?

7 **A.** Yes.

8 **Q.** You raised in emails to other ministers and to the
 9 Cabinet -- of that -- Mark Sedwill in the Cabinet
 10 Office, your concerns about whether or not the right
 11 governance structures were in place, and in part as
 12 a result of your raising of those concerns about the
 13 MIGs, in May the MIGs were done away with and there was
 14 then a system known as Covid-S and Covid-O; is that
 15 correct?

16 **A.** Yes.

17 **Q.** Did you have in March 2020 email correspondence with an
 18 adviser in Downing Street called Munira Mirza, who
 19 I think was in charge of the policy team there, about
 20 the way in which the MIGs were operating, in particular
 21 the health MIG which was being chaired by Mr Hancock?

22 **A.** I believe I did, yes.

23 **Q.** All right. But it matters not because in the end they
 24 were done away with.

25 **A.** Mmm.

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1 is".

2 Would you agree with that, that if there is
 3 a deficiency, there was a deficiency, they were quite
 4 narrowly comprised bodies?

5 **A.** No.

6 **Q.** Why not?

7 **A.** I think that for effective decision-making when you're
 8 dealing with a crisis, the Cabinet as currently
 9 constituted -- and this is no reflection on individuals,
 10 simply on size -- is unwieldy. So when dealing with
 11 crises there are always tended to be inner Cabinets, war
 12 Cabinets or similar.

13 Now, one can argue that perhaps the wrong people are
 14 around the table but I think that the Cabinet for the --
 15 as a structure, given the need for rapid action, as
 16 I say, doesn't meet the need of the hour. We saw that
 17 in, for example, the Falklands war where decision-making
 18 needed to be take in a nimble way by the Prime Minister,
 19 her then Foreign Secretary, Defence Secretary and
 20 Chancellor.

21 **Q.** Why do you say then in your witness statement that there
 22 was, in fact, a need to bring the wider Cabinet into
 23 decision-making and, when it was done, it was
 24 occasionally too little, too late?

25 **A.** Well, there are several points there. The first thing

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1 is that you do need to have, first of all, a strategy
2 team, an inner Cabinet of whatever composition. Then
3 you need Cabinet committees in order to give effect to
4 operational decisions, hence Covid-O.

5 I think it is the case that when you have worked out
6 what those decisions are, you do need a broader Cabinet
7 discussion in order to ensure that there is appropriate
8 buy-in, that there is political consent, that there is
9 collective agreement. But all of these things are
10 matters of judgement and they exist across a continuum.

11 So what I would say is the reason why we moved away
12 from the MIG model is, as we alluded to earlier, there's
13 a danger in having a department mark its own homework --
14 again, no reflection of any individual. Covid-O allowed
15 oversight across government of how each individual
16 department was seeking to deliver towards the agreed
17 goal.

18 The Cabinet's role, overall, I think one can look
19 back at and say there were certain moments when Cabinet
20 should have been involved earlier in some of that
21 decision-making but sometimes there was an
22 understandable need for speed.

23 **Q.** That's perfectly plain. There was nevertheless,
24 though -- there were occasions when Cabinet should have
25 been more involved than it was, and you accept that.

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1 We're determined to get through your evidence today,
2 Mr Gove. So I shall return at 1.35.

3 (12.46 pm)

4 (The Short Adjournment)

5 (1.35 pm)

6 **LADY HALLETT:** Mr Keith.

7 **MR KEITH:** Could we have, please, INQ000265763, which is
8 a WhatsApp from yourself to Simon Case on 7 September
9 at 15:21.

10 Mr Gove, rather delightfully you pose:

11 "A daft laddie question -- is the [Prime Minister's]
12 day structured in the way you would want to enable all
13 the decisions that need to be taken are taken in
14 a timely way? Are the right people in the room in every
15 meeting to drive progress ...

16 "Are the right [cross-Whitehall] arrangements in
17 place to ensure ... rigorous implementation", et cetera.

18 Bearing in mind that this is dated 7 September, so
19 now some months after the institution of the Covid-S,
20 Covid-O system, do you know what was done in response
21 your questioning, bearing in mind that the Cabinet
22 Secretary, Simon Case, says the answer to all your
23 questions is no? Did you follow up on this? Do you
24 know what changes were made systemically to the Prime
25 Minister's day structure and the routes of information

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1 Was it the case, as we can see, that in relation to
2 23 March decision to impose mandatory "Stay at Home"
3 orders, that was of course announced to the country on
4 the Monday, Cabinet didn't sit until Tuesday 24th. In
5 relation to the second lockdown, the decision was
6 effectively debated and resolved at a Covid ministerial
7 S meeting rather than by Cabinet?

8 **A.** Yes.

9 **Q.** And in relation to the third lockdown, the driver for
10 that decision came from a collective decision from the
11 United Kingdom Chief Medical Officers that the whole
12 country had to go into level 5. Would you agree with
13 those as statements of fact?

14 **A.** Yes.

15 **Q.** Right. You, in a glorious message chain in September
16 2020 --

17 **LADY HALLETT:** Sorry, if you are moving on, Mr Keith, I have
18 been asked to break at quarter to but it's entirely
19 whether --

20 **MR KEITH:** That's a perfect moment.

21 **LADY HALLETT:** Is it?

22 I am sorry, we have to keep breaking, Mr Gove.

23 **A.** Not at all.

24 **LADY HALLETT:** I have also been asked to take a 50-minute
25 lunch because we have so much to get through today.

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1 that were provided to him?

2 **A.** I don't in detail. The principle of the daft laddie
3 question is one I think --

4 **Q.** I'm so sorry, could you just confine yourself to
5 answering the particular question, which is: do you know
6 what happened to the concerns that you raised? I think
7 the Inquiry understands the benefit and the merits of
8 a daft laddie question.

9 What happened?

10 **A.** I don't know. I was communicating with Simon shortly
11 after he was appointed as Cabinet Secretary, and these
12 were just some prompts culled from my observation of how
13 things were operating.

14 And of course Cabinet Secretary is the principal
15 policy adviser to the Prime Minister and I thought that
16 Simon might want to satisfy himself on some of these
17 points.

18 **Q.** As far as you can tell now, were there any changes in
19 terms of the Covid-S, Covid-O structure or the Prime
20 Minister's day-to-day meeting arrangements or to the
21 personnel who habitually and by constitution would be
22 providing the Prime Minister with information on a daily
23 basis.

24 **A.** I don't think there were any changes to Covid-O or
25 Covid-S, and indeed I wasn't referring, I think, to

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1 Covid-O or Covid-S. It was just a gentle nudge to
2 Simon, as he took on that role, to satisfy himself
3 and -- because I knew, as a new Cabinet Secretary, he
4 would have the Prime Minister's confidence -- if he felt
5 that changes needed to be made, then I am sure that
6 would carry weight with the PM.

7 **Q.** You were the Minister for the Cabinet Office. You refer
8 in that email or the WhatsApp to, are there the right
9 cross-Whitehall arrangements in place?

10 **A.** Mmm.

11 **Q.** "x-WH" is cross-Whitehall?

12 **A.** Mmm.

13 **Q.** So you raise an issue of some significance in terms of
14 the systematic arrangements in Whitehall?

15 **A.** Mmm.

16 **Q.** Why did you not follow it up?

17 **A.** I think you referred earlier to the Prime Minister's own
18 day. In terms of the right cross-Whitehall
19 arrangements, I think part of that was just making sure
20 that there was a flow of paper to the Prime Minister and
21 that he had the right information necessary in order to
22 be able support me and other ministers in their work.

23 Again, I think it was also right that the new
24 Cabinet Secretary should satisfy himself. I think the
25 cross-Whitehall arrangements that I was referring to, as

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1 around the Prime Minister, concern was expressed about
2 how it was working in Number 10, not the Covid-O,
3 Covid-S structure, not the Covid Taskforce but Number 10
4 and the Prime Minister?

5 **A.** Yes, but I think concerns about how Number 10 has
6 operated have been a perennial feature of almost all
7 governments. And departmental or Cabinet ministers will
8 sometimes express concern that the Prime Minister at the
9 time is not necessarily always receiving the best advice
10 or that meetings are not policed in the right way.

11 **Q.** Another entirely separate point. Helen MacNamara in her
12 witness statement says that there was a disproportionate
13 amount of attention on the part of Covid-O and other
14 bodies given to more male pursuits in terms of the
15 impact of restrictions and then the lessening of the
16 same, and she refers to football, hunting, shooting and
17 fishing.

18 Could we have up on the screen, please, a WhatsApp
19 from a WhatsApp group to which you were party as the
20 Chancellor of the Duchy of Lancaster, INQ000275431.

21 There was a considerable debate within the Cabinet
22 Office and Covid-O, was there not, about whether or not
23 shooting and hunting should be enabled to be exempted
24 from the rules that were then in force, the rule of six,
25 in September 2020.

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1 well as making sure that Prime Minister's paper flow was
2 managed properly, was also a reference to making sure
3 that some of the implementation, that was partly
4 Covid-O's responsibility to fulfil, was done properly.

5 **Q.** Were you asking about the Prime Minister's daily
6 structure and the provision of information to the Prime
7 Minister because you were concerned about the way in
8 which he was making decisions as part of this process?

9 **A.** I wanted to make sure that the office and the system
10 around the Prime Minister was operating as effectively
11 as possible, and I worried -- I wasn't taking
12 a definitive view, but I worried that perhaps the mode
13 of operation in Number 10 was not what it might be.

14 **Q.** A number of witnesses have commented upon, to use your
15 phrase, the mode of operation in Number 10 Downing
16 Street around this time. It appears to be quite well
17 understood. It was obviously a point of some concern
18 for a considerable number of significant players in the
19 government machine. It wasn't really resolved ever, was
20 it?

21 **A.** I think that over time the government machinery improved
22 in the way in which we dealt with the pandemic and we've
23 examined some of the weaknesses at the beginning.

24 **Q.** I don't mean overall, I mean in relation to the Prime
25 Minister. To use your words, in terms of the operations

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1 **A.** I think that the evidence in front of me is from
2 a different WhatsApp conversation.

3 **Q.** There are two WhatsApp conversations. This is
4 INQ000275431, which is a CDL PPS JG AH one.

5 **A.** Oh, yes.

6 **Q.** And there's a second WhatsApp group called "Shoot rules
7 group", which we will come to in a moment.

8 There is a redacted interlocutor who says:

9 "[Somebody] was horrified and said would cause huge
10 issue. I presume you are strongly in favour of
11 exempting [hunting] but in way that it doesn't appear on
12 face of regs."

13 And you say yes.

14 Then this:

15 "... we need to be VERY [in capital letters, VERY]
16 careful on how it is presented."

17 **A.** I'm sorry, yes.

18 **Q.** Before you answer, I will show you the other WhatsApp
19 group. INQ000094541. This is called "Shoot rules
20 group", and the particular passage, on 19 September, on
21 page 1, shooting is exempted from the regulations
22 concerning rule of six:

23 "Regs made. Shooting fine. No upper limit. Not
24 yet entirely clear on hunting."

25 Then there's a reference over the page to:

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1 "Amazing what a bit of lobbying can do."
 2 What lobbying led to this exemption for shooting and
 3 hunting?
 4 **A.** Well, firstly, I think if we go -- if we can call back
 5 the original WhatsApp exchange I would be grateful.
 6 **Q.** Yes, of course. It is INQ000275431.
 7 **A.** I think it's on the second page.
 8 **Q.** It is.
 9 **A.** I haven't got it on the page in front of me here.
 10 **Q.** It's --
 11 **A.** Ah, yes, exactly, I've got it now.
 12 **Q.** "Hi [Chancellor of the Duchy of Lancaster] ..."
 13 Which is you.
 14 **A.** Firstly, it was the case that there were an enormous
 15 number of areas of restriction or exemption that we had
 16 to police throughout, and hunting, shooting, fishing or
 17 other rural pursuits were a peripheral part of the
 18 consideration that was given. So it was also the case
 19 that we had to think about everything from the way in
 20 which choirs operated to whether or not, as was
 21 notoriously the case, a scotch egg was a substantial
 22 meal. In attempting to draw the line in a way that gave
 23 people appropriate guidance, all sorts of activities
 24 crossed my radar.
 25 **Q.** Of course, I'm so sorry to interrupt, Mr Gove.

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1 taking place.
 2 **Q.** Mr Gove, somebody in your department suggests that an
 3 exemption be given in a way that doesn't appear on the
 4 face of the regulations. That a sleight of hand is
 5 applied.
 6 **A.** No.
 7 **Q.** Instead of saying, "That's not appropriate. If there is
 8 going to be an exemption for shooting and hunting, for
 9 perfectly proper reasons, the rural economy and so on
 10 and so forth, then it should be done openly", but you
 11 say yes.
 12 **A.** Well, the critical thing is that I was specifically
 13 clear that we should be thinking about exemptions for
 14 all types of outdoor activity and that we should not,
 15 both for clarity overall but also for public debate, not
 16 running through different types of sport and different
 17 types of activity.
 18 You will see from the later discussion on shooting
 19 that I make the point about the rule of six. What I was
 20 anxious to do at every point was to ensure that there
 21 was consistency and fair treatment for different types
 22 of activity.
 23 Later on I think in here there's a reference to
 24 freedom of religion or belief. Again, when we were
 25 discussing religious practices and what restriction

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1 Somebody in government said to you, the Chancellor
 2 of Duchy of Lancaster:
 3 "I presume you are strongly in favour of exempting
 4 [hunting and shooting] but in a way that it doesn't
 5 appear on [the] face of [the regulations]."
 6 Is that a reference to the regulations which would
 7 have provided and did provide for exemption for hunting
 8 and shooting?
 9 **A.** Well, the clear thing there was to make sure that all
 10 outdoors sports were treated in a way that was fair and
 11 universal. So I didn't want to get into or restoke an
 12 argument over hunting.
 13 You will note that I subsequently said, this is my
 14 own personal view, "Shooting is defensible economically
 15 and environmentally. Fox hunting not so much....."
 16 I think you can infer from that what my view of the
 17 respective activities might be but overall our
 18 individual organisations, the Countryside Alliance or
 19 others, might well lobby for their particular activity
 20 which they champion. My own view was that we wanted, as
 21 much as possible, to have sort of horizontal rules, so
 22 that whether or not it was rugby league or lacrosse or
 23 hunting or shooting, that the same sorts of rules
 24 applied to outdoor activity and that those rules covered
 25 the full of range and gamut of activities that might be

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1 should be placed on public worship, I wanted to make
 2 sure that we weren't getting into a discussion about
 3 different types of religions worship on the basis of
 4 different types of church or religion. I wanted to make
 5 sure that we had a defensible general regime.
 6 **Q.** Was consideration given to hiding an exemption for
 7 religious practices on the face of the regulations?
 8 **A.** No, but the key thing is that there were discussions,
 9 sensitive discussions, about the nature of religious
 10 practice and whether or not, in certain faith settings,
 11 it would be more difficult to see some of the
 12 regulations that we believed were necessary being
 13 applied.
 14 So I was looking at the full range of different
 15 types of activity in which people engage in order to
 16 make sure that, wherever possible, we weren't thinking
 17 about the specifics of an activity as a reason to
 18 provide an exemption, we were thinking about allowing
 19 people, pursuing activities that you or I might approve
 20 or disapprove of, to go ahead in a way that was, if
 21 legitimate, covered by general regulation. I should
 22 stress --
 23 **LADY HALLETT:** -- (overspeaking) -- I think, Mr Keith.
 24 **A.** I should stress --
 25 **MR KEITH:** Mr Gove, I think we should take our steer, if

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1 I may say so, from the chair.

2 **LADY HALLETT:** By all means stress what you would like to
3 stress, Mr Gove, but then we going to have to move on.

4 **A.** I should stress that the exchange on shooting, on which
5 I was a part, took place all in one day in a matter of
6 a few hours. So, again, I can entirely understand why
7 shooting and hunting, because they are matters of public
8 contention and debate, might preoccupy you or preoccupy
9 the Inquiry, but given the whole range of activities
10 that we were thinking about regulating and constraining,
11 it seems curious to alight on these.

12 **LADY HALLETT:** They are not preoccupying me, Mr Gove, I can
13 assure you.

14 **A.** Thank you.

15 **MR KEITH:** And, Mr Gove, I may say -- what I now need to
16 say, I have asked you no questions about the merits of
17 either pursuit. The Inquiry has no interest in either
18 of them. I've asked you about why a government official
19 appears to want to conceal the exemption on the face of
20 the regs, which is an entirely different point.

21 Well, I am afraid I impermissibly have commented,
22 but I do so only in relation to your observation.

23 **A.** Well, I hope I have made it clear that what we were
24 seeking to do was to provide comprehensive and
25 horizontal regulation rather than sector-specific.

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1 came to pass.

2 Why did the Government not use the Civil
3 Contingencies Act? Why did it use the Public Health
4 (Control of Disease) Act and then, when it came into
5 force, the Coronavirus Act?

6 **A.** Several reasons. The Civil Contingencies Act was
7 designed to deal with events like a terrorist attack
8 which paralyses national infrastructure. The powers
9 within it are draconian and to take that step, to cross
10 that threshold, also requires a Civil Contingencies Act
11 to be actively renewed, and if it falls away, if the
12 immediate nature of the crisis, the immediate sudden
13 impact, as it were, diminishes, then the case for
14 maintaining it diminishes too. So it was thought better
15 to have bespoke legislation.

16 I note that Michelle O'Neill, Deputy First Minister
17 of Northern Ireland, argues that we should have used the
18 Civil Contingencies Act. I find it ironic because, for
19 someone coming from an Irish Republican tradition, the
20 Civil Contingencies Act would undoubtedly have seemed to
21 be an unduly draconian way of dealing with the issues in
22 front of us.

23 **Q.** So that we're clear about it, the Act itself requires
24 ministers, it's a mandatory provision, to appoint
25 emergency co-ordinators --

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1 **LADY HALLETT:** We're now moving on.

2 **MR KEITH:** We're moving on. Devolved nations.

3 I want to explore with you, please, some of the
4 legal, technical and structural problems or issues that
5 presented themselves to the UK Government in terms of
6 liaising and dealing with the devolved administrations,
7 who, of course, form a vital part of the United Kingdom.

8 Legally, coronavirus was essentially a public health
9 emergency and health is a devolved matter, so was it
10 that feature that gave rise to the debate about the
11 extent of the devolved settlements and devolution?

12 Health was a matter for the other nations of the
13 United Kingdom but it was the United Kingdom Government
14 in the driving seat in terms of responding to the
15 crisis.

16 **A.** Yes.

17 **Q.** That gave rise to ultimately quite a conceptual debate
18 about the extent of devolution.

19 The United Kingdom Government had on the statute
20 books the Civil Contingencies Act 2004 which had a never
21 used provision that allowed it to produce emergency
22 regulations, which would require governors being
23 appointed for parts of the United Kingdom. It also had
24 on its statute books the Public Health (Control of
25 Disease) Act as well as the new Coronavirus Act which

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1 **A.** Yes.

2 **Q.** -- in the event that the provision in the Act is used
3 whereby secondary legislation --

4 **A.** Mm.

5 **Q.** -- regulations can be introduced. So that's a very
6 draconian and almost nightmarish step.

7 **A.** Exactly so.

8 **Q.** There is also a provision in the Act, is there not,
9 which requires the event, in respect of which one is
10 passing the regulations, to be unforeseen?

11 **A.** Yes.

12 **Q.** So, in essence, a judgement call was taken that this was
13 a step too far. It was the nuclear option, it had never
14 been used, this was not the time to do it?

15 **A.** Precisely so. And the unforeseen element is, again,
16 it's debatable, and we did have that debate with
17 government lawyers, to what extent was the pandemic
18 unforeseen? And the general view was that, as I say,
19 a terrorist attack, by definition, would be unforeseen
20 but the gathering storm of a pandemic might not meet
21 that threshold.

22 **Q.** Indeed.

23 The United Kingdom Parliament has always retained
24 sovereignty, in the context of dealing with devolved
25 nations, to legislate over devolved issues but there is

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1 a convention, is there not, the Sewel Convention --

2 **A.** Yes.

3 **Q.** -- under which the government will not seek to pass

4 legislation dealing with devolved matters other than

5 with the consent of the devolved nations themselves.

6 Was it thought that that, again, itself, was an

7 unpalatable alternative, that that really wasn't

8 a sensible route for the government to go down?

9 **A.** With respect to the Civil Contingencies Act?

10 **Q.** No, with respect to legislating in the face of the

11 crisis over public health matters which were,

12 necessarily, devolved matters?

13 **A.** Yes. As a general rule, the Sewel Convention governs

14 how government operates. We do not normally legislate

15 on devolved matters without the consent of the devolved

16 administrations.

17 **Q.** In terms of the decision-making structures which had to

18 be put into place to address the various aspects of the

19 coronavirus crisis with devolved nations, was there

20 a choice faced by the government: either it brings the

21 devolved nations fully within its own

22 intra-United Kingdom United Kingdom Government

23 decision-making structures, Cabinet, COBR, Covid-S

24 Covid-O and so on and so forth, even where other parts

25 of the United Kingdom Government may not be represented,

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1 decided and it was a question of giving them information

2 about those pre-existing decisions. Is that a fair

3 analysis do you think or not?

4 **A.** Not completely, though I do understand their point of

5 view. Again, in Nicola Sturgeon's supplementary

6 evidence she says:

7 "I am asked if I agree with Michael Gove's comments

8 that committee meetings involving the devolved

9 administrations worked reasonably well and were

10 collegiate."

11 Yes, she says, "I broadly agree".

12 Now she also goes on to say that there were some

13 particular suggestions that she made about policy which

14 the UK Government didn't follow up but she didn't

15 necessarily expect us to do so. And again, it's in the

16 nature of devolution that, you know, decision-making on

17 a UK-wide level will be taken by the UK Government.

18 It's better if that's informed by the views of the

19 devolved administrations. And I always thought, in

20 broader discussions in Cabinet or in other committee

21 meetings, to make colleagues aware of how devolved

22 administrations felt. And when I felt they were making

23 an argument of merit, I would regard it as my duty to

24 pass that on as clearly as I could.

25 **Q.** The reality is, isn't it, that different parts of the

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1 or you then try -- or instead you try to bring them in

2 on an *ad hoc* basis as and when they are required to be

3 there? Was that the fundamental choice faced by the

4 government?

5 **A.** You have crystallised it. It was ultimately, again, as

6 with so many things in the government, a continuum.

7 There were a couple of occasions, I recall, when Cabinet

8 colleagues bristled at the fact that sometimes the

9 devolved administrations were involved in discussions

10 and influencing decision-making in fora which they were

11 not represented in. So there was a sense amongst some

12 Cabinet colleagues that, "Well, you know, we're the

13 principal body of the executive of the United Kingdom

14 Government and yet you are discussing these things with

15 Nicola Sturgeon, Michelle O'Neill, Mark Drakeford,

16 et al". So balancing was important.

17 My own view is that overall we benefited from

18 bringing in the devolved administrations as early as

19 possible during the whole pandemic.

20 **Q.** You are, of course, aware that in the additional witness

21 statements from Ms Sturgeon and Baroness Foster and

22 Mr Givan that their position is that they feel that they

23 weren't really brought properly into the decision-making

24 structures. It was more of an information route, that

25 they were there to be told what the government had

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1 United Kingdom will approach the same problem in

2 different ways. It may be differences in terms of the

3 epidemiological position that they have reached in terms

4 of the healthcare facilities, in terms of what the

5 position on the ground is in each of those nations. So

6 there were bound to be difficulties in terms of an

7 absolutely common approach. It was unrealistic.

8 **A.** Yes. I think that is right.

9 If I may, I make one other point. You quite rightly

10 point out, obviously, that health is devolved and public

11 health is devolved, but there is a distinction, I think,

12 between two different types of public health

13 intervention. On the one hand there's the

14 straightforward public health intervention, like keeping

15 ourselves healthier, how much fruit do we eat and so on.

16 That's quite properly a matter for the devolved

17 administrations.

18 But when you are dealing with a pandemic and

19 a pandemic which is raging across one island, Great

20 Britain, then I do think that there is a case for saying

21 that there can and should be certain UK-wide powers

22 exercised at the centre.

23 I think it is an open question, to draw that

24 distinction between two different types of public health

25 interventions because, again, one of the points that

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1 Michelle O'Neill makes, very fairly, is that the island
 2 of Ireland is a single epidemiological area. It was
 3 always regarded so in terms of animal health and
 4 *a fortiori* in terms of human health. So, again, these
 5 are difficult issues to manage and I wouldn't say that
 6 this was a view that I hold passionately but I do think
 7 that the whole question about how you can ensure that
 8 the UK Government, short of the Civil Contingencies Act,
 9 can say, "Look, we need to override some of the
 10 independent decision-making you might make", I think
 11 that's worth considering.

12 **Q.** Being on the coalface, as you were, of the interface
 13 between the United Kingdom Government and the devolved
 14 administrations, did you look, at any time, at the
 15 nature of the advice that was given by SAGE, to which of
 16 course the devolved administrations were party, in terms
 17 of whether it was overly England-centric? You will know
 18 from the witness statements that a number of witnesses
 19 have said that it appeared to them that the
 20 commissioning of advice in SAGE, because it was done
 21 generally speaking by the Cabinet Office, was too
 22 England-centric. Do you have a view on that?

23 **A.** Not a strong view, no, but I think it's the case that --
 24 look, it's in the nature of our university system that
 25 you will have people at Imperial, at Oxford, elsewhere,

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1 do now have tax raising or lowering powers, so there's
 2 a greater degree of flexibility and there's flexibility
 3 over borrowing.

4 In addition, there is now an inter-ministerial group
 5 across the United Kingdom called the FISC, which enables
 6 some of these issues to be resolved between the Treasury
 7 and finance ministers.

8 I sympathise with the leaders of devolved
 9 administrations. The way in which devolution exists
 10 means they are somewhat constrained in their ability to
 11 act at certain moments on what they think is right, but
 12 these devolved arrangements are designed to ensure that
 13 there is an appropriate level of both discretion and
 14 responsibility at each level, and there will always be,
 15 between central government, devolved administrations or
 16 between central government and local government,
 17 sometimes, concern that this subsidiary tier of
 18 government doesn't have the tax raising powers
 19 necessary.

20 **Q.** Mr Gove, we're focusing on coronavirus. The additional
 21 tax raising powers of the Scottish Government, in
 22 particular, is a power open to it but it wasn't a power
 23 that was first and foremost in the response to the
 24 coronavirus crisis. We're dealing here with a massive
 25 need for fiscal resource from central government to all

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1 who will come from different parts of the
 2 United Kingdom, indeed from outside the United Kingdom.
 3 So I think there are few more cosmopolitan environments
 4 than the medical faculties and the science faculties of
 5 our leading universities. So I don't think so, no.

6 **Q.** Another issue which has been raised in the witness
 7 statements concerns the fiscal levers of power which are
 8 available to the United Kingdom Government. Whereas
 9 public health is devolved, the means by which you can
 10 address a public health crisis are reserved to the
 11 United Kingdom Government in terms of the money, in
 12 terms of the fiscal resources made available.

13 The devolved administrations raised concerns
 14 repeatedly, did they not, about that dichotomy, that
 15 they were the ones along with England facing the crisis
 16 but the means of providing money to support them rested
 17 with the United Kingdom Government.

18 Was that issue ever resolved or did it just tend to
 19 rumble on?

20 **A.** It was a background issue. It did rumble and it goes
 21 into the heart of one of the challenges with devolution,
 22 which is that the Executives in devolved administrations
 23 will sometimes want to implement policy but it's the
 24 Exchequer that ends up paying for it. Devolved
 25 administrations, particularly the Scottish Government,

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1 parts of the United Kingdom. So that really isn't, with
 2 respect, relevant to this issue.

3 **A.** Yes, it is.

4 **Q.** Well, the question to you is this. Ms Sturgeon wrote to
 5 Boris Johnson, the Prime Minister, of course, on
 6 23 September, as you are aware because the material has
 7 been disclosed to you, raising again what she perceived
 8 to be the lack of levers within the jurisdiction of the
 9 Scottish administration to be able to provide economic
 10 support. It is reliant and it remained reliant on the
 11 United Kingdom Government.

12 Does the fact that she wrote, along with her
 13 colleagues in the devolved administrations, to the Prime
 14 Minister indicate that this problem was incapable of
 15 resolution at the Chancellor of Duchy of Lancaster
 16 level? It was a significant problem for the devolved
 17 administrations?

18 **A.** Well, understandably, the devolved administrations would
 19 have liked to have had more money, and they would have
 20 liked to have had more money in order to implement
 21 public health measures that they considered appropriate.
 22 But it's always the case, and this was my point, or
 23 nearly always the case, that devolved administrations
 24 or, in England, local government, would like to have
 25 additional resource, but they don't have to worry about

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1 the broader fiscal framework and fiscal judgments upon
2 which markets and others, you know, will make their
3 decisions. So, in that sense, that is why it is
4 important to put it in context.

5 One other thing that I would say -- two, in fact.

6 It is the case that the Barnett formula ensures,
7 quite rightly, that Scotland, Wales and Northern Ireland
8 receive funding more generous per capita than England,
9 and on top of that it is also the case that --

10 **Q.** Mr Gove --

11 **A.** No, no, let me finish. No, I think it is important.

12 **Q.** No, Mr Gove --

13 **A.** I think it is critically important that I make this
14 point that furlough was --

15 **Q.** No, no, Mr Gove, I ask the questions here, please --

16 **LADY HALLETT:** Pause, please. Just pause.

17 **MR KEITH:** You are aware that my question is framed in the
18 context of whether or not there was a significant
19 problem in the context of the coronavirus crisis and
20 whether devolved administrations felt that this issue of
21 fiscal support was properly addressed. The question was
22 not designed to elicit political views on the Barnett
23 formula or the amount of support given to the devolved
24 administrations.

25 **A.** I'm dealing in facts, Mr Keith, and they are facts which
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1 Ultimately, if the thrust of the question is does
2 the devolution settlement work, it does, because of the
3 basis on which the Exchequer funds the different parts
4 of the United Kingdom is fair.

5 **Q.** Now turning to some of the other structures.

6 COBR, it is obvious from the material that devolved
7 administrations were invited to attend COBR. It wasn't
8 an access of rights but they did largely attend -- or
9 they attended many of the COBRs.

10 In due course, COBR faded out of the picture
11 somewhat as Covid S and Covid-O took over. Do you
12 assess -- they didn't attend Covid-S but do you assess
13 their attendance at Covid-O was sufficient, the body
14 that you chaired?

15 **A.** Yes.

16 **Q.** Over time I think the Cabinet Secretary -- well, he
17 wasn't then the Cabinet Secretary, but the permanent
18 secretary at Number 10, Simon Case, opined on whether or
19 not the devolved administrations should have a right of
20 access to Covid-O as opposed to their attendance being
21 the exception rather than the rule. Do you recall that?

22 **A.** Yes, I think I do.

23 **Q.** Is that what, in fact, eventuated? They did attend not
24 of right but by invitation, but the large proportion of
25 the Covid-O meetings?

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1 are relevant.

2 **Q.** Mr Gove, if I've --

3 **LADY HALLETT:** Mr Keith, let Mr Gove just -- as long as you
4 can answer it shortly, Mr Gove, because we need to move
5 on again.

6 **A.** The essence of the charge is that the devolved
7 administrations did not have enough resource, it is the
8 case --

9 **MR KEITH:** No, I'm so sorry to interrupt. I have not asked
10 you about the quantum of support. I am merely asking
11 you to acknowledge that there was a problem that rumbled
12 on, that was required to be addressed, was taken to
13 Prime Ministerial level, of course, because it is in the
14 nature of the devolved structure dealing with a national
15 crisis that this sort of fiscal issue will arise.
16 That's all I'm seeking to adduce. I don't want
17 a lecture on the merits of the Barnett formula.

18 Was there a problem which the United Kingdom
19 Government had to grapple with in the context of the
20 response to the crisis?

21 **A.** The problem was simple. The devolved administrations
22 understandably wanted more money. The case was that
23 they were -- indeed, the whole of the United Kingdom
24 had, from the Treasury and from the Chancellor of the
25 Exchequer, a generous response.

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1 **A.** I believe so.

2 **Q.** The evidence shows also that the alternative structure
3 of the JMC -- and we needn't go into the detail of it --
4 wasn't invoked but that there was a process by which you
5 offered to have regular calls with the devolved
6 administrations.

7 The evidence appears to suggest that it took a very
8 considerable amount of time, in fact from May through to
9 November, for a regular system of liaison to be set up
10 through the calls which you held and also that the First
11 Ministers were not, as it happened, invited to Covid-O
12 on a standing basis until October.

13 So there was a hiatus between May and the autumn
14 when DAs were, to a very considerable extent, out of the
15 loop. Would you agree?

16 **A.** No.

17 **Q.** Why?

18 **A.** Because there were regular calls of a variety of kinds
19 with my officials and officials in devolved
20 administrations. Covid-O and COBR and, indeed, the JMC
21 are simply a range of mechanisms, others exist, in order
22 to ensure that the devolved administrations and others
23 were part of our broader conversations.

24 **Q.** There were of course, Mr Gove, meetings on other various
25 levels. We have had evidence of course from

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1 Professor Sir Chris Whitty about the liaison at the
2 health level. I am asking you about your level in
3 government. The JMC process was not operated at all.
4 You, to be fair, put into place a process by which you
5 called the DAs regularly but that process didn't, it
6 appears from the correspondence, start until the late
7 autumn, and meanwhile, at Covid-O level, the First
8 Ministers were not invited on a standing basis until
9 October.

10 That's from your very own witness statement.

11 **A.** Mmm, mmm.

12 **Q.** So was there, in fact, a hiatus between May and the late
13 autumn in which the DAs, at this political level, did
14 not get the same degree of access to the United Kingdom
15 Government that they had had hitherto and thereafter?

16 **A.** I think "hiatus" implies halt. I think there was
17 a diminution but not a halt.

18 **Q.** All right. Well, we can live with diminution.

19 You would say, no doubt, that you put into place the
20 process of calls because you recognised that there was
21 a need for it?

22 **A.** Oh, absolutely.

23 **Q.** Why, in general terms, and we have all the letters and
24 the correspondence, but there are letters to you from
25 the devolved administration First Ministers, 22 April,

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1 for communications with the devolved governments to be
2 made clear: "COBR has been stood down, there are plans
3 to scale back the SAGE arrangements. I have called
4 repeatedly for a predictable rhythm of engagement."

5 Do you agree that?

6 **A.** Yes, and I wrote I think on 21 May to Mark Drakeford --

7 **Q.** Yes, that's before --

8 **A.** Yes, after 12 May. And then I note a variety of calls
9 with First Ministers thereafter as well. So pretty
10 regular contact.

11 **Q.** To what extent were there difficulties in the
12 relationship with the devolved administrations
13 concerning the substance of public communications, so
14 public health messages?

15 **A.** The one occasion that I remember is the Scottish
16 Government had its own acronym, FACTS I believe, and
17 they were anxious to ensure that their approach, using
18 that acronym, took precedence over our Hands Face Space
19 communication, and there was some disagreement over
20 that. Given the UK-wide nature of the BBC and our
21 principal broadcasters and so on, I was of the view,
22 others in government much more strongly, that it was
23 right to use Hands Face Space and that the evidence for
24 the Scottish Government's different approach was not
25 strong.

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1 29 April, 21 May, 11 June (inaudible) September, all
2 saying, to you, to use Mr Drakeford's words, "I have
3 repeatedly called for a predictable rhythm of
4 engagement". Why did it take so long to set up that
5 process?

6 **A.** Well, I think we did have a good level of engagement.
7 I think it was not that level of predictability that
8 Mark initially wanted but I had the opportunity to talk
9 to Mark, in the margins of the British-Irish Council
10 last Friday, I explained that I was going to appear, and
11 reflected then on the nature of our engagement, and he
12 felt that while it was not perfect, it was good.

13 **Q.** Mr Gove, you know very well it's not your place to give
14 hearsay evidence, an account from another witness.
15 We're asking you about your views.

16 The correspondence shows that Mr Drakeford in
17 particular, was (unclear) to try to get the Government
18 to agree this process, and it took many months to do so,
19 even though it was a fairly regular process -- or
20 a fairly easy process of telephone calls, which he knew,
21 in the devolved administrations?

22 **A.** And those did take place.

23 **Q.** Well, you are familiar, no doubt, with the
24 correspondence which shows Mr Drakeford repeatedly
25 asking for the United Kingdom Government's intentions

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1 However, the First Minister of Scotland argued that
2 she commanded a level of confidence in her handling of
3 the pandemic within Scotland that meant it was
4 appropriate for her to use that particular form of
5 communication. I think both views had legitimacy.
6 **Q.** Had there, overall, been a perception on the part of the
7 devolved administrations that England-centric
8 announcements, Mr Gove, were not sufficiently understood
9 by the United Kingdom Government to be limited only to
10 England, that there were pronouncements about public
11 health messages and communications and so on that
12 appeared to be assumed by the United Kingdom Government
13 to be applicable to the whole nation, rather than just
14 England? You are aware of the material from the
15 devolved administrations saying they felt you
16 overstepped the mark in terms of the application of
17 these messages to the whole nation?

18 **A.** I don't believe that it led to any particular detriment
19 to the effective delivery of policy, though, of course
20 at times either the Scottish or the Welsh Government or
21 the Northern Ireland Executive might have felt they
22 could have communicated things better but, on the whole,
23 when you are dealing with, as I mentioned -- as we
24 acknowledged -- earlier, a virus whose impact is same
25 across the United Kingdom, then the clarity of

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1 communication of, for example, Hands Face Space,
 2 I believe, is helpful.
 3 **Q.** Was the Scottish Government informed, in advance, of the
 4 change in the United Kingdom Government messaging from
 5 'Stay at Home' to 'Stay Alert'?
 6 **A.** I don't believe so.
 7 **Q.** So that's a pretty good example of there being a failure
 8 of communication. The major public messaging of the
 9 United Kingdom Government from 'Stay at Home' to 'Stay
 10 Alert' was not discussed or debated with the Scottish
 11 Government in advance.
 12 **A.** I don't believe it was but then I don't believe that it
 13 resulted in any particular detriment to the handling of
 14 the pandemic.
 15 **Q.** It's an obvious point. Why was it not discussed in
 16 advance?
 17 **A.** There were many, many things that we sought to discuss
 18 with the Scottish Government and the devolved
 19 administrations but not every communication was
 20 exhaustive. And it is the case, again I don't want to
 21 make too much of a political point but I think this is
 22 just a matter of fact that --
 23 **Q.** Why was that particular important change, perhaps one of
 24 the most important changes in public messaging in the
 25 course of the crisis, not communicated to the Scottish

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1 **A.** I do.
 2 **Q.** Right.
 3 **A.** But I also think that, again, it is a matter of fact
 4 that Mark Drakeford and Arlene Foster belong to
 5 political parties that believe in the maintenance of the
 6 United Kingdom and Nicola Sturgeon does not.
 7 **Q.** Consideration of vulnerable and at-risk groups in
 8 decision-making. Another important area of your work
 9 was the chairing, for a while, of the GPSMIG --
 10 **A.** Yes.
 11 **Q.** -- and its focus on vulnerable children and the
 12 non-shielding vulnerable.
 13 In relation to children, what sort of issues did the
 14 GPSMIG consider in those months between March and May?
 15 Were they issues such as free school meals, the risk of
 16 exploitation and abuse, and so on and so forth? Give us
 17 an idea as to what issues came in front of you.
 18 **A.** Exactly those. So, knowing that children would be out
 19 of school, a variety of factors arose. Eligibility for
 20 free school meals, of course, is linked to relative
 21 poverty. Children out of school who would have the
 22 support of a free school meal when in school, not having
 23 it because they are out of school, that creates an issue
 24 and it's an issue for some of the poorest families in
 25 our society.

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1 Government first?
 2 **A.** Well, we communicated a great deal. We didn't
 3 communicate everything to the Scottish Government. And
 4 I want to be fair, the first thing is, there were --
 5 I am sure have been failures in what we communicated to
 6 the Scottish Government and other devolved
 7 administrations at times but it is also the case that
 8 the Scottish Government -- and I admire the way in which
 9 Nicola Sturgeon handled Covid generally -- but the
 10 Scottish Government was led by -- is led by a political
 11 party that has a desire to generate, at particular
 12 points, causes for grievance or objection to the
 13 UK Government's constitutional position and broader
 14 policy position. So it will be the case that there will
 15 be a temptation for some in the Scottish Government and
 16 in the Scottish National Party to exaggerate the impact
 17 of a mistake or an error in order to feed a broader
 18 political mission.
 19 **Q.** Do you acknowledge, Mr Gove, that Nicola Sturgeon and
 20 Mark Drakeford and Arlene Foster robustly reject any
 21 notion that they acted for such purely venal political
 22 motives?
 23 **A.** Well, again, I would draw a distinction.
 24 **Q.** Do you accept that they say that in their witness
 25 statements to this Inquiry?

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1 It is also the case that children being out of
 2 school will mean that the ability of professionals,
 3 teachers and others, to detect if a child is at risk of
 4 abuse or neglect diminishes. The risk of domestic
 5 violence and the risk of children either being witness
 6 to it or being the victims of it increases. Also,
 7 younger children are risk of being -- having their
 8 development disrupted because they're not in an
 9 environment where they are being socialised.
 10 **Q.** The committee dealt with such issues, as I have
 11 suggested, children, non-shielding vulnerable people and
 12 disabled people?
 13 **A.** Yes.
 14 **Q.** When that committee was effectively disbanded in
 15 May 2020, where did that consideration go over to? To
 16 which body were those functions transferred?
 17 **A.** Principally, Covid-O.
 18 **Q.** Did those issues remain with Covid-O thereafter,
 19 Mr Gove?
 20 **A.** Yes, but it was also the case that the MIG was created
 21 early on in the fight against the virus. At that point,
 22 we had to rapidly adjust in order to make sure that
 23 public services were aware of the new and in some cases
 24 unprecedented strains they were under. By the time that
 25 Covid-O and indeed the Covid Taskforce had been

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1 established, the nature of what was required and some of
2 the big policy questions had been identified, and to
3 a greater extent we were looking at the effectiveness of
4 delivery and, for example, I think it was the case that
5 we'd already agreed that free school meals would be made
6 available to children during holiday and other periods,
7 vouchers and support, in order to take account of some
8 of those earlier identified questions.

9 **Q.** Can we have INQ000083956, please, which is a briefing
10 dated 19 October.

11 On pages 8 and 9, I believe, there's a reference to
12 a fairly serious observation made by you about
13 the failure of some departments to respond to your
14 proposed debate concerning packages of interventions to
15 tackle disproportionate, immediate health impacts.

16 You say in the second paragraph:

17 "It [is not now going to] be possible to announce an
18 ambitious package of interventions in the Minister for
19 Equalities' oral statement ..."

20 Could you give us, please, some flavour of the
21 extent of your disappointment or the failure in terms of
22 the responses from the other departments? You refer to
23 a number of failed responses and to a number of
24 departments. How did this come about?

25 **A.** I think, in a way, the letter speaks for itself, and of
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1 **Q.** Just answer.

2 **LADY HALLETT:** He is going to.

3 **A.** I will but the key thing is that the question requires
4 extensive answering. There's a tension between being
5 brief and answering your question properly.

6 I note, Mr Keith, that you want us to keep our
7 answers brief, but if it's also the case that you want
8 them to be answered effectively, then I'll have to go on
9 at some length.

10 **MR KEITH:** Mr Gove, what --

11 **LADY HALLETT:** -- (overspeaking) -- Mr Keith --

12 **MR KEITH:** I have heard some *in terrorem* threats in my
13 time --

14 **LADY HALLETT:** Mr Keith, is there a different way to ask the
15 question?

16 **MR KEITH:** Yes.

17 **A.** I would say it was a promise not a threat.

18 **LADY HALLETT:** Mr Gove, what was the ambitious package of
19 interventions you had hope to announce?

20 **A.** Well, there was a range of the interventions that I was
21 keen that we should announce in order to help the
22 disabled, to better monitor the impact of the virus on
23 those from visible ethnic minorities and to deal, in
24 particular, with the plight that children faced.

25 It is often the case that whoever happens to be the
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1 course we're dealing with the specific impact on the
2 most vulnerable in our society of this virus.

3 I should say that --

4 **Q.** Mr Gove, I'm very sorry, in light of the time and, dare
5 I say, your propensity to comment politically, can I ask
6 you, please, just to answer the question, which is, how
7 was it that the departments that you criticise came to
8 fail to respond to your call to contribute to this
9 package of interventions on which you were working?

10 **A.** Well, that is a question that requires extensive
11 political commentary.

12 **Q.** My Lady will stop --

13 **LADY HALLETT:** You are not the first politician to make
14 political commentary during the course of this Inquiry.
15 If you keep your answer as short as possible -- it's
16 time apart from anything else, Mr Gove, as you
17 understand.

18 **MR KEITH:** Structurally, just in terms of government
19 administration, why had these departments fallen short?
20 Just in terms of their work product, they had failed to
21 do what you had asked them to do and you were
22 disappointed by their response. Why, administratively,
23 had they dropped the ball?

24 **A.** Well, when I talk about political commentary, I don't
25 mean partisan, I mean --
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1 Cabinet Office minister, or indeed the chair of any
2 Cabinet Committee, will write letters chiding government
3 departments for their failure to deliver in a variety of
4 areas. I have done so on everything from levelling up
5 to reforming the planning system to a variety of other
6 areas.

7 Of course this is a particularly important issue
8 because of the nature of the pandemic and the
9 vulnerability of the groups concerned but it is not
10 a unique example of me, or someone doing my job,
11 attempting to challenge other government departments to
12 raise their game.

13 **MR KEITH:** Were you able to bring them up to the mark? Did
14 they deliver in due course or not?

15 **A.** Yes.

16 **Q.** How long did it take?

17 **A.** I think that it was a few more weeks. But, again, at
18 every stage I was progress-chasing in my role as CDL and
19 MCO, as anyone doing that job would have and has.

20 **Q.** Moving to an entirely separate issue, the local lockdown
21 structure and Covid-O in the summer.

22 The body, Covid-O, which you chaired, played
23 a significant role in the imposition of these *ad hoc*
24 local lockdowns in the summer of 2020. The evidence
25 shows that DHSC Local Action Committee might recommend
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1 a particular area goes into lockdown, it would go to you
2 and Covid-O, and you would decide whether or not
3 a lockdown should be imposed.

4 It is obvious and common ground that Leicester was
5 one of the places, in fact the first place, that was
6 made subject to a first local lockdown, and later
7 Manchester.

8 Evidence has been given to the Inquiry by the Mayor,
9 Mr Rotherham, you may have heard the evidence yesterday,
10 that he believed that Manchester was treated -- in fact,
11 it wasn't Mr Rotherham, it was Mr Burnham. Andy Burnham
12 said that Manchester was treated, in his view,
13 appallingly, not necessarily in terms of there being
14 a public health need for this intervention, but in terms
15 of the process by which Manchester was placed under the
16 restrictions, the debate about the fiscal support which
17 would be given and the speed at which it was done.

18 In brief, do you accept that criticism of the
19 Covid-O local restriction process insofar as Manchester
20 is concerned or not?

21 **A.** I think it was broader than just Manchester in the way
22 in which it was flawed.

23 **Q.** The reasons he advances for the failures in the system,
24 are they of equal application to the other places that
25 were placed under lockdown or restrictions?

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1 that a second wave was coming. Infections were rising,
2 prevalence was growing and, in a sense, that we would be
3 back to the way we were in the spring or early spring
4 February/March.

5 To what extent was it acknowledged within government
6 that the tier system, which was then --

7 **A.** Yes.

8 **Q.** -- applied nationally in October and then, without any
9 form of negotiation, applied again in December,
10 realistically would work? It's understandable that the
11 Government would wish to try an alternative route short
12 of a lockdown: let's try the tier system and see whether
13 it works get us out of this epidemiological hole?

14 **A.** Yes.

15 **Q.** But it must have been obvious that there were very real
16 severe flaws in its design and in its application. All
17 places would end up, epidemiologically, leveled up at
18 the highest level. That was the nature of the beast?

19 **A.** Yes.

20 **Q.** So when the government gave considerable time and energy
21 to putting this system into place in September and
22 October, October it was announced on the 14th, did you
23 not assess that this was a waste of time, a flawed
24 exercise, that it would never provide the solution that
25 you thought it might?

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1 **A.** Not quite equal but broadly related.

2 **Q.** So were they the fiscal debate, the way in which the
3 system, as they saw it, put them under the restrictions
4 too fast, and their effective inability to be able to
5 respond and say, "No you're not doing this"?

6 **A.** I think there are three things. Firstly, I think that
7 the tiering system overall was inherently flawed,
8 though -- I can rehearse why --

9 **Q.** We will come to that maybe in the context of the October
10 tiering system.

11 **A.** Of course.

12 The second thing is that I think that the Mayor of
13 Manchester, Greater Manchester, has a point as, indeed,
14 others did, but it's one thing to suggest that you
15 should have stricter measures and demand that the
16 Treasury should pay for it, it is another thing to have
17 stricter measures, as it were, imposed and then for
18 there not to be, necessarily, the resourcing you believe
19 is necessary. So that is the distinction between, as it
20 were, the Sturgeon position and the Burnham position.

21 And I have more sympathy with the Burnham position.
22 **Q.** That system was played out in the summer and of course
23 a number of places went into lockdown or restrictions.

24 There was clear advice public health advice,
25 scientific and medical advice, from September onwards

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1 **A.** I was sceptical and grew more sceptical about its
2 efficacy and believed and I think I advocated for an
3 approach which was more England-wide.

4 I should say, in talking about the tiered approach,
5 we earlier made the point that the devolved
6 administrations at certain points went their own way,
7 entirely understandably, but again the history of the
8 pandemic shows that what starts in Essex, as it were,
9 doesn't stay in Essex, and across the whole island of
10 Great Britain you will find that, sooner or later, to
11 use your phrase about levelling up, the virus will level
12 up overall.

13 Now, it may well be that at different points the
14 approach of the Welsh Government or the Scotch
15 Government might have been wiser than the approach the
16 English Government, but ultimately, sooner or later,
17 within an epidemiological area, you will find that
18 unless appropriate restrictions are in place the virus
19 will spread, and hence the weakness of the tier system.

20 **Q.** The tier system was announced, in fact, on 14 October.

21 **A.** Mmm.

22 **Q.** As it happened, the second lockdown was imposed on
23 4 November, so the tier system wasn't, in fact,
24 permitted to work for very long.

25 **A.** Indeed.

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1 Q. One of the reasons you accepted in your statement that
 2 it didn't work is that it was always going to be a great
 3 deal more difficult to apply a tier system when the
 4 general levels of prevalence, the levels of spread of
 5 the virus were high.

6 A. Exactly.

7 Q. Do you assess that if the government had imposed --
 8 considered and then imposed a tier system in September,
 9 thereby giving it a longer time within which to work,
 10 the prospects of success would have been greater,
 11 because it was --

12 A. No, no, quite --

13 Q. -- and it was raised?

14 A. No, that is possible. Again, I think, rather than
 15 necessarily being the tier system *per se*, because again
 16 it's difficult to restrict the spread of the virus
 17 geographically, it's looking at the budget of measures
 18 overall. Throughout decision-making you are reminded
 19 that there were broad restrictions on social mixing that
 20 would reduce the spread of the virus and the more
 21 restrictions you imposed the lower the spread, but of
 22 course the greater the cost in liberty.

23 Dividing the country up into tiers is one way of
 24 attempting to meet that budget in certain areas but not
 25 in others, but it's also possible that we could have had

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1 A. No, quite, but I think that -- the tier system, as we
 2 said, was one way of imposing restrictions on some but
 3 not all. I wonder if, rather than going for the tier
 4 system earlier, there might not have been other
 5 non-pharmaceutical interventions that we could have used
 6 on an England-wide basis before then.

7 Q. In relation to the lockdown decision itself, are you in
 8 the camp of arguing that the United Kingdom Government
 9 should have gone earlier in recognition of the
 10 inevitability of the second wave, in recognition of the
 11 fact that the later you leave it to apply that sort of
 12 restriction the greater the rollercoaster effect and the
 13 greater the damage?

14 A. Yes.

15 Q. You must have reflected long and hard on that momentous
 16 decision. Are you able to identify a time in which you
 17 reasonably assess it should have been imposed?

18 A. I can go back and reflect on all of the exchanges I had,
 19 but I think it was some considerable time beforehand
 20 when I was talking to my colleagues, including those in
 21 my private office.

22 I think it is the case that Sir Patrick Vallance's
 23 diaries also indicate that I was what you might call
 24 more hawkish or at the more cautious, depending on your
 25 point of view, end of the spectrum in internal debates.

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1 a higher level of restriction uniformly across England
 2 without having specific tiers, as it were.

3 Q. The point is a slightly different one. The tier system
 4 didn't ultimately work.

5 A. No.

6 Q. In principle, there is a chance or there's a greater
 7 chance it may have worked if it had been imposed earlier
 8 when the prevalence, the degree of spread of the virus
 9 was lower, because that is one of the reasons -- well,
 10 it ultimately (unclear) the tier system. We will never
 11 know what might have happened, but do you acknowledge,
 12 and you have referred in your statement to the fact that
 13 there is a strong case for the Cabinet having to -- or
 14 should have acted earlier, that consideration should
 15 have been given to this tier system at an earlier stage,
 16 when it was more likely to work?

17 A. I think arguably consideration should have been given to
 18 other measures. So rather than introducing a tier
 19 system earlier, introducing other restrictions earlier.

20 Q. Such as?

21 A. Well, some of the restrictions that we subsequently were
 22 compelled to consider before we went back to full
 23 lockdown. So, again --

24 Q. With respect, the tier system was the penultimate
 25 procedure restriction before the lockdown on 4 November?

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1 Q. Yes. They are mostly reflective, however, of your
 2 position in the November and December in the run-up to
 3 the third lockdown, and I'm concerned with the second
 4 one?

5 A. Yes.

6 Q. Well, did you say you did call openly for a second
 7 lockdown at an earlier stage than that at which it was
 8 imposed?

9 A. I think that I was pretty clear, and I would have to go
 10 back again through all of the exchanges that I had with
 11 my colleagues, but I think it was pretty clear to those
 12 in my private office team the concerns that I had and
 13 the way in which I sought to communicate them. And
 14 certainly in the discussions that I had or that we had
 15 in the Quad it would often be the case that the Health
 16 Secretary and I would be reinforcing our shared view,
 17 broadly shared view, on the need for tighter
 18 restriction.

19 Q. Mr Gove, Sir Patrick Vallance's diary entries do indeed
 20 show that during the tier system you expressed very
 21 considerable reservations about its practicality, its
 22 efficacy, you doubt whether it will work --

23 A. Mmm.

24 Q. -- and you make the point about the epidemiological
 25 levelling up. But you don't appear in that fortnight or

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1 three weeks before 4 November to be openly calling for
2 a lockdown, the ultimate measure. Would you accept
3 that?

4 **A.** Well, I think that anyone could infer in the room from
5 what I was saying that if I didn't believe the measures
6 that we had were enough, then it was clear that we
7 should go further.

8 **Q.** Well, that, if I may say so, remains to be seen.

9 INQ000136684 is the paper which set out the data
10 that formed the foundation for the final lockdown
11 measure of November:

12 "The situation is deteriorating."

13 Paragraphs 1 and 6, if we can scroll back out -- we
14 can't see paragraph 6 on that page so we'll just have
15 paragraph 1, thank you.

16 Paragraph 1 deals the with the NHS being under
17 increasing pressure.

18 "... SPI-M have assessed that the NHS will, on
19 30/11/20, surpass fixed and surge bed capacity, even
20 after electives are cancelled."

21 If we can just go to the next page, paragraph 6,
22 we'll see a further reference to the demand for NHS
23 acute beds:

24 "Even if we act now, it will take 3-4 weeks to play
25 through into hospitalisations."

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1 make it very plain that you are continually calling for
2 caution in terms of the process which is applied in
3 December following the second lockdown and on the
4 approach to the third lockdown.

5 Would it be fair to say that the government found
6 that decision-making process as difficult and as --
7 well, as anxious and as -- well, really impossible as it
8 did the first level of decision-making in March? Do you
9 agree that the government found it exquisitely difficult
10 to make the decision about whether or not where there
11 should be a second lockdown?

12 **A.** It was certainly difficult for the reasons that
13 I alluded to earlier. During the course of September
14 and October, there were other conversations, and in
15 those conversations one could see again the Prime
16 Minister's hope that the worst might be behind us, and
17 also the concerns that I and others had that the very
18 conditions for a difficult second wave were growing and
19 that timely and serious action needed to be taken.

20 And I was just looking back at the exchanges with
21 people in my private office at that time and some of the
22 points that I was making at that time to them about the
23 arguments that I would be making in the Quad and
24 elsewhere, on the CDL PPS JG AH chat group.

25 **Q.** On 14 December, Sir Patrick Vallance records in his

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1 And so on.

2 May I suggest to you that when it came to this
3 lockdown decision, there was in the material, in the
4 paperwork relating to the ultimate decision, a greater
5 attention to the figures and facts relating to the
6 likely impact on the NHS. There was specific
7 consideration given to what would happen to the NHS if
8 these measures were not imposed. Would you agree?

9 **A.** Yes.

10 **Q.** The document also paragraph 8 expressly addresses the
11 economic consequences of the move:

12 "There is an argument that costly action now may
13 avert more costly action later."

14 Casting your mind back to the analogous thought
15 process and decision-making on 23 March, it's notable
16 that that issue, "costly action now may avert more
17 costly action later" was not debated or, in fact,
18 referred to at all.

19 Is that because by November there was a far greater
20 understanding of the reality that the earlier you
21 imposed this sort of measure, the earlier you will be
22 out of it, and overall less economic damage may be done?

23 **A.** I believe so, though it was still the case that I had to
24 prosecute that case with some vigour.

25 **Q.** And afterwards the diary entries from Sir Patrick do

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1 notebook these words:

2 "[Prime Minister] now worrying about Christmas (too
3 late!) Agreed that reframing advice about Christmas
4 needs to take place. Gove says measures from last year
5 show we have been ..."

6 And then he quotes the words "too lenient & too
7 late", and again in inverted commas:

8 "... we cannot make the same mistakes yet again."

9 If you used those words, what mistakes yet again
10 were you fearful that the government would make?

11 **A.** Allowing too much social mixing.

12 **Q.** And by implication not taking the decision to impose
13 a lockdown early enough, which is what your position is
14 in relation to the second lockdown?

15 **A.** I think it is both coming quickly to that decision and
16 making sure that that decision is strong enough.

17 So with reference both to tiers and more broadly the
18 phrase "go early, go hard" has been used, and my view is
19 that too often we didn't go early enough and didn't go
20 hard enough.

21 **Q.** On 2 January you sent a private note to the Prime
22 Minister setting out your view that there was no
23 alternative but to adopt a strategy of maximum
24 suppression. Why, in the context of this
25 extraordinarily complex government process, with

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1 committees and reporting lines and COBR and Covid-S and
2 CTF and Covid-O, was it necessary for you to send
3 a private note to the Prime Minister expressing your
4 views on the ultimate decision, which was to impose
5 a third lockdown?

6 **A.** I wanted to make sure that it got to the Prime Minister
7 direct and without any interference.

8 **Q.** Pause there. Interference by whom?

9 **A.** Well, I wanted to make sure he saw my own unvarnished
10 opinion, that it was laid out in black and white.

11 It's sometimes the case in conversations and
12 exchanges like this that you can't always say everything
13 that needs to be said, so sometimes a document is the
14 crispest and clearest way of doing so. It was the case
15 the document had been assembled by the help of my team
16 in Cabinet Office. It was also the case that a copy of
17 the document was passed to the Prime Minister's private
18 office as well.

19 **Q.** You were the chair of Covid-O, you were a senior
20 minister, you'd been a member of the Quad, you had
21 a variety of means at your disposal to send messages
22 through to the Prime Minister, through your private
23 secretary, through your principal private secretary,
24 through whomsoever. Why did you have to resort to your
25 Gmail account to sent the Prime Minister your views as

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1 **Q.** Yes. You wanted the last word and you wanted to make
2 sure that he would do what you believe was in the best
3 interests of the country?

4 **A.** Yes, I think it's the responsibility or duty of any
5 minister if they are dealing with a situation like this
6 to try to make sure that the government does the right
7 thing. Of course I'm not the ultimate decision-maker.
8 I'm not saying that in order to evade responsibility --

9 **Q.** No, no.

10 **A.** -- but just to be clear that, quite properly, at certain
11 points, once a decision has been taken, even if you
12 didn't agree with it, you've got to get on with
13 implementing it to the best of your ability.

14 **Q.** Why had you not -- and you specifically told this
15 Inquiry -- why had you not, on 20 March, when the
16 analogous decision was being made in the spring, not
17 expressed your views then as plainly as you did on
18 4 January but instead took the consensus approach that
19 you've described in terms of chairing COBR?

20 **A.** Well, I think I could at certain times, as I said
21 earlier, have been more vehement but I think it is also
22 the case that in the -- in Imran Shafi's notes of the
23 conversation in the weekend preceding that, that it's
24 pretty clear that I was forceful, sometimes terse, in
25 urging rapid action at that point. And I think -- well,

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1 a fellow government minister on the most important issue
2 facing the nation that day?

3 **A.** In many different arenas, in many different fora, as you
4 say, I had the chance to express my view, and I would
5 always use as many as I could in order to get my view
6 across when I considered it necessary.

7 You asked me, quite rightly, I think, to reflect
8 earlier if I hadn't been vigorous enough in stating my
9 view. At some points in the pandemic I suspect
10 I wasn't. On other occasions I felt that it was
11 necessary to adopt a not just belt and braces approach
12 but a by any means necessary approach, to make clear
13 what I felt.

14 **Q.** You assessed that it was necessary to make your views
15 particularly plain to the Prime Minister?

16 **A.** Yes.

17 **Q.** Because you were concerned that, for obvious reasons, he
18 may find the alternative approach preferable to yours.
19 You wanted to make sure that you got your way in terms
20 of his decision; is that the nub of it?

21 **A.** I wanted to make sure that he was clear about what
22 I thought. I think it's fair to say that it wasn't
23 about getting my way, it was about doing what I believed
24 to be right. But of course these are perhaps different
25 ways of describing the same intent.

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1 again, you made the point that I shouldn't introduce
2 evidence that's relates to conversations which are not
3 in front of us, but I think that others, if questioned,
4 would say that that weekend I was certainly very clear
5 about the need to act but I also wanted to acknowledge
6 that, while I had a strong view, it was for the Prime
7 Minister ultimately to decide and it was only right that
8 he should hear from others who took a different
9 approach.

10 **Q.** And the final topic, very briefly, do you commend, in
11 your witness statement, a number of lessons learned
12 dealing with such matters as training and the
13 requirement for ministers and officials to take part in
14 exercises and the overarching need to ask, and I get the
15 final word, "daft laddie" questions?

16 **A.** Yes.

17 **MR KEITH:** There we are.

18 **LADY HALLETT:** Mr Gove got the final word, Mr Keith.

19 Mr Gove, I'm sorry I can't say it's time to go. I'm
20 afraid we're going to take a ten-minute break now and
21 then we have an hour of questions for you. I'm really
22 sorry --

23 **A.** Not at all.

24 **LADY HALLETT:** -- but I must allow the core participants to
25 ask important questions.

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1 A. Of course.
 2 **LADY HALLETT:** And then for everybody else to understand, we
 3 then, at 4 o'clock, will start the evidence of Dame
 4 Jenny Harries, I think she has been warned, and we will
 5 try to finish this evening at about 5.00.
 6 So I shall be back at 3.00.

7 (2.50 pm)

8 (A short break)

9 (3.00 pm)

10 **LADY HALLETT:** All right.

11 **MR WILCOCK:** Mr Gove, I represent the Northern Ireland Covid
 12 Bereaved Families for Justice campaign, and I'm sure you
 13 will appreciate that they would welcome concise answers
 14 to the questions I am about to ask so that you don't,
 15 unintentionally I'm sure, give the impression that the
 16 clock is being run down given the limited time we have.
 17 My questions are all on what you describe in your
 18 witness statement as your role in managing the devolved
 19 nations and my starting point is expert evidence that we
 20 have already heard from Professor Ailsa Henderson, that
 21 I'm sure you are familiar with, that in her opinion the
 22 UK Government took positions on intergovernmental
 23 relations and how the devolved administrations should be
 24 integrated within a UK-wide response to the pandemic
 25 that were driven not necessarily by what would be best

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1 administrations, well over 100, attests to the fact that
 2 government as a whole took seriously the importance of
 3 co-ordination and consultation.

4 **Q.** Well, Professor Henderson quoted specifically a fear of
 5 federalism, a fear of leaks, a perceived kind of
 6 venality, of self-serving nature to the devolved
 7 administrations; and you said that there was some truth
 8 to what she said. Which one of those four is there some
 9 truth to?

10 **A.** Well, I think with respect to fear of federalism, the
 11 Prime Minister, in his own evidence -- former Prime
 12 Minister, Mr Johnson -- says that it was important to
 13 recognise that there was a difference. There is
 14 a difference between the UK Government's role and the
 15 role of the devolved administrations but I think that
 16 while the Prime Minister was clear about that, the
 17 effective operation day to day and co-ordination of
 18 activity was good.

19 **Q.** Can we have INQ000091348 on screen, please.
 20 While that's going up, Mr Gove, it is a read-out of
 21 a call that you had on 22 April with, amongst other
 22 people, the Secretaries of State for Scotland, Wales,
 23 Northern Ireland and then -- they are described in the
 24 document as TOs.

25 **A.** Yes.

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1 able to respond to an epidemiological event, and that
 2 there was a desire to structure intergovernmental
 3 relations for *ad hominem* reasons, and she quoted there's
 4 a clear effort to control or handle one of the First
 5 Ministers in particular, there is a fear of federalism,
 6 there's a fear of leaks, there is a perceived kind of
 7 venality or self-serving nature to the motives of the
 8 devolved administrations and never reflection that this
 9 might also be true for all actors.

10 Is there any truth in her analysis?

11 **A.** Some.

12 **Q.** Which bits?

13 **A.** You have asked me to be concise. I'll try to be.
 14 Again, I have no desire to run down the clock and if it
 15 would help the Inquiry I am more than happy to come back
 16 at any point. But I think the key thing is with the
 17 devolved administrations we have different personalities
 18 and different parties represented but I do believe that
 19 overall -- and certainly it seems to be the case that
 20 the evidence from all the First Ministers attests to
 21 this -- that generally the meetings were cordial,
 22 generally we made progress, generally there was an
 23 understanding of the importance of proceeding on
 24 a UK-wide basis and I think that the frequency of
 25 conversations that I had with leaders of the devolved

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1 **Q.** I think the TOs are the civil service departments'
 2 territory offices for Scotland, Wales and Northern
 3 Ireland?

4 **A.** Yes.

5 **Q.** So before we go to the read-out itself, can you look at
 6 the email on the first page from someone in the Northern
 7 Ireland office where in the second paragraph it was said
 8 that:

9 "Going into the meeting there was a concern that the
 10 Cabinet Office [whose role you have told us about was to
 11 co-ordinate government policy] were seeking to take
 12 ownership of DA handling and the Union strategy more
 13 widely ... we'll clearly need to keep a close eye on
 14 this."

15 Were you aware in April 2020 that the Northern
 16 Ireland office was concerned that you and the Cabinet
 17 Office were seeking to take ownership of DA handling and
 18 Union strategy in the early months of the pandemic?

19 **A.** I wasn't aware of any concern but I think the second
 20 sentence in that paragraph:

21 "... CDL [that was the role I had at the time]
 22 seemed keen to press ahead with instituting a regular
 23 meeting with himself, the [devolved administrations] and
 24 the [territorial offices] during Covid-19."

25 Again, under questioning from Counsel to the

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1 Inquiry, the point was made that some felt there wasn't
2 enough conversation.

3 **Q.** Yes.

4 **A.** I think that what this shows is that even though, of
5 course, there was a spectrum of opinions, I personally
6 was keen that we should involve the devolved
7 administrations as closely as possible.

8 **Q.** So I think the short answer was, yes, you were aware in
9 general terms?

10 **A.** I, again, was aware that, of course, territorial offices
11 wanted to make sure that they were fully involved in
12 those conversations as well but my intention was to
13 ensure that both the territorial Secretaries of State
14 and the respective First and Deputy First Ministers were
15 involved as well.

16 So, again, my aim throughout was to have the maximum
17 possible sharing of information and discussion.

18 **Q.** Well, let's have a look at the read-out itself, if we
19 may, Mr Gove. We can see that you started the call by
20 explaining that the reason for the call was effectively
21 a stocktake and that whilst to date, that is April 20,
22 the four nations had "marched more or less together in
23 response to Covid" you felt that there was a temptation
24 for the DAs to "jockey for position eg on their
25 sensitivity to health issues".

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1 **A.** Yes, they absolutely are, and I am sensitive to that.
2 Again, one of the points I made earlier -- and I will
3 try to summarise it briefly -- is that overwhelmingly
4 I don't just have respect for but I approve of the way
5 in which each of the First Ministers and Deputy First
6 Ministers handled things. I don't want to criticise
7 them but there were occasions and moments when the
8 political position, particularly of the Scottish
9 Government, gave rise to concern and/or suspicion that
10 they may, while still obviously seeking to do the right
11 thing, if there was an opportunity additionally to make
12 a political point, that temptation was there.

13 So, as I say, it was an issue that was real but at
14 the margins. Overall, I think the Scottish Government
15 worked very well with the rest of us and did well on its
16 own terms.

17 **Q.** So as you pointed out already, you then went on to say
18 that you had:

19 "... a responsibility to make sure the right
20 policies [to combat Covid] are in place, using the
21 strength and resources ... "

22 And you were fairly open to the suggestion from
23 Mark Drakeford for weekly meetings between FMDAs because
24 you didn't want the UK to seem high-handed.

25 If you look down the page to see the contributions

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1 You have touched on this earlier, but given your
2 evidence that it was reasonable for the devolved
3 governments to take decisions locally, why did you use
4 the particular express "jockey for position"?

5 **A.** Well, again, there had been some concern that had been
6 expressed by other people in government that, for
7 example, the -- one First Minister had communicated the
8 results of a COBR before others had a chance to
9 communicate it, and the view had been expressed to me,
10 that there was a risk or a danger that the need for
11 coherent UK-wide communications could sometimes be
12 vitiated or compromised by some, in some of the devolved
13 administrations, moving to the microphone before others,
14 as it were.

15 But again, as I think the document makes clear,
16 I said that I was open to regular weekly meetings and it
17 was important that the UK Government was not high-handed
18 in --

19 **Q.** Absolutely, and I am going to come on to that to be fair
20 to you. That is a valid point.

21 But going back again, leaks aren't unique in the
22 Dies.

23 **A.** Indeed.

24 **Q.** They are common in even very recent governments, aren't
25 they?

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1 of the Secretaries of State for Scotland, Northern
2 Ireland and Wales, do you agree that they were rather
3 less concerned with any appearance of being high-handed
4 and at best more cautious about such meetings?

5 **A.** I think they completely understood my position. I think
6 that they were accurately reflecting one or two of the
7 concerns not just they but other colleagues had had.

8 So, again, Secretary of State for Northern Ireland
9 fairly made the point, which I briefly alluded to
10 earlier, that First Ministers were sometimes privy to
11 decision-making and involved in decision-making before
12 other Cabinet ministers and, again, there was a balance
13 to be struck but they were reflecting that concern but
14 I think it was in the context of a thoughtful and
15 reflective conversation on the pros and cons of
16 particular types of engagement.

17 **Q.** Now, Professor Henderson's point was, I think, that
18 structures were made because of concern about the
19 individuals. You have spoken about concerns you had
20 about the First Minister for Scotland. Can we go to the
21 next page, please, and about 14 lines down we can see
22 the Secretary of State alleges that:

23 "The default position of [the Sinn Fein] dFM
24 [Michelle O'Neill] will be to agree with the approach in
25 [the Republic of Ireland]."

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1 A. Mmm.
 2 Q. Now, Mr Gove, you will know the group I represent
 3 consists of a broad church of people from within all
 4 traditions within Northern Ireland but did it occur to
 5 you, when Mr Lewis said this, that not only did he only
 6 name one side of the political divide within Northern
 7 Ireland but that, as you said, there was much to be
 8 said, you have already said this in evidence, for the
 9 response in the north of Ireland to take account of the
 10 approach in the south, given the Common Travel Area and
 11 the open land border?

12 A. Yes, and I don't think that either of those two things
 13 are mutually exclusive. So I think, absolutely,
 14 whatever the political tradition or party of any member
 15 of the Executive in Northern Ireland, all of them were
 16 aware of the nature of the Common Travel Area, the
 17 nature of the island as a single epidemiological area
 18 and the particular challenges that that raised, but
 19 I think it was fair and legitimate of the Northern
 20 Ireland secretary to point out that it's in the nature
 21 of Sinn Fein, as a distinct political party, to approach
 22 issues with a set of particular assumptions.

23 It's -- again, I'm seeking not to criticise because
 24 again, I appreciated the hard work that Michelle O'Neill
 25 and other Sinn Fein ministers put into dealing with the
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1 As I say, I think that in my experience everyone whom
 2 I encountered with executive responsibility from the DAs
 3 behaved with the public interest first and foremost, but
 4 it's difficult for politicians, elected politicians, to
 5 set aside completely the perspective, sometimes
 6 unconscious, biases that they bring to the table.

7 LADY HALLETT: Mr Wilcock, I am afraid you are getting very
 8 close.

9 MR WILCOCK: I am getting very close to the end.

10 LADY HALLETT: Are you asking the questions on behalf of the
 11 TUC?

12 MR WILCOCK: I am. But would you please allow me to ask two
 13 more on behalf of my main clients?

14 LADY HALLETT: We have got to move on. I've got a witness
 15 waiting who has been here and Mr Gove has been in the
 16 witness box all day, so I'm afraid everyone is going to
 17 have to speed up, and I'm going to ask other people who
 18 have been allocated longer times to see if they can
 19 shorten their questions.

20 MR WILCOCK: Well, my Lady, it's not the questions
 21 necessarily that cause --

22 LADY HALLETT: I do understand, Mr Wilcock, of course I do.

23 MR WILCOCK: If we go on to the next page and look at the
 24 first underlined section to see how you responded to
 25 these interventions, and we can see, can't we, that you
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1 pandemic -- I don't want to criticise them at all, but
 2 I do think that being aware of the political traditions
 3 from which people spring is helpful in recognising why
 4 some arguments may be made.

5 Q. So you agree that at least some of Professor Henderson's
 6 points about structure being made for *ad hominem* reasons
 7 rather than as to combat, is this an example of an *ad*
 8 *hominem* approach or not?

9 A. I draw a distinction. I don't think it's *ad hominem*,
 10 *per se*. I think it's recognising a structural,
 11 political or ideological factor. Again, without wanting
 12 to draw too broad an analogy, when other countries,
 13 Germany, for example, which, of course, has a fully
 14 federal system, had negotiations between the federal
 15 chancellery and the respective lender, one of the
 16 factors there was an acknowledgement that certain
 17 parties would come at these questions from a particular
 18 position. So an SPD-led Minister President would take
 19 a different view from a CSU Minister President.

20 Q. In Germany?

21 A. In Germany.

22 Q. And -- it may not be *ad hominem per se* but it's *ad*
 23 *hominem* in effect, isn't it?

24 A. No, I don't believe so because, again, I think that it's
 25 not a reflection on an individual or their qualities.
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1 say that you had heard the Secretaries of State for
 2 territorial office's caution and that the regular
 3 meetings won't mean that the devolved administrations
 4 agree on the approach to Covid and that regular meetings
 5 could be a potential federalist Trojan horse.

6 A. Yes, and I think that was reflecting the concerns that
 7 had been expressed by others.

8 Q. Absolutely. So my question really is this: given your
 9 initial openness to regular meetings in the way of
 10 making sure the right policies to respond to Covid were
 11 put in place, wasn't this fear of federalism another
 12 example of Professor Henderson's description of a desire
 13 to structure government for *ad hominem* reasons?

14 A. No, I don't believe so. It was the case that, as I say,
 15 other colleagues expressed their concerns, and I was
 16 reflecting in the read-out the nature of the concerns,
 17 but they didn't impede the regular conversations we had.

18 And also the evidence I think from all of the First
 19 Ministers and Deputy First Ministers were occasionally
 20 expressing frustrations, does converge on the point, and
 21 they all of course come from different parties, that
 22 broadly there was a good level of co-operation and
 23 collaboration. And indeed I think Professor Henderson
 24 makes the point that there are positive lessons in the
 25 UK experience in her conclusions.
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1 Q. She does.
 2 Finally, if we look at the second underlying
 3 section, can you see that you conclude this meeting with
 4 an observation about there being a "fair point about
 5 handling the DAs" and a suggestion that officials could
 6 be involved in any meetings to "diffuse tensions" and
 7 that you would not commit to the weekly meetings that
 8 you had initially been fairly open to.
 9 Did that non-committal coincide with what you told
 10 us this afternoon with the diminution of access between
 11 the devolved administrations and the political level of
 12 UK Government?
 13 A. I think there were two things --
 14 Q. I think you can probably answer this "yes" or "no".
 15 A. One of the reasons why there was a diminution in contact
 16 was because as we moved out of the first lockdown over
 17 the summer there was less of a need to have the
 18 intensity of meetings that we had had beforehand. So it
 19 wasn't a policy decision driven by a desire to speak to
 20 the DAs less, it was partly because throughout the
 21 summer, as we were coming out of lockdown, the need for
 22 the tempo of meetings across all governments diminished.
 23 Q. Whatever the desire, it coincided with that diminution,
 24 yes or no?
 25 A. It did, but coincidence and -- no, sorry, correlation is

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1 Q. Is that your answer?
 2 A. Yes.
 3 Q. Why did you think that the plan to route the money
 4 through local authorities was a mistake?
 5 A. Because I believed that it was a UK-government
 6 responsibility.
 7 Q. How did Mr Sunak respond to the issues you raised with
 8 the proposed Test and Trace Support Payment scheme?
 9 A. I didn't recall the full detail but as Chancellor he was
 10 always sympathetic to the arguments that I would make
 11 about the effective operation of the payments that
 12 people needed. And as I think it's a matter of record,
 13 as I briefly alluded to when Counsel to the Inquiry was
 14 questioning me, the furlough payments overall -- they
 15 are different, of course -- were among the most generous
 16 levels of financial support anywhere in the western
 17 world.
 18 Q. I didn't write the question but I suspect it was aimed
 19 at: how did he respond to your suggestion that such
 20 support be put in place for that particular scheme?
 21 A. Yes, and I think that -- I can't recall the exact detail
 22 but we did have a system of support for those who had to
 23 self-isolate and who were poorer. It's an open question
 24 about as to whether or not it was generous enough.
 25 MR WILCOCK: Thank you very much.

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1 not causation in every case.
 2 Q. Indeed. Understood.
 3 They're all the questions I wish to ask you on
 4 behalf of the Northern Ireland families. I have also
 5 been asked you ask to some questions on behalf of the
 6 TUC. All of these questions relate to the financial
 7 support for self-isolation Test and Trace Support
 8 Payment scheme.
 9 Now on 17 September 2020 you sent a WhatsApp message
 10 to Rishi Sunak stating the following:
 11 "Dear Rishi,
 12 "So sorry to trouble. On the isolation support
 13 payment question I support the overall idea strongly.
 14 I think the proposal to route money through LAs is
 15 a mistake and I cannot accept any scheme that is not
 16 UK-wide. Can we walk? All very best, MG."
 17 Then Mr Sunak responds:
 18 "Sure. Please call."
 19 Why did you support the idea strongly?
 20 A. Because I believed that critical to contact tracing and
 21 critical to the effective management of the disease was
 22 making sure that there were appropriate isolation
 23 payments for all those who needed to self-isolate,
 24 particularly, obviously, those who were the lower end of
 25 the income spectrum.

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1 LADY HALLETT: Thank you. I do understand. Sorry
 2 I interrupted.
 3 MR WILCOCK: Not at all.
 4 LADY HALLETT: Ms Heaven.
 5 Questions from MS HEAVEN
 6 MS HEAVEN: Mr Gove, I represent the Covid-19 Bereaved
 7 Families for Justice Cymru, and I think you have heard
 8 the warnings about time so I will take as I can.
 9 I want to start, please, by asking you about some of
 10 the evidence the Inquiry has from Mr Johnson.
 11 Obviously he hasn't given evidence yet so this is
 12 from his witness statement, my Lady.
 13 I will paraphrase, it's paragraph 186 from his
 14 witness statement and he says this:
 15 "It was clear from my earlier experience that the
 16 DAs needed to be handled with care, given the powers
 17 they had to diverge. I wanted to reduce the risk of
 18 political point-scoring ..."
 19 He then says in his view:
 20 "It [was] optically wrong, in the first place, for
 21 the UK Prime Minister to hold regular meetings with
 22 other DA First Ministers ..."
 23 So I'm just paraphrasing there.
 24 My question is this, I want to focus on your state
 25 of knowledge and, in particular, in 2020 if we can, did

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1 you understand at this time that Mr Johnson was
2 reluctant to meet regularly with the leaders of the
3 devolved administrations and that this was a deliberate
4 choice made by him largely for presentational reasons;
5 in his words it was "optically wrong"? Were you aware
6 at the time that that was his position?

7 **A.** I think in fairness to Mr Johnson, and he goes on to
8 explain in his witness statement, that it was more than
9 just optical or presentational.

10 **Q.** Practical as well I think he says.

11 **A.** Yes.

12 **Q.** But just focusing on the optical and presentational,
13 because that is a reason he gives, were you aware at the
14 time that that was one of the reasons why he didn't want
15 to meet regularly with the First Ministers of the
16 devolved administrations?

17 **A.** It seems to me that what the Prime Minister wanted to do
18 was to divide responsibility and labour appropriately,
19 and as one of his ministers charged with a co-ordination
20 function is seeming natural and logical for me to take
21 on this role.

22 **Q.** Let's move on then, because we have limited time.

23 I want to ask you then about Mr Drakeford's
24 comments. He has also given some comments in his
25 supplemental witness statement, in paragraph 16:

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1 **Q.** We're moving on now to my next question, which is
2 communications, and I haven't got time to go into
3 multiple examples. It's about the timing of
4 communications, whether or not there was proper briefing
5 to the DAs before the UK Government announced measures,
6 and I want to look at one particular issue and that's
7 the standing down of COBR.

8 Mr Keith raised a moment ago with you that one of
9 the complaints that we've heard in this Inquiry is the
10 lack of clarity, and this is from the DAs, in public
11 health messaging by the UK Government about the
12 geographical application of some of the measures, and
13 also a concern about measures being announced without
14 notice to the devolved administrations.

15 So, on that note, can we please have up
16 INQ000216507, please. Do you see that that there?

17 **A.** Mm.

18 **Q.** So this is a letter from yourself to Mr Drakeford
19 21 May 2020, and just for context this is your response
20 to a letter that you had received from Mr Drakeford on
21 12 May where he is asking for toes regular and reliable
22 engagements.

23 So in this letter essentially what you are doing is
24 you are agreeing that there needs to be a common
25 approach. If we look at the second paragraph there, you

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1 "I consider that Mr Johnson's comments at paragraph
2 186 of statement that the "DAs needed to be handled with
3 care" betrays a cast of mind. It appears to me that his
4 thinking, as the then Prime Minister of the United
5 Kingdom, was not that the UK Government needed to
6 co-operate effectively with the devolved governments as
7 equal partners who should be properly involved in
8 decision-making, but that they had to be handled with
9 care like a set of unruly, unreliable adolescents whose
10 judgments were flawed."

11 So, just reflecting on that briefly, and the
12 "handled with care" aspect, can we just be clear in
13 terms of the answers that you just gave, are you
14 agreeing that there was some concern that if the DAs
15 were given information too early on that they may leak
16 it or indeed that they may act early, in other words, go
17 first? What -- was that actually a concern?

18 **A.** It was a concern because I think there was one occasion
19 quite early on when one particular First Minister did,
20 it was perceived by others, move to the microphone in
21 advance of, you know, the agreed communications
22 roll-out. Some people were sensitive to that.
23 I thought overall in the greater scheme of things that
24 that was not a particular significant concern but, as
25 I say, that was my view.

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1 say you "would like to work together" and you make the
2 point about "realign[ing] public perceptions of our
3 approach", and then there is talking about social
4 distancing. And a little way down there there's an
5 emphasis on the importance of collective public
6 messaging.

7 And if we go then to paragraph 3, you give this
8 assurance:

9 "Going forward, I hope we can each share our
10 emerging strategic thinking as early as possible so we
11 have the opportunity to align approaches ahead of
12 announcements."

13 I think then that's when you reaffirm your
14 commitment to the regular meetings. Do you see that
15 that there?

16 **A.** Yes.

17 **Q.** So with that in mind I'm going to fast forward now,
18 please, if I may, to INQ000216519.

19 This is a letter to yourself and Mr Drakeford,
20 11 June 2020, do you see that there?

21 **A.** Yes.

22 **Q.** Thank you.

23 So I'll just read it through and then I'll ask the
24 questions:

25 "I am writing to ask the UK Government's intentions

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1 for communication with the devolved governments about
 2 the response to Covid and the recovery phase.
 3 "COBRA last met on 10th May and heard from the Prime
 4 Minister on Thursday 28 May, when he said that you would
 5 follow up later that week. There was no subsequent
 6 communication, and in a call with the Secretary of State
 7 for Wales on 3 June I asked about the UK Government's
 8 intentions in respect of the COBRA machinery. Through
 9 official channels we learn that COBRA has been stood
 10 down, and that there are plans to scale back the SAGE
 11 arrangements."

12 I will come on to the next bit in a moment but just
 13 pausing there, is it correct then that this decision was
 14 made, COBR was going to be scaled back, and Mr Drakeford
 15 not only didn't hear about it from you but indeed he
 16 didn't hear about it in advance?

17 **A.** Well, I think that there were a number of communications
 18 between myself and the Welsh Government over this
 19 period. Yes, of course there were some occasions where
 20 decisions were taken in advance of the Welsh Government
 21 being fully involved. I should say that there were some
 22 occasions where decisions were taken, entirely properly,
 23 by the devolved administrations without our input as
 24 well.

25 **Q.** But isn't the standing down of COBR and indeed, I think,
 173

1 "... 4 June mandatory face coverings on public
 2 transport
 3 "... 5 June ... face masks in NHS facilities."
 4 And:
 5 "... bubbling for single person households."
 6 So, again, and certainly from his perspective,
 7 decisions were being made on very important topics, were
 8 being communicated, and the devolved administrations
 9 were not being given advance notice, certainly on these
 10 topics.

11 Is that fair as at 11 June 2020?

12 **A.** Well, I think that -- I'm just looking at my own
 13 evidence, I can see in paragraph 56, prior to this there
 14 was a:

15 "... COBR meeting on 9 April, attended by the
 16 devolved administrations, it was agreed that it was too
 17 early to lift the restrictions in place and that
 18 a decision would not be taken until the end of the
 19 following week."

20 And then a call with the devolved administrations
 21 was arranged on 15 April, and then I go on to talk about
 22 the broader conversations that I had subsequent to that,
 23 including, in due course, a -- on 23 June, chairing
 24 a call with the First Ministers of the devolved
 25 administrations to discuss the decisions regarding
 175

1 the scaling down of SAGE, which is also referred to
 2 here, isn't that something that should absolutely have
 3 been told to the First Ministers of the devolved
 4 administrations in advance?

5 **A.** Well, I think it was the case that involvement with the
 6 devolved administrations was more intense through the
 7 MIG process than simply through the COBR process.

8 COBR, as I mentioned earlier, both describes a room
 9 and a process. The key thing is -- whether it's COBR,
 10 and indeed I think Mark himself says:

11 "To be clear, I am not arguing that the COBR
 12 machinery should continue."

13 I think the overall question is: was it the case
 14 there was frequent and sufficiently frequent contact?
 15 I think certainly frequent contact, but again the First
 16 Minister will have his own view about the adequacy of
 17 that frequency.

18 **Q.** Let me just quickly move on then.

19 If we look back at that letter, please, he is also
 20 raising another concern, isn't he, and that's "very
 21 significant announcements this week with minimal or no
 22 prior communication", and bearing in mind we're on
 23 11 June here so we're a month after that letter where
 24 you promised, effectively, effective communication, and
 25 he references:
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1 social distancing, the Cabinet were going to be asked to
 2 make that --

3 **Q.** Okay --

4 **A.** -- all of these are examples of involvement and, in some
 5 cases, the devolved administrations knowing and being
 6 involved in decisions before others --

7 **Q.** Mr Gove, I appreciate there may be other examples but
 8 my Lady has the letter, so I think we'll very quickly
 9 move on for one final question.

10 **A.** My point is that, while I do not deny that there were
 11 moments in the rhythm of our approach when the frequency
 12 of meetings for the devolved administrations was not
 13 what it might be, overall I think that there was a good
 14 frequency of meetings.

15 **Q.** Okay. Finally then we have a reference to the First
 16 Minister for Wales having to request a SAGE advice to
 17 you, I know this is very specific and it's testing your
 18 memory, on 5 May 2020 because there was apparently
 19 concern being expressed that SAGE papers were not
 20 available.

21 First of all, do you recollect this and do you
 22 recollect there being any requests earlier than
 23 May 2020, certainly to you, for SAGE information,
 24 because of course we understand the CMOs were
 25 communicating by that point?
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1 **A.** Exactly.

2 **Q.** So, first of all, do you recollect that? Do you accept
3 that? Do you find that confusing, that you were being
4 requested to SAGE on 5 May 2020?

5 **A.** My understanding was, as you say, that the Chief Medical
6 Officers were meeting and talking regularly and also
7 that the health ministers were meeting and talking
8 regularly as well, that Matt Hancock and the
9 representative health ministers, Vaughan Gething I think
10 at this stage in Wales, were meeting and talking
11 separately.

12 For me, the key question would be: was there any
13 specific information that wasn't available to officials
14 or others within the Welsh Government? So was there
15 a new and emerging set of findings that they were not --
16 that were not shared and not given in a timely fashion.

17 My understanding is that everything that needed to
18 be shared was shared. There was a very good level of
19 sharing.

20 **MS HEAVEN:** I think I have run out of time now, so thank you
21 very much.

22 **LADY HALLETT:** Thank you, Ms Heaven.
23 Ms Mitchell.

24 **Questions from MS MITCHELL KC**

25 **MS MITCHELL:** Mr Gove, I appear as instructed by Amer Anwar
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1 you.

2 **A.** Okay, yes.

3 **Q.** Now at paragraph 2 we see that a comment is made that:
4 "In Scotland, only 27% of people think the UK
5 Government is putting in place the right measures, but
6 70% of respondents believe the Scottish Government is
7 putting in place the right measures ..."

8 If we could move on to page 5, please, the top
9 paragraph, which is available, that should be on your
10 screen, it says:
11 "We need to change perceptions of our response to
12 COVID-19. There is a real opportunity to outline how
13 being part of the Union has significantly reduced the
14 hardship faced by individuals and businesses across the
15 UK, and will continue to do so."

16 Then it notes that satisfaction with the government
17 is low.

18 You have said:
19 "Building on the working of the Treasury, we need to
20 generate further, tangible examples of where we have
21 acted in the interests of citizens from all across four
22 nations, and all departments should review their
23 COVID-19 responses to identify examples that could be
24 utilised in future communications."

25 Now, in your answer to Mr Keith's question posed
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1 & Co on behalf of the Scottish Covid Bereaved.

2 I would like to take you back to a Cabinet meeting
3 in July 2020. Now, by this time the first wave was
4 over, the second wave was still to come, and this
5 Inquiry has heard evidence that there was no pandemic
6 plan, about the dysfunctionality in those critical
7 months before July, infighting, misogyny, failure to
8 understand science, maths, graphs, dithering,
9 trolleying, all resulting in a deadly delay before
10 implementing lockdown.

11 It's against the background of these four months
12 into the pandemic that you present a paper at a meeting
13 of the Cabinet on 21 July 2020 called State of the
14 Union.

15 If I can have INQ000089054 up on screen,
16 particularly paragraph 2.

17 Do you recognise this document?

18 **A.** Yes.

19 **Q.** Is that a document written by you?

20 **A.** It would have been written by my team.

21 **Q.** And did you present this document at the Cabinet
22 meeting?

23 **A.** Yes. I think -- if I can go back, did you say that it
24 was 12 July or 20 July?

25 **Q.** It was 21 July 2020. It's the front page we'll show
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1 earlier, you expressed the view that the Scottish
2 Government -- being led by a political party that has
3 a desire to generate, at particular points, causes for
4 grievance or objection to the UK Government's
5 constitution. And you also said, if there was an
6 opportunity additionally to make a political point, that
7 temptation was here.

8 From this document it appears that you are
9 suggesting that the UK Government considers that the
10 pandemic was an opportunity to emphasise the strength of
11 the Union, that you were suggesting that a political
12 point could be made.

13 Was it in fact the UK Government playing politics
14 with the pandemic response?

15 **A.** No, of course not. The first thing that I would say is
16 that the mismatch in figures there occurred at a time
17 when the approach of both the UK Government and the
18 Scottish Government was very similar, and we had been
19 working effectively together.

20 To my mind it was important that we communicated
21 that the UK Government was operating effectively and
22 operating in tandem with the Scottish Government, the
23 Welsh Government and the Northern Ireland Executive, but
24 it's also the case that the strength of the
25 United Kingdom in dealing with the pandemic was
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1 a material benefit to all the countries within the
 2 United Kingdom. We would not have been able to provide
 3 furlough, we would not have been able to roll out the
 4 vaccine in the way that we did if we had not been
 5 operating as one United Kingdom.

6 **Q.** So what I wish to pose to you was whether or not what
 7 you are trying to get across there was political in
 8 terms? You are wanting to emphasise the strength of the
 9 Union?

10 **A.** Well, I wanted to make sure that facts were clear. It
 11 is a fact that the furlough scheme was generous. It is
 12 a fact that the Barnett formula provides additional
 13 resources for other parts of the United Kingdom. It is
 14 a fact that we would not have been able to roll out the
 15 vaccine at the speed that we did without being part of
 16 the United Kingdom. And I think it is important, at
 17 a time of strain, that people have possession of the
 18 facts in order to be able to understand the situation in
 19 which we find ourselves.

20 **Q.** I see. And the document that's there before us, that's
 21 your way of doing that.

22 Can I move on to question 2, please. The First
 23 Minister of Scotland was asked to express her opinion on
 24 your view that devolutionary arrangements didn't lend
 25 themselves to an obvious mechanism to bring the devolved

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1 **Q.** Was the UK Government prepared to deploy the flexibility
 2 necessary to make the mechanisms work effectively?

3 **A.** Yes.

4 **Q.** In doing so, can I ask in what way, when we've heard
 5 specifically that decisions were taken elsewhere and
 6 presented at COBR as a *fait accompli* and the devolved
 7 administrations were asked whether or not they agreed to
 8 that, was treating people or treating the devolved
 9 administrations as equal partners and also deploying the
 10 flexibility to make their mechanism, their ability to
 11 input into those decisions, work effectively?

12 **A.** I'm sorry, could you repeat the question.

13 **Q.** Yes, certainly.

14 What way did the UK Government show that they were
 15 treating Scotland as equal partners and deploying the
 16 flexibility necessary to make any mechanism work
 17 effectively, in circumstances where decisions were being
 18 taken outwith COBR and being brought to COBR as if those
 19 decisions were still to be made to allow the devolved
 20 estimations to agree?

21 **A.** Well, in response to questions from our colleague who is
 22 acting on behalf of victims in Wales, I made the point
 23 there that, at least -- I mean, I can turn to one
 24 occasion but there were many occasions where the First
 25 Ministers and representatives of devolved

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1 administrations into the decision-making process.

2 Now, we don't need her response up for speed of
 3 time, but what she says is she agrees there wasn't
 4 a pre-existing mechanism. However, she says the problem
 5 in her view was not the lack of the mechanism but the
 6 difficulty the UK Government had in treating the
 7 devolved administrations as equal partners. As long as
 8 they see it, to quote the former Prime Minister, "as
 9 optically wrong", they will not be prepared to deploy
 10 the flexibility necessary to make any mechanism work
 11 effectively.

12 Now, this Inquiry has heard evidence from those at
 13 the heart of government that COBR meetings attended by
 14 the First Minister were Potemkin in nature, a charade
 15 carried out to give the impression that the Scottish
 16 Government were involved in the decision-making process
 17 whilst decisions were taken elsewhere in secretive
 18 meetings.

19 What I want to ask you is, firstly, do you agree
 20 that UK Government had difficulty in treating Scotland
 21 as equal partners in the crisis?

22 **A.** No.

23 **Q.** Did you show that by making decisions which were taken
 24 elsewhere and not within COBR?

25 **A.** No.

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1 administrations were acquainted with decision-making
 2 before the Cabinet. I should say that the UK is not
 3 a federal state and a critical thing is that any
 4 comparison --

5 **Q.** With respect, I wonder if I could stop you there,
 6 Mr Gove. It's not the analysis that I'm looking for,
 7 just the response to the questions.

8 I wish to move to my third --

9 **A.** But, with respect, your questions are prosecuting an
 10 argument. You are making a series of points from an
 11 ideological point of view and I am seeking to make sure
 12 that context is provided for the committee.

13 It is the case that, for example, quite properly,
 14 the Scottish Government and the Welsh Government would
 15 take decisions themselves within their cabinets. UK
 16 Government ministers were not invited to be observers or
 17 participants in those discussions, neither should we
 18 have been.

19 **Q.** And that's --

20 **A.** But it is important to --

21 **Q.** -- Inquiry, Mr --

22 **A.** It is important to appreciate the unique circumstances
 23 of --

24 **Q.** Mr Gove --

25 **A.** -- the UK constitution, and in those circumstances, as

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1 we've rehearsed earlier, flexibility is required and
 2 flexibility was shown.

3 **Q.** Mr Gove, I'm moving on to my third question.
 4 You have highlighted, in your view, the importance
 5 of clarity in respect of the public health message. You
 6 have also highlighted, in response to one of my learned
 7 friends, that one of the concerns that was being
 8 expressed to you, there was a risk or danger that the
 9 need for coherent UK-wide communications could be
 10 vitiated or compromised by some in the devolved
 11 administrations moving to the microphones before others,
 12 as it were, that was your response.

13 **A.** Mm.

14 **Q.** This Inquiry has had the opportunity to consider an
 15 expert report from Professor Ailsa Henderson.
 16 INQ000269372. I wonder if I can have up page 49,
 17 paragraphs 151 and 152.
 18 Now, this is an analysis of the UK Government's
 19 public health response, and do we see about
 20 three-quarters of the way down, paragraph 151:
 21 "An analysis of the texts of prepared speeches
 22 throughout 2020 shows those speaking on behalf of the UK
 23 government did an incomplete job of outlining the
 24 territorial scope of their data, information or
 25 guidance."

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1 to them?

2 **A.** I think the people in Scotland are very well aware that
 3 there were, later in the response to the pandemic,
 4 different approaches in Scotland. I think the fact that
 5 the First Minister had daily press conference would have
 6 meant that there was pretty clear communication.
 7 Again, I think that a critical question here is: as
 8 Professor Henderson and others have pointed out, the
 9 fact that the UK Government is both responsible for
 10 issues in England and also has UK-wide responsibilities
 11 as well, that is not entirely unique but it is certainly
 12 a specific constitutional arrangement. Within that,
 13 I think that the need for the best possible and most
 14 coherent communication of course is important but, as we
 15 touched on earlier, there can sometimes be a tension,
 16 and the tension I mentioned was the clarity of Hands
 17 Face Space and the credibility, adduced earlier, of the
 18 Scottish Government. So how do you decide between
 19 a clear UK-wide message which is more effective or
 20 a Scottish Government message which is less effective
 21 but which is being conveyed by a more credible advocate?

22 **Q.** Would you agree that the duty of the UK Government was
 23 to provide information which was clear to everybody
 24 within the United Kingdom, making clear what the rules
 25 were in Scotland and the rules were in other parts of

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1 And it goes on to talk about the fact there was no
 2 mention of the First Minister's of the devolved
 3 administrations.

4 Moving on to paragraph 152, about three or four
 5 lines down it explains that when ministers were giving
 6 messages, more typically they outlined the guidance for
 7 England alone but that the devolved administrations
 8 would offer their own guidance. It gives examples:

9 "Reference to reopening retail, which was England
 10 only, was made less clear by referring to re-opening
 11 'British high streets' ... [and] On 23 June [Mr] Johnson
 12 clarified that the measures applied to England only,
 13 then set out rules ... for 'the British public'."

14 What impact do you consider the UK Government's use
 15 of "UK" to mean England had on the Scottish public's
 16 perception of the UK Government's response to the
 17 pandemic?

18 **A.** I think at best marginal. I think that people across
 19 the United Kingdom would have had a pretty clear
 20 understanding of the different responsibilities of their
 21 governments.

22 **Q.** So that when the Prime Minister of the United Kingdom
 23 refers to rules only for England and then advises that
 24 these are rules to follow for the "British public", the
 25 people in Scotland would be aware that that didn't apply

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1 UK, and that was the most critical factor?

2 **A.** It was certainly an important factor but I would also
 3 say that at different times there was confusion,
 4 I myself remember being interrogated at different times,
 5 about -- as -- the questions I mentioned earlier, like
 6 whether or not a scotch egg was a substantial meal. The
 7 reason why we needed to refine messaging is that
 8 decisions were often being made by different
 9 administrations at pace. But more broadly I would
 10 characterise the approach both of the UK Government and
 11 the devolved administrations as one of effective
 12 functioning collaboration.

13 One could home in on someone mixing up the phrase
 14 "English" and "British" at one time, but if that is the
 15 gravamen of a charge of high-handedness on the part of
 16 the UK Government, then I would argue that that is,
 17 as -- considering the matters with which is the Inquiry
 18 has to deal, perhaps not the most significant.

19 **Q.** Mr Gove, the expert witness simply says there was little
 20 attempt to outline what applied to UK-wide and what
 21 applied only to England. The phrase "this country" was
 22 employed frequently to mean England or Great Britain or
 23 the UK. There wasn't clarity in the UK Government's
 24 handling of this matter.

25 My Lady, I've got no further questions.

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1 A. Can I just say that --
 2 **LADY HALLETT:** I think you have answered that question,
 3 thank you very much, Mr Gove.
 4 Thank you, Ms Mitchell.
 5 Right, Mr Friedman.
 6 Don't worry about turning your back, Mr Gove,
 7 because we need your voice into the microphone.

8 **Questions from MR FRIEDMAN KC**

9 **MR FRIEDMAN:** Thank you, my Lady.
 10 Secretary of State, I act for four national disabled
 11 people's organisations.
 12 Can I ask you to look at INQ000083917, please.
 13 It is an email from the Covid-19 Taskforce to,
 14 amongst others, Emran Mian and Helen Dickinson, but it's
 15 copied to, and I'm going to summarise, departments like
 16 the Minister for Disabled People, people from the
 17 Equality Hub and Disability Unit and, about a quarter of
 18 the way down, Michael Gove Mailbox, private secretary.
 19 Do you see your address?
 20 A. I do.
 21 Q. It's 5 November 2020. And just on the second page,
 22 under the heading "Context" it reads:
 23 "At the 29 October meeting of COVID-O, the committee
 24 agreed to an ambitious package of measures to prevent
 25 transmission to and within groups that have been
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1 So I don't think it's about a hierarchy of need, I think
 2 it's about the preparedness of policy.
 3 Q. Just on that letter, I don't need to bring it up, but
 4 it's the October 2020 letter, the terrible missed
 5 opportunity chastisement where you told the chair this
 6 afternoon you wanted everybody to raise their game.
 7 Without going to it, we will have it make public in due
 8 course, but in that letter you also say you are deeply
 9 disappointed in departmental responses to date.
 10 A. Yes.
 11 Q. And amongst other relevant facts, you draw their
 12 attention to the 59.2 per cent of those who have died of
 13 Covid-19 have been disabled and you also say, "time is
 14 running out to mitigate risks for the second wave".
 15 A. Yes.
 16 Q. Given all those matters, why was it right as of
 17 5 November to be then, albeit through the words of the
 18 Covid Taskforce, tolerating a slower time for the more
 19 ambitious package for disabled people?
 20 A. I think these things are relative and I think it's
 21 purely to make sure that what we do roll out, and as the
 22 previous letter shows I and the Prime Minister were
 23 cracking the whip on this, in order to make sure that
 24 that which was prepared was ready to be implemented.
 25 Q. But just on that, the cracking of the whip, can you
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1 disproportionately impacted by COVID-19, focusing in
 2 particular on ethnic minority communities. The Prime
 3 Minister and CDL also asked departments, in slower time,
 4 for a more ambitious package that can prevent
 5 disproportionate impacts from COVID-19 for people with
 6 disabilities."

7 The question is, why did the Covid Taskforce
 8 indicate to the key decision-makers as of 5 November that
 9 the PM and CDL had acknowledged that the ambitious
 10 package for disabled people could be developed in
 11 a slower time to that which had been developed and
 12 already agreed for other disproportionately affected
 13 people?

14 A. I think Counsel to the Inquiry earlier drew attention to
 15 the fact that I'd written a letter chastising, if that's
 16 the right word, other government departments for not
 17 having risen to the challenge of doing everything
 18 possible for those groups. I think it would have been
 19 the case that we could have implemented, or were
 20 implementing, some of the measures that would mitigate
 21 the impact on ethnic minority communities because they
 22 were simply more ready to deliver. My recollection
 23 would be that more work was required in order to make
 24 sure that the additional policies necessary for those
 25 living with disabilities were also ready for delivery.
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1 accept at least that that 5 November email and its
 2 reference to slower time, at least on one reading and
 3 regardless of what you meant, could be read as what it
 4 said, that the work for disabled people for the second
 5 wave was not quite as urgent, regardless of whether
 6 that's what you wanted the meaning to be?
 7 A. I think that could only have been inferred by people who
 8 are not involved in the decision-making or policy
 9 formulation process at that time. I think everyone
 10 would have recognised the stress that I and the Prime
 11 Minister were placing on making sure that
 12 disproportionately impacted groups received additional
 13 support and that policy was refined in order to help
 14 them and support them.
 15 **MR FRIEDMAN:** Thank you.

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

18 **Questions from MR MENON KC**

19 **MR MENON:** Good afternoon, Mr Gove. I ask questions on
 20 behalf of a number of children's rights organisations.
 21 This morning, in answer to questions from Mr Keith,
 22 you acknowledged that the Government did not pay enough
 23 attention during the pandemic to the impact of some of
 24 its measures on children, particularly vulnerable
 25 children. Briefly, to which specific measures were you
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1 referring?

2 **A.** I think it was the case that we did pay attention to
3 them but there was a trade off. The specific concern
4 that I had is, in order to reduce R below 1, we were
5 advised that schools needed to close. And, as we
6 touched on earlier, the closing of schools would have
7 a disproportionate impact on poorer children and I was
8 concerned, as indeed were ministers across government,
9 about how we could mitigate those impacts.

10 **Q.** That's not quite what you said this morning. I mean,
11 the question was about dysfunctionality and where the
12 government fell short, and you made the concession at
13 that stage that the government, and I'm quoting back
14 your words, did not pay enough attention to the impact
15 of some of its measures on children. So I'm asking you
16 which specific measures were you alluding to that fell
17 short of the mark?

18 **A.** Well, again, you have given me the opportunity to
19 clarify. I think that what I was referring to was the
20 particular concern that we had about children at risk of
21 abuse and neglect, children who would suffer as a result
22 of the attainment gap growing and so on.

23 I think my point would be, and your question gives
24 me an opportunity, I hope, to clarify it, that in policy
25 there are always trade-offs and the trade-offs can be

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1 as important as schools closing then that's a decision
2 that requires collective consideration across
3 government, and I think if I infer rightly from what,
4 Sir Gavin's written, it wasn't the case that he had
5 autonomy over schools closing, any more than the
6 Secretary of State for Culture, Media and Sport had
7 autonomy over whether theatres or football matches could
8 go ahead. It is the case that Sir Gavin did make clear
9 his concerns at particular points, and I remember very
10 early on, when the decision was made about school
11 closure, that Sir Gavin was clear that it was the
12 responsibility of the Cabinet Office rather than his own
13 department, and I think it was a fair point on his part,
14 to draw up the list of key workers whose children would
15 be exempt from school closures. No easy task but one
16 which we sought to discharge.

17 **Q.** So you are suggesting there isn't a distinction between
18 your initial answer to my question and what Sir Gavin
19 Williamson says in his witness statement as I've
20 summarised to you, you're suggesting you are on the same
21 page?

22 **A.** Yes.

23 **Q.** I see. The former Children's Commissioner for England,
24 Mr Gove, Anne Longfield, told the Inquiry that there was
25 nobody at the Cabinet table who was taking the best

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1 very uncomfortable, and my own -- I think -- the area
2 which I think is most difficult, looking back, was the
3 decision to close schools, for all of the reasons that
4 are well known, but it was felt that it was necessary,
5 and I understand why it was necessary, in order to deal
6 with the greater evil, which was the prospect of the NHS
7 being overwhelmed, which of course would have had
8 a terrible impact on the country and a disproportionate
9 impact on the poorest.

10 **Q.** Thank you.

11 Turning to an entirely different topic, was the then
12 Secretary of State for Education involved in the key
13 decision-making that impacted children during the
14 pandemic or was he, in effect, largely excluded?

15 **A.** I think he was involved.

16 **Q.** In the actual making of decisions?

17 **A.** Yes.

18 **Q.** Are you aware that the Secretary of State for Education
19 in his witness statement at page 12 says that he did not
20 have clear autonomy to make core decisions especially in
21 respect of schools closing and reopening and that any
22 input he had was limited to the implementation of
23 decisions as opposed to the making of the decisions
24 themselves?

25 **A.** Well, I think that when you are talking about something

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1 interests of children into account when decisions were
2 made during the pandemic. What is your response to that
3 assertion?

4 **A.** I am a huge fan of Anne's, in fact I think I appointed
5 her to that role --

6 **Q.** What about her comment to the Inquiry?

7 **A.** I would take a different view. I think we all had the
8 concerns of children in our mind. I think that the
9 evidence shows that of the many questions that I asked
10 and the many challenges that I gave to ministerial
11 colleagues, making sure in particular -- for example,
12 the agenda of the GPSMIG -- shows that I, and I was very
13 far from alone, was keen to establish the risks that
14 children faced and to advocate for them.

15 Indeed, I think as the committee alluded to earlier,
16 I challenged others to make sure that children eligible
17 for free school meals should receive support during the
18 extended lockdown in the holiday period as well. So I'm
19 not suggesting that I was unique in that, quite the
20 opposite. I think that Anne, passionate advocate as she
21 is for children, I think is being -- for once, I think,
22 you know, aiming offside.

23 **Q.** So in terms of learning lessons in terms of how the
24 government should act in a future crisis, do you agree
25 that there should be somebody at the Cabinet table who

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1 has primary responsibility for children to avoid
2 decisions being made through an exclusively
3 adult-centric lens?

4 **A.** I don't think decisions were made through an exclusively
5 adult-centric lens. Quite the opposite. And I think to
6 be fair to the Prime Minister, he was one of the people
7 who was most concerned about school closure and the
8 impact that it would have on children.

9 So I certainly don't think that the decision are
10 made through an adult-centric lens, no.

11 **Q.** We will have to agree to disagree on that.

12 Moving on in your witness statement you mentioned
13 the so-called "Quad". Did any member of the Quad have
14 primary responsibility for high-level decision-making
15 that impacted children, and if so who?

16 **A.** Well, the Prime Minister ultimately, but my
17 responsibility was for the co-ordination of our response
18 across the public services. So, insofar as there was
19 someone who had that concern, it would have been mine.
20 But I don't for a moment want to suggest that either the
21 Chancellor or the Health Secretary were anything other
22 than alive and alert at every stage to the impact on
23 children.

24 **Q.** Thank you.

25 Moving then from the more general to the specific
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1 that children, as I say, can carry the virus, including
2 asymptotically, as easily as any other human being.

3 **Q.** Mr Gove, the Inquiry has not heard any evidence from the
4 Chief Medical Officer or the Chief Scientific Adviser to
5 the effect that they advised the UK Government to take
6 a different approach in relation to children and social
7 distancing restrictions than the approaches taken in
8 Scotland and in fact in Wales as well, no evidence to
9 that effect at all. Are you sure about that?

10 **A.** Well, again, my judgement on what the decision-making
11 would have been would have been influenced by scientific
12 advice. I can't recall when those decisions were taken
13 and in which meetings and who would have been there but
14 the rationale for it is one that I have just explained.

15 **Q.** Well, I await to see what that research is because we've
16 not heard anything about that whatsoever.

17 **A.** Are you saying that children are less likely to carry
18 the virus?

19 **LADY HALLETT:** No, wait for the next question, Mr Gove.
20 I'm afraid Mr Menon is now running out of time as well.

21 **MR MENON:** Thank you. Much as I would like to continue that
22 discussion, I think I had better move on, Mr Gove, given
23 the time I have been allotted.

24 Again, turning to the Secretary of State for
25 Education, in his witness statement at page 58 he says
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1 and turning to the social distancing restrictions that
2 were changed during the summer of 2020, why did the UK
3 Government not exempt children under 12 from the
4 restrictions, as, for example, Scotland did in
5 July 2020, or from the rule of six as Scotland again did
6 in September 2020?

7 **A.** I believe it was on the basis of the advice that we were
8 given that children, while of course if they caught the
9 disease were less likely to have severe symptoms, that
10 children could spread the disease just as easily as you
11 or I.

12 **Q.** Who gave you that advice?

13 **A.** I believe that the advice would have come from the Chief
14 Medical Officer, Chief Scientific Adviser or others at
15 the time. I think that the critical point that was made
16 to us is of course when schools are closed there are
17 consequences for children, consequences that we need to
18 bear very strongly in mind, and of course some will say,
19 "Well, children if they catch the disease are
20 vanishingly unlikely to suffer serious consequences".
21 But children can, when they meet in schools, spread the
22 disease amongst themselves and then spread it back to
23 families and multigenerational households.

24 So the question of exempting children from -- this
25 would have been driven, I'm sure, by the recognition
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1 that closing schools in January 2021 was wrong --

2 **A.** Yes.

3 **Q.** -- especially for the most disadvantaged children, and,
4 to use his words, wholly unnecessary and panicked.

5 Given your earlier answers about wanting maximum
6 suppression, am I right that you disagree with him?

7 **A.** Yes.

8 **Q.** I mean, do you at least agree with this, that prior to
9 the initial school closures in the summer and autumn
10 of 2020, the government made no contingency plans for
11 a future closure of schools at least in part because the
12 Prime Minister was hostile to having such contingency
13 plans?

14 **A.** I think it was the case that we were ramping up things
15 like, for example, the Oak National Academy in order to
16 ensure the more effective dissemination of curricular
17 materials online, and that happened throughout the
18 pandemic. I may have got that wrong, that recollection
19 may be false, but I don't think it was the case that
20 provision to take account of children being at home was
21 somehow halted or reversed, but of course I stand to be
22 corrected.

23 **Q.** The decision ultimately in January to close schools, can
24 we agree at least agree on this, that that was made
25 chaotically in that most children returned to school on
200

1 4 January for a day before the government closed schools
 2 the very next day?
 3 **A.** Yes.
 4 **Q.** I mean, that was -- surely you can agree with me that
 5 that was an extremely chaotic approach? Whatever the
 6 rights and wrongs of closing schools, that was an
 7 incredibly chaotic approach to take given the long-term
 8 potential implications of harm on children?
 9 **A.** Yes, but I think it's the case, and I'd have to check
 10 again, that on the note that I sent to the Prime
 11 Minister on 2 January I was arguing for a fairly high
 12 degree of suppression, and again I think that one of the
 13 reasons why I made that point was I was conscious that
 14 there were others who took a different view.
 15 **MR MENON:** Very well. Thank you, Mr Gove. Perhaps that can
 16 be explored further in a later module.
 17 **LADY HALLETT:** I think you two can keep your seminar for
 18 later.
 19 **MR MENON:** Yes, exactly, and I am conscious I have used my
 20 time. So thank you very much.
 21 **LADY HALLETT:** Does that complete the questioning, Mr Keith?
 22 **MR KEITH:** My Lady, I am very pleased to say that it does.
 23 **LADY HALLETT:** Thank you very much indeed, Mr Gove. Can
 24 I just try to put your mind at rest on one issue. At
 25 one stage one of your answers associated the Inquiry, by
 201

1 highlighted here are among the most important.
 2 But thank you very much for that clarification.
 3 I am in your debt.
 4 **LADY HALLETT:** That's why I gave the clarification, Mr Gove.
 5 **THE WITNESS:** Thank you.
 6 **LADY HALLETT:** Thank you very much.
 7 Right, I think next witness is Dame Jenny Harries.
 8 While she is coming in I am not going to say anything,
 9 so -- nobody is going to say anything while the
 10 stenographer can just rest her fingers.
 11 *(Pause)*
 12 **PROFESSOR DAME JENNY HARRIES (affirmed)**
 13 **LADY HALLETT:** I'm sorry (a) you have been kept waiting and
 14 that we're not going to finish you today. I know you
 15 have some other important work you ought to be getting
 16 on with. We'll get through as quickly as we can, but
 17 I'm afraid it's not going to be finished today. I'm
 18 really sorry.
 19 **Questions from COUNSEL TO THE INQUIRY**
 20 **MR O'CONNOR:** Could you give the Inquiry your full name,
 21 please.
 22 **A.** Jennifer Margaret Harries.
 23 **Q.** You are Professor Dame Jenny Harries, as with
 24 Professor Whitty and Professor Van-Tam, I am going to
 25 refer to you as Professor Harries simply for brevity.
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1 which I suspect you meant me, with what you perceived to
 2 be the personal view of Counsel to the Inquiry, and can
 3 I assure you and others that I don't have any settled
 4 views as yet. I will not reach any conclusion until
 5 I have considered all the evidence, oral evidence,
 6 written evidence, and not just the small section of the
 7 evidence, like WhatsApp messages, that some sections of
 8 the media have been focusing on. I will be considering
 9 everything.
 10 The point of counsel's questions is not to put
 11 forward any personal view of theirs, it's to test the
 12 evidence robustly to help me. So please don't think
 13 that any firm views -- and even if Counsel to the
 14 Inquiry had a personal view, it wouldn't matter because
 15 I'm the one that's eventually going to make the
 16 decisions. So I just want to put at rest the mind of
 17 all of you who feel that your conduct is being
 18 criticised and the like. No conclusions reached as yet.
 19 **THE WITNESS:** If I may, my Lady, I don't doubt for a moment
 20 that Counsel to the Inquiry is a disinterested and
 21 brilliant advocate, and I know from working at the MOJ
 22 how seriously you take your role. My only concern was,
 23 and you have been very clear about this, that the nature
 24 of questioning here might give some watching our
 25 proceedings the sense that the issues that are
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1 Professor Harries, you have given evidence to the
 2 Inquiry before, you attended and gave oral evidence in
 3 June of this year to Module 1, and at that stage two of
 4 your witness statements were adduced.
 5 You have kindly prepared two further witness
 6 statements which we will adduce now. First of all, your
 7 third statement, dated 22 August 2023.
 8 Professor Harries, this was a statement that was
 9 prepared in response to a letter sent -- a Rule 9
 10 request sent to the UKHSA, was it not?
 11 **A.** Yes.
 12 **Q.** We'll come to hear about your role as chief executive of
 13 that organisation but we need to make the point, don't
 14 we, that this is a so-called corporate statement.
 15 **A.** Yes.
 16 **Q.** So it was prepared by you and others on behalf of the
 17 UKHSA.
 18 **A.** Yes.
 19 **Q.** Nonetheless it bears your name and we don't need to go
 20 there but at the end of the statement you have signed it
 21 saying its contents are true; is that correct?
 22 **A.** Yes.
 23 **Q.** Then, secondly, there is a final statement, again in
 24 your name, your fourth statement. This statement was
 25 prepared in response to a request made to your
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1 personally, was it not?
 2 **A.** Yes.
 3 **Q.** And as we can see it's dated 3 October of this year.
 4 Again, it's signed by you with a statement indicating
 5 that you believe its contents to be true?
 6 **A.** That's correct.
 7 **Q.** Thank you.
 8 When you gave evidence earlier this year,
 9 Professor Harries, you gave a relatively full
 10 description of your career, so I won't go back over the
 11 whole length of what has been a distinguished career but
 12 in summary it's right, isn't it, that you trained
 13 initially as a medical doctor. You then had further
 14 training and you also held a series of posts in the
 15 field of public health medicine?
 16 **A.** Yes.
 17 **Q.** Between 2013 and 2019 you were the regional director for
 18 the south of England at PHE?
 19 **A.** Yes.
 20 **Q.** And at the end of that period you, I think, had an
 21 additional role at PHE, that of deputy medical director?
 22 **A.** Yes.
 23 **Q.** So your employment at Public Health England ended in
 24 2019, and that was the moment where you were appointed
 25 one of the Deputy Chief Medical Officers for England,
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1 the evidence base for interventions.
 2 **Q.** We'll obviously come to hear evidence from you about
 3 what you did, activities that you undertook, the advice
 4 you gave during the pandemic. Is it right that that
 5 fairly stark distinction between Professor Van-Tam's
 6 responsibilities and yours collapsed to some extent once
 7 the pandemic was underway?
 8 **A.** Completely. And I would suggest probably from the end
 9 of January, actually. I came back from a very short
 10 bereavement period and was immediately into pandemic
 11 response and never really surfaced from it until
 12 I changed roles.
 13 **Q.** You mentioned changing roles, and it was in 2021 that
 14 you ceased being Deputy Chief Medical Officer. There's
 15 a little complexity around the detail of you changing
 16 your role, but again tell me if I've got this right.
 17 You were appointed as chief executive of what was a new
 18 body --
 19 **A.** Yes.
 20 **Q.** -- the UKHSA, on 1 April 2021?
 21 **A.** That's correct.
 22 **Q.** But that body wasn't yet fully operational?
 23 **A.** There was just me and the chair. So that was it.
 24 **Q.** So a long way from being fully operational?
 25 **A.** Exactly.
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1 and you held that role through until 2021 and,
 2 therefore, for the first period at least of the
 3 pandemic?
 4 **A.** Yes, that's correct.
 5 **Q.** As one of the DCMOs, the other of course being
 6 Professor Van-Tam, whom the Inquiry has already heard
 7 from, we heard a little from him about the split
 8 responsibility between the two posts, and tell me if
 9 I've got it right, that at least at the time, in early
 10 2020, that we will pick up the story, he was responsible
 11 for health protection whereas you were responsible for
 12 what has various been described as health improvement or
 13 health promotion?
 14 **A.** Yes, that's a fair description. We would obviously
 15 support each other but that was my part of the
 16 portfolio, and therefore anything to do with the health
 17 protection primarily would go to Professor Van-Tam.
 18 **Q.** Again, in headline terms, health protection does include
 19 thinking about infectious viruses?
 20 **A.** Yes.
 21 **Q.** Whereas health improvement -- well, you tell us, what
 22 did that --
 23 **A.** But it's much more to do with supporting things like
 24 physical activity, good nutrition, those sorts of
 25 things. But also supporting areas of health service,
 206

1 **Q.** It became fully operational on 1 October 2021 and at
 2 that date it took over, first of all, certain of the
 3 responsibilities of Public Health England?
 4 **A.** Yes, mostly the health protection areas.
 5 **Q.** Yes. And my note suggests also that some clinical and
 6 scientific areas, if that's a sensible distinction to
 7 draw?
 8 **A.** Yes.
 9 **Q.** Separately also, in fact, on that date, the UKHSA took
 10 over what was NHS Test and Trace.
 11 **A.** Yes.
 12 **Q.** You had, in fact, been made head of that body earlier in
 13 the year, in May, so there was a period of time where
 14 you were, as you say, the sort of titular head of the
 15 UKHSA, without operational responsibility, and also head
 16 of NHS Test and Trace.
 17 But it all came together in October when both of
 18 those sort of separate elements became operational
 19 within the new UKHSA?
 20 **A.** Yes. And that's important because actually I had no
 21 formal control, for example, over parts -- although we
 22 worked well together and we had formal risk handover,
 23 I was not the person responsible for Public Health
 24 England, so you may find in my evidence I'm saying I was
 25 doing this or I was doing that.
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1 Q. You were never responsible for Public Health England?

2 A. Until 1 October. I mean, clearly worked with public
3 health colleagues and other people in Public Health
4 England, but I didn't have any formal responsibility
5 until 1 October.

6 Q. Correct. Well, it is complex, Professor, and as we go,
7 of course, if there's a misunderstanding or we ask you
8 about something at a time that you weren't responsible
9 for it, you'll tell us.

10 Just before we leave UKHSA, it follows from what
11 we've been discussing that it's now been in existence
12 for two years or so?

13 A. Yes.

14 Q. In giving evidence to Module 1 I think you either said
15 or at least you agreed with this description of UKHSA:
16 A pandemic preparedness and response super-body which
17 has a permanent standing capacity to prepare for,
18 prevent and respond to infectious diseases and other
19 threats to health.

20 A. That's true. It has many other roles as well and the
21 scientific one is particularly important, relevant for
22 pandemic preparedness but actually relevant for response
23 to all threats.

24 Q. So I know this is one of the issues on your mind at the
25 moment but we have heard other witnesses talk about the
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1 be -- just this is very rough figures, around 2,000 of
2 those will be in our labs. They are performing front
3 line services and reference laboratory work and then we
4 have health protection teams around the country as well,
5 and scientists and public health professionals.

6 Q. Thank you. I'm sure it is clear but the first statistic
7 you gave, 15 billion --

8 A. Pounds.

9 Q. -- was not the number of staff?

10 A. Not the number of staff, no.

11 Q. Thank you.

12 LADY HALLETT: Annual budget, I assumed you meant by that?

13 A. At the time. It's now considerably lower.

14 LADY HALLETT: Yes, so it started at 15 billion --

15 A. Yes, our budget is now 395 million, that's obviously in
16 the public domain.

17 MR O'CONNOR: Perhaps it's obvious but the explanation for
18 that being that, when you started it, we were still in
19 the middle of the pandemic, all the costs associated,
20 one imagines, with NHS Test and Trace and no doubt other
21 emergency measures which have now been withdrawn.

22 A. Yes.

23 Q. Professor, I would like to go again, almost by way of
24 introduction, if I may, to an interview that you gave
25 recently to The Telegraph, I think it was.
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1 certainty that there will be another pandemic sooner or
2 later and the intention is that the UKHSA will be at the
3 forefront of the nation's response when that happens.

4 A. Yes, and I think it is important that the work that we
5 do on a daily basis -- so there will be more than 10,000
6 public health incidents, so that may be infectious
7 disease, it could be radiation, nuclear extreme events,
8 when those happen -- we are dealing with them all the
9 time but we need to be able to surge up. So I wouldn't
10 like to think we are just a body for pandemic
11 preparedness or we might have a very expensive resource
12 tag with us, I think, doing nothing for quite a while.
13 So it's a combination of the two: being ready and
14 managing the science at the same time.

15 Q. Can you give us, Professor, just some idea of the scale
16 of UKHSA, how many, roughly-speaking, employees does it
17 have?

18 A. So, as you can imagine, over this period we've actually
19 had the biggest single reduction in a Civil Service
20 organisation in a single year. So we went from
21 15 billion down to 3 billion in one year and we've
22 reduced again since then. We had 18,000 staff at the
23 start, only 30 per cent of whom were permanently
24 employed and we are now building to a stabilised
25 organisation where we around 5,500 staff, and they will
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1 Could we go, please, to INQ000280194, and within
2 that document go to, I think it's page 3, please.

3 Part of this interview, Professor, you gave
4 an indication of your reflections on the NPIs that were
5 introduced during the Covid pandemic and how you saw
6 their role in a possible future pandemic and so I'd like
7 to pick it up, just the last full paragraph on that
8 page. You said this:

9 "What we saw with Omicron and later waves of the
10 pandemic, and even now, is that people are good at
11 watching the data and they will take action themselves
12 ... you can see it in footfall going down. People
13 actually start to manage their own socialisation, and
14 the viral waves flatten off and come down."

15 Then the interviewer intervenes, as it were, with
16 a comparison with Sweden and, indeed, if we go over the
17 page, with South Korea, but he accepts that this is
18 a comparison that you did not make, so perhaps we can
19 put that to one side.

20 But then he records you as saying that the key is to
21 be transparent about the risks and build trusts with the
22 public, and you said:

23 "The more people trust the organisation to give them
24 early, accurate, honest and straightforward information,
25 then, yes, the likelihood of us moving to extreme forms
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1 of transmission management reduce all the time, whether
2 it be for coronavirus or anything else ..."

3 Now, there are a few questions I want to ask you
4 about that. First of all, is that a comment that you
5 are making, purely with the benefit of hindsight or do
6 we read into your suggestion that we may not need the
7 same degree of prescription in future pandemics
8 a criticism of what happened during the previous
9 pandemic?
10 **A.** So those particular comments were based particularly
11 around data and what we've seen previously and what
12 actually UKHSA is trying to build now are data streams,
13 so dash boards as we had during the pandemic, where
14 people can see what's happening, they can make their own
15 choices and what they -- you know, the public were
16 brilliant through the pandemic and they complied often
17 with mandated requirements. But, actually, what we saw
18 with Omicron was there was no mandation at that time,
19 and if you spoke and highlighted some of the evidence,
20 and they could see it and trusted that data, then they
21 took actions themselves.

22 I mean, as you say, the title for this is a problem
23 which I sometimes have, which is I didn't say what the
24 title says and the implication is that I did, which is
25 an important point, perhaps, for further conversations
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1 transmission, these may not apply. We perhaps still
2 wouldn't have the information.

3 But the basic point there is, which I think for me
4 it's important to be transparent with the information
5 and to share it, and that can sometimes be difficult and
6 we may come onto some of that later.

7 **Q.** Of course it's right that the next pandemic won't be
8 identical. It may be very different but, nonetheless,
9 the Inquiry has to do its best to learn lessons from the
10 experience of the Covid pandemic and some of the
11 evidence it's heard, for example, from Sir Patrick
12 Vallance, he was very clear about the lesson he drew
13 from the experience of the Covid pandemic. His phrase
14 was something to the effect of "Go harder than you like,
15 go earlier than you like, go wider than you like". That
16 doesn't seem to be the same as your suggestion here,
17 which is that perhaps we don't need to go as hard even
18 as we went last time?

19 **A.** I don't think they are necessarily different things.
20 I mean, if a trusted individual with data, which the
21 public have access to and can trust, and in a good
22 evidence base, stand up and say, "Actually, this is what
23 we see coming ahead, if we all do A, B, or C", not
24 necessarily mandated, then we may well be able to all
25 move this curve or whatever we're looking at this
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1 but I don't think the Swedish comparison is necessarily
2 a helpful one. I think when you actually get underneath
3 this and you look to see many countries did very similar
4 things, some of them mandated at some time, some didn't.
5 Populations are different, dense populations or travel
6 hubs, all sorts of things.

7 So I think looking is really important but what we
8 have seen in the UK, in our own culture and without
9 mandation, is that people -- if people have the
10 information, then they will start to make choices
11 themselves.

12 **Q.** As you say, we can to leave Sweden and South Korea out
13 of it but, nonetheless, as I think you have explained,
14 the point you are making can be boiled down to: next
15 time, if we can get the data right, we won't need to
16 impose the same degree or the same severity of mandatory
17 NPIs; is that fair?

18 **A.** I think you will perhaps take -- this was full
19 coronavirus on this pandemic with the current population
20 at this time. So we have what we didn't have at the
21 start of this pandemic was something relevant to our
22 current culture in the last 100 years. So I think we
23 have much more information now and we can use that as
24 evidence. But, if we had a completely different sort of
25 virus, something like Ebola, say, which is a touch
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1 problem out of the way. So I think the "go early", one
2 of the interesting things is we didn't have this data at
3 the start of the pandemic and I think that is a really
4 critical point, which I know many witnesses have made.
5 We hadn't got the granularity of the data for it to be
6 able to reflect potentially with ministers but also with
7 the public.

8 **Q.** I won't press you any further on that Professor Harries
9 but we will leave it though just to look again at your
10 words, because you do emphasise not just providing data;
11 something a bit more than that, isn't it? It's
12 establishing, in your words, a relationship based on
13 accuracy, honesty and straightforwardness about the data
14 with the public?

15 **A.** Yes.

16 **Q.** Let me move to ask you, as you have inferred, a few
17 questions about some of the public statements you made
18 during the pandemic and, before we get to detail, most
19 of the incidents I'm going to ask you about were things
20 you said during press conferences, or the like, or
21 interviews you gave with the media.

22 Was that a process you were familiar with in early
23 2020 or was it quite new to you?

24 **A.** Definitely not to the extent I became familiar. So
25 every -- if you are dealing with public health incidents
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1 one would normally be equipped to give a short press
2 comment in relation to whatever incident you are
3 handling to do a media clip, something like that. But
4 I think this process was something that clearly I had
5 not experienced before and I think most people don't.
6 You go into your job, you don't expect to be standing at
7 Number 10 next to the Prime Minister or the Chancellor
8 in the middle of a global pandemic.

9 **Q.** When you gave these interviews or spoke at these press
10 conferences, you were doing so in your capacity as DCMO.
11 In doing that, did you regard it as your role, for
12 example, to defend government policy?

13 **A.** No. So my approach is -- and this is quite difficult in
14 terms of practical matters, when you're doing these,
15 because, as I think you have seen from other evidence,
16 the speed at which policy might change or the
17 availability of information to everybody across the
18 system will vary. So I will not have been in the same
19 meeting that Sir Christopher would have been or other
20 colleagues making strategic decisions, and yet it may
21 well be me that's standing on the podium.

22 I think the other important thing is that -- and
23 I think many public don't realise this -- when you are
24 there, the way the press conferences were handled, there
25 would be two -- I think from memory -- two video

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1 probably relatively easy or a minister could give
2 a policy decision, which I may or may not have had much
3 awareness of before I was on the podium, and there will
4 be public health elements within that. And I always
5 tried, in those, to pull out, if you like, the key
6 public health elements that were the right messages to
7 give to the public and the ones they would expect
8 a public health adviser to provide.

9 **Q.** When you refer to the right messages to give to the
10 public, was there ever a sense in which you were trying,
11 as it were, to protect the public, not to tell them all
12 the bad news, to put a positive spin, if you like, on
13 events?

14 **A.** I don't think it's a matter of protection but I think
15 this was a very, very frightening time for many members
16 of the public and, I mean, Jonathan Van-Tam and I took
17 slightly different roles. He had many football
18 analogies, I didn't. I chose to never use my
19 professorial title right from the start because I felt
20 that, for some members of the public, Dr Jenny would
21 possibly be more familiar, if you like, for people going
22 through a frightening incident.

23 So sometimes when you are speaking that way, and
24 I can see it in some of the transcripts, you will have
25 to reduce what you're trying to say to something which

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1 questions and then questions from the press. None of
2 those would you have any content of before you stood up.
3 So you could be asked anything and I think, going back
4 to your original question, no, I wasn't. I was there as
5 an adviser but I was also there, I felt, as somebody to
6 try and support public understanding. If you are public
7 health doctor, your patients are the population and so
8 it's an opportunity to give critical public health
9 messages.

10 **Q.** You said you were there as an adviser. Does that mean
11 you did have some, as it were, some duty to keep in line
12 with the government policy or were you entirely
13 independent and you could say exactly what you thought?

14 **A.** So I'm an independent adviser, as I think you've heard
15 described from CMO and others, but I'm, nevertheless,
16 also a senior civil servant and I -- you have to keep
17 those boundaries quite clear. But I think the point
18 about the press conferences is often we will have given
19 public health advice to decisions. The public health
20 advice may or may not have been taken. Ministers, quite
21 rightly, will make a policy choice and then they will
22 announce that policy.

23 Now, it could be, therefore, that a minister is
24 making a policy which contains all of the public health
25 advice that we had given, or I had given, and that's

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1 perhaps is simpler, less scientifically detailed but,
2 nevertheless, gets a key public health message across.
3 **Q.** One can imagine doctors sometimes holding back on
4 a little bit of the bad news to try and keep their
5 patients' morale up. Is that sometimes the spirit in
6 which you approached this?

7 **A.** Not if it was -- not if it was necessary. I mean,
8 actually, that probably runs counter to how current
9 doctors should act. There is a duty of candour to your
10 patients but there is a definitely a way of framing it
11 and having a very frightened population at the start of
12 a global pandemic is not helpful. But I think there are
13 many instances you will see, both outside the public
14 briefings and within them, where I have possibly been
15 quite outspoken and then probably had that recognised in
16 the media the day afterwards.

17 **Q.** Let's look, Professor, at two references, first of all.
18 First of all, can we go to your statement, please -- and
19 when I say "your statement", unless I say otherwise, it
20 will be your fourth statement, your personal
21 statement -- paragraph 7.65, starting at page 57.

22 This relates to not actually a press conference on
23 this occasion but an interview you gave to NBC News on
24 11 March. The Inquiry has heard a lot of evidence about
25 this period. We are, are we not, in the sort of run-up

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1 to the first lockdown, Wednesday, 11 March. If we go
2 over the page, we see an extract from the interview
3 where you said this:

4 "Timing of an intervention is absolutely critical.
5 If you put it in too early you have a time period where
6 people actually get non-compliant, they won't want to
7 keep it going for a long time. If you put it in too
8 early it's going to cause people to disrupt their lives
9 without a long-term effect; if you put it in too late
10 then clearly it doesn't cut off that top piece of the
11 peak."

12 You then go on to refer to an email, which we will
13 look at. In fact, I want to ask you to look at
14 a different bit of that email. So we'll bear that quote
15 in mind, please, and go to the email, which is
16 INQ000151565. It's dated the day before that interview
17 we just looked at and if we can go down a little bit
18 further down, please, yes, that large paragraph and the
19 bit we need is four or five lines down.

20 It's the passage saying:

21 "Equally, if you start it [and 'it' is a lockdown or
22 NPI] too early, for interventions which need to be quite
23 lengthy not the short-termism being applied in Italy,
24 you will lose goodwill/compliance and they become
25 ineffective because people ignore."

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1 are holding on to something over a long period of time,
2 people may stop doing it.

3 That's not quite the same as fatigue and that point
4 comes out in the next point that SAGE makes and I think
5 this is what I was trying to say here.

6 One final point, I think, on all of this, which is
7 not included in these sections, is the safety point
8 about when you go into lockdown, which was really
9 important for me. So that might be another point to
10 flag.

11 **Q.** Professor, we can explore this in detail, if necessary,
12 but I just want to press you. It's, of course, right
13 that you don't use the words "behavioural fatigue" but
14 then I'm not sure Professor Whitty did in his press
15 conferences. Certainly, if he did, he also used words
16 very similar to the ones that you are describing,
17 everyday words. The basic concept in language that you
18 use in this email, similar to the language you used in
19 the NBC interview the next day, if you start too early
20 you lose good will and compliance, the NPIs become
21 ineffective because people ignore them. Without using
22 the words "behavioural fatigue", that is exactly the
23 same principle, is it not?

24 **A.** So my principle was I would use -- because actually
25 I wasn't very often in SAGE, which was one of the

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1 So, Professor Harries, in those one can see the
2 similarity between what you wrote in that internal email
3 and the interview you gave the next day. But in both,
4 what you were expressing was the idea of the behavioural
5 fatigue, as an argument for delaying the imposition of
6 NPIs, which is something that was being said publicly by
7 Sir Chris Whitty at press conferences around that time;
8 do you agree with that?

9 **A.** Although I don't say "behavioural fatigue", so I would
10 perhaps draw a distinction because I realise one of the
11 interesting things about the Inquiry is that it forces
12 or opens up all sorts of correspondence that I have
13 never seen through the pandemic and the whole debate
14 about behavioural fatigue was completely not known to me
15 until I started looking.

16 Now, I have looked back, actually, and I think what
17 this comes from -- I realise there's an argument between
18 the behavioural scientists and the others and
19 I recognise that Sir Chris thought that was not
20 a helpful framing to have used but, nevertheless, in
21 SAGE, I think what we are saying here is, and I think it
22 might be SAGE 13, but there's a section where it broadly
23 says there is a logic, we know people get tired of
24 quarantine, for example, a low robustness for evidence
25 there but -- and there is logic to the fact that, if you

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1 problems; I was doing other meetings and I think
2 Sir Jonathan flagged the same issue -- I would use the
3 advice that came from there and I think it was SAGE 13,
4 on the day before this, and there are a couple of
5 bullets in that one which describe both the fact that
6 this is not behavioural fatigue but that there is, if
7 you like, a plausible logic to the fact that people
8 will -- are unlikely to necessarily maintain the
9 evidence point that they give was around quarantine.

10 **Q.** A day or two after this, Professor, SAGE did address
11 this issue head on, in light of Professor Whitty's
12 comments. If we can go to INQ000236391, so we see at
13 the top this was SAGE 15 on 13 March, so on the Friday
14 at the end of that week, after your interview, after
15 Professor Whitty had made his comments during the same
16 period of time. If we go to the third page of that
17 document, Professor Whitty referred to this document
18 when he was giving evidence last week, picking it up at
19 paragraph 28:

20 "There is some evidence that people find
21 quarantining harder to comply with the longer it goes
22 on. The evidence is not strong but the effect is
23 intuitive."

24 Is that the point you were referring to that had
25 been picked up, I think, in a paper at an earlier SAGE

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1 meeting? It wasn't in the consensus --

2 **A.** I think it's in the bullets, actually, from either the

3 one before or the one before that.

4 **Q.** We don't perhaps need to go there but it wasn't in the

5 consensus statement it was in a paper that was

6 considered at that earlier meeting?

7 **A.** Yes.

8 **Q.** But they go on to say, this is the later SAGE meeting:

9 "There is no comparable evidence for social

10 distancing measures that experience suggests it's harder

11 to comply with a challenging behaviour over a long

12 period than over a short period."

13 But then this:

14 "This no strong evidence for public compliance rates

15 changing during a major emergency. There is, however,

16 a link between public anxiety and protective behavioural

17 change."

18 So what they are saying there is just because it's

19 difficult to comply with NPIs doesn't mean to say that

20 there will be a fall off in compliance; is that fair?

21 **A.** I think that's fair enough and nobody's experienced

22 this -- this wasn't an intervention that had been

23 applied for 100 years, I think.

24 **Q.** That's contrary to the point you were making in your

25 interview and in that email, was it not?

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1 you ask somebody to quarantine or self-isolate, in fact

2 many people use the words interchangeably, but I was not

3 using that -- what I was saying was you have to get the

4 timing right to do it. It wasn't a mechanism for not

5 going into lockdown.

6 **Q.** Getting the timing right is another way of saying do you

7 go at this point or that point, do you delay or do you

8 accelerate?

9 **A.** This was not the only factor in that and, in fact,

10 I would say that the main factor, partly because of the

11 work I was doing at the time, of getting the timing

12 right, was around protection for people who were going

13 into lockdown, which I think was a major concern.

14 **Q.** Professor, when Professor Whitty gave evidence last

15 week, he readily accepted that what he had said in

16 public was really unhelpful and he said it was really

17 irrelevant and this idea of behavioural fatigue was

18 really irrelevant to discussions about the timing of

19 a lockdown and it had been unhelpful of him to link it

20 to a lockdown.

21 Why aren't you making the same concessions?

22 **A.** So it may be that actually I'm not seeing the

23 information I've given and maybe I need to go and look

24 again and reflect. So the intention is not to use that

25 as a mechanism for not going into lockdown; it is about

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1 **A.** I would say quarantining and self-isolation are both --

2 they have a different technical meaning but the impact

3 is that you have to stay inside, in this case for about

4 14 days. So I think there is some fall over. I realise

5 that's not where other people have landed but I didn't

6 use the word "behavioural fatigue" and actually there is

7 quite a lot of work ongoing now into that because, of

8 course, we've come through the pandemic and people are

9 looking at it.

10 **Q.** The next paragraph, lastly:

11 "Difficulty maintaining behaviours should not be

12 treated as a reason for not communicating with the

13 public about the efficacy of the behaviours and should

14 not be taken as a reason to delay implementation where

15 that is indicated epidemiologically."

16 Now, you had advanced it, both in the interview and

17 in the email, as a reason to delay introducing measures,

18 had you not?

19 **A.** So I don't agree that -- I actually agree with this

20 completely. That was no reason not to move into

21 lockdown.

22 **Q.** So you had been mistaken in your email and your

23 interview?

24 **A.** I'm afraid I see it a different way because I think the

25 evidence around quarantining, there's very little -- if

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1 recognising how people may be feeling about it.

2 **Q.** I am sorry, you will have to explain that.

3 **A.** So if you are going into a lockdown at a particular

4 time, people will have different emotions about that.

5 There are safety issues, which I think, obviously, are

6 some of the main concerns that I had, but the knowledge

7 of going into lockdown is not -- I think we're talking

8 here about people should have a good communication and

9 various other things. So I don't think we're saying --

10 or rather I'm saying it says here should not be treated

11 for not communicating with the public about the efficacy

12 of behaviours. So you do need to communicate before you

13 do that.

14 **Q.** You do need to communicate and, in your interview with

15 the Telegraph you emphasised the importance of accurate,

16 honest, straightforward communication, but isn't the

17 straightforward way of looking at your interviews at the

18 time and this SAGE minute, that SAGE were telling you

19 that you had got it wrong and that's what Professor

20 Whitty seemed to accept but you don't seem to accept?

21 **A.** I'm not trying to argue with it particularly, I'm

22 potentially seeing it a different way. It perhaps

23 wasn't what was intended when I said it, so perhaps if

24 I have miscommunicated it then there is an opportunity

25 for me to learn from that.

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1 **Q.** Let me go on and ask you about a slightly different
2 matter but it does, in fact, involve us going back to
3 that email that we looked at. In fact, before we do
4 that, the point I want to come to is about comparisons
5 that were made at around this time in March, between, on
6 the one hand the UK and its state of preparedness, and,
7 on the other hand, things that were going on in Italy.
8 We'll come and look at that email but, before we do,
9 there were two sort of strands of evidence that the
10 Inquiry has heard about reactions to events in Italy.

11 First of all, we've looked at a page in the book
12 that was written by Jeremy Farrar called Spike and it's
13 up on screen. If we look at page 100 of that book he
14 says, his take on the scenes from Italy, he says:

15 "The dire situation in northern Italy focused minds
16 in the next SAGE meeting on Tuesday, 10 March."

17 So I think that was the day of the email that we
18 looked at. He said he relayed:

19 "... chilling status reports from his contacts
20 there. It was battlefield medicine deciding who to save
21 and who to leave to die. Doctors being traumatised."

22 Then he makes this point:

23 "This wasn't China or Korea or any other country
24 5,000 miles away. This was a sophisticated rich country
25 on our doorstep and the Health Service was collapsing."

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1 the health system fully but the command and control
2 system. So one of the things which the UK has, albeit
3 we clearly can see it needs improving, is a direct line
4 of sight from central government, right out through
5 health protection systems, right out to each local
6 authority, and I think, from what I remember, that was
7 one of the issues that was being highlighted about the
8 Italian system, that it didn't have the opportunity, if
9 you like, for overflow into other parts. It was quite
10 compartmentalised.

11 I would have to check on that but I think that was
12 it. So my sense at the time was, about this time which
13 was 10 March, the whole data thing started to change.
14 I think I wasn't in SAGE that day and, as you say, the
15 pitches which started to come from Italy looked fairly
16 unbelievable and people started to talk about --
17 particularly, I think, with care services and as
18 questioning why that was, and my understanding was, at
19 the time, from the conversations, that part of it was
20 that, if you like, the mutual support. So rather than
21 have a single national system, which you could move
22 people around and manage the peak, that this was not
23 possible under the Italian system.

24 **Q.** Do you think that what we might see here, your email on
25 10 March, might indicate that you were guilty of at

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1 So he seems to be making the point that Italy was
2 comparable to the UK and yet they were having these
3 terrible problems.

4 I said two strands because we've also heard evidence
5 from Helen McNamara that her memory of meetings in
6 Downing Street at this time was one of a feeling that
7 the Italians were overreacting and, to use your words,
8 "a breezy confidence that we would do better than
9 others".

10 If we look back at your email of 10 March,
11 Professor, so this is INQ000151565, reading on from the
12 passage we looked at before, so again that large
13 paragraph starting six or seven lines down, you said
14 this:

15 "Of course, if you have not got good command and
16 control symptoms in your country in relation to health
17 services, eg Italy, or ten-year background of planning
18 for flu, you are probably starting from a rubbish
19 position, but in the UK neither of the above apply."

20 So are you the expressing your own view, as those
21 scenes unfolded in Italy, that, really, there was no
22 comparison between the UK system and Italy, and that
23 Italy's health system was rubbish?

24 **A.** Sorry, I don't think I was declining the position the
25 health system quite to that extent but the issue is not

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1 least a degree of overconfidence at that stage?

2 **A.** I think looking at this now -- I mean, clearly, we all
3 learn with hindsight. I think probably I had read too
4 much into the differentials of the health system and
5 accounted for some of the problems at least that they
6 were having, from the way of the system was organised
7 rather than the fact, actually, that the virus was going
8 to be so problematic, and I think that's what
9 I understood Jeremy Farrar was describing in his book as
10 well.

11 **Q.** As it turned out, neither the UK's command and control
12 systems nor our planning for flu served very well, did
13 they?

14 **A.** No, along with many other countries.

15 **Q.** Let's go to a different document, please. This is
16 INQ000274060. This an extract from a press conference
17 you gave a week or so later on 20 March and it relates
18 to the PPE and a question from Francis Elliott of The
19 Times:

20 "Can you update us with how we are doing with
21 protective personal equipment? There is obviously
22 something that is deeply concerning."

23 The answer you gave:

24 "The country has a perfectly adequate supply of PPE
25 at the moment. That encompasses quite a wide range of

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1 different gowns, masks, gloves, all sorts of things.
 2 There have been, I think, some differential deliveries,
 3 if you like, in some areas, which has caused a degree of
 4 concern recently. That is completely resolved now", and
 5 then you go on.

6 It wasn't right, was it, that the problems with PPE
 7 had been completely resolved as of 20 March?

8 **A.** So the first statement that -- sorry, this is one of
 9 these areas where I need to clarify what my
 10 responsibility was. I had no direct responsibility for
 11 PPE at all and when I go into these conferences I had to
 12 rely on information that was provided to me. So on this
 13 one, my understanding was -- and I think that is
 14 actually still correct -- that we did have a national
 15 supply of gowns, masks, gloves and other things. The
 16 difficulty was I had been told that a new supply system
 17 for getting them around the country, so there wasn't
 18 differential distribution, was resolved and that turned
 19 out to be not the case.

20 In fact, I apologised as soon as I could when I was
 21 next on the stand, which I think was probably not until
 22 about ten days later, which is a relatively unusual
 23 thing to do from a political stand but it was something
 24 I felt I needed to do.

25 **Q.** We've heard, Professor, detailed evidence that the
 233

1 piece of information which somebody has given me and
 2 that was why, actually, when I went on to the stand
 3 I think it was 31 March, and probably, I think contrary
 4 to advice, apologised directly to the public and said
 5 I'd made an error. That was my understanding at the
 6 time.

7 Because it was entirely -- it's important that, if
 8 a piece of information is wrong, that you correct that
 9 piece of information and that was the information I had
 10 been given. I have no operational responsibility for
 11 this at all.

12 **Q.** Let's move on, Professor, and look back your statement,
 13 please, paragraph 1.54, page 54. So we move forward
 14 now. I think it was 20 March, wasn't it, and so we're
 15 now in April, almost a month later. This was
 16 an observation you made at another press conference and
 17 we can see it in quotes there, where you said:

18 "The UK, regardless of the position we may be in now
 19 or commentary, has been an international exemplar in
 20 preparedness, so the fact there is a pandemic influenza
 21 stockpile is considered a very high quality mark of
 22 a prepared country in international terms."

23 Now, I think we've just established that, by
 24 19 April, whatever you did or didn't know a month
 25 earlier, you knew that there were continuing problems
 235

1 problems with PPE not only were still going on at that
 2 time but, in fact, in different ways and different types
 3 went on for months into the pandemic. For example,
 4 we've seen an email exchange involving Helen McNamara at
 5 around this time, raising concerns about PPE for women
 6 and that not having been taken up but then being pursued
 7 in Number 10.

8 We saw yesterday the letter from Sadiq Khan to
 9 Dominic Raab and Matt Hancock, raising issues about
 10 supply chains and PPE on 13 April, so nearly a month
 11 after this.

12 Right at the start of our hearings, we saw a letter
 13 from BAPIO, which described a survey they had done of
 14 their members with a very high rate of dissatisfaction
 15 with PPE, people being disciplined for complaining about
 16 PPE, and so on.

17 So it simply wasn't the case that there was no
 18 problem with PPE --

19 **A.** There was no national shortage of PPE. That is factual
 20 and I think is there. There was a distribution issue
 21 around PPE but I think the important point for me here
 22 is this is an operational issue, which was not my
 23 responsibility at all, as were many areas, which I would
 24 be asked about.

25 So when I go onto that stand, I have to rely on the
 234

1 with PPE, did you not?

2 **A.** Yes.

3 **Q.** You said that you had apologised by then for your
 4 earlier statement?

5 **A.** Yes, that's true.

6 **Q.** But yet you still referred in the context of your
 7 assertion that Britain was --

8 **A.** This was not --

9 **Q.** Why don't you just let me ask the question first and
 10 then you can answer it?

11 **A.** Sorry.

12 **Q.** In the context of your assertion that the UK had been
 13 an international exemplar in preparedness, you refer to
 14 a pandemic influenza stockpile?

15 **A.** Yes.

16 **Q.** Why did you do that if you knew about all the
 17 difficulties there were with PPE?

18 **A.** The point I was trying to make here is that, having
 19 a pandemic influenza stockpile of any sort whatsoever,
 20 which undoubtedly the country did, was considered, not
 21 by me -- this is an external objective assessment -- to
 22 have been a very high quality mark of a prepared country
 23 and that assessment, I mean, clearly, the world will be
 24 reforming how it manages and assesses how good it is but
 25 that assessment came in two ways: one was from John
 236

1 Hopkins School of Public Health Global Health Security
2 Index, the UK came number 2, scored 79.9 out of 100, and
3 New Zealand came 54. So I think, you know, there's some
4 really interesting insight there to be learned.

5 Then the second one was that the UK had put itself
6 forward to be assessed by a joint external valuation
7 under the IHR, International Health Regulations 2005,
8 and, in fact, was used as exemplar by the WHO for
9 training others.

10 So I recognise that, in retrospect, this is -- you
11 know, feels wrong, almost, when we look back now and see
12 but those were not my assessments at all. They were
13 objective external assessments. So they are clearly
14 areas which, you know, we all need to look at globally,
15 I think and, in fact, WHO is.

16 **Q.** Professor, they were external assessments that had been
17 made before the pandemic?

18 **A.** Yes.

19 **Q.** The pandemic which, by the time you made these comments
20 in April had been ongoing for several months, yes?

21 **A.** Yes.

22 **Q.** The experience of the pandemic by April had demonstrated
23 just how far wide of the mark those external assessments
24 had been, had they not?

25 **A.** So I agree that, in retrospect, this doesn't look at all
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1 had proved that the preparedness was so far short of
2 what it had been understood to be -- and, in his
3 evidence to the Inquiry last week, Professor Whitty said
4 that the pandemic influenza plans were, his words,
5 woefully deficient -- why was it something you thought
6 necessary to remind the public of in a Number 10 press
7 conference, that this earlier grading had found the UK
8 to be an international exemplar?

9 It wasn't an international exemplar. Events had
10 proved that by then.

11 **A.** So, I mean, I don't have the context for this, which is
12 often quite difficult for me to make comments on
13 statements which are provided to me and not with the
14 rest of it but I would perhaps just repeat that it says
15 it acknowledges the poor position we're in now,
16 regardless of the position we may now be in. I am
17 flagging that historically it had. So I think I'm just
18 saying that there is a problem there and, previously, we
19 thought we got it right because that's what other people
20 told us.

21 **Q.** Let me move on, and I think is going to be my last set
22 of questions, to one more of your sets of public
23 commentary and, to do this, let's go within the same
24 statement to page 145, please.

25 Now, we see, first of all, at paragraph 10.18, it's
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1 encompassing with that but that was what we had been
2 graded as, as a country.

3 **Q.** That may have been true, as a matter of fact, Professor,
4 but we started this conversation with your recent
5 interview emphasising the importance of an honest and
6 straightforward approach in communicating with the
7 public during an emergency. Was it an honest or
8 straightforward thing to do to refer to earlier
9 assessments of pandemic preparedness when events of the
10 previous weeks and months had demonstrated just how
11 serious the problems were and how, frankly, erroneous
12 those earlier assessments had been?

13 **A.** Could I perhaps just read out what that statement says
14 so it says "The UK, regardless of the position we may be
15 in now or commentary". So I think I am acknowledging
16 the fact that we don't have a good position now "has
17 been, in the past, an international exemplar, based on
18 external observations" and the reason for that, in the
19 past, had been because we had pandemic influenza
20 stockpile notwithstanding and regardless of the position
21 we're in now.

22 I don't see those as incompatible. We clearly were
23 not in an exemplary position then but I don't think
24 that's what this statement says.

25 **Q.** If in mid-April, well into the first lockdown, events
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1 another of the Downing Street press conferences, this
2 time on 26 March 2020, and we see, set out below in
3 full, first of all the question you were asked and then
4 the answer you gave. These were comments about testing,
5 which, as with the other comments we've looked at, were
6 the subject of debate at the time.

7 The question then:

8 "I don't think we've ever really had a public
9 explanation of why this country decided to stop testing
10 people who were suffering with symptoms of coronavirus
11 when every -- well, certainly when the World Health
12 Organization was advocating that as a policy and many
13 other Asian countries have done this with great
14 success?"

15 Your answer, which I will read out, I'm going to suggest
16 perhaps you are making two broad points and I will pause
17 after where I think you sort of end the first one and we
18 can talk about that before moving onto the second. But
19 the first part of your answer then, you say:

20 "So I think I'm going to answer in two different
21 sections, the first one about the WHO comment, so
22 I think the comment you were picking up was Dr Tedros
23 saying 'test, test, test', but, in fact, we need to
24 realise that the clue for WHO is in its title, it is
25 a world health organisation, and it is addressing all
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1 countries across the world with entirely different
 2 health infrastructures and particular public health
 3 infrastructures, we have an extremely well developed
 4 public health system in this country and in fact our
 5 public health teams actually train others abroad, we
 6 have supported WHO through their GOARN process, and some
 7 of our epidemiologists have gone out to Manila for
 8 example to support the early response in that area, so
 9 the point there is that they are addressing every
 10 country including low and middle income countries so
 11 encouraging all countries to test of some type."

12 That's a point where I think perhaps you go onto the
 13 second part of answer. But let's just focus on that
 14 first answer. In fact, the WHO guidance or imperative,
 15 "test, test, test", applied to all countries, did it
 16 not?

17 **A.** It did.

18 **Q.** Not just to certain countries depending on where they
 19 sat on wealth or state of preparedness or development or
 20 anything else?

21 **A.** Exactly and, in fact, if I may, I would just like to
 22 flag this completely because -- two things so far.
 23 Firstly, the decision to cease community testing, which
 24 I might come back to at the end, it was not my decision
 25 it was a full clinical decision from CMO's office,

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1 prioritised the testing and the prioritisation of the
 2 testing is exactly the same prioritisation as WHO put
 3 out in its statement nine days later, on 21 March.

4 So I would suggest it's quite misinterpreted, as
 5 it's been reported across the media.

6 **Q.** Let's look, Professor, at the second part, as you say,
 7 and then we can wrap it up with a few extra questions.
 8 The second part, you say:

9 "When you come to the UK, we made it very, very
 10 clear there has been a plan right the way through this
 11 which is entirely consistent with the science and
 12 epidemiology, we started with a containment phase and
 13 every early case of this disease was followed through,
 14 every contact was traced exactly as we would do for
 15 other diseases but particularly noticing this one and of
 16 course your viewers will be very familiar with the fact
 17 that we had some very strict and very successful
 18 containment facilities, but there comes a point in
 19 a pandemic when that is not an appropriate intervention,
 20 and that this point really where we moved, we moved into
 21 delay, and although we still do some contact tracing and
 22 testing for example in high risk areas like prisons or
 23 care homes, that is not an appropriate mechanism as we
 24 go forward at that point, what we need to do is focus on
 25 the clinical management of the patients first and

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1 senior clinical groups, right across the system, for
 2 good reason, which I will come back to.

3 But this -- I was quite surprised at the reaction to
 4 this because, at the time, I think around more than
 5 80 countries of the near 200 of the WHO Member States
 6 had not recorded a case of Covid. So Dr Tedros was out,
 7 exactly, telling everybody to "test, test, test", and
 8 I fully supported it, and so encouraging all countries
 9 to test of some type. The problem we had was that many
 10 lower/middle-income countries did not have the capacity
 11 or capability to test and so he was encouraging them
 12 both to get support, which, in fact, the UK had
 13 provided, or to start using their tests to see whether
 14 they had cases, because we had differential reporting
 15 globally and it was very unlikely that some of the
 16 countries who had not sent in a positive case were not
 17 actually reporting -- had cases in their country.

18 So this has been completely, to my mind,
 19 misinterpreted. And, for the record, I was totally
 20 supportive of Dr Tedros' statement. What we will come
 21 on to in the next bit is, when you come to the UK, the
 22 problem we had was we had "test, test, tested", and we
 23 had no tests left, and then you get onto the: so what
 24 were we doing?

25 In fact, in the next part of the statement, we

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1 foremost, and then additionally as I've said earlier on
 2 our health and care staff and first responder staff. So
 3 obviously if there was infinite testing facilities, and
 4 we are growing them at pace and we will have them, then
 5 it moves to the public, but we need to be very careful
 6 about focusing where it's clinically most valuable."

7 So, first, let me come back and ask you two or three
 8 questions. Firstly, if we can just remind ourselves,
 9 the question that you were asked was simply a question
 10 saying: we've never had a public explanation of why
 11 testing has stopped. The simple answer to that question
 12 was: we've run out of tests, we don't have enough tests
 13 to test everyone anymore, we're going to prioritise
 14 healthcare and other sectors.

15 **A.** Yes.

16 **Q.** That was the answer, wasn't it?

17 **A.** Yes, exactly. It's exactly what WHO put in their
 18 guidance the next week.

19 **Q.** So first of all, why did you think it appropriate, if
 20 that was the question, to start talking about the World
 21 Health Organization and suggesting that different rules
 22 apply to different countries, depending on how rich they
 23 are?

24 **A.** If I may, can I just go back. I wasn't -- that's
 25 an interpretation. I was actually saying those

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1 middle -- low/middle-income countries did not all have
 2 testing capacity and we support them as an organisation
 3 and I fully supported WHO "Test, test, testing" but, at
 4 this point, we had no more tests. Then in the second
 5 part, I am speaking to the public, at this point. So
 6 they will be getting quite frightened, seeing the
 7 pictures that you've alluded to, will be wanting to know
 8 that if their loved one goes into hospital, there will
 9 be a clinical test for them to diagnose.

10 If I may, because this is an important point, at
 11 this point, we had around 5,000 tests they were
 12 prioritised into clinical treatment and so everybody in
 13 hospitals, particularly in intensive care units, started
 14 to be tested. Now, if you look at the dates for this,
 15 the testing picked up a lot of cases, more cases than
 16 was anticipated in hospitals and, by this time, you
 17 could then start to extrapolate back what that might
 18 mean for community infection rates and, if you look at
 19 this, you'll find it's the same week that the changes in
 20 the numbers in SAGE went up.

21 So this was a high level surveillance system which
 22 then allowed us to -- for the kind of -- with more
 23 certainty than was there, I think, which then led to the
 24 alerts to ministers and an early lockdown.

25 So I think if we had not done this, we would have
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1 manageable either on the testing and contact tracing,
 2 which was the point Professor Doyle made, I think, last
 3 week or whenever she was on.

4 **Q.** Saying both things, Professor, is not a straightforward
 5 way of communicating with the public, is it?

6 **A.** I will -- I will leave it at that.

7 **LADY HALLETT:** As will we all. I'm sorry, as I say, we will
 8 of course come back. I know you have another issue
 9 that's been getting some publicity today, so I hope that
 10 doesn't build up into a major issue.

11 10.00 tomorrow. Thank you.

12 **(5.07 pm)**

**(The hearing adjourned until 10 am
 on Wednesday, 29 November 2023)**

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1 gone into lockdown much later.

2 **Q.** Professor, we're talking about communication and the way
 3 you communicated on that occasion. If the position was
 4 that testing had finished because you had run out of
 5 tests, why did you say there comes a point in a pandemic
 6 where it's not an appropriate intervention?

7 **A.** For two reasons: one, the one that I have just given
 8 which is I wanted people to be assured that their loved
 9 ones would have tests in hospitals. This is -- many
 10 people were listening to me directly. But, secondly,
 11 you will have heard from many other people, so Professor
 12 Yvonne Doyle, who I know gave evidence recently, that
 13 said there is a point where you no longer test and trace
 14 because the peak of the pandemic rises so quickly that
 15 it becomes unmanageable. So that point is an important
 16 one to signal to people that this is a change in and the
 17 "how it's done" will change.

18 **Q.** But you said yourself, at the end of the answer, and, as
 19 we know from history, testing is desirable if you have
 20 got the capacity. We know that NHS Test and Trace
 21 subsequently became an enormous organisation, you
 22 mentioned the billions of pounds that were spent on it.

23 So the point is not that it's not appropriate; it's
 24 that there weren't any tests?

25 **A.** I think I said both of those things here. It's not
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