

Wednesday, 29 November 2023

(10.00 am)

**DAME JENNY HARRIES (continued)**

**Questions from COUNSEL TO THE INQUIRY (continued)**

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

I hope you didn't have too bad an evening.

**THE WITNESS:** No, fine, thank you very much.

**MR O'CONNOR:** Professor Harries, we were looking yesterday at some of your public statements around about March 2020 at the outset of the pandemic. I'd like to move on to a different subject this morning, albeit it's from very much the same time period, and that is an internal email you wrote.

If we could have on screen, please, INQ000151605. Thank you.

Professor, this is an email you wrote on 15 March, which we will recall was in fact a Sunday, it was over that weekend between, as we've heard evidence, the meetings on the evening of Friday the 13th and then the COBR meeting on the Monday and so on.

I wanted to ask you about the detail in the email at the bottom of the page. You, I think it's obvious, were working that weekend. You were no doubt involved in all of the discussions and deliberations and trying to understand the latest data which was causing some

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as a result of this email?

**A.** Yes, so I think you can see from that email that things were moving fast, I wasn't in the main meetings that you've discussed --

**Q.** No.

**A.** -- but I will have been trying to respond and input to any potential guidance coming through. I mean, I've -- I always put my old director of public health hat on whenever I'm working, whether it be in central government or elsewhere, because it immediately takes you to thinking what's happening to a family, individual in the street, you know, somebody who is in difficulty already. So raising these things, these were perfectly -- these will be normal things to think about if you're public health trained.

The concern I had was I couldn't see them coming through consistently in the documents, and in fact a clinical colleague who was working with me and working on the documents continued to write things into them, and then the next version that came back would not have them in there.

So one of the problems here is, as you can see, I will be commenting -- that was my job, to advise, not -- I wasn't in control of the policy, it wasn't mine -- and documents might go off sort of into the

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concern.

But what we see here is that you're drawing attention to one particular issue relating to the prospect of imposing more severe NPIs, and you ask -- just picking it up a couple of lines in:

"... can I just ask if someone somewhere is also pulling together a risk of other risks of going too early -- or in some cases going at all?"

You say that issues keep being mentioned but you're not seeing them coming through in the paperwork and you're asking for assurance that these issues are being considered somewhere.

And then you say this:

"The critical ones are of implementing programmes without effective social care and community ... support systems in place, which are obvious to everyone and have been mentioned. The ones that bother me most of all currently are those in relation to safeguarding (adult and children) and domestic violence more generally. For some, these risks will be considerably greater than a negative health impact from coronavirus."

So there is you identifying at an early stage those risks, safeguarding, domestic violence. Well, it's obvious that you were concerned about them, Professor. Can you say something about why and also what happened

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ether and then the next version would come back, and it wasn't easy to control them. But I think what this shows is these issues were definitely being raised.

**Q.** Well, they were being raised --

**A.** Yes.

**Q.** -- and I'm not suggesting it was necessarily part of your function --

**A.** No.

**Q.** -- to see them through to the end, but other evidence we've heard is similar, really, it shows people raising these issues but then perhaps nothing being done about them.

**A.** Yes.

**Q.** What was your memory, perhaps not necessarily tied to this email, but of that time? Were you conscious that these concerns that you've raised and we've seen others raising were actually taken forward or was it a situation were occasionally it was raised but actually nothing was done, at least in that early period?

**A.** So it's very complex because I'm sitting in the Department of Health, many of these issues will be predominantly sitting within the realm of what was then MHCLG or DLUHC, the Department for -- now -- Levelling Up, Housing and Communities, and so you're not seeing right across there to see what activity was going on, so

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1 I can't answer necessarily, but I did not see the  
2 relevant responses. And, as I say, even when colleagues  
3 were writing things into guidance they were coming back  
4 on the next version taken out.

5 So I think also there was evidence around this,  
6 because as the data -- as we, you know, the numbers of  
7 infection started to rise, I know that the domestic  
8 violence third sector, voluntary sector, charities were  
9 receiving higher numbers of calls because the  
10 likelihood, as the sort of public understanding that  
11 there might be a lockdown rose, then the call rate  
12 suddenly shot up as people, I think, could see what  
13 might happen and that their risk would increase.  
14 I didn't see that coming through in guidance at that  
15 time. It was corrected later, but I don't think it  
16 was -- personally I don't think it was given sufficient  
17 attention, notwithstanding everybody was working at  
18 very, very significant pace.

- 19 **Q.** That of course is understood but it's right, isn't it,  
20 that these risks that you're identifying were not the  
21 type of risks that would slowly develop over the period  
22 of a lockdown, these were risks that would present  
23 themselves as soon as families, wives, girlfriends, were  
24 required --  
25 **A.** Exactly.

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1 modelling group which had been set up as a subgroup of  
2 SAGE, and Professor Ian Hall chaired that -- initially,  
3 I understand, I wasn't part of it, to look at some of  
4 the concerns around rates of infection in care homes.  
5 And Professor Hall comes very much from a modelling  
6 background, and we've heard lots about modellers.  
7 And then I think Charlotte Watts, who was the Chief  
8 Scientific Adviser for the Foreign Office at the time  
9 but sitting on SAGE, supported those meetings as well.  
10 She stepped down and I think it was around the beginning  
11 of July, it was after the first wave but before the  
12 winter period, that Patrick Vallance asked me if I would  
13 co-chair. And I remember speaking to the CMO at that  
14 time and part of that I think was because I had worked  
15 in local authorities and I had supported commissioning  
16 of services in local authorities. I've actually even  
17 worked in care homes as a care home assistant and I'd  
18 actually recently been using services as well, so  
19 I think there was a knowledge that there was quite a lot  
20 of practical understanding.

21 I'd also been working with the Minister for Care.  
22 I'd rather run towards that, that wasn't part of my job,  
23 but it felt such an important area to try to link  
24 together.

- 25 **Q.** So that's from, you think, about July you joined that

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- 1 **Q.** -- to stay in the same place as other people?

2 **A.** And then they would be slightly potentially lost to the  
3 system as well. So once the lockdown occurred and  
4 people were staying at home, and I think we -- we're  
5 probably not covering children at the moment but,  
6 you know, there are children who would be at home and  
7 invisible to the system in a way that perhaps had not  
8 happened before.

9 Now, I know there was a lot of work subsequently.  
10 I think my concern at this point was, was somebody  
11 considering that, sort of as the curtain dropped almost.

- 12 **Q.** I think you've said that from your understanding at the  
13 time not enough was done to think about those sorts of  
14 concerns at that time?

15 **A.** That I couldn't see, yes, I agree.

16 **Q.** Let's move on, Professor. I want to ask you a few  
17 questions about care homes, and again you mentioned  
18 later work, and of course it's right that the Inquiry  
19 will be looking much more carefully and in much more  
20 detail at care homes in a further module. But that  
21 said, you were the clinical co-chair of a group of the  
22 SAGE Social Care Working Group --

23 **A.** Yep.

24 **Q.** -- from, you tell us, but I think from later in 2020?

25 **A.** So there was a care -- I think it was a care home

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1 committee?

2 **A.** Yes.

3 **Q.** We will see in a moment you were involved at least in  
4 discussions about care homes before then?

5 **A.** Yes.

6 **Q.** But is it right it wasn't an area that you were focusing  
7 on?

8 **A.** Well, I mean, as a Deputy CMO you will be asked to look  
9 at all sorts of guidance but it's -- you don't lead any  
10 particular part of policy.

11 **Q.** All right. Let's look at a document, if we may, and you  
12 can help us with it.

13 It's INQ000151606.

14 So in fact from a similar period to the documents  
15 we've been looking at previously, it's the middle of  
16 March, 16 March in fact, and if we look first of all at  
17 the email at the bottom, which is an email written by  
18 someone called Rosamond Roughton to you, she says:

19 "Dear Jenny

20 "We estimate that [approximately] two thirds of  
21 people in care homes are over 85. When we introduce the  
22 shielding policy, what should our approach be to  
23 allowing patients to be discharged into care homes who  
24 are symptomatic of Covid-19?

25 "My working assumption was that we would have to

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1 allow discharge to happen, and have very strict  
 2 infection control? Otherwise presumably the NHS gets  
 3 clogged up with people who aren't as acutely ill."  
 4 Your response on the same day, you say:  
 5 "Whilst the prospect is perhaps what none of us  
 6 would wish to plan for I believe the reality will be  
 7 that we will need to discharge Covid-19 positive  
 8 patients into residential care settings for the reason  
 9 you have noted."  
 10 You say it:  
 11 "... will be entirely clinically appropriate because  
 12 the NHS will triage those to retain in acute settings  
 13 who can benefit from [NHS] care."  
 14 And you say:  
 15 "The numbers of people with disease will rise  
 16 sharply within a fairly short timeframe ..."  
 17 Just pausing there, do you mean to say the number of  
 18 people with disease in care homes?  
 19 **A.** No, I've written -- in the population. This was the  
 20 context of this. This was almost sort of -- it was  
 21 exactly that week where the numbers were starting to  
 22 rise exponentially, and it's that context. This is  
 23 a very high -- this is not a policy statement, this is  
 24 a high-level view that says -- Ros was the director  
 25 for -- DG for social care in the Department of Health at  
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1 welcome this in the initial phase."  
 2 Now, of course, much of the debate about discharging  
 3 patients from hospital into care homes is about  
 4 asymptomatic patients, I'm not asking you about that.  
 5 **A.** Yep.  
 6 **Q.** This email is about discharging people who were  
 7 symptomatic, who were known or at least strongly  
 8 suspected to be suffering from Covid.  
 9 **A.** Well, it actually says "Covid-19 positive patients", so  
 10 I'm anticipating from this that what will happen is the  
 11 rate of increase in people in the population with Covid  
 12 will rise absolutely exponentially, that was the data  
 13 that we'd seen, that hospitals would do their best with  
 14 this, and that we would have some patients who  
 15 potentially had gone through the most acute phase,  
 16 actually were still positive, but then would be of less  
 17 need, would no longer need acute care, and that -- and  
 18 obviously hospitals will be treating those then that  
 19 they can treat and these individuals would be safe --  
 20 safe in terms of their physical welfare at the time to  
 21 move on. And otherwise there wouldn't be places for  
 22 other people from care homes to go in and be treated.  
 23 **Q.** One understands the logic --  
 24 **A.** Yes.  
 25 **Q.** -- and the need for this discharge?  
 11

1 the time, and it was very much -- it was a very bleak  
 2 picture because I think the reality was -- this isn't an  
 3 invitation to be discharging Covid patients, it's  
 4 actually a reality that says if hospitals overflow those  
 5 who can benefit from treatment there will be there.  
 6 Anybody -- it doesn't matter whether it's residential  
 7 care settings or going home or going on to other ones,  
 8 that hospitals will have to manage that, that those who  
 9 were physically well to go will go.  
 10 **Q.** Yes. Well, let's just finish off the email and then  
 11 I'll ask you a question.  
 12 **A.** Yeah.  
 13 **Q.** So there's a reference to the sharp rise -- I think  
 14 you've -- just a --  
 15 **A.** Population -- absolutely population --  
 16 **(unclear: multiple speakers)**  
 17 **Q.** -- no doubt including in hospitals?  
 18 **A.** Yes.  
 19 **Q.** And so you say you suspect:  
 20 "... within a fairly short timeframe ... [that will]  
 21 make this ..."  
 22 Which I think you must mean the discharge of  
 23 symptomatic patients into care homes:  
 24 "... fairly normal practice and more acceptable but  
 25 I do recognise that families and care homes will not  
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1 **A.** Yeah.  
 2 **Q.** Or at least the case that's made for it, and as I say,  
 3 I don't want to get into all of that, but on any view  
 4 what is being discussed in these emails is discharging  
 5 symptomatic Covid-19, quite possibly infectious  
 6 Covid-19, patients into care homes?  
 7 **A.** So just once again, "Covid-19 positive patients," not  
 8 symptomatic patients, because I don't think they have  
 9 ever been --  
 10 **Q.** I only used the word "symptomatic" because that's the  
 11 word that Jenny(sic) Roughton used.  
 12 **A.** Oh, right, okay.  
 13 **Q.** I don't want to get tied up in --  
 14 **A.** No, but I mean --  
 15 **Q.** People who'd got Covid were being discharged into  
 16 care homes?  
 17 **A.** This sounds awful. This is taking a very, very  
 18 high-level view that says: if we have this enormous  
 19 explosion of cases in the population, as you will see,  
 20 there will have to be a national triage. And I think  
 21 what I was trying to do was explain to Ros what the size  
 22 of the problem might be. I don't think it had actually  
 23 quite registered.  
 24 The other thing I would just like to point out  
 25 there's a really critical point, and that comes through  
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1 guidance as we go through, in her email, which is about:  
2 "My working assumption was that we would have to  
3 allow discharge to happen, and have very strict  
4 infection control?"

5 And that is the critical point.

6 **Q.** Yes. Well, I'm going to come to that.

7 May I ask whether at the time of this email exchange  
8 you were familiar with an article that the Inquiry has  
9 seen which was written, amongst others, by  
10 Professor Van-Tam, about infection control, in  
11 particular about influenza, in care home facilities?

12 **A.** Yeah -- well, I mean, I wasn't aware at that time --  
13 that's the 2017 paper, I think, if it's -- the one  
14 you're referring to?

15 **Q.** Yes.

16 **A.** And, I mean, it's perfectly sensible.

17 There is nothing in that -- and, I mean, I think  
18 it's why we may get to lessons learned -- there is  
19 nothing in that paper, I think -- it's a very erudite  
20 paper, but there's nothing in it which would surprise  
21 any practising public health physician either this year,  
22 in 2017, or for previous years. And I think that is  
23 a really critical point for lessons going forward.

24 **Q.** He talked, didn't he, in that paper about the risk of  
25 what -- the adjective that was used was "explosive" --

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1 of: if you have a pandemic in a country, how on earth  
2 are you going to manage that exponential rise in cases?

3 **Q.** If you are suddenly in a situation where -- as you say,  
4 a highly undesirable situation --

5 **A.** Yes.

6 **Q.** -- where, of necessity, you are finding yourself  
7 discharging Covid patients into this very vulnerable  
8 environment, then, as Ms Roughton said, strict infection  
9 control was obviously important.

10 And would it be fair to say that it would therefore  
11 be necessary to make sure that care homes had proper  
12 guidance and, for that matter, maybe mandatory  
13 regulation about the clear steps they should take when  
14 they are receiving into these care homes infectious  
15 patients?

16 **A.** Well, we might come on to the mandatory regulation.  
17 I mean, I think the issue here is, as I think  
18 Professor Van-Tam gave evidence before, this sound --  
19 I mean, this is just trying to set out: this is the top  
20 line, awful prospect, of what could happen with 'X'  
21 number of cases. But the reality is, and I think  
22 Professor Van-Tam noted, that any person who is  
23 discharged into a care home, whether they are positive  
24 or not, if they've come from an environment, actually --  
25 whether they've had a test or not, it's actually the

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1 **A.** Yep.

2 **Q.** -- outbreaks of influenza in care homes, for all the  
3 reasons which you say --

4 **A.** Yes.

5 **Q.** -- you were familiar with --

6 **A.** And that does happen every winter now with influenza,  
7 and that's why there are particular outbreak control  
8 plans for care homes.

9 **Q.** But help us with this, Professor: it may be perhaps that  
10 this is just an email between professionals and the  
11 risks were understood, but for us or for people looking  
12 at this afresh, there seems to be a sort of degree of  
13 equanimity about discharging large numbers of Covid-19  
14 patients into that very vulnerable environment, where,  
15 as you say, those risks were understood?

16 **A.** If I may, I think that's an interpretation, because  
17 I start that email with "Whilst the prospect is perhaps  
18 what none of us would wish to plan for". This was  
19 a very high-level picture, to reinforce, if you like,  
20 the position that the country was in at that weekend,  
21 and I think we've heard that in other places. If people  
22 were not thinking through what the likelihood was in the  
23 rise in numbers of cases -- as we've heard, I don't  
24 think we have sensible conversations about managing  
25 risks. This is not a policy at all, this is a statement

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1 infection prevention and control measures which are the  
2 critical component over an incubation period.

3 So yes, I agree with you in principle. I just --  
4 I think we get hung up sometimes on the test, whereas in  
5 fact it's the IPC. So I agree with you in principle.  
6 The mandatory bit we might come on to.

7 **Q.** Or maybe in another module.

8 **A.** Yes.

9 **Q.** Let's look briefly, Professor, at the care home guidance  
10 that was in force at the time, and there were different  
11 sets of guidance that were being published around this  
12 time, were there not?

13 If we can go to INQ000300278, if you can see just  
14 below the title, "COVID-19 ...", it was published on  
15 13 March, so in fact only three days before the email  
16 we've just been looking at.

17 If we can go on, please, to page 4 of that document,  
18 we see, at the top there, the title "If a resident has  
19 symptoms of COVID-19".

20 Just before we look at the paragraph, Professor, one  
21 might have thought, judging by the email and the  
22 understanding that, of necessity, care homes were due to  
23 receive these possibly large numbers of infectious  
24 Covid-19 patients, that they would be told that this was  
25 coming and that, as Ms Roughton said, very strict

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1 infection control measures would be needed.  
 2 In fact -- well, you tell us whether what we see  
 3 here is consistent with that, but the message is:  
 4 "Care homes are not expected to have dedicated  
 5 isolation facilities for people living in the home but  
 6 should implement isolation precautions when someone in  
 7 the home displays symptoms ... in the same way ... [as]  
 8 if [that] individual had influenza. If isolation is  
 9 needed, a resident's own room can be used. Ideally the  
 10 room should be a single bedroom with en suite  
 11 facilities."  
 12 Looking at this now, do you think that that type of  
 13 guidance was appropriate to circumstances where it was  
 14 understood that care homes would be receiving possibly  
 15 large numbers of infectious Covid patients?  
 16 **A.** So I think we just need to draw a distinction that my  
 17 message on the 16th was, as you've noted, numbers go up,  
 18 this was a "just look ahead and think this is what will  
 19 happen in due course", it doesn't give a timeframe. And  
 20 I think, on this one, there had been, I think -- the  
 21 first case in a care home was around the 10th, and  
 22 I think this guidance actually had been held up from  
 23 the 7th. It's not -- I'm not sure I've signed it.  
 24 I did comment on a lot of guidance but I think --  
 25 I would have to check, but I think it was PHE guidance

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1 alongside this as far as I remember, and the guidance  
 2 was updated very regularly. I do think there was  
 3 a problem in the sense of ensuring -- and I think  
 4 I flagged this in my email somewhere, which is I think  
 5 that the NHS and social care should be seen as a total  
 6 continuum. They are all part of the healthcare system,  
 7 and sometimes one bit gets developed separate from  
 8 another and you can -- I know, looking back at some of  
 9 these, you can see that a piece of NHS guidance pops out  
 10 and then somebody else is trying to ramp up with it.

11 So at the time for the patients who were being  
 12 discharged, for the background epidemiology, it is  
 13 probably reasonable, but, as I say, that progressed, the  
 14 guidance progressed as we went forward.

15 I'm really keen to emphasise my email was  
 16 a high-level view so people were aware of what was kind  
 17 of coming over the hill, but the hill was still a little  
 18 way away.

19 **Q.** All right. Let me ask you about a separate but related  
 20 issue, Professor, and actually, for this purpose let's  
 21 briefly go to Professor Van-Tam's paper.

22 So it's INQ000269388, please, and it's page 3.

23 We can see if we look at the very bottom of the  
 24 left-hand column and then read over to the top of the  
 25 right-hand column, the paper draws attention to a very

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1 and not one that I finally signed off. That doesn't  
 2 detract from the question.

3 So I think there is a -- there was new guidance  
 4 coming through as cases started to rise. So I think  
 5 as -- as I say, I think the first case was on 10 March.  
 6 So the critical thing here actually is the isolation.  
 7 You should not take my email as to say, "the NHS is  
 8 suddenly going to discharge lots of Covid positive  
 9 patients and that's absolutely fine". What it was doing  
 10 was painting a picture to the person who was  
 11 contributing to policy on the official side at the  
 12 Department of Health and the isolation issues here --  
 13 I mean, there will be a number, you may come on to,  
 14 around, you know, how you deal with an outbreak in  
 15 a care home but this is sitting on top of -- because of  
 16 the Jonathan Van-Tam knowledge, if you like, in that  
 17 paper, over many years -- relatively well known systems  
 18 of infection prevention control in care homes where it  
 19 is well exercised. And I think that's another issue.

20 **Q.** Just looking at that on its own, though, that's not  
 21 enough, is it, to give the care homes the guidance, the  
 22 clarity, the information that they would have needed  
 23 facing the type of situation that is described in your  
 24 email?

25 **A.** So I think there was other guidance that was published

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1 particular problem in care homes which, again  
 2 I understand from your earlier answer, was equally  
 3 well known, it says:

4 "Although the role of asymptomatic people and those  
 5 with only mild symptoms in spreading influenza [in that  
 6 case] is uncertain, [healthcare workers] often continue  
 7 to work despite having symptoms and may act as a source  
 8 of infection to those in their care."

9 There is a reference to a Swedish study where  
 10 nursing home aides are shown to be:

11 "... the occupational group at significantly  
 12 greatest risk of continuing to work despite the feeling  
 13 that, in light of their perceived state of health, they  
 14 should have taken sick leave ... in reality the  
 15 employment status of many ... staff is often precarious  
 16 and taking unpaid sick leave may result in adverse  
 17 economic consequences."

18 You're nodding, Professor. Was this another equally  
 19 well known aspect of the healthcare risks associated  
 20 with care homes, nursing homes and the like?

21 **A.** Yes, I shall have to make sure I stick to my  
 22 professional -- I mean, the health -- the social care  
 23 sector, as I've said, I think, is under-recognised.  
 24 There are more people employed in it, I think around  
 25 25% -- sorry, more people employed than in the health

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1 service, is my understanding. Around 25% of them,  
2 I think, are on zero hours contract. Many of them, the  
3 majority are women --

4 **Q.** First, can I just interrupt you. Could I ask you to try  
5 to speak a little more slowly.

6 **A.** I will do, sorry.

7 **Q.** Thank you.

8 **A.** You can tell that I care passionately about this.

9 Therefore, when you want to manage situations of  
10 infection control, it's really important -- it's  
11 similar, actually, in some other industries, some other  
12 settings, for example, like food factories, I'm not  
13 suggesting these are the same but this same issue, of  
14 people working in poorer circumstances who cannot afford  
15 to take the time away from their work. And often it's  
16 compounded because both halves of the couple,  
17 for example, will not be able to. And if their children  
18 are at home, they are not receiving free meals, they  
19 can't do that either.

20 There is a whole sequence of social events which,  
21 for very understandable reasons in those families, would  
22 predicate to people either continuing to work, which  
23 of course is a risk to those for whom they're caring, or  
24 for things like, I think, you know, not staying in  
25 confinement, or isolation.

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1 where the workforce capacity was insufficient to care  
2 for the individuals.

3 So if I just paint a picture, perhaps, where you  
4 have care workers who may be a risk -- and the evidence  
5 suggests they were doing a fabulous job but they were  
6 bringing in, as the majority ingress route into  
7 care homes, infection -- that you can't just exclude  
8 everybody, and people who -- because you lose the  
9 capacity to continue. And one of the biggest risks was  
10 care workers. So maybe a nurse, for example, working in  
11 the acute sector who then goes and does a night in  
12 a nursing care home and then goes on and does a bit of  
13 domiciliary work, and you can see the infection tracking  
14 round.

15 But just saying "Stay in one place" immediately  
16 means you've lost two capacity points in your health and  
17 care system.

18 **Q.** That is a description of the problem --

19 **A.** Yes, it is, I agree.

20 **Q.** My question is, in this emergency situation, whereas you  
21 tell us these risks were understood, was enough done to  
22 try to mitigate that problem?

23 **A.** So I think the problem was understood. The reason  
24 I explained the problem is because it's a very, very  
25 difficult one to solve. Because if you just isolate

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1 **Q.** So the problem is and, I think on your evidence, was  
2 well understood at the time?

3 **A.** Yes.

4 **Q.** If we focus then on that email of yours, and I'm simply  
5 using it as a way into this discussion --

6 **A.** Yes.

7 **Q.** -- we understand it was an internal email, but with the  
8 prospect, then, of discharging into care homes  
9 infectious patients, of course one risk is that they  
10 themselves might spread the infection to other patients,  
11 we've talked about that, but there was just as much  
12 a risk that healthcare workers would come into contact  
13 with them and then the workers would go on to spread the  
14 infection, either within that home or indeed in another  
15 care home. Do you think that that side of the risk was  
16 sufficiently understood and sufficiently accommodated  
17 in 2020?

18 **A.** I think it was understood. I think it's difficult to  
19 quantify. And I would also add, part of the problem  
20 here is that, at the end of the day, my view is, care  
21 workers are often absolutely critical in individuals'  
22 lives, they're the one person who is standing by them at  
23 their frailest moment, and there aren't many of them  
24 around. And there comes a point where you say -- and we  
25 did see this for, in a few occasions in the pandemic,

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1 care workers completely and clamp down on everything,  
2 a care home might fall over, if you like, if you have  
3 got somebody working in two care homes.

4 So I think the care workers were given strong  
5 advice, they were encouraged to stay away from work.  
6 Clearly, as the pandemic went on, very strong testing  
7 procedures were put in -- and that was really helpful --  
8 and then, in addition, payment funds. I mean, quite  
9 apart from the infection prevention control, payment to  
10 care workers to support them to self-isolate was also  
11 put in.

12 So the problem was recognised and it was dealt with,  
13 but the precarious state of the care workforce was  
14 a problem through the pandemic.

15 **Q.** I'm going to leave it there, Professor, and move on and  
16 ask you about another issue, equally hotly debated, and  
17 that's of face coverings.

18 Can we start, please, by going to your witness  
19 statement at paragraph 8.125.

20 We will note here, paragraph 8.125, and then we'll  
21 look at the next paragraph as well, and the Inquiry has  
22 heard a fair amount of evidence about this, that the  
23 advice provided by the Office of the Chief Medical  
24 Officer on the use of face coverings -- which developed  
25 during the pandemic, did it not?

24

1 A. Yes.

2 Q. But you say here that as it developed it reflected the  
3 developing scientific understanding at any given time.  
4 You say:  
5 "The initial position was that outside healthcare  
6 settings, the use of face-coverings for people who did  
7 not have COVID-19 in community settings was unlikely to  
8 have a significant impact and was not recommended ..."  
9 and you give references to NERVTAG and so on, and  
10 then also a reference to SAGE.  
11 If we can go on to look at the next paragraph,  
12 please, you say that:  
13 "Later in the pandemic, as the transmission  
14 characteristics of the virus became better understood  
15 ... there was a growing emphasis on the use of  
16 face-coverings as a precautionary tool ..."  
17 In the next sentence you say:  
18 "The evidence base for their use in community  
19 settings was, and still is to some degree, uncertain."  
20 Professor, is it fair to say that your own personal  
21 view in fact remained that there wasn't any convincing  
22 evidence that face coverings, that is not sort of PPE  
23 used in healthcare settings, but the sort of home-made,  
24 if you like, fabric face coverings used in community  
25 settings, that there wasn't any convincing evidence that

25

1 the asymptomatic transmission, and the opportunity  
2 therefore to -- the evidence starts to move in a more  
3 positive way.  
4 But I think there's also a difference between, which  
5 I think the CMO put in his report potentially, around  
6 mandation, recommendation, guidance and allowing people  
7 to do what they want to do. And of course anybody could  
8 always wear a face covering if they wanted to, nobody  
9 was stopped. I think this issue is around which  
10 direction is the evidence travelling.  
11 Q. Let me show you a couple of documents, Professor, and  
12 then ask you a question about them. They do cover that  
13 period that you've just been describing.  
14 So first of all if we could look at INQ000069151.  
15 So this is a document -- the date of it, it's not on  
16 the document, but it's from May of 2020, and it's some  
17 draft guidance, as we can see, how to wear and make  
18 a cloth face covering.  
19 If we can go to the third page of it, please,  
20 I think what we see on the sidelining is that you've  
21 commented -- made various comments. No doubt it wasn't  
22 you who did the first draft. But what we see on the top  
23 comment here, in relation to a -- the draft saying --  
24 talking about putting two squares of fabric on top of  
25 each other to make the mask, you say:

27

1 they were helpful?

2 A. Not all the way through, no, and depending on what  
3 sort of face covering you had -- and this is the problem  
4 with the evidence, because much of the evidence -- there  
5 was a Lancet paper that was very heavily awaited during  
6 the pandemic -- was predominantly papers not in  
7 community settings or -- it was very difficult to  
8 dissociate the effectiveness of the face covering from  
9 other infection prevention control or NPIs. So I think  
10 that's why we have a difficult evidence base.  
11 There is a stronger evidence base about the actual  
12 material, if you like. So if you have a one or  
13 two layer cloth, thin cloth covering, the evidence is:  
14 not particularly effective. If you have -- I have my  
15 colleague Jonathan Van-Tam's words ringing in my ear, he  
16 always refers to army ones, but a kind of -- a 12 layer,  
17 I think he calls it "duck material" or something, but,  
18 you know, it's a different sort of barrier.  
19 So even within the face covering there's  
20 a difference. If somebody doesn't wear it  
21 appropriately, it won't work. But I think the WHO  
22 advice actually, I think it was around the beginning of  
23 July, changed and I think that was around the right  
24 time, where -- where you're starting to see is more  
25 recognition of the likelihood, still unquantified, of

26

1 "Just querying the logic behind needing to have two  
2 pieces of cotton fabric stacked on this version but only  
3 a single layer of cotton t-shirt in the previous  
4 model... I think they are both ineffective so am not  
5 unduly worried but someone might want to think of  
6 an answer for the Q&As."  
7 So there you are in May expressing a view that,  
8 frankly, these home made cloth face masks, one layer,  
9 two layer, are ineffective?  
10 A. Because the evidence at the time said at least three  
11 layers. So I didn't draft this guidance. My point was  
12 the guidance -- there were two points about this. The  
13 first one was I'm querying the logic, because if I was  
14 a member of the public and looked at that I'd think: why  
15 on earth do you want one layer here and two there? That  
16 was one point. The reason I said "I think [it's]  
17 ineffective" was because the only evidence I think we  
18 had at the time was around three layers, which actually  
19 started to give a bit of a positive impact. So I don't  
20 think that is effective.  
21 Q. Well --  
22 A. If they'd said three, I'd have said, "Okay, but make the  
23 guidance consistent".  
24 Q. Professor, if there was evidence at the time that three  
25 layers was effective but one or two wasn't, why didn't

28

1 you say, "We should be telling people to use three  
2 layers"?"  
3 **A.** Well, I'm not sure I even knew where this had come from.  
4 You have to bear in mind that this will come to me from  
5 somewhere else. Often I would get given pieces of  
6 guidance that said, "This is what somebody has decided  
7 to do as policy, now make it the best you can". So  
8 I may have read that one as: this is what we're going to  
9 say, and I think this is an example.

10 So I've said, "I don't think this is effective,  
11 I think the public -- it doesn't feel logical as  
12 a communication to me, and if that's therefore what you  
13 want to do, work through it".

14 I think people would have known, probably, at the  
15 time what the evidence was. PHE were continuously  
16 providing -- reviewing the evidence on the use of face  
17 coverings. In fact predominantly at the time I think it  
18 was my colleague Jonathan Van-Tam.

19 **Q.** Let me just --

20 **A.** But can I just go back on that? Because actually this  
21 was May and I think this was probably the period -- it  
22 was coming just after, certainly in the UK, where we'd  
23 had the Easter 6 studies and various other things, and  
24 it was still not at this point -- I mean, WHO was still  
25 not recommending face coverings.

29

1 we didn't have the evidence, and still don't, about  
2 asymptomatic transmission. The evidence is definitely  
3 there, is strong now, but the quantification of it is  
4 quite poor, and therefore understanding the size of  
5 effect of this is quite tricky, and this will be  
6 a government document effectively. Again, not for me to  
7 decide, but there's quite a difference between  
8 mandating, recommending -- if a government recommends  
9 something that's quite a strong position --

10 encouraging -- and actually if you encourage or support  
11 and you're in a government position, that's almost taken  
12 as recommending, and it's quite difficult to do that  
13 when the evidence is not strong because you will then  
14 end up with people challenging other ones.

15 So you tend to see where it moves to and there --  
16 but the other issue here is, if I just point out, you  
17 said: are there any other things? We've got all sorts  
18 of safety issues here as well, and one of the problems  
19 in May, and this might be related to this as well, was  
20 when -- it might show my irritation -- was when there  
21 were a lot of discussions about coming out of lockdown,  
22 opening up the economy and various other things, and the  
23 2-metre/1-metre. I think this was landing just about  
24 the same time as the 1 metre plus issue, and the problem  
25 we had there was that there appeared to be a view

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1 So we'd got a position here -- I mean, maybe I was  
2 a little bit annoyed, you know, I can see it in the tone  
3 there, but where there wasn't a clear policy and yet  
4 I was being sent a document to sign off something which  
5 I didn't think was very evidence-based. But that was  
6 not an infrequent occurrence.

7 **LADY HALLETT:** Professor, I understand the need for having  
8 an evidence base -- I would, given my background -- and  
9 I understand that you would have preferred three layers  
10 because you had the evidence for three layers --

11 **A.** Well, the evidence with three layers was not very  
12 strong.

13 **LADY HALLETT:** Right, well, okay, let's forget about how  
14 many layers. Is there any harm in -- I appreciate  
15 buying masks may interfere with supply to care home  
16 workers and people working in hospitals -- is there any  
17 harm in encouraging members of the public to use  
18 home-made face masks?

19 **A.** I mean, this is where it gets, I think -- because the  
20 evidence at this point is quite tricky, I think once we  
21 got past -- I mean, as I say, I think WHO changed their  
22 guidance in July. They were not -- we haven't got the  
23 date of this document.

24 So I think where you've got a very low evidence  
25 base, it hadn't, I don't think, shifted at that point,

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1 permeating through and a real concern and risk that it  
2 was being conceived that if you did 1 metre and you wore  
3 a face covering flung round your cheek or whatever it  
4 might be, that was fine. And so there was a risk that  
5 in encouraging face coverings people would stop doing  
6 the thing which was really important, which was  
7 distancing and all the other things. So this may have  
8 been coming on the back of that. I suspect it was.

9 **LADY HALLETT:** So the risk of there being a false sense of  
10 security?

11 **A.** Yes, a false sense of security. But it was actually  
12 also overlapping with what was economically driven  
13 policy, I think, to try to remove some of the distancing  
14 rules.

15 So it was, you will have seen, I think, in the  
16 evidence, I think it's about this time, with  
17 Jonathan Van-Tam and myself, where we were trying to  
18 really highlight what we thought about the 2-metre and  
19 1 metre rule discussions, and what was being conceived  
20 was, if you wear a face covering and reduce everything  
21 to a metre, the face covering will make up for the  
22 difference. And the answer was: no, it won't, and it  
23 definitely won't if it's not evidence-based.

24 **MR O'CONNOR:** Well, in fact that was the point I was  
25 planning to come to, Professor.

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1 **LADY HALLETT:** Sorry if I interfered.

2 **MR O'CONNOR:** No, but it's the point about false sense of  
3 security.

4 **A.** Yes.

5 **Q.** What we are seeing here is draft guidance on making  
6 a mask, which will of course make people feel more  
7 confident to go out, go on public transport, whatever,  
8 which you are saying is ineffective. Wasn't that  
9 a reason to say, "No, we shouldn't be encouraging people  
10 to use these ineffective masks"?

11 **A.** That's a very difficult balance, for the point we've  
12 just come back to, because the first question was:  
13 shouldn't you be encouraging this, there's no harm? And  
14 the issue for me at that time, and I think  
15 Professor Van-Tam shared it, was we definitely shouldn't  
16 be supporting something which was not evidence-based if  
17 it was going to promote a risk compensation. And there  
18 were a number of different driving factors here and  
19 of course face coverings, as I know you'll be aware, is  
20 a wholly polarised debate and it's quite difficult to  
21 maintain a central position.

22 I -- you know, if you -- if I'd said, "Don't do any  
23 of this", somebody would have challenged back and said,  
24 "Well, you know, surely there's no harm", my main  
25 concern was it was being put in -- it would have been

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1 institution, all the different fields of expertise that  
2 might be relevant to preparing for a pandemic, whether  
3 it's modelling or testing masks or the whole range of  
4 expertise.

5 When I asked him whether that was something that the  
6 government should be involved in, he said yes, he  
7 thought it should have government funding, and indeed  
8 that he thought the UKHSA, your organisation, should be  
9 involved in that enterprise.

10 What's your view about all of that?

11 **A.** So I think Sir Patrick and I are looking at it from  
12 slightly different lenses, but the broad answer is yes.  
13 And in fact it is in my planning.

14 But what we have at the moment, just by way of  
15 description, is a number of different universities  
16 across the country have set up their own pandemic  
17 institutes, or words to that effect. We are linked to  
18 them on an individual basis and they link with each  
19 other.

20 The vision from my lens is that they have a network.  
21 They all have brilliant academic work ongoing routinely.  
22 We are sitting almost at the interface between  
23 government and academia, and so in peacetime, when we're  
24 not all responding to something, then we can be  
25 identifying between us what pieces of research work need

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1 conceived as a safer way of moving about, just when  
2 we've got through the first tragic wave of the pandemic.

3 **Q.** And did you do something about that concern?

4 **A.** Yes, well, on the 1-metre/2-metre, and I think this  
5 is -- I may be getting my timeframes mixed up but  
6 I think this is very much around the same time that the  
7 CMO, CSA and two Deputy CMOs wrote to Simon Case,  
8 because it was around lifting all the different  
9 industries and businesses and sectors at the same time,  
10 and the anxiety was that if people just thought they  
11 could get a bit of T-shirt, put it round their face and  
12 that would solve all the problems and we could go back  
13 to normal, that was not going to be a good public health  
14 intervention.

15 **Q.** All right.

16 Professor, lastly I want to ask you about  
17 a different matter altogether, and it relates to your  
18 current role with the UKHSA and some evidence that  
19 Sir Patrick Vallance gave, Sir Patrick Vallance, when he  
20 was in the box last week.

21 He was talking about how the country might best  
22 prepare for a future pandemic, and he talked about his  
23 idea of a need for something that he described as  
24 an academic centre for pandemic preparedness, in terms  
25 of trying to bring together, in one or more academic

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1 to go ahead, there's opportunities to link with the  
2 National Institute for Health Research and funding  
3 opportunities, so we're all aligned on what the  
4 priorities are. And then at a time of need actually the  
5 institute -- the global institutes are all there to work  
6 through and with UKHSA, working into the pandemic  
7 response, you know, for government.

8 And it wouldn't just be for pandemics. If you  
9 thought about something like the Mpox epidemic recently,  
10 then it's a great opportunity to do that.

11 The only thing I would say is I think Sir Patrick  
12 suggested, and I notice Graham Medley said, well, they  
13 were expecting PHE to be doing a lot of the work for  
14 SAGE. In fact PHE was doing a lot of the work, it was  
15 going in on individual names to NERVTAG, and then the  
16 NERVTAG paper would go to SAGE. And so a lot of the  
17 academic work has not been recognised of PHE colleagues  
18 and I would just like to pull that out.

19 But --

20 **Q.** That's a comment about the last pandemic?

21 **A.** It is, but on this one, now, there are health protection  
22 research units, they've actually just been refunded, we  
23 have a lot of people who -- I call them "twin hats", so  
24 they work part time in the UK Health Security Agency,  
25 they work in academia, and the Health Protection

36

1 Research Units can do very rapid evidence reviews or  
2 research programmes. Many of the urgent research work  
3 that was done through the pandemic is done through  
4 those.

5 So my shorter answer is, to be helpful, I absolutely  
6 agree with Sir Patrick. We are trying to do the same  
7 approach with industry so that we're ready to, you know,  
8 create vaccines, look at therapeutics. I think there is  
9 a partially set up system already. We have our own  
10 Centre for Pandemic Preparedness, which is designed as  
11 the building block to link with academia already. It is  
12 not funded longer term but nevertheless we have  
13 prioritised trying to put it together because we also  
14 think it's really critical.

15 So I think it's a version of what Sir Patrick has  
16 mentioned and I think we've started to build it already,  
17 so we perhaps just -- I'd perhaps need to swap notes  
18 with Sir Patrick so we've got a consolidated view.

19 **MR O'CONNOR:** Thank you very much, Professor, those are all  
20 my questions.

21 **LADY HALLETT:** Just before we go to the questions from  
22 core participants, Professor Harries, you talked about  
23 lessons learned; have you thought of a list of lessons  
24 that --

25 **A.** So I think I put three in my statement, one is very much  
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1 can actually get the granular level of information to  
2 support them.

3 Then the third one is, although we are a responded  
4 organisation for infectious disease, we also have  
5 a significant scientific element. As scientists,  
6 they're just not recognised, they're sitting at the back  
7 of this. Every time somebody uses a point of care test,  
8 it will have been validated at UKHSA Porton Down. Every  
9 single vaccination programme is -- there is a whole  
10 pathway, no vaccination programme in this country is  
11 running without colleagues working at UKHSA Colindale  
12 and across the UKHSA generally. These are quite hidden  
13 scientific tasks and we -- one of my problems actually  
14 in setting up the organisation is having funding for  
15 a year, not having that -- you know, a scientist has  
16 a ten-year career ahead, and you need to do three years  
17 of research, and that needs to be really, really  
18 embedded and then we can take forward our work with  
19 industry as well, I think, and work with them.

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

21 Mr Wilcock.

22 **Questions from MR WILCOCK KC**

23 **MR WILCOCK:** Professor, good morning. I'm going to ask you  
24 some questions on behalf of the Northern Ireland Covid  
25 Bereaved Families for Justice campaign, and I think

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1 around data, one is around science and the value and the  
2 value of the scientists, and the third one is  
3 inevitably, you will see, around social care.

4 If I work backwards, I don't think we can have  
5 a responsive health system, health and wellbeing system,  
6 if the value of social care is not recognised and the  
7 value of the workers is not recognised. As I look  
8 forward, planning for pandemics, the very same frail  
9 individuals who are sitting in residential care settings  
10 now or learning disabled, wherever they may be in the  
11 community, are the same people I need to reach each time  
12 there is an infectious disease incident. And so that  
13 should be much better planned for on a systematic basis,  
14 and I think social care workers should have parity.  
15 That's not how it's been seen.

16 The second point I think is around data. There are  
17 a number of reasons why data appeared to flow slowly,  
18 probably not for going into the detail here, but there  
19 should definitely be a transparency of data. But we  
20 also need to engender trust, I think, in people sharing  
21 data. One of the problems, for example, with ethnicity  
22 is, yes, people aren't looking to collect it, that's  
23 a problem for researchers for government, but also  
24 people need -- you know, we need to enable them to feel  
25 trust, that they trust us to share that data so that we

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1 you've had advance notice of the areas that we wish to  
2 cover, and they really deal with your involvement in  
3 UKHSA, which you've just been talking about.

4 Yesterday you told us that you became chief  
5 executive of the UK Health Security Agency in  
6 April 2021, and that that body became fully operational  
7 in October of the same year, and that the UKHSA took on  
8 much of the health protection areas that had previously  
9 been the responsibility of Public Health England.

10 The Inquiry has heard expert evidence from  
11 Professor Ailsa Henderson of Edinburgh University that,  
12 despite the name change, which was designed to enhance  
13 clarity about the territorial extent of the role UKHSA  
14 played, the body still has, in her words,  
15 a predominantly English focus, using and analysing  
16 English data, and therefore framing an English framework  
17 in response.

18 Can you see the force in those observations?

19 **A.** I probably should just declare at this moment, I'm  
20 a Welsh resident, when we get into questions of  
21 four nations, so I look from both angles. I trained and  
22 I live in Wales.

23 **Q.** Well, we'll forgive you that.

24 **A.** So I didn't choose the name.

25 There are clearly huge advantages of working across  
40

1 the UK, but in -- in relation to things like pandemic  
2 response, and I absolutely welcome what is actually  
3 very, very close working particularly with the CMOs and  
4 Deputy CMOs, but also with the health professionals in  
5 the different health protection agencies. It's a very,  
6 very positive working arrangement. They happen  
7 naturally.

8 However, I think there are points that have been  
9 made, and they're recurrent points, and so I'd look at  
10 them in two ways.

11 One is the Joint Biosecurity Centre, which I think  
12 was welcomed by -- I didn't set it up and I wasn't -- it  
13 was welcomed by other UK nations, had a formal  
14 agreement, and that agreement is maintained, it was  
15 agreed by the health ministers, and then there is  
16 a working level board sitting underneath that.

17 We also have a separate UKHSA devolved nations  
18 board, and in fact it met yesterday, as routinely, it's  
19 chaired by my director general for strategy and policy,  
20 and that met in Edinburgh.

21 So I think that in itself should signal the steps  
22 that we were trying take to try to maintain it.

23 When it comes to data, it gets very, very much more  
24 difficult. So, for example, we saw discrepancies -- I'm  
25 part -- I was expecting somebody to ask me about QCovid

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1 the Inquiry -- for people -- you know, "Have you got  
2 somebody from Wales, have you got somebody from  
3 England?" on a particular group. But if you want -- it  
4 doesn't work the other way round. So there's  
5 an expectation everybody will come to England, but not  
6 that England will be allowed to go to every nation. So  
7 I think that's not -- you know, as I say, we work  
8 brilliantly with many colleagues and hugely grateful for  
9 their support, their particularly good input to the  
10 Social Care Working Group, but it's something that I'd  
11 think is not a one-sided picture, and we need to work  
12 through how we can improve that.

13 **Q.** So would it be a fair summary of that answer: it's  
14 a complex problem, you see some force in what the  
15 professor says and you're trying to put in --

16 **A.** Absolutely.

17 **Q.** All right.

18 Now, I think you might have touched on the next  
19 questions I'm going to ask you, because some of the  
20 families I represent have noticed that if they go on to  
21 the UKHSA website there is no reference to  
22 Northern Ireland, Scotland or Wales on the website, and  
23 nor does the website direct readers from those parts of  
24 the UK to the equivalent services in Scotland, Wales and  
25 Northern Ireland. Are you able to confirm that that is

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1 and shielding and various other things, but a QCovid  
2 tool, for example, we had in England and we had in  
3 Wales, we didn't have in Scotland. That's not because  
4 people weren't working together, it's because the  
5 systems are different and each country has its own  
6 health protection agency and is responsible for its own  
7 health protection response, except for some matters of  
8 global health security when we do represent the UK  
9 Government and therefore we are UK. So it's quite  
10 a complex setting.

11 There is also -- I mean, I can see this from the  
12 Welsh lens as well, having sat there. There's often  
13 a requirement or an ask, and we welcome in those  
14 colleagues -- you know, there are incident meetings  
15 running now and every nation is involved, but the data  
16 belongs to those nations and if it is not provided to us  
17 we cannot put it on various websites.

18 I actually tried last night to put in my own  
19 postcode into the dashboard, to see what happens, and  
20 I can pull up my own data, but it's not a landing page  
21 for Wales, for example. And Wales has some great  
22 scientists, they collaborate with us, but it's not  
23 a one-way flow.

24 And I think the other thing is there's often an ask,  
25 which we've heard through the pandemic -- through

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1 the case, and if so why would that be the case?

2 **A.** Well, again, this is one of those areas where it needs  
3 both angles, really. So I think if I was sitting,  
4 let's -- if I'm sitting in Wales working as part of the  
5 health system in Wales, I think they expect residents to  
6 track on to their system. And, you know, similarly we  
7 had -- I know there have been comments about press  
8 briefings, for example, over the pandemic, but of course  
9 each country also had its own press briefing. So it  
10 gets quite difficult.

11 I would like to -- we're still quite a young  
12 organisation. I would like us, with the very strong  
13 support of other health protection agencies, to make  
14 sure that, as a minimum, we have the links operating  
15 across and we're directing people. Because at the end  
16 of the day we're all here to protect the public and if  
17 they can't actually work their way round this very  
18 complex system, none of us are doing a very good job.

19 **Q.** Understood. Let me just rewind a little bit.  
20 Presumably this concentration on English-focused data  
21 also existed during the pandemic?

22 **A.** So that -- you know, the data -- so the health service  
23 for data, for example, for Wales -- I'm using Wales  
24 simply because I'm very familiar with it -- but it's  
25 owned by Wales, it's not our data. As I think we heard

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1 from Professor McLean last week, possibly, DSTL actually  
 2 helped, in the early phase, get some of that data  
 3 together, and she gave some reasons as to why it was  
 4 easier for that organisation to do it than others, but  
 5 it needs both the will of -- the trust, I think, of each  
 6 nation to share that data. And it does get very  
 7 sensitive. It happens within the UK as well. Because  
 8 for something -- I'm going to be quite outspoken here --  
 9 as politically sensitive as the National Health Service  
 10 and its efficiency in all nations, that can be quite  
 11 a challenging thing to do.

12 **Q.** Was anything else done to try to rectify those problems  
 13 apart from what you've just told us Dr McLean --

14 **(unclear: multiple speakers)**

15 **A.** Yes, so -- so on the -- through the pandemic obviously  
 16 the dashboard actually did give different country data  
 17 as well, so we did accumulate it, and I think it was  
 18 shown, if I remember, at the Number 10 press briefings,  
 19 for example, you could see some of the -- and it was  
 20 looked at routinely and colleagues from the four nations  
 21 also reviewed. So when, for example, gold and silver  
 22 committees were meeting, what have you, it would have  
 23 input from all the different nations.

24 But what we're displaying where needs agreement  
 25 across all four nations, but certainly from my

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1 countermeasures, and that would include disabled people.  
 2 The question is this: why do you think now, with the  
 3 benefit of hindsight, there was so little government  
 4 planning for that?

5 **A.** That's -- I think I look this way, is that right?

6 **Q.** Please face away from me to the Chair.

7 **A.** So there was a lot of planning and I don't think --  
 8 I wouldn't wish the Inquiry to think there was no  
 9 planning at all, but I do think we can do better. One  
 10 of the things which actually I think is very positive in  
 11 this regard, which I was personally involved with, and  
 12 which the CMO started, was the tool called QCovid, which  
 13 I've just highlighted. The shielding programme was --  
 14 I think has had a quite difficult birth and utilisation,  
 15 because people have used the word "shielding" -- we've  
 16 heard "segmentation", we've heard "shielding", we've  
 17 heard "cocooning". From my perspective there were two  
 18 elements to it. The part I was involved with, which was  
 19 very definitely, clumsy words, but to distinguish  
 20 clinically extremely vulnerable and clinically  
 21 vulnerable, that was to identify people with diseases  
 22 some of whom will have disability in higher arrays. And  
 23 then there were other vulnerabilities, some of which  
 24 will have been disabilities, some of which will have  
 25 been financial disabilities, if you like, you know --

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1 perspective it would be much better if we had more  
 2 sharing. I live on the border, so I'm a resident who  
 3 wants to see and know what's happening around me.

4 **Q.** So finally can we assume, therefore, that if the UKHSA  
 5 is to remain a UK-wide agency, you accept that more can  
 6 and should be done to try to consider and reflect the  
 7 UK-wide position rather than --

8 **A.** Within the remit which we are given, which is not --  
 9 you know, it's to respect and work with, you know, the  
 10 Health Protection Agencies --

11 **Q.** Not instead of --

12 **(unclear: multiple speakers)**

13 **A.** -- we don't have a control over that.

14 **MR WILCOCK:** Thank you very much.

15 **LADY HALLETT:** Thank you, Mr Wilcock.

16 Mr Friedman.

17 **Questions from MR FRIEDMAN KC**

18 **MR FRIEDMAN:** Professor Harries, I act for four national  
 19 disabled peoples' organisations.

20 You have explained in detail in your written and  
 21 oral evidence that there were foreseeable risks, I think  
 22 the words used today are "normal things to think about  
 23 if you're public health trained". That social and  
 24 health inequalities would produce adverse outcomes for  
 25 people in terms of the virus itself and in terms of its

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1 so -- so there were -- the -- there was the difficult  
 2 mix, I think, across -- between the clinical provision  
 3 and recognition and the work which was ongoing in local  
 4 government.

5 But I think there's an opportunity for us to  
 6 actually get that better aligned, and what we did do,  
 7 I think -- I think it was Michael Marmot in the first  
 8 Inquiry said that nobody had actually -- it was all  
 9 clinical and nobody had put the rest of it together.  
 10 Actually that's not correct at all. What we did do was,  
 11 at the first round, if you like, thought: who do we  
 12 think is clinically vulnerable? And that will include  
 13 quite a lot of people with existing disabilities. And  
 14 then we went on, having started that shielding  
 15 programme, to develop a weighted cumulative risk tool.  
 16 It's called QCovid. But without going into the detail  
 17 of it, it was for two reasons. It was to ensure that  
 18 people could have a conversation about their own risk,  
 19 and it was to ensure that we had captured as best we  
 20 could the intersectionality of the problems that people  
 21 might have.

22 Now, some of these will include disability, so the  
 23 one that I particularly call out, for example, is  
 24 learning disability, and that tool also included  
 25 socioeconomic deprivation and ethnicity. As best we

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1 could. And so through that we actually added on  
2 a significant number to the shielding patient list, so  
3 not just for clinical reasons but for many others, and  
4 we also raised -- moved up a lot of people into the  
5 group 4 for the JCVI vaccination as soon as that was  
6 through.

7 **Q.** Thank you, I'm just going to come in there, and in due  
8 course we'll go through the timeline with the Chair on  
9 the documents, but I think you know very well that as of  
10 March, and let us say 16 March for instance, because you  
11 looked at very difficult emails to look at now, where  
12 you had to give very high-level realistic advice, you've  
13 explained something that was developed, and I think you  
14 know, from July into September and into the autumn  
15 of 2020, I'm not asking you about that.

16 I'm asking, and maybe you disagree with the premise,  
17 but we rather thought it was clear from your statements,  
18 that normal things to think about if you were public  
19 trained were not normal things that government as  
20 a whole was thinking about as of mid-March 2020, and the  
21 question is: why do you think now, with the benefit of  
22 hindsight, that there was so little thinking about that  
23 across government at that time?

24 **A.** I would say, I certainly -- having worked in local  
25 authorities, I think local government definitely thinks

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1 first tier, clinically extremely vulnerable cohort?

2 **A.** I might not have quite understood the question. So  
3 Tier 1 is --

4 **Q.** CEV --

5 **A.** Yeah, okay.

6 **Q.** And they got an automatic package --

7 **A.** Yeah.

8 **Q.** -- and CV didn't?

9 **A.** The important thing here is that shielding, as I think  
10 Professor Whitty said, is not -- I mean, basically there  
11 isn't a magic bullet here. It's somebody is advised  
12 (and totally for them to do, completely voluntarily,  
13 this is not the sort of segmentation policy that I think  
14 is described elsewhere) to go into isolation almost.

15 And so it is, firstly, for them to choose whether  
16 they do that. Always has been.

17 For those who are in the clinically vulnerable  
18 group, the wider one, then there was the -- obviously  
19 it's a much wider group, we recognised that we couldn't  
20 contact all of those people centrally. It wasn't  
21 feasible. And for the reasons which I've just said,  
22 that intersectionality of risks was very much something  
23 for local government. So it's not something that was  
24 handled in that way.

25 So there were funding -- there were -- to local

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1 about it --

2 (unclear: multiple speakers)

3 **Q.** But I'm asking you about central government, which is --

4 **A.** I agree, but I'm not sure I can answer that question in  
5 that way, because I ... it's not a -- I'd be asked for  
6 advice and I would give that willingly. It's not  
7 an area that would be -- directly involve me.

8 I mean, I know right at the start of the pandemic  
9 the Minister for Care asked for reports, as soon as  
10 there was any evidence, that could be used around  
11 disability. The data is quite difficult. And of course  
12 something like -- I think it's 65% of those over 65 will  
13 have disabilities. So to some extent they were already  
14 being thought through in the shielding programme.

15 **Q.** Thank you.

16 Just on that shielding programme, the meetings from  
17 early March adopted a two-tier approach to shielding,  
18 and you've explained there was some baggage in the  
19 label, we understand that, and there were going to be  
20 different degrees of clinical vulnerability.

21 Now, was there a foreseeable risk that those in the  
22 second tier, however one defines it, would be  
23 de-prioritised in being able to access basic services  
24 such as food and healthcare services, access to which  
25 was explicitly linked, initially, to being within the

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1 authorities. But I think you'd need to direct that  
2 conversation to somebody from that department.

3 **Q.** Understood, but conceptually, as it were, at the central  
4 level --

5 **A.** Yes.

6 **Q.** -- reliance was going to have to be placed on the  
7 effectiveness or otherwise at the local government  
8 level?

9 **A.** I think that's right. And, I mean, local government  
10 do -- they run, and I'm sure you're aware, they're  
11 registered -- they will know where their local  
12 communities are who need support and those people  
13 sort of running between both a clinical risk and,  
14 you know, a financial or mobility risk.

15 **Q.** We can look at that in due course, and we've heard what  
16 you've said about social care and the lessons learned  
17 about that and the parity that's needed now that perhaps  
18 wasn't there then.

19 But staying with those who were regarded as  
20 clinically vulnerable, and with what degree of risk, may  
21 I end by asking you about Down's Syndrome. I think you  
22 were on notice that we wanted to ask you about this, and  
23 we've got quite specific questions, if you could assist  
24 us on them.

25 The first is this -- it's levelled at March 2020,

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1 I'm going to go on in the chronology, so the first one  
 2 is: bearing in mind that respiratory disorders are  
 3 a predominant cause of death for people with  
 4 Down's Syndrome, should they have been designated in  
 5 a higher category of risk from March 2020?  
 6 **A.** So, we had to look at what was likely to be a risk  
 7 factor at the start.  
 8 **Q.** Yes.  
 9 **A.** So I don't think there was any suggestion of perfection  
 10 in that.  
 11 **Q.** No.  
 12 **A.** The QCovid tool was designed to enhance that. Not  
 13 everybody with what you might think -- and I think, was  
 14 it Professor Brightling said this earlier -- would --  
 15 you know, some of the things we found did not work out.  
 16 So, you know, for example we thought people with asthma  
 17 might be particularly affected, you'd think respiratory  
 18 disease -- actually that wasn't -- for most people that  
 19 wasn't it, and they could come off the list.  
 20 **Q.** Yes.  
 21 **A.** So for Down's Syndrome it's not that -- there was very  
 22 little signal to start with. So there is a logic and  
 23 there is a potential logic for a number of conditions.  
 24 What we did do was monitor these things. So there  
 25 was a four nations -- goes back to colleague -- the

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1 disagree.  
 2 You've explained to the Chair, as we understood it  
 3 to be, that the matter made it to the NERVTAG clinical  
 4 subgroup. It's actually first at the beginning of June  
 5 and then going to a second meeting at the end of June,  
 6 29 June, where they indicate on the basis of modelling  
 7 that there appears to be a high risk, but they want more  
 8 work to be done, and they pass that up the line, as  
 9 you've just summarised to the Chair.  
 10 So we've got to 29 June, and then there is  
 11 a decision that goes before the Covid-O group as of  
 12 1 October that is indicating that the work has now been  
 13 done and the recommendation is there in the pipeline,  
 14 and then we have, as it were, this letter to the GPs and  
 15 other stakeholders. That was 2 November.  
 16 **A.** Yes.  
 17 **Q.** So we've got a very specific question on that, which is:  
 18 how could such a delay in adding people to the  
 19 Down's Syndrome CEV list have been avoided? How could  
 20 it have been done quicker? Now we know what we know  
 21 and, as of 2 November, what had to be done had to be  
 22 done, how could it have been quicker?  
 23 **A.** So number one, just for clarity, if a GP felt that  
 24 somebody with Down's Syndrome for some specific reason,  
 25 because many will have other conditions, so epilepsy

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1 question earlier, there was a four nations UK clinical  
 2 panel, which I chaired. In fact the signal from  
 3 Down's Syndrome was raised by NERVTAG, I think, so --  
 4 **Q.** Yes.  
 5 **A.** -- time for it to come through, around May.  
 6 We asked the clinical lead for the NHS to bring  
 7 forward a paper, and all of the clinical leads for that  
 8 UK panel met and reviewed it.  
 9 Now, at the time, there wasn't sufficient  
 10 granularity in that information to be able to see  
 11 a signal, but there was a process of bringing things  
 12 back. And a couple of months later --  
 13 **Q.** Yes.  
 14 **A.** -- there was a signal through and immediately people --  
 15 all the Down's Syndrome people were moved onto the  
 16 shielded patient list.  
 17 **Q.** Well, thanks, you've gone ahead a little bit. I'm just  
 18 going to break that down a little bit, because that's  
 19 what I'm going to ask you about.  
 20 We know -- I hope you'll just take this from me --  
 21 we know as a matter of record that Down's Syndrome was  
 22 not added to the CEV list until early November, it's  
 23 about 2 November --  
 24 **A.** Yes, although --  
 25 **Q.** Can I just set the context for you and tell me if you

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1 for example, needed to be on the list --  
 2 **Q.** We take that.  
 3 **A.** -- they could go on. But on your particular point,  
 4 I think I tried to explain, obviously very badly, that  
 5 in that intervening period the detail had been looked  
 6 at. It had come to the clinical panel, it had been  
 7 presented to the UK CMOs, the signal wasn't there at  
 8 that time. And as more data came through, it went back  
 9 again in September, and we immediately acted on it  
 10 because we could see that the signal then for  
 11 Down's Syndrome was high, and then all of the  
 12 Down's Syndrome adults were put on the shielded patient  
 13 list.  
 14 So it's not that there was no activity, there was  
 15 actually a systematic approach to looking at the  
 16 evidence.  
 17 **Q.** We understand that. The point of it is that the paper  
 18 in September showed a ten-fold increased risk for people  
 19 with Down's Syndrome.  
 20 **A.** Yes.  
 21 **Q.** That's a very significant risk. That's a paper in  
 22 September. The CEV moment is 2 November --  
 23 **A.** So I think --  
 24 **Q.** I mean, I think you're trying to tell the Chair you went  
 25 quickly, in your view. My question is: how could it

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1 have been done quicker? Your answer may be it couldn't  
 2 have been, but that's the question.  
 3 **A.** So there is a process -- I've got a date here of  
 4 9 October when I think the process for moving the people  
 5 onto the list started, so there is a digital process to  
 6 do that.  
 7 The other point was, I think, just for reassurance  
 8 for those individuals, that was, of course, the time  
 9 when no shielding was in process, so I think what we  
 10 were trying to ensure was individuals were on that for  
 11 the list going -- it had been paused over the summer  
 12 because of the lower prevalence rates.

13 **LADY HALLETT:** Thank you.

14 That's enough, Mr Friedman, sorry, thank you.

15 Mr Thomas.

16 **Questions from PROFESSOR THOMAS KC**

17 **PROFESSOR THOMAS:** Professor Harries, good morning.  
 18 I represent FEHMO, the Federation of Ethnic Minority  
 19 Healthcare Organisations. As you probably know, FEHMO  
 20 represents and advocates for the interests of workers  
 21 from ethnic minority communities at all levels within  
 22 the health and social care sector across the UK.

23 I'm going to be making reference to your fourth  
 24 witness statement, but I'm not going to call it up, but  
 25 just for the record, and for her Ladyship, the relevant

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1 would be in hospital, that it should be preserved for  
 2 those will be benefiting from that. But I agree that  
 3 the whole system was under stress.

4 **Q.** All right. In the light of the unique challenges posed  
 5 by the global pandemic and the national emergency it  
 6 represents, I'm sure you'll also agree that central  
 7 government should bear significant responsibility for  
 8 ensuring that the safety and wellbeing of its care home  
 9 workers, especially considering their frontline roles  
 10 being in an overstretched public service; would you  
 11 agree with that?

12 **A.** I mean, I think that is a question for the government,  
 13 the minister, rather than me as a medical professional.  
 14 To answer. But, having said that, I think -- I suspect  
 15 the statements that I've made earlier suggest that I, as  
 16 a public health professional, am very much in support of  
 17 ensuring that the care staff are recognised.

18 **Q.** Is that a yes?

19 **A.** I think -- I don't think it's a question for me to  
 20 answer on behalf of government. It feels like it's  
 21 a ministerial question. That's the only reason I'm not  
 22 commenting.

23 **Q.** Well, the reason why I'm putting this to you is because  
 24 something that you said in your statement at  
 25 paragraph 9.38 -- and I'll put my second question to

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1 paragraphs are paragraphs 9.38 and 9.40.

2 Here's what I wish to explore, and let me just set  
 3 out a little bit of context, and I don't have much for  
 4 you. During the pandemic, when the NHS was overwhelmed,  
 5 care homes were meeting deficit in terms of the NHS's  
 6 ability to care for often elderly people, some of whom  
 7 were dying and would ordinarily be in hospital. You  
 8 would agree, I'm sure, that that situation would have  
 9 had a significant impact on care homes. Can we agree on  
 10 that?

11 **A.** Sorry, I'm not being awkward. Can we just go back?

12 **Q.** Of course.

13 **A.** So I would expect anybody who would normally be in  
 14 hospital would be in hospital unless there was a reason  
 15 not to. I may have misheard. Could you just go back  
 16 one and then I'll ...

17 **Q.** Of course. I'm suggesting to you that the NHS was  
 18 overwhelmed --

19 **A.** Yep.

20 **Q.** -- and care homes were meeting the deficit at times in  
 21 terms of some of the NHS's ability to care for often  
 22 elderly people, some of whom were dying and would  
 23 ordinarily be in hospital. That's the proposition I put  
 24 to you. Do you accept that or don't you?

25 **A.** I would hope that, except in extreme circumstances, they

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1 you. Would you accept this: given the critical nature  
 2 of care home workers' roles, particularly during these  
 3 extraordinary times like a global pandemic, it would  
 4 become imperative for central government to take a more  
 5 active and central role in overseeing and supporting the  
 6 safety for carehome workers. Would you accept that?

7 **A.** I agree and I think they did -- they certainly tried to.  
 8 I also would flag, which is the point I've -- point in  
 9 the lessons learned, which is the underlying system for  
 10 care homes in this country is not one of central -- it's  
 11 very different to the NHS.

12 **Q.** Well, I'm going to come on to that because that is my  
 13 final point, which is -- because you make this point,  
 14 and this is again at paragraph 9.38 --

15 **A.** Is it possible for me to see what I've said because  
 16 I don't have it in front of me.

17 **Q.** Will, I will come on -- is what you say. You say that:  
 18 "While recognising the private business model of  
 19 care homes ... ", yes?

20 **A.** Yep.

21 **Q.** It's in front of you. You say, "While recognising the  
 22 private business model of care homes ... "

23 Here's the point that I wish to put to you: surely  
 24 we can agree that government decisions and policies  
 25 during a national emergency can significantly impact the

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1 ability of care homes to protect their staff, manage PPE  
2 stock and ensure business continuity, thereby  
3 necessitating a more engaged role from central  
4 government?

5 **A.** Yeah. So I would just say I do think this is a question  
6 for government, not for a medical adviser. Of course  
7 I think the government would say -- and, I mean, I'm  
8 sort of answering your question indirectly -- that they  
9 have and that there was clearly a central role in the  
10 pandemic. But the point I was trying to make is  
11 probably the one which I think you're getting at, which  
12 is the model was not one that was established well  
13 enough to ensure that that central control happened  
14 effectively, and that I think is one of the points I've  
15 put in my lessons learned, because it is so critical  
16 because of the vulnerability of the population.

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

18 Ms Sergides.

19 Can you see Ms Sergides over there?

20 **Questions from MS SERGIDES**

21 **MS SERGIDES:** Do say if you can't see me.

22 **A.** I can. Thank you.

23 **Q.** I represent Southall Black Sisters and Solace Women's  
24 Aid and I will be asking you questions relating to  
25 domestic abuse as a public health matter and key

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1 testing programme. There was quite a lot of  
2 consideration, I think, in NHS Test and Trace -- again,  
3 I wasn't there at the time -- about where that risk lay  
4 and who needed to be tested. Obviously, there were many  
5 different use cases and there was a certain flexibility  
6 whilst working with directors of public health that if  
7 they wished to -- you know, if they could identify  
8 groups because it would, as you know, vary in different  
9 geographies that they could direct testing in those  
10 cases. But I think that's probably all I can say to  
11 help.

12 **Q.** I'm going to turn to my second and last question. In  
13 his evidence to this Inquiry and in response to  
14 questions relating to interventions, NPIs. Sir Chris  
15 Whitty said that he is entitled, and should, weigh up  
16 the negative aspects from a public health view. He gave  
17 an example of people who go into shielding before needed  
18 and then end up with loneliness and depression and that  
19 these are clinical and public health problems.

20 I appreciate you've briefly touched upon this with  
21 Mr O'Connor but, given that domestic abuse and its  
22 impact on victims are public health issues, what should  
23 the government have considered in relation to domestic  
24 abuse when deciding social isolation and/or lockdown  
25 measures?

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1 workers.

2 So my first question is at paragraph 455 of your  
3 statement, dated 22 August 2023 -- I know you have done  
4 a few statements -- you say that on 16 March 2022,  
5 Public Health England explained that testing was being  
6 scaled up to focus on intensive care units, hospital  
7 admissions and testing for key workers. Did you have  
8 any involvement in defining key workers?

9 **A.** I presume you mean 2020. I think you said 2022, but  
10 I presume this is the change in prioritisation.

11 **Q.** 2020, I apologise.

12 **A.** Not directly. I was engaged in discussions over the  
13 pandemic with things like testing for key workers, but  
14 very much from, at that stage, the technical advisory  
15 part of what would work. There were discussions across  
16 government but it was -- and they were right across all  
17 sectors, so I was in the room. I wasn't a key decider  
18 of who was in a key sector.

19 **Q.** So although you weren't a key decider, as far as you are  
20 aware, were those working in refuge accommodation or  
21 domestic abuse charities prioritised for testing and, if  
22 so, when was that?

23 **A.** I can't answer that one directly. I mean, there are two  
24 issues there about key workers and who was a frontline  
25 worker and then, sort of, the implementation of the

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1 **A.** Well, I think I probably have answered the question  
2 because in that particular case, to my mind, it is  
3 foreseeable and we can imagine what's going to happen  
4 and I think you will probably be representing people who  
5 experienced those increases in calls just beforehand.

6 And therefore I think some of the messaging was not  
7 as clear as it could have been to make sure that people  
8 understood that they could come out of isolation. There  
9 clearly was a course out and I think it was considered  
10 within that, I'm not sure that if I was somebody  
11 frightened, you know, in a domestic abuse situation and  
12 about to go into lockdown, that I would perhaps have  
13 clocked that the message that says "for an emergency"  
14 actually applied to me.

15 **MS SERGIDES:** I'm grateful, Professor.

16 **LADY HALLETT:** Thank you, Ms Sergides.

17 Mr Stanton.

18 **Questions from MR STANTON**

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

20 Good morning, Professor. I'll be asking a few  
21 questions on behalf of the British Medical Association.  
22 I'd like to ask your views about the response to the  
23 risk of airborne transmission, avoiding any duplication  
24 of this area when you were engaging with Mr O'Connor.

25 At paragraph 521 of your first statement in this

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1 module, you indicated that this risk was predictable in  
2 February 2020 but took some time to determine and,  
3 appreciating that the scientific understanding took some  
4 time to play out, can I ask you why a more precautionary  
5 approach wasn't taken to this risk from the outset?

6 **A.** So I think we heard yesterday, I think, or from  
7 a previous witness the -- it was treated as an HCID to  
8 start with. I mean, that has a whole discussion in  
9 itself which I won't go into. So I think it was treated  
10 with a precautionary approach; that was correct.

11 And when I say it was foreseeable, I think it was  
12 because almost any respiratory virus we would expect it  
13 would be very difficult to not think through a whole  
14 continuum of going from, you know, fomite droplets and  
15 airborne. The critical thing here is about the  
16 proportionality. So I think the right preventive  
17 element was put in to start with and it is a matter of  
18 the developing science as we've gone through which is  
19 very complex.

20 **Q.** Thank you.

21 Thinking about the measures in place within  
22 healthcare settings, what prevented the provision of  
23 FFP3 respirators to healthcare workers who were treating  
24 patients with Covid-19?

25 **A.** So I -- the guidance, as you will know, I'm sure, was  
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1 technical side of it. Cost was not an issue at all in  
2 any of these events; so that one is right out of the  
3 picture. But obviously there was a -- there was  
4 a global shortage. I mean, I think if every country in  
5 the world wants PPE, it's going to be difficult. So  
6 I think at times there was difficulty procuring.

7 That said, as I discussed yesterday, certainly early  
8 on we did have a very good national supply but  
9 obviously, as it was pulled on, and I think picking up  
10 the care provision, the predominant -- the pandemic  
11 preparedness PPE was predominantly, I think, originally  
12 focused on the healthcare, which goes back to my point  
13 about social care.

14 **Q.** Thank you.

15 Lastly and very quickly, just picking up on some of  
16 the comments you made about the effectiveness of masks  
17 used in the general population, can I ask you your view  
18 of the effectiveness of fluid-resistant surgical masks  
19 for combating aerosol transmission?

20 **A.** So, I mean, that's quite a detailed technical question  
21 which is probably not for answering here and I'm happy  
22 to provide a written one on that. I mean, usually there  
23 is -- when you're working in a healthcare environment,  
24 often the fluid-resistance is therefore splash  
25 protection but obviously if the splash protection is  
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1 reviewed multiple times, and continues to be as we have  
2 gone through. It's set by a four nations IPC cell, not  
3 by myself, not by Public Health England in those days,  
4 now UKHSA, and the operational implementation of that  
5 sits with NHS England.

6 So I can't -- I mean, there's a very, very complex  
7 review through that. It goes back to the risk and the  
8 evidence. So FFP3s were provided for aerosol-generating  
9 procedures right from the outset. That has always been  
10 there and it remains. We are back then to the balance  
11 of risks around appropriate PPE.

12 But I would just like to say that at all times when  
13 those reviews have happened they have linked across to  
14 see what WHO's recommending and have stayed consistent,  
15 I'm pretty confident on that. So I don't think --  
16 I think one of the interesting things was FFP3s and  
17 FFP2s are used differentially in different countries.  
18 So, in fact, the FFP3 that was in play right at the  
19 start of the pandemic is, if you like, in simplistic  
20 terms, a stronger recommendation than in many other  
21 countries and I think for some of the WHO guidance.

22 **Q.** To what extent did cost and availability play a part in  
23 their provision?

24 **A.** So again, as I said yesterday, I wasn't responsible for  
25 PPE. Obviously some of my team now input to the  
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1 critical, then you will actually have a shield as well.

2 So, you know, that is quite a detailed answer. I'm very  
3 happy to provide one in writing.

4 **MR STANTON:** Thank you, Professor.

5 Thank you, my Lady.

6 **LADY HALLETT:** Thank you very much indeed,  
7 Professor Harries. I wish I could say it's the last  
8 time we're going to call upon you, but I have a feeling  
9 that we'll be asking you to help us again. Thank you  
10 for your help.

11 **THE WITNESS:** Thank you.

12 **(The witness withdrew)**

13 **LADY HALLETT:** Right, I shall return at 11.40.

14 **(11.27 am)**

15 **(A short break)**

16 **(11.40 am)**

17 **MS CECIL:** May I call the Right Honourable Sajid Javid,  
18 please.

19 **MR SAJID JAVID (affirmed)**

20 **Questions from COUNSEL TO THE INQUIRY**

21 **LADY HALLETT:** Mr Javid, I hope we haven't kept you waiting  
22 for too long.

23 **THE WITNESS:** No, not at all.

24 **MS CECIL:** Thank you, Mr Javid, for assisting the Inquiry  
25 today. In relation to that, can I ask that you keep  
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1 your voice up. And, as you may know, a transcript is  
 2 being made of the hearing, and so it may be that I ask  
 3 you to slow down, but if you can try to approach that  
 4 with that in mind in terms of your tempo and speed.

5 **A.** Okay.

6 **Q.** If you're not clear about any of the questions that  
 7 I ask or need them to be repeated, please just let me  
 8 know and I will do so. And, again, we anticipate that  
 9 we will go to the lunchtime adjournment at approximately  
 10 1 o'clock in the initial instance.

11 **A.** Thank you.

12 **Q.** Mr Javid, you provided a witness statement to the  
 13 Inquiry. That's dated 18 October of this year. It runs  
 14 to some 46 pages, and it contains a declaration of  
 15 truth. Is that right?

16 **A.** That's correct.

17 **Q.** Thank you.

18 Now, if I can just turn briefly, if I may, to your  
 19 background. In terms of your current role, you're  
 20 currently a backbench MP, a Member of Parliament for  
 21 Bromsgrove?

22 **A.** That is correct.

23 **Q.** Thank you. You've been involved in politics for some  
 24 time, first being elected back in 2010?

25 **A.** That is correct.

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1 as the Secretary of State for Health and Social Care in  
 2 June 2021.

3 **A.** Yes.

4 **Q.** But just to give a little bit of background to that,  
 5 you've occupied a number of Cabinet roles within  
 6 government?

7 **A.** That's correct.

8 **Q.** First dating from 2014 --

9 **A.** Yes.

10 **Q.** -- is that right? That's when you were  
 11 Secretary of State for Culture, Media and Sport and  
 12 Minister for Equalities.

13 **A.** Yes.

14 **Q.** And it continued through various appointments:  
 15 Secretary of State for Business, Innovation and Skills;  
 16 Secretary of State for Housing, Communities and Local  
 17 Government; Home Secretary; and then, as we've heard --  
 18 and then that's when you moved into your position as  
 19 Chancellor?

20 **A.** That's correct.

21 **Q.** So is it fair to say that you've had significant  
 22 involvement in Cabinet --

23 **A.** That would be fair --

24 **Q.** -- the workings of Cabinet?

25 **A.** Yes.

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1 And if it's possible, may I just say a few words at  
 2 the start before we get into the questions, just for  
 3 a few seconds, if that's okay, my Lady.

4 May I just say that, first of all, I thank you for  
 5 the opportunity for appearing in front of the Inquiry,  
 6 I fully support the work of the Inquiry. The impact of  
 7 the pandemic was, of course, unprecedented in our  
 8 country and across the world. Sadly, many people lost  
 9 their lives and there are many of their loved ones that  
 10 are still grieving. I know some of them are here today  
 11 as well.

12 I will perhaps probably never fully understand the  
 13 scale of their grief, but I sincerely hope that this  
 14 Inquiry gets to the bottom of what happened in our  
 15 country at the time and that, as a country, we learn  
 16 lessons from it so that, if there is another time, we  
 17 are just so much better prepared. Thank you.

18 **LADY HALLETT:** Thank you, Mr Javid.

19 **MS CECIL:** Mr Javid, indeed, we are concerned today with the  
 20 role that you played, firstly, as Chancellor --

21 **A.** Yeah.

22 **Q.** -- during the pandemic. That was at the very outset of  
 23 the pandemic until 13 February of 2020?

24 **A.** Yeah.

25 **Q.** And then subsequently when you came back into government

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1 **Q.** And indeed, even before you became a Cabinet Minister,  
 2 you were very closely working alongside other Cabinet  
 3 ministers occupying great offices of state?

4 **A.** Yes, I had some junior ministerial positions.

5 **Q.** Indeed.

6 Just dealing to Cabinet and crises, you were in  
 7 Cabinet under different prime ministers, in fact,  
 8 including David Cameron and Theresa May?

9 **A.** Yes.

10 **Q.** And indeed a number of crises, including Grenfell and  
 11 the Salisbury poisonings?

12 **A.** Yes.

13 **Q.** In terms of those periods of decision-making, as opposed  
 14 to when you were subsequently Secretary of State and,  
 15 during the pandemic, for health and social care, you  
 16 explain that that latter period was the most intense of  
 17 decision-making in your career?

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

19 **Q.** And why do you say that, if I can just ask you to draw  
 20 upon your previous experience?

21 **A.** Well, it's not to take away from the importance and  
 22 intensity of other crises or very difficult situations  
 23 I had to deal with as a minister but I felt when I came  
 24 in as Health Secretary although we had -- the first year  
 25 the pandemic had elapsed, we were still -- you know,

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1 there were still a lot of restrictions in place, there  
 2 was still a huge amount of concern over the pandemic,  
 3 no one could be truly certain of the next course it  
 4 might take and there was of course a huge pressure on my  
 5 department, the Department of Health and Social Care,  
 6 not just vis-à-vis the pandemic but also with respect to  
 7 all the other aspects of healthcare, the NHS of course,  
 8 but also social care.

9 **Q.** You were fairly fortunate in the sense that you had, as  
 10 I say, experienced crises before in Cabinet roles. You  
 11 had been a minister by then for some nearly ten years or  
 12 so, a decade. During that time, had you undertaken  
 13 yourself any training in crisis management?

14 **A.** The -- well, first of all, in my experience in  
 15 government there's not really any training at all for  
 16 really any aspect of being a minister and you asked me  
 17 specifically about crisis training; so, in general,  
 18 there was no training. But the only time, the only  
 19 exception I would make to that comment, is that when  
 20 I was Home Secretary there was some training for  
 21 particular types of crises that the country might face,  
 22 which wouldn't be appropriate for me to go into what  
 23 those might be, but there was specific training around  
 24 that for an incoming Home Secretary.

25 **Q.** Indeed. I believe you note that there is also training

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1 I think, right after the general election, this Cabinet  
 2 was essentially the Cabinet that was put in place  
 3 I think, it would have been July 2019 by the new  
 4 Prime Minister, Boris Johnson. I think the -- obviously  
 5 there was no expectation or even any thought towards  
 6 a future crisis of these proportions and I think the  
 7 focus was on the commitment of the new Prime Minister to  
 8 deliver on the Brexit commitments and to safely -- to  
 9 take the UK out of the European Union.

10 There had been a lot of problems in Parliament in  
 11 the previous government before the change in  
 12 Prime Minister and I think the sort of one of the  
 13 primary considerations was to have a Cabinet put  
 14 together that would support the Prime Minister in that  
 15 process, and that was largely the same Cabinet that was  
 16 in place at the start of January 1 of 2020.

17 **Q.** Thank you. And, of course, when it comes to February,  
 18 later when --

19 **A.** Yeah.

20 **Q.** -- we'll deal with that in due course and when you  
 21 resign, there is also a reshuffle that takes place then,  
 22 with the new ministers being appointed.

23 Is it fair to say that you were one of the most  
 24 experienced ministers at that time in January and  
 25 February of 2020 within Cabinet?

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1 potentially in the Ministry of Defence, for example,  
 2 available to ministers but certainly not within the  
 3 Department of Health and Social Care?

4 **A.** Not within the Department of Health and Social Care.

5 **Q.** Thank you. If I can now turn to the Cabinet that was in  
 6 place at the outset of the pandemic, it's in your  
 7 witness statement at page 12, paragraph 37, please.

8 **A.** Yeah.

9 **Q.** What you say there about Cabinet, so we're talking about  
 10 January/February of 2020, as the UK enters the pandemic,  
 11 you consider:

12 "... the Cabinet that went into the pandemic had  
 13 less experience of being in government or holding  
 14 offices of state than many previous Cabinets. They were  
 15 not a team who were well versed in the affairs of  
 16 government outside the crisis, [you] can imagine that  
 17 may have ... caused difficulties during the pandemic."

18 If I can just touch there for a moment, when you say  
 19 they had less experience of government, how did you see  
 20 that playing out initially through that January/February  
 21 period and, more broadly, in terms of the time that you  
 22 were in Cabinet?

23 **A.** Well, the reason I've said this in my statement is  
 24 because I think it's fair to say when this Cabinet was  
 25 put in place, and although there was some minor changes,

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1 **A.** I think that would be fair, yes.

2 **Q.** Thank you.

3 What you also say in relation to those issues is  
 4 that the Prime Minister's Office was not as strong or  
 5 expert as it could or should have been. You describe  
 6 the team as being too small.

7 Again, so this is looking at the Prime Minister's  
 8 office, Number 10 --

9 **A.** Yes.

10 **Q.** -- why do you make that observation?

11 **A.** I would actually make that observation of any  
 12 Prime Minister's Office that I've -- any Prime Minister  
 13 that I've served. So as you alluded to earlier, I've  
 14 served two other prime ministers, and that is because  
 15 I found certainly from someone sort of especially when  
 16 I first came from a private secretary into government,  
 17 quite myself being quite surprised with how small a team  
 18 a Prime Minister typically has in terms of there's the  
 19 political advisers, which is typically, you know,  
 20 a small group of -- I mean, it differs for every  
 21 Prime Minister, it could be 10 to 20, maybe 25 or 30,  
 22 but it's a relatively small group, given the  
 23 responsibility of the Prime Minister, and the civil  
 24 service team is also relatively small compared to  
 25 individual departments, for example.

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1 And that -- you will undoubtedly then have an impact  
2 of the Prime Minister and his or her team to then be  
3 able to deliver on the commitments of the government of  
4 the day.

5 **Q.** Do you see that as one of the structural deficits within  
6 the set-up of Number 10?

7 **A.** I think it's an issue. Now, it has been said -- you  
8 know, other people have discussed that this similar  
9 situation might say that but then there's the  
10 Cabinet Office, and then, you know, there is a minister,  
11 typically the CDL, the Chancellor of the Duchy of  
12 Lancaster, will lead the Cabinet Office and the  
13 Cabinet Office is there to sort of help co-ordinate  
14 initiatives across government to support the  
15 Prime Minister with his or her priorities.

16 But then the Cabinet Office is also led by a member  
17 of the Cabinet and, whilst it is a very responsive to  
18 what a Prime Minister may want them to sort of focus and  
19 advise on, that head of the Cabinet Office will also  
20 have their own set of priorities. So it's not the same  
21 thing as being an extension of the Prime Minister's  
22 Office.

23 **Q.** There is a distinction to be drawn --

24 **A.** Yes.

25 **Q.** -- effectively between the two in the way that they work

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1 clear that in Mr Cummings the Prime Minister had picked  
2 someone that he had decided to, for whatever reason, to  
3 trust with a huge amount of responsibility and power,  
4 and many times I felt like that the key decisions, many  
5 of the key decisions, were being made by Mr Cummings and  
6 not the Prime Minister, in a way that I had not seen  
7 with any other Prime Minister certainly that I had  
8 worked with.

9 What was different for me in some respects is that  
10 because I was the Chancellor, and therefore obviously  
11 oversaw the Treasury in its operations, it meant that it  
12 was much harder to exclude the Treasury from any key  
13 decisions because, even if those decisions are not  
14 directly related to the Treasury's functions, any  
15 department, especially if it required resources, or even  
16 any kind of regulatory change, it would concern the  
17 Treasury and the Treasury, I think it's probably the  
18 only department other than the Prime Minister's Office,  
19 if we see that as a department, that has to sign off on  
20 virtually, you know, any sort of policy initiative or  
21 any policy change in government in what's called --  
22 there's a process that's often referred to as the  
23 "write-round process" and the Treasury would be the one  
24 department that, other than obviously the lead  
25 department, that would get quite involved in most

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1 and things, policies that they are developing?

2 **A.** Yeah.

3 **Q.** If I can turn now to looking specifically at the Cabinet  
4 and Number 10 initially --

5 **A.** Yeah.

6 **Q.** -- as it existed in January and February of 2020, the  
7 outset of the pandemic?

8 **A.** Yeah.

9 **Q.** If I can call up your paragraph 37 again, please, what  
10 we see here is that your view was that Cabinet at that  
11 time was designed to place Dominic Cummings and the  
12 Prime Minister as the decision-makers?

13 **A.** Yeah.

14 **Q.** The goal was to centralise power in Number 10, with  
15 a preference for loyalty over experience.

16 Now, you talk about the centralisation of power and  
17 decision-making. Was that something you that you were  
18 privy to at that point in time?

19 **A.** Yes, that's how I felt things were. They were very  
20 centralised.

21 **Q.** And did that result in other ministers, including  
22 Cabinet ministers, being excluded from decision-making?

23 **A.** I think sometimes it would have, and obviously a lot  
24 of -- I wouldn't have been privy to, you know, all those  
25 occasions. But the reason I say that is because it was

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1 decisions.

2 So my point being that it was hard to exclude the  
3 Treasury. And then what that meant in the context of  
4 your question, Ms Cecil, was that if there were  
5 situations where, particularly if Mr Cummings wanted  
6 something to happen or had a particular view on a policy  
7 or an initiative, you know, I would know about it, my  
8 team would know about it, and if I had an issue with  
9 that or wanted to question it or had a different  
10 opinion, it was hard to exclude, but also many times  
11 I could block it and stop it from happening or at least  
12 delay it until I see the Prime Minister which was not  
13 always possible by other Cabinet ministers.

14 **Q.** Indeed, we will see references to being power struggles  
15 between Number 10 and Number 11, the Treasury, during  
16 the pandemic in due course -- not in relation to your  
17 time but later in the period.

18 But in terms of your role as Chancellor, effectively  
19 you had oversight across government --

20 **A.** That's right.

21 **Q.** -- for each government department, but also,  
22 significantly, Number 10 --

23 **A.** Yes.

24 **Q.** -- and any policies or processes emanating from there  
25 that required financial resource or input or indeed

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1 regulatory --

2 **A.** Yes.

3 **Q.** -- consideration.

4 We've heard some evidence in relation to Gavin

5 Williamson and his -- he says that he was excluded from

6 decision-making. Is that something that you would have

7 expected, bearing in mind how you've described the

8 centralisation of power?

9 **A.** I wouldn't know the details of any particular sort of

10 occasion that he might be referring to, but it is

11 something, as a sort of part of a decision, the

12 decision-making process at the time that I would

13 recognise, yes.

14 **Q.** In terms of decision-making, if I can just call up

15 paragraph 49, please, page 16 of your statement. And

16 you've touched upon this already in dealing with who was

17 making those decisions --

18 **A.** Yeah.

19 **Q.** -- in terms of how you viewed it at the time.

20 Approximately a third of the way through, it refers to

21 Mr Cummings, who was in post at that time. You say:

22 "I would say that during my time as Chancellor,

23 I considered that he sought to act as the Prime Minister

24 in all but name, and he tried to make all key decisions

25 within Number 10 -- not the Prime Minister."

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1 "Look, I heard that you wanted this" or "You wanted

2 that", and he would sometimes just not even know that

3 that request had come in his name.

4 And this could be, for example, to do -- I was

5 working in early from January to the February -- in

6 those two particular months I was working on the budget

7 which was to come very soon in the New Year and,

8 obviously, a budget is an opportunity to make a

9 significant number of policy changes for the government,

10 and I was getting a lot of requests relating to the

11 budget which, on probing, were coming directly from

12 Mr Cummings and not the Prime Minister and it's not

13 something I would have expected.

14 Just to add a little bit more to that, if I may,

15 although that was the first time I'd served as

16 Chancellor, I had been in the Treasury as both economic

17 secretary and the financial secretary under George

18 Osborne when he was Chancellor, so I had a bit of

19 a sense about how I would have expected the things to

20 work and this was very unusual.

21 **Q.** An unusual structure --

22 **A.** Yeah.

23 **Q.** -- structurally in terms of decision-making and

24 communications?

25 **A.** Yes.

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1 Now, why do you say that?

2 **A.** Because that's how things seemed to be working at the

3 time. So, for example, my private office, that's my

4 group of civil servants that are directly serving me as

5 Chancellor on a daily basis, you know, quite often it's

6 not unusual, first of all, to get a request from the

7 Prime Minister's Office, Number 10 -- it's not unusual

8 of course -- but a lot of those requests, once probed,

9 weren't actually coming from the Prime Minister. They

10 might be anything from a request for information,

11 a request for detail, but also a policy change or a

12 policy preference.

13 They, on probing further, would be coming from

14 Mr Cummings and if it was one or two times, just a few

15 times, then I wouldn't have thought anything sort of

16 unusual of that but it was constantly it seemed so many

17 requests of that nature were coming from Mr Cummings,

18 and on many occasions when I would then eventually meet

19 the Prime Minister to talk with him and it's worth

20 just -- this is relevant to one of your previous

21 questions, because I was Chancellor, because I was

22 literally living in the same building as the Prime

23 Minister, I would not just see him on formal occasions

24 but also informally as well, it might be at the weekend,

25 in the Number 10 garden or somewhere, when I can say,

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1 **Q.** This paragraph also, and I'm got to go into it in any

2 detail, deals with your resignation. The facts are

3 already in the public domain --

4 **A.** Yes.

5 **Q.** -- and you've spoken on a number of occasions about

6 that.

7 **A.** Yes.

8 **Q.** But in terms of the evidence that this Inquiry has heard

9 in relation to the dysfunctional nature, all sorts of

10 different words have been used, as I'm sure you're

11 aware, toxic, dysfunctional, those types of things,

12 feral. With regard to that, were you aware of that at

13 the time in January and February, that that culture was

14 existing within Number 10 or was that something that you

15 were not sighted on?

16 **A.** Yes, broadly. I think it was a widespread feeling

17 amongst a lot of the political advisers working in

18 Number 10, many ministers, that the Number 10 operation

19 collectively was quite dysfunctional. I think many

20 ministers had noticed. We've just referred to a moment

21 ago about who really seemed to be making a lot of the

22 decisions. And, you know, you referred to my

23 resignation and, as you say, you know, I've talked about

24 that publicly, in Parliament and elsewhere, and unless

25 you want to probe it further I won't go into it. But

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1 one thing I will is if I think back to my resignation  
2 day as Chancellor on 13 February 2020, that on that day  
3 the Prime Minister had -- this is just to demonstrate  
4 how widespread the feeling around Mr Cummings was within  
5 Number 10 at the time -- on that day when the  
6 Prime Minister said he wanted to keep me as Chancellor  
7 but wanted me to replace all my advisers, which  
8 I refused to do, he asked me to take some time out.

9 He said "Look, just take 10, 15 minutes, you know,  
10 you go into a separate room, I'll go to my study and  
11 let's just -- you know, you go and think about this and  
12 let's talk again. I don't want you to resign", when  
13 I went into that room, I thought I'd sort of be on my  
14 own for 10/15 minutes and just think about it --  
15 obviously it was a big decision to resign as  
16 Chancellor -- but while I was in that room I remember  
17 distinctly, you know, first Helen MacNamara coming in  
18 and then Eddie Lister, who was -- Eddie Lister was one  
19 of the Prime Minister's senior advisers, and  
20 Ms MacNamara, I think you know who she is from previous  
21 evidence -- and they both came in to say the same thing,  
22 which was that the Prime Minister is only doing this  
23 because of Dominic Cummings, he's asked him to do this,  
24 and he, the Prime Minister, doesn't really know what  
25 he's doing in asking you to do this, and this is all

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1 **Q.** Yes. I was just going to ask, to what extent did you  
2 consider that to be related specifically to that  
3 Number 10 environment as opposed to other  
4 administrations that you'd served under? Was it  
5 different or was it very similar to how governments  
6 operate generally in Number 10?  
7 **A.** It was different in my experience, and obviously I can't  
8 speak to, you know, other governments. Certainly in my  
9 experience, I think the extent of dysfunctionality was  
10 something I had not experienced before in any  
11 government.  
12 **Q.** Now if I may turn just to the machinery of government in  
13 relation to cross-departmental working, cross-government  
14 working --  
15 **A.** Yes.  
16 **LADY HALLETT:** I'm sorry to interrupt again, Ms Cecil.  
17 **MS CECIL:** Not at all.  
18 **LADY HALLETT:** SPADs obviously -- sorry, special advisers --  
19 obviously have a very important role and I have been  
20 told that they are technically civil servants but don't,  
21 in reality, answer to the permanent secretary, they  
22 answer to their minister.  
23 **A.** That's correct.  
24 **LADY HALLETT:** You've obviously had them. Is there anything  
25 in the set-up or the structure of the role of special

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1 Dominic Cummings, "Don't fall for it, Sajid", was their  
2 message, that Dominic Cummings will be gone within  
3 a few weeks, there's no way he can survive the way he's  
4 going on. They both essentially -- you know, I'm  
5 summarising --

6 **Q.** Encouraged you to stay?

7 **A.** Yeah, encouraged me to stay because they knew that the  
8 problem in Number 10, as they saw it, was Dominic  
9 Cummings, and that their view was that he can't -- he,  
10 Dominic Cummings, can't survive in Number 10, in --  
11 carry on the way he is and he will be gone very soon --

12 **Q.** If I can just interrupt you there just to bring you back  
13 really to the structural issues that faced us at the  
14 time, to what extent was that dysfunctionality, as you  
15 see it, within the Cabinet Office related to that  
16 centralisation of power or was it something that you'd  
17 also seen previously under other Cabinets?

18 **LADY HALLETT:** I think Mr Javid said the dysfunctionality  
19 that he saw was in Number 10. I don't think --

20 **MS CECIL:** I'm terribly sorry, not Cabinet, in Number 10.  
21 My apologies, my Lady, you are entirely correct.

22 **A.** That's right.

23 **Q.** In Number 10.

24 **A.** To what extent -- was your question -- sorry, could you  
25 repeat, please?

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1 advisers that you think might improve the position? You  
2 felt that one special adviser had gained too much  
3 prominence and too much decision-making power and  
4 responsibility. Is there anything you can think of in  
5 the structural arrangements that might help alleviate  
6 that situation without impinging on the discretion of  
7 a prime minister to appoint the special advisers he  
8 wants?

9 **A.** I think, my Lady, it's hard to think of something that  
10 would make a difference that wouldn't impinge on the  
11 discretion of the Prime Minister or the minister.  
12 Technically, I believe that all special advisers are  
13 appointed by the Prime Minister of the day. The  
14 Prime Minister can appoint them and also, you know,  
15 dismiss them. But normally the relevant minister would  
16 have a say in who they would like to be their special  
17 adviser or not. But because the special adviser, the  
18 only members of the minister's team that can be  
19 political, and there I think a minister does need people  
20 that are able to be political. I think it becomes then  
21 very hard if there was, for example -- I mean, I have  
22 heard people talking about maybe there should be some  
23 kind of vetting process or panel for interviews and  
24 things like you would have with civil servants, but  
25 I don't see how that could work with special advisers.

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1 I think a lot at the end of the day just comes down to  
 2 the choices that a prime minister and minister makes --  
 3 **LADY HALLETT:** The personalities?  
 4 **A.** The personalities, yes.  
 5 **LADY HALLETT:** Someone did suggest making special advisers  
 6 accountable in the line of responsibility to the  
 7 permanent secretary.  
 8 **A.** I haven't thought about that too much but my initial  
 9 reaction would be that it would probably make the  
 10 political side of their work harder, given  
 11 a permanent secretary cannot be or should not be  
 12 political in any way.  
 13 **LADY HALLETT:** Thank you. Sorry to interrupt, Ms Cecil.  
 14 **MS CECIL:** No, not at all.  
 15 Perhaps just rounding that off, what about  
 16 merit-based, open recruitment based on competencies for  
 17 those special advisers? Is that something you could see  
 18 working?  
 19 **A.** Again, Ms Cecil, I'm not sure how that would work in  
 20 that -- I mean, there is -- first of all, I think in the  
 21 process, if it's done properly, clearly there is a merit  
 22 part to it in that I think most ministers would clearly  
 23 want to pick people to be their special advisers that  
 24 they believe are up to their job and can carry out the  
 25 role.

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1 Wouldn't it also potentially add something in terms of  
 2 that potential opening up in terms of diversity?  
 3 **A.** I think that if there was more diversity in government  
 4 and whether that's ministers, special advisers, civil  
 5 servants, it's a good thing, you know -- clearly  
 6 diversity in a broad sense.  
 7 But I don't -- first of all, I think diversity, in  
 8 terms of going into this crisis, was no different, in my  
 9 opinion, or lack of diversity, with any sort of previous  
 10 government either one that I've been in or others that  
 11 I've known about, and it's probably no different to many  
 12 other very senior professions. As I understand it,  
 13 I think, amongst barristers, I think about 80 per cent  
 14 come from Oxbridge, so I think it's probably not too  
 15 different in many other professions.  
 16 **LADY HALLETT:** I think you'll find the figures are rather  
 17 different today.  
 18 **A.** Are they?  
 19 **LADY HALLETT:** I hope so. I did quite a lot of work.  
 20 **A.** I hope so too, but it's probably disproportionate,  
 21 my Lady.  
 22 **LADY HALLETT:** That may well be the case.  
 23 **MS CECIL:** And it's really just exploring with you whether  
 24 opening it up in that way would allow for that  
 25 progression and that change effectively -- operate

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1 But it is -- if what you're getting at is that it is  
 2 not a process where there is, as I say, a panel or some  
 3 kind of objective process that's gone through, then  
 4 introducing that into the process would take something  
 5 away as well, which does have value at times and that is  
 6 the ability for ministers to consider things from  
 7 a political perspective which, at the end of the day,  
 8 all ministers are also politicians and they would need  
 9 to have advice on that.

10 So, for example, when a minister -- if I give you  
 11 one quick example, in all my ministerial roles  
 12 I appeared in front of media, you know, at least once  
 13 a week. Sometimes when I was Health Secretary I'd would  
 14 be doing five or six days a week. And obviously the  
 15 media can ask you any question you want and some of  
 16 those are deliberately political and you need to be well  
 17 prepared for that and only special advisers can prepare  
 18 you for that.

19 **Q.** Well, those are still competences, aren't they, and  
 20 really what I'm asking about is some sort of open,  
 21 transparent, fair recruitment process. You say that may  
 22 take things away but one of the criticisms that has been  
 23 raised in evidence during this Inquiry is the lack of  
 24 diversity in terms of both politicians and those in  
 25 Cabinet, but also those advising and surrounding them.

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1 systemic change because, obviously, there are structural  
 2 issues, as you say, when you have that level of  
 3 disproportionality?

4 **A.** I think if there was more diversity in government  
 5 decision-making, and again beyond just ministers --  
 6 ministers are important, of course, in this -- I think  
 7 that's a good thing. An example of that I may give if  
 8 it's relevant go, if it's okay, I think relevant to this  
 9 Inquiry is that when I was Health Secretary one of the  
 10 things that I think I -- was very important to me and  
 11 I took very seriously was the, you know, health  
 12 disparities, including racial disparities and one of the  
 13 reasons I took sort of racial disparities and health  
 14 outcomes, I guess more seriously than perhaps some of my  
 15 predecessors, was because of my own experiences.

16 And so I think, you know, there are some clear cases  
 17 where, you know, having more diversity can only be  
 18 a benefit.

19 **Q.** Indeed, and presumably would assist in decision-making?

20 **A.** Yes.

21 **Q.** If I can move then now to deal with your time as  
 22 Secretary of State, as I say, and look at some of those  
 23 decision-making and structural arrangements that were in  
 24 place then.

25 You came back into, as I say, a ministerial role in

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1 June 2021; so a latter part of the pandemic?  
 2 **A.** Yes.  
 3 **Q.** And by that point, a number of decision-making fora had  
 4 been operating for quite some time. So you had the  
 5 8.30 am meetings, Covid-O and Covid-S; is that right?  
 6 **A.** That's correct.  
 7 **Q.** So at the point when you came back in, there was  
 8 a rhythm in terms of decision-making and those meetings?  
 9 **A.** Yes.  
 10 **Q.** Now, just dealing if I may with the 8.30 am  
 11 decision-making meetings, that's the primary meeting as  
 12 far as you are concerned which involved decision-making;  
 13 is that right?  
 14 **A.** It was the, probably the most important meeting of the  
 15 day, and as it suggests every morning at 8.30 and  
 16 certainly when I first became Health Secretary in  
 17 June 2021 those were daily meetings, including most  
 18 weekends.  
 19 **Q.** And just to deal with those individuals that were in the  
 20 room at that point, that's the Prime Minister, other  
 21 relevant ministers as and when needed, heads of the NHS,  
 22 and the Chief Medical Officer, Chief Scientific Adviser,  
 23 so a broad range of people?  
 24 **A.** Yes, yes, and a number of the Prime Minister's advisers.  
 25 **Q.** Indeed.

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1 Health may have a view that, on travel restrictions, we  
 2 had on testing, or certain countries -- for example,  
 3 there was a colour-coding of countries at the time --  
 4 then that would be a view of the health department, but  
 5 it would require a government decision, but in coming to  
 6 that decision the view of the department transport would  
 7 be very strong as well and strongly taken into  
 8 account --  
 9 **Q.** Ans would that decision be made with you initially and  
 10 then changed subsequently?  
 11 **A.** No, I wouldn't go as far as saying the decision would be  
 12 made with me. It would be the -- I would have a view on  
 13 that, and come -- rather than a decision, I would  
 14 describe it as a view or recommendation for the  
 15 government, have a clear view, and that would be based  
 16 on the advice that I was getting, the judgement call  
 17 that I was making, and I would feed that view in  
 18 probably formally through the Cabinet Office, there may  
 19 be some informal discussions or actually at the 8.30  
 20 meeting, or maybe at the end of the 8.30 meeting with  
 21 one or two of the people that were around the room.  
 22 And then there would be typically a formal meeting  
 23 on that decision and that would be either a Covid-O or  
 24 Covid-S, depending on the type of decision, and that  
 25 would be led always by the Cabinet Office, and there

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1 **A.** Yep.  
 2 **Q.** Just dealing with decision-making from the centre, can  
 3 I just take you, please, to paragraph 43 of your witness  
 4 statement at page 14.  
 5 **A.** Yeah.  
 6 **Q.** What you do say in relation to that is that a lot of the  
 7 decisions made from the centre were made at the last  
 8 minute because of lots of back and forth between the  
 9 departments. So the consequences of that are really  
 10 what I'm interested in.  
 11 **A.** Yeah.  
 12 **Q.** And what we see there is that that resulted in decisions  
 13 being made shortly before they needed to be implemented  
 14 which caused confusion and problems with effective  
 15 communication to the public and to others.  
 16 Can you give us an example of that please?  
 17 **A.** Yes. So of course, my department, the Department of  
 18 Health and Social Care, was overall responsible for  
 19 health like many things with health, but especially  
 20 during the pandemic, a number of the decisions that were  
 21 being made, and I think in this paragraph I've used an  
 22 example of travel restrictions, that other departments  
 23 would have a huge involvement and in some cases they  
 24 would be the lead on any potential travel restrictions.  
 25 And so an example would be when the Department of

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1 would be ministers representing the relevant departments  
 2 round the table or if it's held virtually in that way,  
 3 and then a decision would be made based on the  
 4 discussion and also the paper that was provided for that  
 5 meeting.  
 6 **Q.** Thank you.  
 7 **A.** And the paper would be provided by the Cabinet Office.  
 8 **Q.** Thank you.  
 9 If I can now take you to Covid-O and Covid-S, you  
 10 were not an attendee at Covid-O but you did attend  
 11 Covid-S?  
 12 **A.** That's correct.  
 13 **Q.** And you set out within your witness statement -- I'm not  
 14 going to take you through them, a number of different  
 15 decisions and strands of work that you were involved  
 16 in --  
 17 **A.** Yeah.  
 18 **Q.** -- within Covid-S. A large number of them relate to  
 19 vaccines and indeed a large part of your mandate at that  
 20 time related to vaccines. You are aware that that will  
 21 be the subject of a later module and so we are not going  
 22 to deal with that today.  
 23 **A.** Yes.  
 24 **Q.** But dealing with Covid-S, and we've heard a little bit  
 25 about that already and the Covid Taskforce that was in

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1 place by this stage.  
 2 I just want to deal with some of the challenges that  
 3 were faced within that environment and one of the ones  
 4 that you raise in your statement is the late delivery of  
 5 papers for meetings, agendas and supporting papers and  
 6 submissions documentation.  
 7 You provide three reasons for that, the first of  
 8 which is that it's time-sensitive, and so unfortunately  
 9 couldn't be avoided?  
 10 **A.** Yeah.  
 11 **Q.** An issue arose, had to be dealt with.  
 12 **A.** Yeah.  
 13 **Q.** The second of those is leaks. You raise that as  
 14 a significant issue.  
 15 **A.** Yes.  
 16 **Q.** Now, you've sat on a number of other committees,  
 17 decision-making fora, including the National Security  
 18 Council. Has that ever been a problem previously in  
 19 those situations?  
 20 **A.** Not in the National Security Council apart from one  
 21 well known instance, but other than that I think of all  
 22 the -- certainly of all the Cabinet committees that  
 23 I was a member of, the National Security Council was the  
 24 one again. Notwithstanding the one exception, that  
 25 never leaked. And I think that would be for, you know,

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1 amber list, and so forth, or whether we should have, you  
 2 know, PCR tests for people coming into the country or  
 3 LFT tests and a discussion of that nature. And with  
 4 those in particular I felt that there had been some sort  
 5 of small group meeting excluding my department, you  
 6 know, in advance and there had been some decision led by  
 7 the centre on what the outcome should be, and that's  
 8 what the Cabinet Office would charge with making sure  
 9 the outcome was.  
 10 And because it's a collective decision of the  
 11 committee that's often the way that it went, because  
 12 I might have a different view, and many of these  
 13 meetings Jenny Harries might be presenting the health  
 14 case or the CMO or other health experts, but I felt  
 15 sometimes the decision was pre-determined.  
 16 **LADY HALLETT:** Was there anything unusual in that, Mr Javid?  
 17 I've chaired a number of committees and I'm often given  
 18 pre-meeting briefings, and I often used to say, "So what  
 19 is the advice you're giving me that you think this  
 20 committee, what decision do you think the committee  
 21 should reach?" So there's nothing unusual in there  
 22 being a pre-meeting meeting.  
 23 **A.** That there's nothing unusual about that at all. I think  
 24 it depends on, you know, what one believes should be the  
 25 objectives of that meeting. So the pandemic, the issues

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1 given the nature of the subject, the sensitivity,  
 2 I think most people understand that, and clearly that  
 3 was a good outcome that it didn't leak.  
 4 Otherwise within government, if your question is:  
 5 had I seen, you know, leaks of, you know, so many --  
 6 **Q.** Had you experienced the same level of leaks before at  
 7 any other point in your career?  
 8 **A.** Yes, during the Brexit negotiations and discussions in,  
 9 when I was, especially when I was Home Secretary.  
 10 **Q.** Thank you.  
 11 Then if I can deal with your third, the third  
 12 reason, you explain -- indeed, it's within paragraph 45,  
 13 and it's here and pulled up on the screen --  
 14 **A.** Yeah.  
 15 **Q.** -- in relation to that -- that sometimes infrequently  
 16 papers were only circulated shortly before the meeting  
 17 in order to ensure that a particular option was chosen  
 18 and/or to prevent other options being put forward --  
 19 **A.** Yeah.  
 20 **Q.** -- effectively as a fait accompli.  
 21 Just dealing with that, can you give a brief example  
 22 of when that arose in relation to the Covid response?  
 23 **A.** Yes. Again, I would probably draw on the example of  
 24 travel restrictions. We had many meetings on which  
 25 countries, for example, should be on the red list, the

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1 were very fast-moving, very fast developing, and there  
 2 may well be very relevant information that my department  
 3 might have or indeed some other department that is very  
 4 relevant to that discussion that hasn't been taken into  
 5 account because the pre-meeting just doesn't have that  
 6 information or perhaps they've not --  
 7 **LADY HALLETT:** Sorry, that's not my point. Forgive me,  
 8 I didn't make myself clear. I mean, when I was in this  
 9 position and I'd have a pre-meeting briefing and I'd  
 10 say, okay, so the advice that you think the decision  
 11 I ought to take is X or the board out to take is X. And  
 12 then I would go into the meeting and see what people  
 13 said, but I relied on the strong members of the board to  
 14 come up with the kind of information you had, even if I  
 15 have been told what the preferred option was.  
 16 **A.** That's right. So in the examples that we're discussing  
 17 here, in these meetings there were Covid-S meetings,  
 18 I would typically be at that meeting. I would make the  
 19 case, you know, strongly on behalf of, you know, what  
 20 I believe is right, what my department believes based on  
 21 all the evidence is right, but sometimes I felt that no  
 22 matter how strongly I made that case it just wasn't  
 23 going to -- the decision had just already been made and  
 24 it wasn't fully going to be taken into account no matter  
 25 how strongly I made that case.

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1 **MS CECIL:** Thank you.  
 2 Moving then, if I may, to other meetings and other  
 3 relationships, you explain that you had a relationship  
 4 with your counterpart in opposition?  
 5 **A.** Yes.  
 6 **Q.** How would you describe that relationship? Did it work  
 7 well?  
 8 **A.** Very good and constructive. There were two counterparts  
 9 I had during my time as Health Secretary and with both  
 10 I would describe them as good and constructive.  
 11 **Q.** In dealing with the relationships between your team and  
 12 you and your department and the devolved  
 13 administrations --  
 14 **A.** Yeah.  
 15 **Q.** -- with specific respect to the Covid-19 response, you  
 16 explain that you had weekly meetings. Was that  
 17 something that you instituted?  
 18 **A.** It was something I instituted as in, in a sense, that  
 19 there were not weekly meetings planned when I arrived in  
 20 the department. There were meetings, and I'm not sure  
 21 how regular they were between the then Health Secretary  
 22 and his counterparts in the devolved administrations,  
 23 but I felt from day one that it's really important to  
 24 work together, to listen to each other, and not least  
 25 because obviously, you know, I care about the

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1 **Q.** Alongside those formal meetings there were also informal  
 2 communications. You had a WhatsApp group --  
 3 **A.** Yes.  
 4 **Q.** -- effectively between the various health ministers?  
 5 **A.** Yes, and I felt -- I did think there was an importance  
 6 to that because I wanted the health ministers in the  
 7 devolved administrations to know that they didn't just  
 8 have to wait for a sort of Thursday or Friday meeting  
 9 when I typically had them, that they could contact me  
 10 both formally through, you know, our respective offices  
 11 but also if they had a question, they wanted to reach  
 12 me, because things were so fast-moving, there were  
 13 developments all the time, that they could contact me  
 14 whenever they felt it was appropriate any time of the  
 15 day, 24/7, I didn't mind.  
 16 **Q.** Now, you will have heard various things being said about  
 17 the use of WhatsApp during the pandemic. Did you find  
 18 that to be a useful tool or were there any  
 19 disadvantages?  
 20 **A.** I found it to be a useful tool. I mean, for the  
 21 purposes of that type of communication, yes, obviously  
 22 there will be other things that, you know, that would be  
 23 not useful, but in general I found it a useful tool.  
 24 **Q.** There was a point later in the pandemic in November when  
 25 the Welsh Government and the Scottish Government called

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1 United Kingdom but I also understood that England as an  
 2 administration was making a lot of the key decisions  
 3 that would affect other -- the devolved administrations,  
 4 such as on travel, we talked about, which is not  
 5 devolved, the vaccine decisions, and I thought it was  
 6 important to be working well together and where possible  
 7 to co-ordinate, especially on vaccines, because  
 8 I thought it was a huge issue of public confidence if we  
 9 all were seen to work together in tandem and say the  
 10 same thing.  
 11 **Q.** Indeed. Within your -- again, as I say, we're not going  
 12 to go into the issue of vaccines today, but within your  
 13 statement you give an example of an occasion where there  
 14 was potential divergence but worked together to ensure  
 15 that one single joint message went out?  
 16 **A.** Yes, and we had all, even before I became Health  
 17 Secretary, I think there was a general understanding to  
 18 accept the advice of the JCVI, the expert committee that  
 19 advise England and Wales on vaccines. So for the other  
 20 devolved administration, Scotland and Northern Ireland  
 21 voluntarily agreed to accept that but also to, when  
 22 decisions were made by the JCVI to make sure that all  
 23 the CMOs of the devolved administrations were aware of  
 24 that and that when it went public that we did it at the  
 25 same time.

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1 for a COBR and wrote a letter to the Prime Minister.  
 2 **A.** Yeah.  
 3 **Q.** You replied to that letter. There is no reference  
 4 within the letter to a COBR subsequently taking place,  
 5 but is it right that a COBR was convened as a  
 6 consequence of those requests?  
 7 **A.** I believe it was convened as a consequence of those  
 8 requests, that's correct.  
 9 Also, if I remember correctly, I think the  
 10 First Ministers did not write to me, they wrote to the  
 11 Prime Minister. I was asked to reply on behalf of the  
 12 Prime Minister, which is not unusual, a department  
 13 replying on behalf of the Prime Minister, and very soon  
 14 a decision was made by the centre, because it's always  
 15 a prime ministerial decision to hold a COBR, to go ahead  
 16 and have a COBR, which I believe, if I remember  
 17 correctly, I think Michael Gove, the CDL at the time,  
 18 chaired.  
 19 **Q.** He did indeed and we will move to that when we look at  
 20 some of the decision-making. It concerned Omicron.  
 21 **A.** Yeah.  
 22 **Q.** But in relation to that, was that the first COBR that  
 23 had been convened since you took up office in June of  
 24 2021?  
 25 **A.** Since I returned to government, I believe so.

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1 Q. Now, what I'd like to do now, Mr Javid, is turn to your  
2 role as Chancellor.  
3 A. Yeah.  
4 Q. And just have a look at how the situation developed in  
5 relation to Covid-19 through January and February from  
6 your perspective in the Treasury.  
7 A. Yes.  
8 Q. It's fair to say that your involvement was relatively  
9 limited because of your limited time within that  
10 position.  
11 A. That's right.  
12 Q. But with regard to the COBRs that we've already heard  
13 about in late January and early February, is it right  
14 that you did not attend any of those?  
15 A. That's right: I did not attend.  
16 Q. Can you recall if you were sent any notes of those at  
17 all?  
18 A. Notes ... I ... first of all, I didn't attend, but that  
19 doesn't mean to say the Treasury didn't attend.  
20 Q. The Treasury were represented?  
21 A. Yes. So if there was a COBR, I would expect there would  
22 always be a Treasury representation, and there may well  
23 also be a senior Treasury representation. And what  
24 I mean by that is that the Treasury is the only  
25 department that has two Cabinet ministers. So it could

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1 called -- well, all departments would be called by the  
2 Prime Minister but who is attending. Basically, who is  
3 chairing the COBR. And they would have known it's being  
4 chaired by the Secretary of State for Health, which  
5 would indicate that although because it's a COBR it's  
6 important because, you know, that's what COBRs are for,  
7 that if it was even more important the Prime Minister  
8 would have chaired it, or perhaps if there were some  
9 particular, you know, unusual reason where the Prime  
10 Minister could not chair it -- you know, for example,  
11 the fact that he's travelling on some foreign business  
12 and the COBR had suddenly called -- then there might  
13 well be a request for the Chancellor to attend. But  
14 there was no such request, as far as I'm aware, for the  
15 Chancellor to attend, and that would explain why, you  
16 know, other ministers in the Treasury would have  
17 attended.  
18 Q. Just dealing with that point in terms of when the  
19 Prime Minister chairs a COBR --  
20 A. Yeah.  
21 Q. -- that in and of itself is a signal, isn't it, across  
22 government?  
23 A. Yes.  
24 Q. And COBR is an effective lever in that respect --  
25 A. Yes.

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1 be the Chief Secretary attends, so it's still very  
2 senior representation of the Treasury.  
3 Also, it would be -- I can't think of a single  
4 instance, I think, where a Chancellor would attend  
5 a COBR that is not chaired by the Prime Minister. So  
6 I think those COBRs you are referring to were all  
7 chaired by the Health Secretary.  
8 Q. They were indeed and I'm going to move to that now in  
9 terms of why you did not attend.  
10 You refer to, effectively, a convention and an  
11 informal rule in relation to COBRs that the more senior  
12 the individual in the chair, the more likely it is that  
13 other ministers will attend.  
14 Now, at that time it was the Minister for Health and  
15 Social Care, and you at that point were the Chancellor.  
16 So you occupied one of the four great offices of state,  
17 so ranked effectively above him. Would that be the  
18 reason that you did not attend on that occasion?  
19 A. I don't ... I'm ... it's not the reason, as in if there  
20 was a -- if there was still a good reason to attend,  
21 I would have attended, but it's ... the COBR when it had  
22 been called, typically what would happen is my  
23 department would be told, my private office would be  
24 told, and we would normally, based on the  
25 private office, would give advice based on who's

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1 Q. -- going back to those cross-government issues that you  
2 were talking about earlier?  
3 A. That is correct.  
4 Q. Now, dealing with the COBR and Covid update, you were  
5 provided with a short briefing on coronavirus on  
6 24 January of 2020, and that's INQ000328748. We see  
7 that here.  
8 A. Yes.  
9 Q. It gives details of Professor Sir Chris Whitty's update  
10 at the COBR meeting, effectively nothing really new  
11 aside from that that was already being reported in the  
12 news at that stage.  
13 It just then goes on to discuss the triggers:  
14 "... it will be the responsibility of the CMO to  
15 assess whether those points have been met ... thought  
16 that the outbreak development will move fairly slowly,  
17 and it will take a few weeks before it is an issue  
18 here."  
19 As I say, this is 24 January.  
20 A. Yes.  
21 Q. Of course, things changed much more rapidly than that  
22 and the first cases were notified on the 31st, less than  
23 a week later?  
24 A. Yeah.  
25 Q. It talks then about the other triggers for reassessment.

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1 The next line down reads:  
 2 "The risk to the UK is low and is expected to remain  
 3 low."  
 4 **A.** Yes.  
 5 **Q.** What was your understanding of that? Did you understand  
 6 the risk being low to mean as at that day or did you  
 7 understand it in terms of the expected to remain low for  
 8 the immediate future, short-term or intermediate term?  
 9 **A.** I would have understood expected to remain low for the  
 10 sort of in the sort of next few weeks, next couple of  
 11 months it's expected to remain low.  
 12 **Q.** Indeed. Then the remainder of the update really deals  
 13 with the response in terms of ports and what was taking  
 14 place there, leafleting and so on?  
 15 **A.** Yeah.  
 16 **Q.** In respect to the Treasury's focus at that time in  
 17 relation to the potential pandemic, is it fair to say it  
 18 was very much focused on the Chinese economy and any  
 19 potential overspill in that regard in terms of global  
 20 economy in the UK?  
 21 **A.** Yes. I would phrase it slightly differently, if I may.  
 22 **Q.** Of course.  
 23 **A.** It was considered -- the Treasury was concerned about  
 24 the impact on the UK economy.  
 25 **Q.** Of course.

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1 economy it's more a view of the Treasury.  
 2 **Q.** The Treasury.  
 3 **A.** But the input into this in terms of the pandemic and the  
 4 pathway -- I guess it wasn't even necessarily referred  
 5 to as a pandemic then -- but this new virus, would have  
 6 come from the health department notwithstanding the  
 7 Treasury itself does have scientific advisers as well.  
 8 **Q.** You then sent a subsequent letter to the Prime Minister  
 9 regarding the economic impacts of Covid-19.  
 10 **A.** Yeah.  
 11 **Q.** That again was sent in February of 2020?  
 12 **A.** Yeah.  
 13 **Q.** Setting out how effectively Her Majesty's Treasury, as  
 14 it was then, saw the key risk to the UK economy. At  
 15 that stage we see here on the first page it's a risk to  
 16 global economy. If we can go to page 3, please, it sets  
 17 out the potential risks to the UK economy.  
 18 **A.** Yes.  
 19 **Q.** Effectively, if the impact -- it deals firstly with:  
 20 "... the economic impact would be largely from  
 21 a slowdown in China and could be in the range of 0.1-0.2  
 22 [percentage points]. However, the impact of an outbreak  
 23 of Covid-19 on the UK economy is highly uncertain ..."  
 24 It then goes on to explain it's really -- as you can  
 25 see here, it predominantly focuses on supply chains and

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1 **A.** You know, primarily the UK economy, because of what was  
 2 happening in China, given the fact that China was the  
 3 second largest economy in the world, and also as an open  
 4 trading nation the UK would clearly be impacted by that.  
 5 **Q.** Indeed. If I can just bring that up for one moment,  
 6 it's INQ000328752. This is a submission that you  
 7 received on 5 January. It's a briefing about the impact  
 8 of Covid.  
 9 **A.** Yeah.  
 10 **Q.** As you identify, it predominantly focuses on the Chinese  
 11 economy but in terms of its potential impact on the UK  
 12 in that respect.  
 13 Bit is it reflective of how the threat was being  
 14 viewed by government at that point, that any impact  
 15 would be relatively limited and very much viewed through  
 16 the impacts or trickle-down consequences of the impact  
 17 on the Chinese economy?  
 18 **A.** Yes. So this is 4 February 2020 and, as you can see,  
 19 this is a note to me from the Treasury team. And, as  
 20 we've just referred, to I think it sort of is very much  
 21 focused on the economic impact on the UK from a sort of  
 22 China slowdown, perhaps international travel  
 23 restrictions.  
 24 Your question, is this a fair reflection of the view  
 25 of government, I think because it's focused on the

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1 employment --  
 2 **A.** Yes.  
 3 **Q.** -- and timing work. Those are the areas on which it  
 4 focuses. It then continues to set out the initial  
 5 Treasury analysis and it bases it on a:  
 6 "... reasonable worst-case scenario of a UK pandemic  
 7 flu outbreak [it explains] 50% of the UK workforce are  
 8 infected ... 2.5% mortality rate and a duration of  
 9 four months ... "  
 10 So, as I say, this is based --  
 11 **A.** Yeah.  
 12 **Q.** -- so this is based very much on the UK pandemic in  
 13 terms of a flu pandemic?  
 14 **A.** That's right.  
 15 **Q.** It's starkly different to what was eventually to  
 16 eventuate?  
 17 **A.** Yes.  
 18 **Q.** Sorry ... with references to gross outputs and GDP,  
 19 falling of 1.5 to 2% and of course as we know it was  
 20 much more significant than that?  
 21 **A.** Yes.  
 22 **Q.** And the pandemic lasting significantly longer than  
 23 four months. Did you receive a response to this letter?  
 24 **A.** I don't recall a response to this letter.  
 25 **Q.** In terms of the Treasury, at this point, and until your

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1 resignation --

2 **A.** Yes.

3 **Q.** -- is it right that you did not receive any advice about

4 the impact of NPIs or a pandemic upon the UK economy in

5 that respect -- no modelling, no advice?

6 **A.** Well, as you, Ms Cecil, you just referred to in this

7 note, and this is on -- I think this note would have

8 been on the back of the advice which was on the piece of

9 evidence you showed just before this, I think this is

10 a repetition of those numbers that were in that note

11 that was given to you by the Treasury, I think the

12 assumption the Treasury made at the time was on

13 a pandemic but based on flu.

14 So in terms of your question regarding NPIs, I don't

15 recall at this time, which was -- would have been early

16 February --

17 **Q.** Indeed.

18 **A.** -- as I had left by the 13th, receiving or indeed asking

19 for, to be fair, any kind of advice on, you know, NPIs,

20 non-pharmaceutical interventions.

21 **Q.** And indeed you do make that clear in your witness

22 statement -- it's at paragraph 18 and 26 -- that you

23 didn't see any modelling in respect of NPIs?

24 **A.** Yeah.

25 **Q.** Any economic plans in respect of the response or any

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1 because there's, you know, my private -- one of the jobs

2 of my private office was to try and keep me informed of

3 what they thought was necessary.

4 **Q.** Moving to another issue during this period, and that's

5 one of border controls, that was a particular concern of

6 yours --

7 **A.** Yes.

8 **Q.** -- and continued to be a concern of yours throughout the

9 pandemic, including later when you returned as Secretary

10 of State for Health and Social Care?

11 **A.** Yes.

12 **Q.** With respect to that, you had had a number of

13 conversations starting from 31 January with the

14 Secretary of State for Health and Social Care and the

15 Foreign Secretary -- so Matthew Hancock, Dominic Raab --

16 about your concerns; is that right?

17 **A.** Yes.

18 **Q.** You were told at that point that it was not an effective

19 barrier, in short, unless other countries were doing the

20 same?

21 **A.** Yeah. If I may, just to expand on that a little bit.

22 **Q.** Of course.

23 **A.** What had happened was that -- you can see from the

24 evidence that you've shown, the kind of advice I was

25 getting from the Treasury which, you know, by necessity

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1 discussion about vulnerable or at-risk groups or

2 financial packages during your time as Chancellor?

3 **A.** No.

4 **LADY HALLETT:** Going back to you didn't recall a response to

5 this letter. Have I got it wrong, Mr Javid? It looks

6 to me like a briefing by the Chancellor of the Exchequer

7 to the Prime Minister.

8 **A.** Yes.

9 **LADY HALLETT:** And you weren't expecting a response, you

10 were providing information.

11 **A.** Yes. This would be possibly an unsolicited sort of note

12 from me to the Prime Minister. I think that's the most

13 likely -- I don't think the Prime Minister had asked me

14 for this. It was me, you know, setting it out to him.

15 But I would -- you're right, my Lady, I would not

16 necessarily have expected a response to that, certainly

17 in writing. The most I might mention it to me at our

18 next meeting but I wouldn't have expected a formal

19 response.

20 **LADY HALLETT:** Or your private offices may have acknowledged

21 it between them.

22 **A.** That will certainly have happened.

23 **MS CECIL:** And if that had happened you would never have

24 been presumably any the wiser.

25 **A.** Yes, but I don't think -- I would need to be told that

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1 was obviously economic focused and, you know,

2 understandably.

3 I was also, you know, in terms of the broader sort

4 of issues around the virus, the spread of the virus in

5 China, to some other countries, just getting concerns,

6 outside of my responsibility as Chancellor but just more

7 as a member of the government, not just thinking as the

8 Chancellor and I distinctly remember the weekend, and it

9 would have been around the time, you showed me a piece

10 of evidence there, I think it was 24 January which, if

11 I'm not mistaken, was a Friday, so that weekend I had

12 dinner with friends and -- they had nothing to do with

13 government, they were just friends but they were,

14 obviously -- you know, in government, as ministers,

15 you're constantly, you know, you know, you're not

16 interacting with the real world in the ways that you

17 might want to. You're constantly busy, I was walking, I

18 was in my ministerial car.

19 So I was getting this information, really for the

20 first time, from friends that were very concerned about

21 the virus in China. One of them did a lot of business

22 in China, and also one of them had a friend that was an

23 epidemiologist, and he was expressing the concerns that

24 had been expressed to him. So it just made me much more

25 concerned that weekend.

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1 That is why a few days later, I think on 31 January,  
2 when there was a Cabinet meeting -- I believe a regional  
3 Cabinet meeting, so outside London -- I got hold of  
4 Dominic Raab and Matt Hancock, brought them together at  
5 the sidelines of the Cabinet meeting and expressed my  
6 concern and said I'm really concerned about this virus  
7 what more can you tell me but especially I'm concerned  
8 about why are we not doing anything about our borders,  
9 and flights, in particular from China, because obviously  
10 we had so many flights.

11 I remember Dominic Raab quite rightly saying to  
12 me -- at first he shared the concern, both of them did,  
13 but he also said, "That's an unusual concern for a  
14 Chancellor to have, because I thought your team would be  
15 telling you not to stop flights" and I said, "Well, this  
16 isn't about my team, this is just about what might be  
17 the right thing to do". And then I said I wanted  
18 a meeting with the CMO. Up until that point, I'd never  
19 spoken to the CMO or anyone in the Health Department.

20 **Q.** If I can bring you to that. You did receive advice,  
21 I'll take that very shortly, if I may, from your  
22 department.

23 **A.** Yes.

24 **Q.** And that advice was not to stop flights, partly because  
25 of the impact economically?

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1 a junior minister in the Treasury as well, my view was  
2 if you wanted a sort of counter-analysis, a  
3 counter\_narrative, you had to ask for it as a minister  
4 it would not be something that would automatically be  
5 presented to you if you're faced with a policy decision.

6 **Q.** Thank you. In terms of the way that it operates across  
7 government and feeds in those analyses, would it only do  
8 so when it was advancing a policy objective?

9 **A.** When you say "it" do you mean the Treasury to  
10 government?

11 **Q.** The Treasury, yes.

12 **A.** Generally, yes.

13 **Q.** Now, just going back to the chronology, you were  
14 explaining that you met then with the CMO, Professor Sir  
15 Chris Whitty. You had a conversation in relation to him  
16 but, again, you were provided with the same advice, that  
17 it was of limited use or utility in relation to stopping  
18 the pandemic; is that right?

19 **A.** Yes. I demanded a meeting with the health department  
20 and the key officials after I'd spoken to Matt Hancock  
21 and Dominic Raab. And that meeting, I wanted it asap,  
22 and I believe it took place then on 3 February. The  
23 ministers all of us and our civil servants we were  
24 physically in the meeting. It was in the  
25 Foreign Office --

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1 **A.** Yes.

2 **Q.** And you described that as your officials were thinking  
3 it was also odd that you were asking about stopping  
4 flights?

5 **A.** Yes.

6 **Q.** And could not understand why you were pushing it?

7 **A.** Yeah.

8 **Q.** And in respect of that, just stepping back for a moment  
9 and looking at the role of the Treasury --

10 **A.** Yeah.

11 **Q.** -- you identify that you do have concerns in that  
12 respect with regard to how the Treasury sees that,  
13 because they are very much focused purely on the  
14 economics and the economy?

15 **A.** That would be their primary concern, yes.

16 **Q.** Indeed, of course.

17 One observation, and criticism that's been made of  
18 the Treasury, is that it produced economic analysis when  
19 it suited their policy objectives and would not  
20 necessarily produce the counter-analysis or the  
21 counterargument or more broad analysis, economic in  
22 terms of the economy.

23 Is that something that accorded with your time there  
24 within Treasury?

25 **A.** During my time at the Treasury, including my time as

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1 **Q.** If I can just draw you back to the specific advice that  
2 you were being provided with at that time.

3 **A.** Yeah.

4 **Q.** As I say, I just want to summarise it, if I may.

5 **A.** Yeah.

6 **Q.** The scientific advice was that it was not of great  
7 benefit effectively.

8 **A.** That's right. Sir Chris Whitty was on the phone and the  
9 advice was that having border restriction -- having  
10 flight restrictions with China would have, you know,  
11 very little impact and so it wasn't worth it.

12 **Q.** Indeed, and you ultimately accepted that advice?

13 **A.** Yes.

14 **Q.** You later were to raise concerns within the Treasury  
15 about possible wider economic impact of Covid-19 beyond  
16 the Chinese economy and import/export; is that right?

17 **A.** Yes, I believe so.

18 **Q.** Then we come to a stage where on 13 February you  
19 resigned and that ceased your involvement then --

20 **A.** That's right.

21 **Q.** -- with regards to the Covid-19 response?

22 **A.** Yes.

23 **Q.** At that stage, just taking again that part very briefly,  
24 if I may, you went to the backbenches?

25 **A.** Yes.

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- 1 Q. You very much took, and you explained with your  
2 statement, that you took the decision not to get  
3 involved with any of the groups that were being set up  
4 or in lobbying or anything of that nature.
- 5 A. Yes.
- 6 Q. And so was not involved with the government response  
7 until the following June of 2021?
- 8 A. That's right.
- 9 Q. There was some communication between you and  
10 Matt Hancock in relation to borders in January of 2021.  
11 Do you recall that in terms of a WhatsApp conversation?
- 12 A. Yes, I think I do.
- 13 Q. Again raising: why haven't we closed the borders?
- 14 A. Yes.
- 15 Q. You explain: it should be for all travellers, the  
16 benefits outweigh the costs. And the response that you  
17 get is: have you raised that with the boss, ie, the  
18 Prime Minister. You explain that you are doing lots of  
19 research on the pandemic generally.
- 20 A. Yes.
- 21 Q. Did you ever raise that with the Prime Minister at that  
22 time?
- 23 A. I don't recall raising that with him, and I wasn't in  
24 government.
- 25 Q. Of course. Turning now --

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- 1 Q. Now, just so that we can just fix that in terms of the  
2 timing, the roadmap had been published earlier that year  
3 out of lockdown. Step 4 was due to take place on  
4 14 June but had been delayed until 19 July. So it was  
5 within that period?
- 6 A. That's right.
- 7 Q. Subsequent to that, on 14 September plan B was announced  
8 and then implemented on 8 December, and then face masks  
9 and so on came in on 10 December. So it's that period  
10 that I'm now focusing on, if I may, and then moving into  
11 Omicron, the new variant that emerged in November of  
12 2021.
- 13 A. Yes.
- 14 Q. You came in, as I say, in June 2021, part-way through  
15 that roadmap. Your initial involvement, was it in  
16 discussions concerning the lifting of restrictions that  
17 were to come as part of --
- 18 A. Yes, when I arrived in the department, which I believe  
19 was 26 June 2021, the main discussion that was going on  
20 with respect to the pandemic within government was  
21 what's the right time to move to step 4, you know, so  
22 the lifting of some of the restrictions.
- 23 Q. At that point it had already been pushed back?
- 24 A. Yes.
- 25 Q. And 19 July, was that a date that had been alighted

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- 1 A. I'm sorry, if I may just add that I think it was to do  
2 with the Delta variant which was, I think, at that time  
3 very prevalent in South East Asia and we had a lot of  
4 flights in and out of South East Asia, that's why  
5 I raised it. And also you slightly alluded to it, but I  
6 think it's important is that although I was on the  
7 backbenches and not in government, one of the things I  
8 did take upon myself at that time was I became a senior  
9 fellow at the Harvard Kennedy school and to do a  
10 research project and the reserve project was on the  
11 pandemic and broadly how countries in general at that  
12 time were responding to it and how they were taking  
13 different approaches, and I was trying to understand  
14 that and trying to think about that in the context of  
15 what the UK was doing.
- 16 So during that process I was doing a lot of  
17 research; I talked to a lot of people; I talked to  
18 ministers in other countries; I talked to, you know,  
19 epidemiologists and stuff. So my knowledge was based on  
20 that independent research that I was doing.
- 21 Q. I now want to go on and deal with your time as the  
22 Secretary of State for Health and Social Care, if I may.
- 23 A. Yeah.
- 24 Q. In June of 2021.
- 25 A. Yeah.

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- 1 upon?
- 2 A. Yes, and also another date that had been alighted upon  
3 was 12 July as a decision day.
- 4 Q. Do you recall communications referring to it as  
5 "Freedom Day"?
- 6 A. When you say communications, what do you mean, please?
- 7 Q. Government communications, how it was being packaged.
- 8 A. No, I do recall hearing references to July 19 as  
9 "Freedom Day", but if your question is within sort of  
10 government documents and/or ... no, I don't.
- 11 Q. Was it a government strategy in terms of outward-facing  
12 communications to your knowledge either within the DHSC  
13 or within Number 10?
- 14 A. Not to call it "Freedom Day". In fact, to the contrary,  
15 I recall it saying very clearly during the lead-up to  
16 July 19 that we must -- we as in government -- we must  
17 be clear that it is not "Freedom Day". So it's really  
18 important that whilst we remove some of the, you know,  
19 statutory, you know, restrictions, that people in  
20 general don't feel that the pandemic's over,  
21 everything's back to normal, because far from it, the  
22 pandemic was still -- you know, the virus was still very  
23 much around, and also there's a bunch of other measures  
24 and restrictions that will stay in place: for example,  
25 around, you know, border control; the test, trace and

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1 isolate policy.  
 2 So it was really important, I think, to the contrary  
 3 of "Freedom Day", it was anything but "Freedom Day".  
 4 **Q.** In terms of your position and restrictions, at that  
 5 point were you advocating for a loosening of  
 6 restrictions?  
 7 **A.** I was keen to see a loosening of restrictions if the  
 8 evidence allowed it.  
 9 **Q.** Did you consider that the evidence did allow it in  
 10 summer 2021?  
 11 **A.** Yes, I did.  
 12 **Q.** Do you recall -- if I may just call up  
 13 Patrick Vallance's notes, please, INQ00273901, this  
 14 relates to 30 June 2021, a meeting with Covid Dashboard.  
 15 Page 613, thank you.  
 16 **A.** Yeah.  
 17 **Q.** "ONS shows big increase in numbers since last week,  
 18 nearly a doubling. Rates are very clearly up in  
 19 children."  
 20 It continues on and we can see that Gavin  
 21 Williamson, Secretary of State for Education is in the  
 22 room, you're also in the room. It records Gavin  
 23 Williamson saying children shouldn't be asked to do  
 24 things adults aren't but then has no knowledge of the  
 25 ongoing study -- that presumably is a study into

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1 **A.** -- and that was having a huge impact on schooling and  
 2 ultimately the life chances of children. So it was a  
 3 discussion about that.  
 4 The other thing, if I point out about this  
 5 discussion, just I do get is relevant, it's dated  
 6 30 June: I'd only been in position for four days.  
 7 **Q.** Of course.  
 8 **A.** So whatever information I had at the time, I'd had,  
 9 you know, four days to sort of learn that, as it were,  
 10 and obviously I'd learned a lot more in the coming days  
 11 and weeks.  
 12 **Q.** Can I just ask you about the last line. We see that  
 13 Michael Gove also comes in and gets involved in the  
 14 discussion?  
 15 **A.** Yeah, yeah.  
 16 **Q.** It appears that no decision as a consequence was made.  
 17 I'm afraid we don't know who says this, but somebody  
 18 says afterwards they are "very worried about their new  
 19 Secretary of State, never wants to learn before a  
 20 decision, will rush into macho right-wing decisions  
 21 playing to the audience."  
 22 Does that characterisation from your perspective fit  
 23 what you were doing at that point?  
 24 **A.** No.  
 25 **Q.** Thank you.

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1 transmission. It then continues:  
 2 "The Saj comes in."  
 3 Is that a reference to you?  
 4 **A.** I believe so.  
 5 **Q.** "The study will only determine the policy for next  
 6 term."  
 7 So that's school term, is it, that's referenced  
 8 there?  
 9 **A.** Yes. I believe so. I mean, obviously this is someone  
 10 else's diary entry but --  
 11 **Q.** Of course.  
 12 **A.** -- I believe that's what --  
 13 **Q.** It records that you started to make policy on the hoof  
 14 with you and the Saj and Williamson jostling for  
 15 dominance and air time. Do you recall what this related  
 16 to?  
 17 **A.** I think it -- so clearly this is Sir Patrick Vallance's  
 18 diary entries, as you said. It's a sort of personal  
 19 reflection by him about how he felt from this meeting.  
 20 But I think what he's referring to is a very live  
 21 discussion at the time which was around the restrictions  
 22 on school children and especially around, you know, the  
 23 policy at the time of if one child got Covid in a class,  
 24 the whole class was sent home --  
 25 **Q.** Isolate.

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1 If I can then take you, please, to the discussions  
 2 that were then going on in July -- so again you're very  
 3 new in the job?  
 4 **A.** Yeah.  
 5 **Q.** 2 July 2021: it's page 614, the same document, please.  
 6 It's a further meeting, and what we see in this meeting  
 7 is a difference of views between the Prime Minister and  
 8 the Chancellor and Michael Gove and you in relation to  
 9 what should you be doing and the return to work. Mask  
 10 wearing, effectively what NPIs should be put in place.  
 11 We see a more cautious approach --  
 12 **A.** Yeah.  
 13 **Q.** -- being recorded in relation to yours and  
 14 Michael Gove's views and the Prime Minister and the  
 15 Chancellor against that.  
 16 What we see here is in terms of the situation  
 17 update: cases are up, hospital admissions are up, the  
 18 Prime Minister is downbeat, talks of grim predictions.  
 19 You say we are going to have to learn to live with it,  
 20 and die with it says Prime Minister. Do you recall that  
 21 conversation?  
 22 **A.** I can recall me saying that, we are going to have to  
 23 live with it. I -- I don't specifically recall the  
 24 Prime Minister saying, "And die with it" but it's  
 25 possible.

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- 1 Q. Are they the type of words that the Prime Minister did  
2 use?
- 3 A. It's possible, yes.
- 4 Q. You see then the Chancellor --
- 5 A. It doesn't mean -- just if I may just on that, is that  
6 the Prime Minister in these meetings he often, you know,  
7 said things that it's sometimes hard to tell between  
8 what he actually thought versus, you know, a joke or  
9 something, even when you're discussing something as  
10 important as this, something to lighten the mood.
- 11 Q. We see here the Chancellor is pushing very hard for the  
12 faster opening up and fuller opening up. At this point,  
13 the living with Covid strategy was still under  
14 development?
- 15 LADY HALLETT: Pausing there, before that gets misreported,  
16 it's not necessarily a reference by the then  
17 Prime Minister to lighten the mood; it could be taken in  
18 many ways. So I think we need to say that if it was  
19 said, which you don't necessarily remember, it doesn't  
20 mean it had that kind of intention. Things have got  
21 misreported, as you will appreciate, so I just want to  
22 make point. Sorry to interrupt.
- 23 A. Yes, thank you.
- 24 MS CECIL: I just want to continue down, if I may.
- 25 A. Yeah.

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- 1 "Please record you've overcome my natural caution  
2 and bullied me into opening up."
- 3 At that point it's also recorded that the CMO and  
4 indeed Professor Sir Patrick Vallance have made the  
5 risks very clear. That's in relation to rising numbers;  
6 is that right?
- 7 A. I think that's right, yes. And it also says here, if  
8 I may point out, it says basically it's the PM and  
9 Chancellor against the more cautious Saj in that --
- 10 Q. Indeed.
- 11 A. I think the cautious point refers to something you you  
12 touched on earlier, Ms Cecil, which is that it wasn't  
13 "Freedom Day" and restrictions were going to stay in  
14 place and it's really important to get that message  
15 across.
- 16 Q. Is it fair to say that at various points in the autumn,  
17 so we move through that, you were also more cautious in  
18 terms of your advice?
- 19 A. Yes. Generally, that would be fair.
- 20 Q. And lessening of restrictions in general terms, although  
21 there are some exceptions.
- 22 Q. Yes?
- 23 A. We move to 5 July, if I may, page 615. We see there  
24 it's a Covid-O reference. Cases are still going up but  
25 Prime Minister wants a considerable package of freedoms.

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- 1 Q. And it continues to record some further discussion about  
2 making masks voluntary; what will ministers say; they  
3 will do sometimes: I will, sometimes I won't wear one?
- 4 A. Yeah.
- 5 Q. And we see later references to that also?
- 6 A. Yeah.
- 7 Q. "Are we going to encourage people to wear masks? Are we  
8 going to continue with this bollocks? It says he wants  
9 everyone back at work. We can't have the bollocks of  
10 consulting with employees and trade unions. They all  
11 need to come back to work, all the malingering, work-shy  
12 people."
- 13 And then goes on to ask or say:  
14 "How much of the CS [presumably Civil Service] is  
15 back? How would you be able to tell?"
- 16 In terms of the consulting with employees and trade  
17 unions, was that something that the government was open  
18 to doing or did this, or was this the general attitude  
19 towards government in relation to trade unions?
- 20 A. Other than the health trade unions, I wasn't dealing  
21 with the trade unions, and I think this is probably  
22 a reference to the wider sort of group of trade unions,  
23 so I wouldn't have been involved in that.
- 24 Q. By the end of the meeting, what we have here is it ends  
25 by joking:

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- 1 We see references to Gavin Williamson and schools. You  
2 come in to say the message is the pandemic is far from  
3 over. The link between cases and hospitalisation is  
4 weakened but not broken?
- 5 A. Yes.
- 6 Q. What were your concerns at that point?
- 7 A. Well, firstly, it's something we referred to, my Lady,  
8 which is the pandemic was far from over, that it wasn't  
9 "Freedom Day". We still are in a pandemic and, yes,  
10 I felt that maybe for reasons we might come on to later  
11 that July, sort of leading into the summer, was the  
12 better time -- there's no perfect time -- but was the  
13 better time to try opening up. So I strongly felt that  
14 and at the end I think we made the right set of  
15 decisions around opening up in the summer.
- 16 But what I wanted to get across was that people  
17 shouldn't get this message that it's over and we (must  
18 all remain cautious. Even if there's no government  
19 restrictions, people should be advised to remain  
20 cautious. For example, if they're meeting vulnerable  
21 people, if they're meeting elderly relatives, going into  
22 a care home, things like that.
- 23 Also, there's this point here about the link between  
24 cases in hospitalisation is weakened but not broken,  
25 I did say that a number of times around this time

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1 because, well, I meant it. There was some sort of sense  
2 amongst some people, I felt, within, you know,  
3 decision-making that the vaccines meant that  
4 hospitalisation won't happen or there will be a lot less  
5 of it, and my fear was that, yes, the link is weaker,  
6 which is good in that there's less of a link between  
7 infection and hospitalisation, but there was still  
8 a link and, as I say here, it wasn't -- we mustn't  
9 pretend or think that there is no link any more.  
10 Clearly there was.

11 **Q.** We see here that the Prime Minister refers to the  
12 decision to postpone -- that's step 4 presumably?

13 **A.** Yeah.

14 **Q.** -- of the plan and it was postponed from June into July,  
15 so the right one because it gave us more time to  
16 vaccinate those that's broken the link between cases and  
17 hospitalisations so is it fair to say that you had  
18 Different views on that link at that point between --

19 **A.** Yes, I think I was very concerned about that link and  
20 I felt on the point -- you, Ms Cecil, you just made  
21 about vaccination is at that time even a couple of weeks  
22 made a big difference in the the pace that vaccinations  
23 were going in terms of people are either getting their  
24 first vaccination or their second.

25 **Q.** Indeed.

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1 I do remember some concern around flu and the fact  
2 that the previous winter, you know, just gone in 2020  
3 there was a lot more -- less prevalence of flu because  
4 of the NPIs and I recall being told that there could be  
5 a real resurgence in flu around the winter because there  
6 was just less natural immunity around, and having  
7 a number of discussions around flu vaccinations in  
8 particular around that.

9 **Q.** Were you aware of concerns from other people that DHSC  
10 weren't gearing up in that way in terms of operational  
11 accountability and with regard to a clear strategic  
12 plan?

13 **A.** No, I can't say I was.

14 **Q.** If I can just call up, please, page 489, the same  
15 document. What we have here is a note from  
16 Sir Patrick Vallance again, in relation to DHSC, so the  
17 actual department:

18 "It is clear once again DHSC has done nothing, goes  
19 on to have a meeting with Gove, policy meeting trying to  
20 look at risks for winter. No one had looked at the AMS  
21 report [that's the Academy for Medical Sciences:  
22 Preparing for a Challenging Winter report or another  
23 report] it was just with people just lobbing in. No  
24 clear operational accountability."

25 Was that your experience of DHSC when you entered it

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1 If I may just deal with one discrete point --

2 **A.** Yeah.

3 **Q.** -- please the luncheon adjournment and it just deal  
4 with DHSC and the background to all of this. There were  
5 preparations, or certainly discussion about the winter,  
6 planning for winter of 2021; is that right?

7 **A.** Yes, yes.

8 **Q.** As I say, I appreciate this is still very much within  
9 the infancy of your time as the minister.

10 **A.** Yes.

11 **Q.** Were you aware of the Academy for Medical Sciences:  
12 Preparing for a Challenging Winter report that had been  
13 commissioned and circulated?

14 **A.** You mean by 5 --

15 **Q.** In July?

16 **A.** I don't recall it specifically, I don't.

17 **Q.** Do you recall whether or not DHSC were gearing up their  
18 plans for the winter?

19 **A.** Yes, they were.

20 **Q.** They were. And when you say they were, do you know what  
21 they had done at that point?

22 **A.** I would have probably -- I think this would have been  
23 less than two weeks into my new job, but I'm sure  
24 I would have had a briefing already on where they had  
25 got to with their plans.

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1 from that June/July period?

2 **A.** No, not at all.

3 **Q.** In terms of the performance of DHSC, how would you  
4 assess that at that period in time?

5 **A.** Yes. So obviously I can only assess it for the time  
6 I was there --

7 **Q.** Of course.

8 **A.** -- but in my experience I felt the organisation, the key  
9 people obviously that I was dealing with on a daily  
10 basis within it were very professional, very committed,  
11 incredibly hard-working, and I would actually go as far  
12 as to say amongst some of the best civil servants that  
13 I've worked with, including the expert advisers.

14 I think -- I thought at the time, I still do, that  
15 the permanent secretary at the DHSC was exceptional in  
16 his abilities and were most civil servants that I dealt  
17 with, including a UKHSA. I mean, I was impressed and  
18 I can -- I think that means more when you've got, when  
19 one has more to compare it to and I had worked in or ran  
20 five departments before I arrived at DHSC and I can make  
21 a proper comparison to other departments, and I think it  
22 was very professionally run, but they had a lot on  
23 their plate.

24 **MS CECIL:** Thank you.

25 My Lady, now may be an appropriate moment.

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1 **LADY HALLETT:** Certainly.  
 2 I'm sorry that we can't finish you before lunch,  
 3 Mr Javid.  
 4 **THE WITNESS:** No, not at all.  
 5 **LADY HALLETT:** But we will definitely finish you today,  
 6 because we have another witness coming this afternoon.  
 7 **A.** Thank you.  
 8 **THE PRESIDENT:** I shall return at 2 o'clock.  
 9 **THE WITNESS:** Thank you.  
 10 **(1.03 pm)**  
 11 **(The short adjournment)**  
 12 **(2.00 pm)**  
 13 **LADY HALLETT:** Sorry if everyone is getting very hot,  
 14 I'm afraid it's my fault, I was getting very cold.  
 15 **MS CECIL:** It's warmer now.  
 16 Mr Javid, we were dealing with the position in  
 17 summer of 2021. I just want to ask you about a discrete  
 18 topic that arose at that time. At that stage a high  
 19 prevalence strategy, high prevalence of Covid-19  
 20 infection, was being considered and pursued; is that  
 21 right?  
 22 **A.** I'm not sure exactly what you mean by a "high prevalence  
 23 strategy".  
 24 **Q.** If I can assist, on 20 July a paper --  
 25 **A.** Yeah.

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1 pharmaceutical interventions, indeed to a large extent  
 2 remains the position now, to treat Long Covid, was there  
 3 a conscious decision to accept the increased incidence  
 4 of cases of Long Covid arising from that corresponding  
 5 increase in infection from Covid-19?  
 6 **A.** I think that the -- it was well understood that, as we  
 7 start removing the NPIs, albeit keep some of them in  
 8 place, but start removing a large number of the NPIs,  
 9 that I think what the words "high prevalence" then  
 10 referred to is there would be at least for some period  
 11 an increase in the number of infections. I think that  
 12 was understood.  
 13 And then to the -- addressing your point, Ms Cecil,  
 14 round Long Covid, it would mean -- you know, given  
 15 the -- you know, to get Long Covid you have to be  
 16 infected in the first place -- that as infections rise  
 17 there would be a rise -- no one I think at the time knew  
 18 to what extent perhaps, but there would be a rise in  
 19 Long Covid, at least had to be considered.  
 20 **Q.** To what extent was that factor taken into account when  
 21 reaching those policies?  
 22 **A.** Yeah.  
 23 **Q.** Relaxing restrictions, not maintaining testing and  
 24 various other --  
 25 **A.** Yeah, my view is that I think overall it was taken into

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1 **Q.** -- was presented to the Covid-O group, that's entitled  
 2 "High prevalence planning: summer response", and that  
 3 sets out effectively moving through the major  
 4 cross-departmental risks of high prevalence. So this is  
 5 the policy that's in place in the summer. NPIs have  
 6 been relaxed at this stage, plan B yet to come, and so  
 7 it's effectively living with a higher incidence of  
 8 Covid-19.  
 9 My question in relation to that aspect is that  
 10 various patient representative groups, Long Covid SOS,  
 11 Long Covid Support, Long Covid Kids, had written letters  
 12 to you outlining concern about the move to step 4 at  
 13 that point, slightly earlier in the pandemic. They  
 14 complained and made representations to you that  
 15 Long Covid was being ignored in those policy-making  
 16 decisions in relation to high prevalence strategy moving  
 17 forward, it was barely mentioned in the roadmap out of  
 18 lockdown, and they asked that that be considered in  
 19 policy. You may recall also that they were participants  
 20 in Cabinet Office discussions and cross-Whitehall groups  
 21 at the time, there were roundtables, and we've heard  
 22 a little bit about those already, so I'm not going to go  
 23 there in any detail.  
 24 **A.** Yeah.  
 25 **Q.** But given at that stage that there were no

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1 account in -- for a couple of reasons.  
 2 First I'd say that it was well understood, certainly  
 3 by me and, I think, you know, the key people making the  
 4 decisions, including the Prime Minister and his office,  
 5 that having NPIs in place were not a risk-free option.  
 6 Within -- there were costs that come with NPIs.  
 7 So, for example, obviously I was concerned about  
 8 health more than anything else, and obviously top of  
 9 that list for me was the virus and the pandemic, but  
 10 there were also associated health factors linked  
 11 directly to the pandemic in terms of, for example,  
 12 you know, mental health issues, the fact that people  
 13 were not able to go to the NHS, for instance, in the  
 14 normal way to see other sort of -- other health  
 15 challenges dealt with. So I had broader health  
 16 concerns.  
 17 But also within Cabinet, so more broadly within  
 18 government, there were understandably, you know, you  
 19 referred to, in our earlier session, for example, some  
 20 of the concerns around education and children, there  
 21 were concerns around people being able to sort of go to  
 22 work in the normal way, there were concerns with other  
 23 departments, in fact every department would have some  
 24 issue, we were talking about the transport department.  
 25 So what the government was trying to do was to take

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1 a balanced approach to all of this, but on the basis  
 2 that the NPIs couldn't exist -- should not exist  
 3 a moment longer than they are necessary, and if the  
 4 evidence supported it we had to find a time to remove  
 5 the NPIs.  
 6 If I may add, one thing I distinctly remember at the  
 7 time, and it came up in a number of discussions with the  
 8 advice that I was receiving and I'm sure the  
 9 Prime Minister was receiving from the CMO, the CSA and  
 10 others, was that when we asked about, you know, the  
 11 timing of removing these NPIs, and does it -- what do  
 12 they think and does it make sense, one thing that was  
 13 said a number of times is that there's no perfect time  
 14 to remove NPIs, there never will be, but if you are  
 15 going to do this and consider it, it's much better to do  
 16 it in the summer, because the virus likes the winter,  
 17 people are more likely indoors in winter, you know, new  
 18 variants have typically appeared in the winter,  
 19 although, you know, we couldn't be sure about it  
 20 of course, and children were off school in the summer.  
 21 So summer was a better time versus winter to do it. And  
 22 if you don't do it in the summer, remove some of the  
 23 NPIs, then you are likely left with those NPIs going  
 24 into the winter, then it's too late, and therefore you  
 25 have this really extended period of NPIs, and then all  
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1 millions of people were getting vaccinated, many of them  
 2 now turning up for their second vaccine, we had a lot  
 3 more treatments, because -- I understand what you said,  
 4 and you were quite right, Ms Cecil, about treatment,  
 5 I think you said specifically for Long Covid, it was  
 6 still very much early days of the virus then in it, so  
 7 I think it was hard to make a determination around the  
 8 long-term impact of infection when we were -- only had  
 9 the sort of short-term experience at that time. But  
 10 there was a lot more testing, there was a lateral flow  
 11 testing, there were the test, trace and isolate rules  
 12 and the international border rules, so it was, yes,  
 13 a number of NPIs being removed but also a number of  
 14 sort of protections and precautions were being kept in  
 15 place as well.  
 16 **Q.** May I ask you one final question in relation to  
 17 Long Covid, and given that that was the choice taken --  
 18 **A.** Yeah.  
 19 **Q.** -- why was there not at the same time a public awareness  
 20 campaign warning people of the specific risks  
 21 specifically of Long Covid, so that people were aware  
 22 that albeit they may not have a severe reaction to the  
 23 infection, for example people in low-risk groups for the  
 24 actual Covid infection itself, may nonetheless still  
 25 contract Long Covid?  
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1 the costs that come with that as well.  
 2 So those are all the sort of factors -- in a sense  
 3 the factors that went into making that decision in  
 4 July 2021.  
 5 **Q.** Just picking up on that, that was when the vaccine  
 6 roll-out was also going to be taking --  
 7 **A.** Yes.  
 8 **Q.** -- was continuing to be --  
 9 **A.** Yeah --  
 10 **Q.** -- throughout that period --  
 11 (unclear: multiple speakers)  
 12 **A.** -- at a very strong pace.  
 13 **Q.** Yeah. So in terms of a policy decision, was it  
 14 considered that that was a trade-off worth making when  
 15 taking into account those other issues that you've  
 16 identified, whether it be schools, mental health and so  
 17 on?  
 18 **A.** Yeah, it -- yes, in that -- I would just add, broaden  
 19 that a bit, you know, to govern is to choose, and  
 20 ministers are always making trade-offs. Every decision  
 21 pretty much I ever made as a minister is a trade-off,  
 22 and this is a decision that was made for the reasons  
 23 I just articulated, but it's important that we had --  
 24 obviously the -- what we had then were the -- unlike the  
 25 previous summer, the year before, we had a vaccine,  
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1 **A.** Yeah, I think that -- I mean, certainly from the -- the  
 2 Health Department and also, if I recall, many of the  
 3 things I was saying at the time, including on -- but not  
 4 just in Parliament, but in media appearances, Long Covid  
 5 was something I was very much aware of and very  
 6 concerned about. So, for example, during that summer or  
 7 round about that summer there were a number of decisions  
 8 that I made around Long Covid to, for example, to  
 9 increase the funding available for research, I think it  
 10 was £30 million, I increased it to £50 million --  
 11 **Q.** If I can just pause you there, though. The question I'm  
 12 asking is specifically about a public health  
 13 communications strategy, a campaign so that people were  
 14 aware of the potential risks of contracting Long Covid  
 15 and so that they could take their own precautions if  
 16 they so chose to.  
 17 Was any thought given to that, to a public campaign?  
 18 **A.** I don't -- so if you ask me do I recall specifically  
 19 a discussion around a campaign on Long Covid, I don't.  
 20 I recall many discussions that included issues and  
 21 concerns around Long Covid, you know, specifically, and  
 22 that is why, you know, for example I increased the  
 23 research spending, I increased the number of --  
 24 **Q.** As I say, I understand that, Mr Javid.  
 25 **A.** Yeah.  
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1 **Q.** My question really is very much focused, and I think  
 2 you've answered it, the short answer is no.  
 3 **A.** Not a -- I don't remember thought being given to  
 4 a specific campaign.  
 5 **Q.** Thank you.  
 6 Then if I can move on through the time, obviously  
 7 there came a time when the Omicron variant was  
 8 discovered?  
 9 **A.** Yeah.  
 10 **Q.** First identified in November 2021, South Africa, and  
 11 then of course you were updated in your role by the  
 12 Chief Medical Officer and others?  
 13 **A.** Yeah.  
 14 **Q.** Just dealing with that for a moment and moving through  
 15 that, at that stage, the advice was that it was highly  
 16 infectious?  
 17 **A.** Yes.  
 18 **Q.** It was unclear if the vaccines would work for this  
 19 particular variant?  
 20 **A.** Yeah.  
 21 **Q.** But at that stage severity was unknown --  
 22 **A.** That's correct.  
 23 **Q.** -- in terms of morbidity and mortality?  
 24 If I can just call up Sir Patrick Vallance's notes  
 25 at page 529 for a moment, please, I just want to deal  
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1 briefing I received on Omicron, full briefing, was on  
 2 24 November, and I was very concerned by what I had  
 3 heard and what the experts had told me.  
 4 Just to pick up a point, Ms Cecil, you said on the  
 5 vaccines, it wasn't -- so, as you said, they said it was  
 6 much, much more infectious, from the evidence they had  
 7 at the time, and clearly that turned out to be the case,  
 8 so much more infectious. And also what was in my mind  
 9 then was that I knew that each new variant had -- you  
 10 know, so when we had Alpha, Beta, Delta, they had been  
 11 much more infectious than the other, and now this was  
 12 much more infectious than Delta, which was already  
 13 highly infectious, I was deeply concerned about that.  
 14 But also, with regard to the vaccines, what I was  
 15 told was that -- not that the vaccines didn't work, they  
 16 may not work, because they're -- they may well be much  
 17 less effective --  
 18 **##:** Effective.  
 19 **A.** Right? So their effectiveness would be much less. And  
 20 even a sort of a 5 percentage point decline would be  
 21 significant if you've got a lot more infections. And  
 22 then the point about severity is that we couldn't be  
 23 sure on the severity -- is it less, more? -- at the time  
 24 there was no data. So I was deeply concerned,  
 25 especially about the infectiousness, and I wanted us to  
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1 with some of the discussions that were taking place in  
 2 late November 2021.  
 3 NERVTAG and SAGE have met and discussed the  
 4 position, this is 26 November, he records:  
 5 "How bad is this? We don't know. JVT  
 6 [Jonathan Van-Tam] says he has never seen NERVTAG so  
 7 rattled. We need a policy ..."  
 8 Continues onwards:  
 9 "... No 10 meeting PM very down about new Variant.  
 10 Exasperated. Afterwards, No 10 says they are at war  
 11 with No 11 ..."  
 12 If I can just ask you about that very briefly. Were  
 13 you aware of any concerns at that point, issues between  
 14 Number 10 and Number 11 with regard to Covid?  
 15 **A.** Not specifically. On most things my experience was that  
 16 Number 10 and Number 11 at that time moved together.  
 17 **Q.** Thank you.  
 18 Separately, if we carry on:  
 19 "... [and] that anything Javid says they assume is  
 20 wrong."  
 21 What was your relationship like at that point with  
 22 Number 10?  
 23 **A.** It was getting testy, because of Omicron. And that --  
 24 as you say, this is dated -- so 26 November. My  
 25 first -- so things were moving very fast. My first  
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1 take action and -- some action, and take it ASAP.  
 2 And -- and I did start to take action straightaway:  
 3 I think the next day I started -- I announced some  
 4 travel restrictions, I made a statement in Parliament on  
 5 the 26th, and --  
 6 **Q.** I'm just going to interrupt you there, Mr Javid, because  
 7 we are going to move through some key moments.  
 8 **A.** Yeah.  
 9 **Q.** But there are some structural issues that I just want to  
 10 deal with in relation to Omicron, and of course we have  
 11 your witness statement which sets out the chronology.  
 12 **A.** Yeah.  
 13 **Q.** So just to very quickly summarise, throughout that  
 14 November, December period, SAGE's advice was that the  
 15 infection rate was rising rapidly?  
 16 **A.** Yeah.  
 17 **Q.** And with regard to that they were advising that certain  
 18 actions potentially be considered to be taken.  
 19 You were, as I understand it from your witness  
 20 statement, in terms of some of those frictions that were  
 21 arising, were certainly more on the cautious side and  
 22 wanted some additional restrictions put into place  
 23 because of your concerns about Omicron; is that right?  
 24 **A.** Yes.  
 25 **Q.** Now, if I can just go through, so on 8 December plan B  
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1 is announced --

2 A. Yes.

3 Q. -- is implemented, comes into force I think on

4 10 December?

5 A. Yes.

6 Q. If I can just call up some meetings very quickly now, at

7 page 555, please, of Patrick Vallance's dairies, there

8 is a meeting on 18 December of 2021, and that records

9 that you were not invited to the meeting yesterday --

10 I'm afraid it must be a subsequent ...

11 But at any event, what it records is that you were

12 not invited, and indeed what we see again on 31 December

13 of 2021 is a similar meeting taking place with

14 discussions about plan B, discussions about what to do,

15 in fact -- and indeed in relation to your advice also.

16 But again it's recorded it's "bizarre to have this

17 meeting without [the Secretary of State for the

18 Department of Health and Social Care]".

19 Were you aware of these meetings taking place at the

20 time?

21 A. No.

22 Q. No. When did you first find out about them?

23 A. Yesterday, when I saw this extract.

24 Q. Why do you consider that you were not invited and

25 present at that --

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1 A. Yeah.

2 Q. The Prime Minister is then recorded as concluding that

3 there is no overwhelming case for doing anything.

4 In relation to planning and preparation, in the

5 event that there was a subsequent wave, aside from

6 vaccines and your role in terms of the NHS, were you

7 aware of any other planning taking place at that point?

8 A. You mean, what, outside my department?

9 Q. Outside of your department and considering the use of

10 NPIs or any other measures?

11 A. I was not aware, no. I mean, I had -- I wasn't aware of

12 any other planning taking place, to answer your question

13 specifically but in a bit more detail on the -- you

14 know, we had already -- so I know you -- we started with

15 a plan B, which was implemented, I think, on

16 November 8th, but on 29 November, so that's within days

17 of me learning about Omicron, I'd already announced in

18 Parliament a set of, you know, NPIs around, you know,

19 PRC tests coming in, ten-day isolation rules for

20 contacts and that -- face masks in shops and --

21 Q. I appreciate that, Mr Javid.

22 A. Yeah.

23 Q. We're talking about what you were advising on

24 24 December --

(unclear: multiple speakers)

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1 A. Well, look, I -- I can't be sure, because obviously --

2 you know, there was decisions for others. One thing

3 I can tell you, it would be odd to -- you know, these --

4 obviously I don't know about this meeting, I wasn't

5 there, but it sounds like just from this extract, and

6 I can only go on that, it sounds like it's an important

7 meeting, there's very senior people there, and they're

8 obviously discussing Omicron, the Omicron crisis, and my

9 central job and role was to respond to that, and that

10 was -- so I was spending basically every minute of the

11 day doing around that time, and not to have my input and

12 therefore the input of my department, and that includes

13 obviously not just obviously the UKHSA, the CMO, but the

14 NHS. The NHS was huge factor in this, we would not want

15 to see our hospitals overwhelmed. So I don't know why

16 I would -- I wasn't included. You'd have to ask the

17 former Prime Minister.

18 Q. Again, at the same time --

19 A. Yeah.

20 Q. -- the advice that you are giving, your views at the

21 time, certainly on 24 December, for example, is "We need

22 to prepare for a massive increase in cases but hope it

23 doesn't happen"?

24 A. Yeah.

25 Q. Obviously. So planning and preparation.

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1 A. Yeah, and by then -- by then, having learnt a lot more

2 about Omicron, my advice was to look at further --

3 taking further measures, the advice that had come from

4 me and my department based on the expert advice I was

5 getting. And there was a Cabinet meeting, I can't be

6 sure, I want to say 20 December, where there was a --

7 the Prime Minister -- aware that I wanted to go

8 further -- wanted to seek the Cabinet's view, and when

9 we had that meeting, I recall the only people in the

10 Cabinet that were supporting what I was saying about

11 going further were Michael Gove and Simon Clarke.

12 Q. Thank you.

13 I want to turn to another topic, which really is

14 coming out the other side, effectively, and dealing with

15 the Living with Covid strategy.

16 A. Yeah.

17 Q. So going into now 2022 --

18 A. Yeah.

19 Q. -- just very briefly, you set out within your statement

20 in some detail that there was a disagreement with

21 Treasury in relation to and funding an apparatus,

22 effectively the tools, as you see them, in relation to

23 a pandemic, particularly in respect of infrastructure

24 and testing, scientific research and so on. And you

25 considered that funding ought to be maintained.

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1 What you state in your statement is that the -- is  
2 that as a consequence of that, they -- the  
3 Prime Minister required further cuts to the Health  
4 budget if that infrastructure was to take place, to stay  
5 in place; is that right?

6 **A.** That's correct.

7 **Q.** Did any of that infrastructure ultimately end up staying  
8 in place?

9 **A.** Not to the extent I wanted it, so, you know, I was,  
10 I was -- you know, like the Prime Minister, I was keen  
11 that we find, clearly, a way to live with Covid. We  
12 had, you know, we were -- Omicron wasn't over but  
13 I think that by the time we were putting together the  
14 Living with Covid strategy, clearly, you know, both  
15 infections, hospitalisations and -- and deaths, that had  
16 all started significantly falling. The booster  
17 campaign, which I spent a lot of my time on, I know  
18 we're not talking about vaccines but it made a huge  
19 difference by that time, so it is significant in this  
20 decision-making in that I think within six, seven weeks  
21 we had something like 30 million people boosted which  
22 was faster than any other country of comparable size.  
23 But on this specific issue I felt that as we now remove  
24 a lot of the restrictions, which I was keen to do, that  
25 we must have a capability in place for -- to detect any

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1 where it would just focus on nothing but pandemic  
2 preparedness, working with UKHSA and others, and  
3 I thought it was vital for in terms of lessons learned.

4 **Q.** Indeed.

5 **A.** And I pointed out to the Prime Minister at the time and  
6 his team that we are not going to be able to have this  
7 because there is no funding for it. Indeed, the funding  
8 that was offered for UKHSA was the same as what it was  
9 funded per annum pre-pandemic.

10 **Q.** Indeed. If I can just take you back, though, to the  
11 centre for pandemic preparedness.

12 **A.** Yeah.

13 **Q.** In terms of that --

14 **A.** Yes.

15 **Q.** -- did the Prime Minister continue with that plan or did  
16 he abandon it?

17 **A.** No, he dropped the plan, and he decided we're not going  
18 to have it, let's drop it, and -- but he asked me not to  
19 say anything about it publicly and -- you know, "Let's  
20 just wait and see if people notice", was his attitude.

21 **Q.** So, "Let's stay quiet and hope it disappears"?

22 **A.** Well, "Let's stay quiet about dropping the centre for  
23 pandemic preparedness".

24 **Q.** Final topic, Mr Javid, very briefly, you've covered it  
25 in quite some detail in your witness statement --

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1 future variant or perhaps even a future virus with a new  
2 pandemic, but to have better surveillance and also to be  
3 able to surge, you know, support and protection very  
4 quickly.

5 So I wanted a thing -- I wanted more lab capacity,  
6 more scientific capability, some random testing, to keep  
7 some of the mobile testing units, I wanted to continue  
8 some of the waste water testing, and a stockpile of  
9 lateral flow tests, for example. So these were the kind  
10 of things I wanted.

11 I was only able, in the end, to secure a small  
12 portion of all of that, and also, for example, I wanted  
13 to keep the government's commitment to the centre for  
14 pandemic preparedness --

15 **Q.** I was going to come on to that in due course. That was  
16 announced, there would be this centre for pandemic  
17 preparedness?

18 **A.** Yes.

19 **Q.** And what happened to that, in short?

20 **A.** That was announced before I was Health Secretary,  
21 I believe it was when the UK was hosting the G7 in  
22 Cornwall, so I think that would have been December 2020,  
23 if I'm not mistaken, but around then, and -- and the UK  
24 had made this commitment, rightly to have this, you  
25 know, as it sounds, a centre for pandemic preparedness,

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1 **A.** Yeah.

2 **Q.** -- and that's why I say I'm going to touch upon it very  
3 briefly, if I may, and that's that of inequalities and  
4 health disparities, and within your statement it speaks  
5 of a number of different initiatives that you undertook  
6 in your role as Secretary of State throughout that  
7 pandemic period --

8 **A.** Yeah.

9 **Q.** -- one of which was a review into inequalities in  
10 respect of the efficacy of medical equipment on the  
11 grounds of race, looking particularly at oximetry, the  
12 use of oximeters and so on and so forth.

13 **A.** Yeah.

14 **Q.** That consultation ran between August 2022 and  
15 October 2022, has that been published?

16 **A.** My understanding, it has not been published.

17 **Q.** Just dealing, again very briefly, in terms of future  
18 recommendations, what do you think could and should be  
19 implemented to improve equity for future pandemics in  
20 respect of health?

21 **A.** So by -- could I just being clear, when you say equity,  
22 do you mean sort of --

23 **Q.** To address --

24 **A.** -- of disparities --

25 **Q.** Indeed, to address those disparities that arise in

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1 a pandemic.

2 **A.** Yeah. I think a lot -- a lot can be done, and the  
3 pandemic clearly, sadly, hit people from deprived  
4 communities more. It was very unequal in how it  
5 affected people. You know, by and large, people that  
6 were sort of working people were hurt a lot harder than  
7 middle class people that could put themselves in their  
8 homes and order their food and things like that in  
9 lockdowns. And I -- and that is, not surprisingly -- my  
10 opinion, that's not unique in terms of health  
11 disparities. Typically people living in deprived areas  
12 and neighbourhoods and things are hit a lot harder.

13 **Q.** We've heard a lot of evidence about that, Mr Javid,  
14 already.

15 **A.** Yeah. And so -- so that was -- so you've -- answered  
16 your question what could be done. I thought it  
17 required -- the whole approach required  
18 a cross-government strategy, because it's not just the  
19 Health Department that can deal with these issues, and  
20 that is why I, within months of arriving at the  
21 department -- because this issue was so important to me,  
22 I commissioned a White Paper to -- development of  
23 a White Paper on health disparities, and I even took  
24 the -- one part of PHE that was split was the -- was  
25 called OHP, the Office for Health Improvement, and

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1 the Secretary of State for Culture, Media and Sport and  
2 I think it would have been better to have a dedicated  
3 minister to that role.

4 If there is one more thing I may say, Ms Cecil, just  
5 on equalities, is -- health equalities generally but  
6 specifically in pandemics, you referred to the pulse  
7 oximeters and that is something I'd read about, I knew  
8 about before I was Health Secretary. I was deeply  
9 concerned about it, that's why I commissioned the  
10 independent review by Dame Margaret Whitehead, the one  
11 that still hasn't been published for some reason, into  
12 looking into medical instruments and their -- and how  
13 they work on people of all races, and actually in both  
14 genders as well, all genders. And one thing I wanted to  
15 pursue, that I discussed with my counterpart in the  
16 United States at the time, was that I felt that if the  
17 UK and the US had a new set of rules for procurement of  
18 any medical instrument, to require that it must be  
19 demonstrated that it works for all races and it has been  
20 something the manufacturer has actually thought about.  
21 Then between the UK and US, with the US's purchasing  
22 power, our procurement power as well, all -- effectively  
23 all manufacturers of this equipment globally would start  
24 to follow this new standard. So I was -- but before  
25 I could do that I wanted this independent inquiry to see

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1 I changed it's remit to the Office for Health  
2 Improvement and Disparities, but the White Paper was  
3 a cross-government piece of work that my department did.  
4 And it's an extensive piece of work. We talked to every  
5 other department in government, a lot of arm's lengths  
6 bodies, civil society bodies, put together really  
7 detailed analysis of what could be done to combat health  
8 disparities. And by the time I left the department  
9 I would say it was 99.9% done, it was virtually done, we  
10 were just looking for a slot for publication, but it was  
11 never published.

12 **Q.** Thank you.

13 Just one, and hopefully this can be answered very  
14 briefly --

15 **A.** Yeah.

16 **Q.** -- in short, one potential possibility or solution as  
17 has been suggested is the creation of an Equality  
18 Department with a Secretary of State for Equalities,  
19 leading on that cross-governmentally. Is that something  
20 you could see working or not?

21 **A.** No, I don't know whether it requires its own department.  
22 There is of course as a -- an Equalities Minister, I was  
23 for a short time the Equalities Minister as well, but  
24 I do think it needs a specific focus and a dedicated  
25 minister. So when I was Equalities Minister I was also

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1 if the evidence backed all this up.

2 And so I do think there are things like that that  
3 could be done that would make a huge difference, because  
4 I was really taken back by some of the things I learned  
5 as Health Secretary. For example, that I think around  
6 a third of people in ICU units in 2020 with Covid, so  
7 the most affected, the most seriously ill, were from  
8 ethnic minority backgrounds, which was hugely  
9 disproportionate to the -- you know, people from ethnic  
10 minority backgrounds in the general population. And  
11 I think that medical instruments, amongst many other  
12 things, had a big issue -- role to play in that.

13 **Q.** Thank you, Mr Javid. And as you will be aware, there  
14 will be a further module that, no doubt, will be looking  
15 at those matters in due course.

16 **A.** Thank you.

17 **MS CECIL:** My Lady, that concludes my questions.

18 **Questions from THE CHAIR**

19 **LADY HALLETT:** Just before we go to Ms Heaven, could I just  
20 ask: by the sounds of it, Mr Javid, one of the lessons  
21 to be learned is to resurrect your idea of a centre for  
22 pandemic preparedness?

23 **A.** Yes. Well, it wasn't my idea, it was the  
24 Prime Minister's idea, I happened to agree with it.

25 **LADY HALLETT:** Right. Any other lessons to be learned?

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1 A. Yes. I think there will be many lessons to be learned.  
2 I think that in terms of cross-government working,  
3 I think there can definitely be improvements in that.  
4 We touched on it in this evidence session, I hope, in  
5 a couple of examples. But I think there needs to be,  
6 you know, better systems put in place to get all  
7 government departments working for -- when you have  
8 a single goal.

9 And I've seen where it can work. You know, when  
10 I was the Communities Secretary, I was determined to do  
11 something about rough sleeping. We had  
12 a cross-government group and it was -- it had Prime  
13 Ministerial involvement and it could get done. So  
14 I think that can happen.

15 And then one final point I'd make -- when, my Lady,  
16 you asked me that question it comes to mind -- is NHS  
17 capacity and NHS capability. As you know, my Lady,  
18 a number of countries they took different approaches,  
19 there were a lot of similarities, but I think in  
20 responding to a pandemic that your available health  
21 capacity has a big -- you know, is a big determinant of  
22 how you respond to the pandemic.

23 We don't have many beds per head in the UK, in  
24 England, for example, it's less than -- it's around  
25 100,000. If you look at countries like Germany, France,  
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1 June 2021, and it's a very discrete issue.

2 Can I ask: was advance notice given for these  
3 meetings by way of an agenda, do you recall? And if so,  
4 how long in advance?

5 A. May I just ask, which weekly meeting are you referring  
6 to?

7 Q. This is your witness statement, paragraph 77 --

8 (unclear: multiple speakers)

9 LADY HALLETT: With the devolved nations.

10 A. Oh, with the devolved nations?

11 MS HEAVEN: Yes, sorry. I thought it was obvious. Just to  
12 be clear, I represent the Welsh Bereaved, so I am asking  
13 now about issues touching on the devolved  
14 administrations.

15 A. Yes.

16 Q. There was a weekly meeting, with the DAs, you said this  
17 was not something your predecessor did on a regular  
18 basis.

19 A. Yes.

20 Q. And what I would like to know is: do you recollect  
21 whether there was advance notice in the form of  
22 an agenda for these meetings, regularly, and if so how  
23 long in advance would that have been provided?

24 A. Yeah, there was -- generally there was advance notice,  
25 and I think at my very first meeting I said to my  
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1 other comparable countries, you know, they have more  
2 than double, triple, sometimes quadruple the number of  
3 beds that we have got. Similar for ventilator units,  
4 ICU units, doctors and nurses per head.

5 And I think capacity of the NHS is an issue, and  
6 this has been a long-running issue under successive  
7 governments, and I think the NHS model needs to be  
8 looked at, and I've talked publicly about this, and  
9 I think we should have a Royal commission on it and try  
10 to get, you know, government's political agreement  
11 object a new way to provide the NHS with the resources  
12 it needs but I think NHS capacity is absolutely key to  
13 dealing with the next pandemic.

14 LADY HALLETT: Thank you very much.

15 Ms Heaven.

16 I don't know if you can see Ms Heaven round the  
17 pillar? Can you --

18 THE WITNESS: Yes, I can.

19 Questions from MS HEAVEN

20 MS HEAVEN: Good afternoon, Mr Javid, I'm over here.

21 A. Hello.

22 Q. I represent the Covid-19 Bereaved Families for Justice  
23 Cymru, and I have three very short topics.

24 So the first topic is going back to those weekly  
25 meetings that you set up when you came into post in  
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1 counterparts that we would have meetings on a weekly  
2 basis, and I'd said that I'd try to do those every  
3 Friday around 5 o'clock, if I can't do it on a Friday  
4 I'd do it at the same time on a Thursday. But we did  
5 agree that because things were very fast-moving  
6 something might come up that doesn't allow the meeting  
7 to take place at the exact time, so during the week  
8 leading up to that, you know, the Thursday/Friday, the  
9 timing of it would be confirmed.

10 For these meetings we would have an agenda and  
11 I would -- I would obviously -- my department would  
12 input into that agenda but so would the devolved  
13 administrations and they would give me, you know, very  
14 sensibly advance notice of things that they may wish to  
15 raise in that meeting. And then also, finally, in every  
16 meeting we would have, basically, "any other business"  
17 and so if there's something that someone wanted to bring  
18 up, again because things were fast-moving, we could  
19 discuss those towards the end of the meeting.

20 Q. Thank you very much.

21 Second topic is public health messaging and concerns  
22 around the unified approach with the devolved  
23 administrations.

24 A. Yeah.

25 Q. And it's just really to say to what extent you might be  
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1 able to assist with this, appreciating when you came  
2 into post.  
3 **A.** Yeah.  
4 **Q.** You have explained this morning that you recognised the  
5 importance, where possible, of co-ordinating with the  
6 devolved administrations, and I think as you said, in  
7 your words, you'd recognised at least that there were  
8 huge issues of public confidence, if we can all be seen  
9 to be working together?  
10 **A.** That's right.  
11 **Q.** You may be aware that there have been concerns raised  
12 before this Inquiry, in part in writing, by the  
13 First Ministers for the devolved administrations, and  
14 one of the concerns relates to a lack of clarity in  
15 public health messaging by the UK Government about  
16 the geographical application of their decisions. And  
17 I think it's probably fair to say that lots of these  
18 concerns were largely being raised during the time of  
19 your predecessor, but there is one document I would like  
20 to ask you about.  
21 **A.** Yeah.  
22 **Q.** If we can pull it up, it's a COBR meeting of  
23 10 December 2021.  
24 And it's INQ000083854 -- and there we have it on  
25 screen.

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1 those words in the middle:  
2 "That communications teams across the UK needed to  
3 accurately reflect policy changes by each nation."  
4 Just thinking about that now, do you understand that  
5 to be a reference to this issue that I just asked you  
6 about a moment ago, so the territorial scope of policies  
7 not always being adequately explained in government  
8 communications from UK Government, and that being there  
9 a reminder, certainly in December 2021, that that needed  
10 to be improved?  
11 **A.** Yes, I think this is really calling for it to be  
12 improved, and I think what that is getting at, at least  
13 my understanding of it, is that many of the responses to  
14 the pandemic, particularly the NPIs, were devolved.  
15 And, you know, whether it was Wales or Scotland for that  
16 matter, I think they might have a different set of NPIs,  
17 and that certainly was the case during Omicron,  
18 certainly for most of that period, and it was important,  
19 I think, to respect that there might be differences of  
20 approach but that they were -- there was co-ordination  
21 in communicating that because otherwise it might be very  
22 confusing to the public.  
23 **Q.** And do you recognise that concern that I've just  
24 suggested to you about --  
25 **A.** Yes.

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1 Can you see it there?  
2 **A.** Yes.  
3 **Q.** So we can see 10 December 2021, 3 o'clock, and you're  
4 present there, and you can see also, can't you,  
5 Mr Drakeford, Nicola Sturgeon and Michelle O'Neill from  
6 the devolved administrations?  
7 **A.** Yes.  
8 **Q.** I want to ask you about page 5, please, so if we scroll  
9 down, and it's paragraph 17 onwards. I'll read it out.  
10 Here we have a contribution from the director of  
11 communications, and:  
12 "[They] said they were adopting an aligned approach  
13 where possible to ensure messaging across the UK  
14 responded to the emerging picture. That communications  
15 teams across the UK needed to accurately reflect policy  
16 changes by each nation."  
17 Then it goes on about the cross autumn UK issues?  
18 Then just for completeness, at paragraph 18, over  
19 the page, you see an intervention from yourself where  
20 you are stating:  
21 "... it was important to work together on the  
22 response to Omicron ... consistency across the  
23 four nations was important ..."  
24 **A.** Yeah.  
25 **Q.** What I want you to focus on though is paragraph 17 and

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1 **Q.** -- the geographical reach of decisions not always being  
2 made clear --  
3 **A.** Yes.  
4 **Q.** -- by UK Government?  
5 **A.** Yes.  
6 **Q.** Final topic, then, I'm moving forward to the end of  
7 2021, and here we -- early 2022 and it's discussions on  
8 international travel with the devolved administrations.  
9 I'm not so much interested in your views on this topic,  
10 it's more really the process for engaging the DAs on  
11 this important issue.  
12 So the context is, there came a point when we see  
13 differences emerging between the nations in relation to  
14 international travel, for example Mr Drakeford,  
15 First Minister for Wales and on behalf of Wales, was  
16 advocating at this time, we understand, a more  
17 precautionary approach to the UK Government opening up  
18 borders, and we have, I won't bring them up, a series of  
19 letters Mr Drakeford writes to the Prime Minister and  
20 it's responded to by Grant Shapps, and this is early  
21 January 2022, and I think you're copied in but you're  
22 not the one responding to be clear.  
23 **A.** Yeah.  
24 **Q.** So here we have very sensitive discussions and indeed  
25 disagreement between the UK Government and the

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1 Welsh Government about the important matter of  
2 international travel and control of borders and it's  
3 taking place in writing.  
4 Now, it might be suggested that it's surprising to  
5 see such important matters being discussed in this way  
6 in writing, and of course we know at this time the JMC  
7 system wasn't operating, we know that there were  
8 significant periods of time, I think perhaps before you  
9 came into post, that COBR hadn't met, and we know that  
10 concerns were being expressed by First Ministers about  
11 a lack of a formal structure for them to communicate  
12 regularly with the Prime Minister.

13 So my question is this: are you able to offer any  
14 perspective on whether, certainly from your time in  
15 office, you considered there was in fact suitable  
16 machinery or a workable system in place for conducting  
17 regular, high-level, intergovernmental meetings between  
18 the First Ministers of the devolved administrations and  
19 the Prime Minister?

20 **A.** Yeah, it's ... I can obviously certainly talk about what  
21 my department did at my level with my counterparts in  
22 the devolved administrations. And as we referred to,  
23 I had sort of regular formal meetings, irregular contact  
24 in the sense that they were free to contact me any time,  
25 I could contact -- so I felt that those relationships at

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1 **Q.** As I said, I'm not asking you about that in particular.  
2 If we can just finish, then, that topic and then I'll be  
3 out of time.

4 So is it your evidence then that these concerns that  
5 the Inquiry has heard about, this lack of a regular  
6 forum for communicating at that very high level with the  
7 devolved administrations, was not something that you  
8 were aware of being communicated, certainly during the  
9 time that you were in post?

10 **A.** No, I wouldn't -- no, there was -- there were -- I can  
11 think of letters that I might be copied on, so,  
12 for example, I think when you asked me about that Covid  
13 meeting in December -- whatever the date, just now, the  
14 Covid meeting with the First Ministers that Michael Gove  
15 had chaired, I believe that came about because of  
16 a letter that was sent to the Prime Minister, I think by  
17 the First Minister of Scotland, if I'm not mistaken, and  
18 then the Prime Minister asked me to respond to that  
19 letter, which I did, and then this Covid meeting was  
20 held. And I can sort of sense from the fact that the  
21 letter went to the Prime Minister, I had to respond, and  
22 then Michael Gove chairs the meeting not the  
23 Prime Minister, that there's probably some tension at  
24 that level, but -- so I could -- when you say "not  
25 aware", I could sense some tension but it was not

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1 my level were very constructive, they worked well, and  
2 I certainly value -- I learned from my counterparts  
3 well. But I think your question was more at the  
4 Executive level --

5 **Q.** Focusing at the higher level. And did you have any  
6 sense --

7 **A.** -- First Minister, Prime Minister level, if that's what  
8 you're asking me --

9 **Q.** Yes.

10 **A.** -- it's -- I mean, I wouldn't really fully know.

11 I don't think I would be able to fully answer that  
12 question, because what was going on at that level

13 I really wasn't involved in, and because I was dealing  
14 with things at my level, my departmental level, I -- if  
15 there was an issue at the sort of leader of government  
16 level, I wouldn't necessarily have been involved.

17 Other than -- what I will say is that when I had my  
18 weekly meetings the issue that you just referred to,  
19 which was the issue around the sort of border controls  
20 in -- I think in January you said -- January 2022 --  
21 that certainly that would have been brought up in my  
22 own -- in the meetings that I have -- I had and at that  
23 time they would have been brought up by the Health  
24 Minister in Scotland, which was -- no, sorry, in Wales,  
25 which was Eluned Morgan --

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1 something that I regularly came into contact with.

2 **MS HEAVEN:** Okay. Thank you very much.

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

4 **MS HEAVEN:** Thank you, my Lady.

5 **LADY HALLETT:** Does that complete the questioning --  
6 **(unclear: multiple speakers)**

7 **MS CECIL:** It does, my Lady.

8 **LADY HALLETT:** Thank you very much indeed, Mr Javid. I'm  
9 afraid I can't give you a guarantee we won't ask you to  
10 help us again, but thank you for your help today.

11 **THE WITNESS:** I would be very happy to come back. Thank you  
12 very much.

13 **LADY HALLETT:** Thank you.

14 **THE WITNESS:** Thank you.

15 **(The witness withdrew)**

16 **MR DOMINIC RAAB (sworn)**

17 **Questions from COUNSEL TO THE INQUIRY**

18 **LADY HALLETT:** I hope we haven't kept you waiting too long,  
19 Mr Raab.

20 **THE WITNESS:** Fine, thank you.

21 **MR O'CONNOR:** Could you give the Inquiry your full name,  
22 please.

23 **A.** Yes, Mr O'Connor, it's Dominic Rennie Raab.

24 **Q.** Mr Raab, you have kindly prepared for the Inquiry  
25 a witness statement, which is on the screen now. We can

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1 see it bears your name, it's dated both in the top  
 2 right-hand corner of the first page and at the last  
 3 page, we don't need to go to it, 8 September, and on the  
 4 last page there is your signature, beneath a statement  
 5 indicating that you believe the contents of the  
 6 statement to be true. Is that right?  
 7 **A.** Correct.  
 8 **Q.** Mr Raab, you were elected the MP for Esher and Walton in  
 9 the 2010 general election, I think it's right to say?  
 10 **A.** That's correct.  
 11 **Q.** And you have of course been an MP ever since. You held  
 12 a series of junior ministerial roles between 2015 and  
 13 2018; is that right?  
 14 **A.** Correct.  
 15 **Q.** It was in July 2018 that you were appointed as the  
 16 Secretary of State for exiting the European Union,  
 17 a post you held until November of that year?  
 18 **A.** That's correct.  
 19 **Q.** Then in July 2019 you were appointed as both First  
 20 Secretary of State and also Foreign Secretary, and those  
 21 two posts you held for a two-year period until  
 22 September 2021; is that right?  
 23 **A.** That's correct.  
 24 **Q.** And perhaps it goes without saying that that is the  
 25 period with which we will be most concerned in the

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1 supporting the Prime Minister as First Secretary?  
 2 **A.** Yes, and I mean, I should say, I still tried to do the  
 3 Foreign Secretary role at the time I was covering for  
 4 the PM when he was ill -- disposed, shall I put it like  
 5 that, so the Foreign Secretary role didn't drop away.  
 6 **Q.** No. Well, perhaps the role of Foreign Secretary is one  
 7 that's reasonably familiar, and of course we'll come to  
 8 some of the detail in a moment, but I'd like to ask you  
 9 just a little bit more about the role of First  
 10 Secretary, which is perhaps less well known.  
 11 To do that can we look, please, at paragraphs 19 and  
 12 20 of your witness statement on page 6.  
 13 You make the point there, Mr Raab, first of all, and  
 14 perhaps this is worth bearing in mind, that the role of  
 15 First Secretary is not one that is always filled, and  
 16 indeed, as you note, it hadn't been occupied prior to  
 17 your appointment, as I've mentioned, in July 2019.  
 18 Is that right?  
 19 **A.** Correct, yes.  
 20 **Q.** Just help us, you go on to talk about the role of Deputy  
 21 Prime Minister a couple of paragraphs further down.  
 22 I think you would say that both roles are somewhat hazy  
 23 and depend rather on who is filling them and what the  
 24 wishes of those who have appointed them to that post  
 25 are. But are they, in one sense, fairly similar and

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1 questions you have to answer this afternoon.  
 2 But just for completeness, first of all, we should  
 3 bear in mind that midway through that period the  
 4 Foreign Office was merged with the Department for  
 5 International Development, so you took on that extra  
 6 aspect of its responsibilities whilst Foreign Secretary.  
 7 Then, secondly, you were in September 2021 appointed  
 8 as Secretary of State for Justice and Lord Chancellor  
 9 and also Deputy Prime Minister, and those posts you held  
 10 for about a year, until September 2022, and then again,  
 11 under the current Prime Minister, between October 2022  
 12 and April this year?  
 13 **A.** All of that is correct.  
 14 **Q.** Thank you.  
 15 As I say, of course the questions we have for you  
 16 this afternoon will focus on the period of the pandemic,  
 17 and in very broad summary, would it be right to say that  
 18 for a period of about a month in April 2020, because, as  
 19 we'll come to hear, of the Prime Minister,  
 20 Boris Johnson's illness, you had a very particular role,  
 21 you stepped up and essentially took his place for  
 22 a period of about four weeks at that time?  
 23 Then both before that, from January to April 2020,  
 24 and in the period afterwards, you had a rather different  
 25 role, principally as Foreign Secretary, but also

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1 another way, asking the same question, would there  
 2 normally be a First Secretary and a Deputy  
 3 Prime Minister or not?  
 4 **A.** I don't think I've ever known of a situation where you  
 5 would have a First Secretary and a Deputy  
 6 Prime Minister. The Deputy Prime Minister role is more  
 7 formalised, but as you said it all depends on the wishes  
 8 of the Prime Minister and frankly the structure that he  
 9 and the occupant of the role wishes to put around it,  
 10 whether it's -- and normally the lead will come from the  
 11 Prime Minister.  
 12 **Q.** Yes.  
 13 **A.** The most obvious recent example, other than myself doing  
 14 it or the subsequent holders of the office, is when we  
 15 were in coalition and Mr Clegg was Deputy  
 16 Prime Minister. I mean, I know others have done it  
 17 before. But there, in the context of a coalition  
 18 agreement, you can see how the structure would be  
 19 formalised. But there aren't -- there's not a sort of  
 20 detailed manual.  
 21 **Q.** No. And certainly I think it's apparent from  
 22 paragraph 20 of your witness statement that that rather  
 23 formal and well understood role that Nick Clegg held was  
 24 rather different from your role as First Minister --  
 25 sorry, First Secretary during this earlier period. As

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1 you say here, you understood the role to be, your words,  
2 "a sort of gap filling 'fixer'", being asked to do  
3 certain roles that perhaps fell outside the portfolios  
4 of other Cabinet ministers, supporting the  
5 Prime Minister when you could, and of course, as we'll  
6 come to, stepping in for him when necessary.

7 **A.** Yes. I mean, there are different ways of doing it, and  
8 I think that's basically right.

9 The reality is the demands on any modern  
10 Prime Minister are several times what he or she could  
11 realistically do, and therefore a need to prioritise to  
12 the extent that a First Secretary or a DPM can lighten  
13 the load I think it's a smart thing to do. And what  
14 I would try to find is the serious, earnest, but perhaps  
15 not either as politically imperative stuff for the PM to  
16 be spending his precious minutes on, and just try to  
17 shift a little bit of that off the plate, and I've done  
18 that for two Prime Ministers.

19 **Q.** Just before we leave this, in imagining your role during  
20 this period, 2020 and into 2021, it would be wrong,  
21 wouldn't it, for us to imagine that you were fulfilling  
22 a role that meant you being by the Prime Minister's side  
23 all the time?

24 **A.** Oh, in fact I would say it was quite important to -- in  
25 discharging that role, to -- precisely to allow the

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1 for have, neither have any of the predecessors.

2 **Q.** I'd like to ask you just a couple of points about more  
3 general governance issues before we turn to the detail  
4 of the chronology. The first relates to the role of the  
5 Cabinet in decision-making during this period,  
6 2020/2021.

7 The Inquiry has heard evidence from a variety of  
8 witnesses, I think initially from Helen MacNamara, but  
9 then from others, including Mr Javid today, about, if  
10 you like, the marginalisation of Cabinet during this  
11 period, the idea being of whereas Cabinet may have  
12 previously been an area where policy was debated and  
13 formed, if you like, a practice developed, no doubt not  
14 uniform but nonetheless it became more frequent, for  
15 policies to be decided in smaller groups and then  
16 presented to Cabinet for decision-making or even perhaps  
17 one might describe it as rubber stamping.

18 **Q.** Is that a description that you're familiar with from  
19 this period?

20 **A.** Yes, I probably wouldn't agree with framing it in quite  
21 those terms. I think Cabinet can be used for a scalable  
22 range of business, from an open discussion to tease out  
23 views, to decision-making with some rapidity, and all  
24 the points along the spectrum in between. That's been  
25 the case for every Prime Minister I've served, including

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1 Prime Minister to go and do other things. So sitting  
2 there -- I mean, that's what a chief of staff is for,  
3 you know, a member of his private office to man mark the  
4 Prime Minister, whoever that would be. That's not the  
5 role of the First Secretary.

6 **Q.** And just to put some focus on that, this Inquiry has  
7 heard a lot of evidence about the regular -- the daily  
8 meetings that the Prime Minister undertook,  
9 9.15 meeting, the Quads, the informal meetings with the  
10 Chief Medical Officer and so on. We will see that you  
11 attended those meetings occasionally, but certainly it  
12 was no part of your role as First Secretary to be  
13 a regular attender of those meetings.

14 **A.** Yeah, I mean, my experience of government meetings is  
15 you can have over-attendance, if I can put it like that,  
16 but you need the right balance between diversity of  
17 views, in its broadest sense, and then be able to cut to  
18 the chase and make decisions. You don't need everyone  
19 there otherwise it becomes, if you like, a climbing  
20 frame with everyone trying to crawl over it without  
21 actually being able to chart a way forward. I think  
22 that's actually a mistake.

23 So, for sure, I wouldn't have actually to be there  
24 in the room with the PM all the time, holding his hand.  
25 He didn't need that. Neither Prime Minister I've worked

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1 David Cameron.

2 So, for example, just in the context of Brexit, of  
3 course Cabinet was incredibly important but you had a --  
4 then, as you did under Covid, you had the Covid -- the  
5 Brexit -- the XS, as it was called and XO, like we had  
6 Covid-S and Covid-O, and you also had other COBR  
7 meetings. You would expect to distill decisions down  
8 with the right cast, then to put it to Cabinet, but  
9 Cabinet doesn't need to duplicate discussions that have  
10 been held at length. And where the decision has been  
11 considered at length, I mean, I think that would be,  
12 frankly, poor use of ministers' and government's time.  
13 But it depends what the issue is.

14 I think what is important is that Cabinet can and  
15 anyone in Cabinet who hasn't been privy to some of those  
16 earlier discussions, either because, in honest terms,  
17 they are peripheral to them in terms of their brief or  
18 because something may have been missed, in good faith,  
19 I think it's always the opportunity to raise a hand and  
20 question and test, and that happened right the way  
21 through the period.

22 But Cabinet was a tier on top of all of these other  
23 tiers of government put in place to deal with the  
24 emergency.

25 **Q.** Just picking up on that last point, Mr Raab, one of the

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1 suggestions that's been made is that as a consequence of  
2 Cabinet decision-making being drawn back, something of  
3 a variety of input and understanding, a broad  
4 understanding of real life may have been lost. Do you  
5 agree with that or not?

6 **A.** No, I don't think I do, not in those terms. I mean,  
7 whether any Cabinet, whatever the composition, is going  
8 to be a perfect ecumenical reflection of society,  
9 I just -- I'm not sure that's what actually it's there  
10 for, but certainly the combination of Cabinet, wider  
11 government and Parliament should mean that we're as  
12 sensitive as we possibly can be to all of the strains of  
13 information, the views, the sensitivities that are going  
14 on.

15 Look, you -- I think Tony Blair said you pay your  
16 money and you takes your choice, you can have endless  
17 conversation, in which case you'll never make decisions,  
18 or you can try to strike the right balance between  
19 getting a proper diversity of views, I mean in the sense  
20 of variety of views and test and challenge them, but  
21 then be very clear when you need to move forward, which  
22 of course, in an emergency like Covid, you do, and make  
23 decisions.

24 The conversation and the discussion cannot go on  
25 endlessly, as fascinating and useful as it might be at

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1 Again, the Inquiry has heard a lot of evidence about  
2 what he did, we've heard from him himself, of course.  
3 Various people have described his influence, his  
4 decisions. What was your impression of him and what's  
5 your understanding of the role he played in  
6 decision-making in the early months of the pandemic?

7 **A.** You may need to break this -- unpack this into slightly  
8 more closed questions, otherwise I'll end up rambling  
9 on, but let me give you my headline view.

10 First of all, I think the big challenge in Number 10  
11 is having a chief of staff who does the organisational  
12 structural role, which is -- if you think how precious  
13 every minute of a Prime Minister's time, and we all  
14 accept that it is finite -- how you organise that time  
15 authoritatively. Because everyone -- you know, you  
16 could -- there's ten times as many people want to see  
17 the Prime Minister or want that part of his or her time  
18 than is physically possible.

19 That's a really important role. I think under  
20 Boris Johnson, you know, Eddie Lister wasn't in there as  
21 a chief of staff but as a sort of *éminence grise*, a wise  
22 pair of hands. I thought he had the right skillset for  
23 that. In terms of Dominic Cummings, that's not why he  
24 was there, whatever the title. His -- he was there, was  
25 to drive forward delivery and also I think -- and he was

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1 an academic level. In the same way -- and I think  
2 I found it informative and learned a lot from the two  
3 major scientific officers, so Patrick Vallance and  
4 Professor Whitty, about how SAGE operated.

5 I mean, you could debate, as scientists, just as I'm  
6 sure lawyers -- and I say this as a recovering lawyer --  
7 could debate the themes, the evidence endlessly, at some  
8 point you've got to decide and take an actionable way  
9 forward, and that's where Cabinet comes in. And to be  
10 honest with you, wherever along the spectrum you are  
11 with that, someone will criticise you either for not  
12 canvassing a broad enough opinion or for not being  
13 decisive enough. And as I think Tony Blair said, you  
14 pays your money you takes your choice.

15 I actually found -- I'll let you ask the questions  
16 but overall, within the limits of what you could do in  
17 an emergency of this nature, as unprecedented as it was,  
18 with Cabinet such as it is and the Whitehall  
19 infrastructure such as it is, I think we about struck  
20 the right balance between testing and canvassing views  
21 but making sure we took action.

22 **Q.** Thank you.

23 Let me ask you about a different matter, and that is  
24 the role, the influence of Dominic Cummings in  
25 Downing Street during 2020.

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1 certainly well disposed to this and I think well suited  
2 to this -- try and, amidst the daily hustle and bustle  
3 of events brought up by the media or whatever was the  
4 issue of the day, take a half step back and try and work  
5 strategically, and I think that was the intention of his  
6 role. And I also thought -- you'll come on to this,  
7 you'll need to ask -- but in terms of diagnosis, I mean,  
8 quite a few of the things that he diagnosed that were  
9 wrong I think he was right about, and actually the  
10 pandemic was a proving ground for some of those things:  
11 like data in Whitehall, for example, like accountability  
12 in relation to the brilliant civil servants that we  
13 have. I won't delve in too much to that until you lead  
14 me there, but equally -- you know, I was six years  
15 a civil servant as a Foreign Office lawyer and have very  
16 fond memories, not only of my time as a civil servant  
17 but also the professionalism there, so you're not  
18 talking to someone who is down on the civil service by  
19 design. And what you're looking for, in my view, and  
20 I think SPADs, including the most senior ones like  
21 Dominic Cummings, were looking to try and form this  
22 synergy between the role the civil servants play, the  
23 candour advice, sense checking and fundamentally  
24 executing policy and ministerial accountability to the  
25 public for those decisions. I don't think any

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1 government gets this perfectly, but what you're looking  
2 for is that synthesis. SPADs and Dom Cummings in  
3 particular are there for that, and I think that is  
4 critical.

5 **Q.** Mr Raab, that's an answer about what they might have  
6 been there for in principle. Can you help us with your  
7 experience of Mr Cummings in practice. Let me read you  
8 one sentence of Mr Javid's witness statement. He said  
9 this:

10 "I felt that the elected Prime Minister was not in  
11 charge of what was happening in his name and was largely  
12 content with Mr Cummings running the government."

13 Do you agree with that?

14 **A.** No, I don't, but let me just say at the outset, and  
15 I don't say this as any disparagement on this committee  
16 or this Inquiry, but there is a whole circus that can be  
17 built up in the media and elsewhere around the internal  
18 battles between individuals, and some of that is natural  
19 and healthy, you know, you have tensions between civil  
20 servants, between civil servants and SPADs, between all  
21 of those and ministers, and of course between ministers.  
22 But -- I, by the way, worked very closely with  
23 Sajid Javid, in fact I worked for him when I was Housing  
24 Minister, I like him, I respect him, I think he is  
25 a great operator and decision-maker in the way you were

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1 I don't find that a serious allegation. I think  
2 Boris Johnson certainly relied on his key advisers. By  
3 the way I think you have to if you're going to get  
4 through the work, particularly in a pandemic. I don't  
5 think, looking back at prime ministers past or present,  
6 if I look at Theresa May or if I look at Tony Blair and  
7 the role of his chief of staff, his director of  
8 communications, it is natural. And if you present me  
9 with something, a specific scenario, I'm happy to  
10 comment on it.

11 But -- and Boris, just like anyone else who occupies  
12 that incredible role -- and I feel some empathy with  
13 anyone who has done the job of Prime Minister, because  
14 I covered it for a month and I think that made me  
15 a better Secretary of State because I could see what the  
16 pressures were that the Prime Minister has to deal  
17 with -- but you have constantly got this challenge of  
18 wanting to control the levers that affect government  
19 policy but also knowing that to run an effective  
20 government you need to delegate. And, of course, you  
21 should delegate fundamentally through your  
22 secretaries of state and your ministers, but you also  
23 delegate with advice and reliance on your special  
24 advisers, just as you do through senior members of the  
25 civil servants. That is natural and proper. And

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1 just describing, so I've got no beef with Mr Javid.

2 But equally I don't think that's quite right.

3 I think Dominic Cummings, certainly on diagnosis but  
4 also trying to galvanise direction of travel, was much  
5 needed, some grit in the oyster. I think if you look at  
6 some of the things he said -- and we may come on to  
7 this -- but the obvious one I think of is the osmosis  
8 between professions from outside government in  
9 government.

10 Funnily enough Chris Whitty and Patrick Vallance are  
11 great examples of this. I mean, when we came on to the  
12 vaccine trials and all the rest of it, having someone  
13 who has not only been a scientist, who knows how  
14 government works, but also been in a major  
15 multinational, taking a drug from trials to  
16 commercialisation, I mean, it's just gold dust. I think  
17 Chris Whitty was superb as well. And one of the things  
18 I think Dom Cummings had noted and observed is sometimes  
19 Whitehall can feel a bit like a closed shop.

20 So I want to give you a sense of which I think he  
21 correctly identified some of the structural challenges  
22 without getting into the "he said, she said", frankly  
23 soap opera of Westminster bubble politics.

24 The broader question you raise about whether he  
25 took -- that Boris Johnson was a puppet, I'm afraid

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1 I don't think -- I just don't accept the  
2 characterisation that there was some sort of puppet  
3 regime.

4 **Q.** Mr Raab, let's move on and look at the early months of  
5 the pandemic.

6 **LADY HALLETT:** Before we do, can I just issue another  
7 assurance, as I did yesterday.

8 Mr Raab, when we're looking at whether or not there  
9 was a toxic at -- it's not from some prurient interest  
10 that we want to hear rude words or anything, it is to  
11 see whether or not there was anything wrong in the  
12 decision-making process, and that's why we're asking the  
13 questions.

14 **A.** I understand why you are asking the questions, Chair.  
15 I totally respect it. I'm not suggesting -- but we also  
16 know that there is, if you like, a parallel soap opera  
17 in the media that will play out these things and  
18 magnify --

19 **LADY HALLETT:** I understand.

20 **A.** And I just -- you know, I want to give you honest  
21 answers, candid examples. I want to give the best  
22 evidence I can for the bereaved. And fundamentally,  
23 this is a lessons learned exercise, I want us to  
24 understand where we've just got political noise and  
25 where we've got substantive issues. And let me try and

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1 assist the Inquiry as best I can.

2 **LADY HALLETT:** Thank you.

3 **MR O'CONNOR:** Let's turn to the chronology, Mr Raab, your  
4 witness statement sets out in detail what you were being  
5 told, what you were doing in the first few weeks of  
6 2020, I'm really talking about January and very early  
7 February here. We may come back to some of this detail,  
8 but is it fair to say that at least two of the things  
9 you were principally concerned with in that time  
10 regarding the pandemic were, first of all, amendments to  
11 the UK travel advice for China, considering whether or  
12 not to make amendments and, over time, making those  
13 amendments, and also dealing with various issues  
14 regarding the repatriation of British nationals?

15 **A.** Yes, to the extent that my job and role covered the  
16 pandemic, there is a whole string of other things, every  
17 crisis in the -- you can imagine what I was like then  
18 compared to now --

19 **Q.** Yes, and I think I was clear in my question that I was  
20 just asking you about those matters.

21 **A.** Yes. And I think the other thing, if I may just say, on  
22 travel advice, trying to explain throughout government,  
23 which may be helpful just to echo here, the difference  
24 between travel advice and changes that are made to it  
25 compared to, for example, border restrictions, and that

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1 became a pandemic.

2 We've heard from Chris Whitty that that range, the  
3 100,000 to 300,000, was not intended, nor was it  
4 presented, to the Prime Minister as a sort of formal  
5 reasonable worst-case scenario, they were intended as  
6 an indication of the seriousness of the situation if  
7 a pandemic of this new infection were to emerge.

8 Now, I'm sure you'll agree with me, first of all,  
9 that that was a very grave piece of advice that  
10 Chris Whitty was giving to the Prime Minister?

11 **A.** Of course it is, yes.

12 **Q.** May I ask whether you were aware of that meeting or what  
13 it was that Chris Whitty had conveyed to the  
14 Prime Minister at it?

15 **A.** I can't recollect, but it's not remotely unusual that  
16 I wouldn't have been at that meeting.

17 **Q.** No, I'm not suggesting it was. I simply want to  
18 understand --

19 **A.** No.

20 **Q.** -- whether you were or whether you had understood it at  
21 the time.

22 **A.** No.

23 **Q.** Let's go, if we may, to paragraph 58 of your witness  
24 statement on page 18.

25 You describe there that in fact on the day of that

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1 these are different decisions for different purposes and  
2 actually we're legally constrained, I'm sure we'll flesh  
3 this out, in the way that that takes place. But yes, of  
4 course, looking at that very carefully and ultimately  
5 taking advice from the CMO and others on that.

6 **Q.** Yes. You also detail, Mr Raab, that of the two COBR  
7 meetings that took place during January that we have  
8 heard some detail about, you didn't attend the first  
9 meeting, you sent one of your MPS to attend that  
10 meeting, but you did attend the second meeting on  
11 29 January.

12 Now I want to move just a week or so forward in the  
13 chronology, because the Inquiry has heard evidence about  
14 a meeting that took place on 4 February between the  
15 Prime Minister and Chris Whitty, the Chief Medical  
16 Officer. This wasn't a meeting as far as we know that  
17 you were at, you may not have heard anything about it,  
18 that's one of the questions I'm going to ask you, but  
19 what we've heard, first of all, this was the first time  
20 that Chris Whitty briefed the Prime Minister relating to  
21 Covid, and that in summary what Chris Whitty told the  
22 Prime Minister was that there was a reasonable chance  
23 that there would be a pandemic in this country involving  
24 between 100,000 and 300,000 deaths if the Covid-19,  
25 which was then in China, spread internationally and

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1 meeting you went on a pre-arranged trip, undertaking  
2 your official duties as Foreign Secretary, to Australia,  
3 Japan, Singapore and Malaysia, and you were gone for  
4 about a week, as we can see there.

5 I think it's also right to say that later in  
6 February, after your return from that trip, you went on  
7 a family holiday or a personal trip skiing; is that  
8 right?

9 **A.** Yeah, I mean, that is correct. I mean, in fairness, if  
10 you're taking the whole chronology, I mean, you know --  
11 and this is the life of any modern Foreign Secretary --  
12 I was in Brussels the first week of January, in the US  
13 and Canada the second, third week or around the same  
14 time I'm in Paris --

15 **Q.** I'm just going to interrupt you, Mr Raab, because we  
16 have got limited time.

17 **A.** Yes, but I think it's important, because I think I know  
18 where you're going with this. The -- if I may, just to  
19 very briefly say, I went to Australia, Japan, Singapore  
20 and Malaysia, vital countries for the UK's foreign  
21 policy and, as it turned out, the relationships we  
22 needed to service during Covid. And again, first week  
23 of March I was back on the road to Oman, Istanbul and  
24 Saudi. That is the job of any modern Foreign Secretary.

25 **LADY HALLETT:** Don't worry, I don't think Mr O'Connor is

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1 going to suggest you were on jollies, Mr Raab.

2 **A.** Glad to hear it.

3 **LADY HALLETT:** Just wait for the question and then he'll

4 make it clear.

5 **MR O'CONNOR:** The question I want to ask you, Mr Raab,

6 focuses on this time in February where, as we have seen,

7 first of all, you did this official tour to Australia

8 and to those other countries, and secondly, after you

9 got back, I think you have agreed, you went on a family

10 holiday. What we can read into that, alongside the fact

11 that at the beginning of that month the Prime Minister

12 had been told of this grave news about the Covid

13 pandemic, which one might have thought, and certainly

14 with hindsight now we can perhaps see, demanded

15 a considerable upgrading of the government's response.

16 Were you aware at that time of anyone suggesting to

17 you either that it might not have been a good idea for

18 you to leave the country, that you were needed perhaps

19 in your role as First Secretary to be involved in work

20 towards preparing for the pandemic, or that it wouldn't

21 be advisable for you to take holiday during that period?

22 **A.** So three points. First of all, of course the advice

23 that you cite from Mr -- from Professor Whitty to the

24 Prime Minister was hedged with all sorts of caveats and

25 uncertainty, and as a common theme of the pandemic we

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1 of Australia, Japan, Singapore, Malaysia, but also

2 frankly all of them.

3 In relation to the week away, as you can I think see

4 from the chronology, being Foreign Secretary is a pretty

5 gruelling agenda, and that comes with the territory, but

6 equally you will have noticed -- and I'm sure you've got

7 and seen and digested the FCDO corporate chronology that

8 was sent on 23 December 2022 which details, and I'm very

9 happy to go through it in laborious detail if it's

10 helpful, but tell me if it isn't -- all of the

11 decisions, the communications and the meetings that

12 I conducted during the February half term, which you

13 referred to, when I was away.

14 Again, whether you're away on very rare leave that

15 you get as Foreign Secretary or whether it's because

16 you're travelling on business and you need to stay in

17 touch with what's going on in Westminster, I mean,

18 that's just bread and butter, but at all moments when

19 I was needed I was there and certainly directing what my

20 department needed to do -- if it wasn't easily

21 delegated, which, again, you need to do during

22 a pandemic and, actually, in terms of business as usual.

23 **Q.** Mr Raab, one of the questions that this Inquiry will

24 have to consider is whether that month of February was

25 spent properly by the government not on business as

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1 had potential scenarios with evidence which was hedged.

2 And I think at a range of moments and quite -- you'll

3 have to ask the Prime Minister, former Prime Minister,

4 I'm sure you will -- where you've got formative evidence

5 coming through, which is still being tested -- and at

6 what point you make a go/no go decision, whatever

7 decision that may be. So -- and I think when I've

8 looked at the minutes from the meeting that you referred

9 to with the Prime Minister, I think it's hedged with,

10 again, all those caveats and uncertainties. So I think,

11 first of all, we need to understand that you take the

12 decision when you've got sufficient evidence, and indeed

13 when the CMO advises sufficient evidence to take

14 actionable decisions.

15 In terms of my travel, just to be really clear, of

16 course right the way through the pandemic, if it was

17 either unwise, unsafe, for Covid reasons, to leave,

18 I would have been umbilically linked to the CMO in terms

19 of chains of communication and we would have been

20 advised. I was not advised not to go. Indeed, I think

21 it was very important both for relations with all of

22 these countries and relations that we would have to tap,

23 whether it was for PPE, whether it was on vaccine

24 discussions or whatever it may be, that we did have

25 those relations. Particularly, as I say, with the likes

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1 usual but on understanding and preparing its response to

2 the Covid pandemic.

3 Now, with the benefit of hindsight, do you think

4 that enough was done during February, both by you and

5 others, or not?

6 **A.** Yes. But, look, as you say, it's with the benefit of

7 hindsight.

8 The reality is at all moments we're looking for

9 enough evidence. And credible decisive persuasive

10 overwhelming evidence, not just strands of evidence here

11 and there, not just theses which haven't properly been

12 tested but conclusive evidence on which you can act.

13 It's actionable evidence. And ultimately we had to rely

14 on the advisers for that.

15 Now, we -- a whole range of contingency planning was

16 under way but one of the things that was important was

17 that the government didn't seize up, paralysed, because

18 we could see evolving a pandemic or an emergency,

19 whether it was limited to China, engulfing the world, to

20 the extent that it affected the UK. We needed to try to

21 function as best we could whilst preparing for that.

22 But again you come back to the same point, contingency

23 planning without knowing with sufficient evidence what

24 the threat was, you just end up rewriting it or ... and

25 I think one of the things that I learnt during this

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1 process is that when it comes to plans during a crisis,  
 2 this is probably true in war time, but that's not my  
 3 experience, in terms of direct war time for the UK, and  
 4 certainly in an emergency like the pandemic, is you need  
 5 to try and stay in what I call perpetual beta. I don't  
 6 know whether you're familiar with the phrase, but if  
 7 you're testing a drug or technology, the last test you  
 8 do before you put it to market is with real-time users.  
 9 So you have your plan but you are constantly testing and  
 10 reiterating and refining the prototype.

11 I think we and Whitehall needs to get much, much  
 12 better at that. And curiously one of the people that  
 13 warned most about that, and I don't need to be the  
 14 apologist for Dominic Cummings, was Mr Cummings.

15 I think your broader point, though, was: in  
 16 retrospect, was February a decisive month? I think it  
 17 was. But you can see that in hindsight -- and it was  
 18 the tipping point where we really learnt more  
 19 sufficiently about the pandemic to tip the balance into,  
 20 okay, well, now we've at least got enough evidence to  
 21 take some actionable decision. And I think that's the  
 22 conclusion I came to.

23 **Q.** Well, Mr Raab, we can all think of our own management  
 24 speak to describe these indications, but --

25 **A.** Sorry, with the greatest of respect, it's not management  
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1 getting, but -- and I think the -- I had a long  
 2 conversation with both Chris and Patrick, who I think  
 3 very usefully said, you know, you can't think of the  
 4 science as something which is decisive and then set in  
 5 stone -- which is why I come on to the perpetual beta  
 6 point -- it is something constantly being tested. And  
 7 the point I'm making is I don't think we have  
 8 definitive -- a definitive enough answer about what the  
 9 pandemic was doing, the rate at which it was spreading,  
 10 what it would mean for the UK, let alone the other  
 11 knock-on questions that inevitably need to be asked,  
 12 which is: what does that mean for the NHS, in particular  
 13 ventilator beds in ICU? And also another big question:  
 14 how long can you credibly stay in lockdown in a liberal  
 15 democracy like the UK?

16 So I think what I'm trying to help you with is that  
 17 I'm sure with the benefit of hindsight if we took  
 18 a decision on, you know, whatever date it was, you can  
 19 always ask: weren't you versed enough the day before to  
 20 take that decision? That's the luxury of hindsight.  
 21 I think we genuinely tried to move decisively at the  
 22 point at which the evidence was compelling and we  
 23 wouldn't then just be buffeted between competing  
 24 evidence that would show up the next day or the  
 25 next week. And that's the balance.  
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1 speak, it's science, and the people that have looked at,  
 2 for example, forecasting, people have looked at why  
 3 decisions get made that are wrong, both in government  
 4 and outside, people like Daniel Kahneman, who won the  
 5 Nobel prize -- so not just "management speak" in the  
 6 pejorative terms -- people like Philip Tetlock, who have  
 7 looked at how you improve, would say you need to strike  
 8 this balance between moving forward and making decisions  
 9 and, if you like, digesting the evidence.

10 So I think it's -- and by the way, if it comes to  
 11 a piece of learning for this Inquiry about how  
 12 government works, I think it is probably the single most  
 13 important thing, and I don't think you should be quite  
 14 so dismissive, if I may say so with respect, as  
 15 "management speak". I'm trying to give you  
 16 a thoughtful, considered answer about how government  
 17 works.

18 **Q.** Can I ask you a direct question, Mr Raab: are you  
 19 telling the Inquiry that at the beginning of February  
 20 the government had inadequate evidence with which to  
 21 take further steps that it could and should have taken?

22 **A.** So when I -- we constantly peppered Chris Whitty and  
 23 Patrick Vallance with these kind of questions, and then  
 24 there was frustration with the science itself, not just  
 25 the evidence we were getting or the propositions we were  
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1 **LADY HALLETT:** Mr O'Connor, we're going to pause there.

2 **MR O'CONNOR:** Thank you, my Lady.

3 **LADY HALLETT:** 3.35.

4 Mr Raab, we will complete your evidence today,  
 5 I guarantee, but we do take a break.

6 (3.20 pm)

(A short break)

8 (3.35 pm)

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

10 **MR O'CONNOR:** Mr Raab, I would like to ask you a few  
 11 questions about the first lockdown decision that was  
 12 taken towards the end of March 2020.

13 May we go to paragraph 106 of your statement,  
 14 please, on page 32. The second sentence of that  
 15 paragraph, Mr Raab, you state that you cannot remember  
 16 exactly when you found out that the lockdown was going  
 17 to be imposed but that it didn't come as a surprise.  
 18 May we take it, therefore, that you weren't sort of  
 19 minutely involved in all of the discussions and meetings  
 20 and so on that led up to it?

21 **A.** Well, it depends what you mean by "minutely".

22 I think the point I was trying to convey is that  
 23 there are a series of incremental steps by which it  
 24 became predictable or at least foreseeable that we would  
 25 have to lock down, as a necessity, and therefore it  
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1 didn't take me by surprise. Equally, I'm not quite sure  
2 of the decisive moment where someone said to me, "By the  
3 way, you know this is going to mean a full-blown  
4 lockdown", so -- but I think it was an -- I think it was  
5 more an incremental moving towards rather than --  
6 although I'm sure to the public it appeared like  
7 a cliff-edge decision, it felt from the inside like  
8 an incremental series of steps that we inevitably ended  
9 up taking.

10 **Q.** I wanted to ask that, because if we look at the sentence  
11 before it and the sentence after it, you say that by  
12 23 March, which was of course the date that the lockdown  
13 was announced, the Prime Minister had already tested out  
14 the various components of a lockdown with Cabinet and  
15 with Cabinet subcommittees. And then the sentence two  
16 further on you say:

17 "The various elements had been the subject of  
18 technical discussions in COBR or subcommittee meetings  
19 already."

20 The evidence the Inquiry has heard is that the  
21 period of, let's say, ten days leading up to the  
22 lockdown decision was a little bit less mechanical than  
23 that, there were crisis meetings, disagreements,  
24 meetings with the Prime Minister where he gave different  
25 people different understandings of what he was going to

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1 a healthy thing to do.

2 And I think one of the things misunderstood about  
3 Boris Johnson, and we all have failings for sure, is he  
4 was much more open to hearing contrary views than some  
5 other prime ministers that either I've worked for or --  
6 you can think back over time.

7 **Q.** Yes, thank you, Mr Raab.

8 **A.** Therefore, if he wanted to test something, he would  
9 often want to hear a counterpoint. That doesn't mean he  
10 was wavering or vacillating. I mean, it might have  
11 done, but it doesn't necessarily mean it. It means he  
12 wanted to stress test, kick the tyres.

13 **Q.** Mr Raab, several of the witnesses who were involved in  
14 this decision-making have expressed the view to  
15 the Inquiry, with hindsight, that that first lockdown  
16 decision should have been made earlier than it was,  
17 perhaps by a period of a week or a little more. What's  
18 your view about that?

19 **A.** So I've heard it and I've listened to it and we thought  
20 about this at the time. One of the big challenges was  
21 working out how long you could realistically credibly  
22 lock down for, because you need to do so with the  
23 overarching goodwill of the country and the stamina of  
24 the country for a full-blown lockdown, and we asked  
25 Chris Whitty and Patrick Vallance about this, that's

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1 do, saying that he wanted to be the mayor from Jaws,  
2 discussions with Sadiq Khan over the weekend just before  
3 saying he couldn't decide whether to have a lockdown or  
4 not, worrying about the economic aspects.

5 No doubt a very serious decision, very serious  
6 trade-offs, but not quite the sort of cool, calm,  
7 everything had been carefully thought through, all the  
8 aspects had been looked at in different subcommittees  
9 running up to that decision.

10 Can you tell us that something different happened,  
11 or were you not as close to the decision-making as  
12 others?

13 **A.** I'm not sure that -- well, I was close to the bits that  
14 I was personally involved in, for example, the global  
15 travel advisory was in place on 17 March, just by way of  
16 example.

17 I'm not sure taking an incremental approach is  
18 inconsistent with a Prime Minister who, if that was your  
19 reflection, took a rather Hegelian approach to making  
20 decisions (thesis, antithesis, synthesis), and that was  
21 actually very commonly what he did, both in meetings and  
22 I suppose in his thought processes, and I don't think --  
23 I mean, people will have different ways of doing that,  
24 they can be inductive, deductive, but I think testing  
25 viewpoints and possible outcomes actually is quite

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1 a huge variable. And the challenge, as I think you'll  
2 have heard and everyone will be familiar with, the issue  
3 with lockdown was to try to protect the NHS,  
4 particularly the ICU, flatten the peak of the virus, and  
5 protect the NHS being from overwhelmed. There were all  
6 sorts of other considerations but that was a critical  
7 one.

8 If you go too early with your lockdown, the risk is  
9 you end up having to come out too early or it frays.  
10 And I've heard people say we should have gone down  
11 earlier, and it's an easy thing to say with retrospect.  
12 But do they also answer the question: does that mean  
13 we'll come out of lockdown early? And if not, does --  
14 can they answer the question -- I'm just, it's  
15 a rhetorical question, really -- about -- all the other  
16 consequential questions about compliance and what that  
17 would have meant.

18 Actually during the lockdown compliance of the  
19 British people, I think because they understood why,  
20 compliance was extremely high, particularly for  
21 a liberal democracy which is used to exerting its  
22 freedoms. And I think that was partly because the case  
23 was clear and that was partly because we could present  
24 the case as clear.

25 So I'm not being dismissive about other viewpoints

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1 about this, I just think you have got to answer other  
2 questions about stamina of the British people for  
3 a lockdown of that nature.

4 **Q.** Yes. And all the factors you've just listed which were  
5 in play at the time have all been considered by the  
6 witnesses who the Inquiry have heard from, scientists,  
7 decision-makers. Several of them, Patrick Vallance,  
8 Chris Whitty, have expressed the view, carefully  
9 reasoned, that, knowing what they know now, the lockdown  
10 should have been earlier. I'm interested to know your  
11 view on that.

12 **A.** Knowing what we know now, look, possibly. I'd need to  
13 look at all the data and the evidence.

14 What Chris and Patrick did, which I think was very  
15 useful, is they often had, if you like, a matrix of,  
16 what we've got to think about is four things above  
17 all -- there's always other, but four things -- Covid  
18 impact, non-Covid health impact, economic impact and  
19 social impact. And we would often test -- and  
20 I certainly would try to test with them -- those four  
21 things. And the risk of course, in an emergency, is all  
22 of your mind is on the Covid impact, and that's  
23 understandable given it was -- given the huge loss of  
24 life, but you've also got to think about the opportunity  
25 cost or the opportunity losses, including human loss of  
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1 **Q.** Let's move, Mr Raab, to the slightly later period when,  
2 as we've said, Boris Johnson became ill and you stood in  
3 for him.

4 In summary, the chronology was that Mr Johnson  
5 announced that he'd tested positive on 27 March, he went  
6 into hospital a week or so later on 5 April, and went  
7 into intensive care on the 6th. That was a Monday. And  
8 is it right that it was that Monday that you commenced  
9 deputising for him and that went on until he was  
10 discharged on 12 April, and then for a couple of weeks  
11 after while he recuperated until 25 April?

12 **A.** Yeah.

13 **Q.** Are those the dates?

14 **A.** Correct.

15 **Q.** Now, if we look at paragraph 125 of your statement,  
16 Mr Raab, on page 38, you describe the circumstances in  
17 which, as it were, it was you who deputised for him and  
18 not someone else.

19 You say -- I'm looking towards the bottom of that  
20 paragraph:

21 "... I had had a conversation with the Prime  
22 Minister in which it was made clear that if he was to be  
23 indisposed, I [that is you] would step in and deputise  
24 for him."

25 I'm going to ask you some sort of questions about  
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1 life, of those other three areas of the matrix.

2 So, with retrospect, that's for the committee to  
3 decide and the Inquiry to decide.

4 For my -- I think the most important thing I can say  
5 is at the time there was just so much that was fluid in  
6 terms of the evidence and too many questions, and you  
7 can't wait for perfect knowledge. So in that, to  
8 that -- and I'm all for making a decision, which is why  
9 that point about perpetual beta, sometimes you'll need  
10 to go with your, let's say, 90% formed view but just  
11 recognise that you're going to have to iterate around  
12 it.

13 But I actually think that if you look at the  
14 consequences of the timing you could probably -- and  
15 I know a columnist would make the argument and others  
16 would make the argument -- that actually, you know, we  
17 locked down too much. I'm not saying this is my view.  
18 But because of the cost to the economy, because of the  
19 languishing effects of the non-Covid NHS backlogs,  
20 because of the impacts on our children of shutting  
21 schools, which I was very mindful of. So I'm just  
22 saying, you know, when I look back, I'm very conscious  
23 that we made the best decisions with the science as  
24 fluid as it was at that point in time, and I think  
25 that's the best that you can in good faith do.  
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1 the constitutional situation --

2 **A.** Yeah.

3 **Q.** -- and how developed the planning was.

4 Are you able to help us with whether it was routine  
5 for prime ministers to have someone identified who would  
6 deputise for them if they were indisposed, or as far as  
7 you're aware was that unusual?

8 **A.** No, I think it was unusual. But for completeness, there  
9 are all sorts of security and national security  
10 scenarios which, forgive me, because of the propriety  
11 and sensitivity, I won't go into detail, but just to  
12 give you a flavour, where whether it's because of  
13 indisposition or lack of availability you make sure  
14 you've got cover.

15 **Q.** Yes. But you at any event had had that conversation.

16 Was that -- I won't press you on the detail for  
17 obvious reasons, but was that discussion limited to that  
18 sort of national security situation or was it a broader  
19 conversation?

20 **A.** So I can't remember all the details of it, but the truth  
21 is when I was appointed Foreign Secretary and First  
22 Secretary, the PM was very clear: "I'm appointing you  
23 First Secretary so that you've got my back and that if  
24 ever it's required you can cover for me."

25 **Q.** Yes.

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1 A. There are some regular routine things, like PMQs, that  
2 just, you know -- but -- I mean, that's not at the most  
3 acute end of the seriousness that we're talking about  
4 now. But it just logically follows from that.

5 In terms of contingency planning around that  
6 eventuality, no, I think it was pretty sparse.

7 Q. Yes.

8 A. I was effectively told on -- really told on  
9 five minutes' notice.

10 Q. Let's move, Mr Raab, because that was going to be my  
11 next question, if we look on to the next page,  
12 paragraphs 126 and 127, there you discuss meetings that  
13 you had with Helen MacNamara, the Deputy  
14 Cabinet Secretary, and Mark Sedwill about how this was  
15 to work.

16 We have heard from Helen MacNamara that, to use your  
17 words, the planning was sparse. I mean, to use others  
18 of her words, "they were making it up as they went  
19 along". You raise questions as to, well, is it  
20 appropriate for you to chair Cabinet.

21 Give us an idea from your perspective as to how  
22 clear or unclear it was as to how you were to do this  
23 job?

24 A. Well, the first thing, not clear at all. There's no  
25 manual, there's no guidance. I was told on  
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1 being done for when we would be able to do that.

2 So there was that strategic work.

3 There was all the minutiae, operational minutiae of  
4 stuff going on in every department. You know, we had  
5 a good Cabinet, we good secretaries of state, I wanted  
6 to trust them to do that job. They would certainly not  
7 have welcomed an overly micromanaging step-in First  
8 Secretary, I was very conscious of that, but I did think  
9 it was important, for example, to get them together, to  
10 get the team together, and just say, "Come on, we've got  
11 this, PM is going to be fine" -- fingers crossed, which  
12 was all we knew at that time -- "let's make sure when he  
13 comes back conscious we've all done a good job, both  
14 individually and as a team".

15 I think there was some nervousness. I was told  
16 no -- no one who wasn't a Prime Minister had chaired  
17 a Cabinet before. I've got to say, I thought that's not  
18 really the thing that matters right now, although  
19 I understood and respect -- by the way, Helen and  
20 Mark -- Helen MacNamara and Mark Sedwill -- good  
21 colleagues, I respected them I -- you know -- but  
22 I thought the right thing to do for morale, both of  
23 Cabinet and the government, was say -- just to get  
24 everyone together and have a bit of a team talk, and  
25 also just to check who was worried about whatever, and  
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1 five minutes' notice. In fact I'd given, I think,  
2 the press conference -- you know we had those daily  
3 press conferences where the scientists would speak,  
4 a senior minister would speak, you take questions and  
5 tweets from the public, and then I think I was informed  
6 literally as I came out of that.

7 I think there were a number of things that were on  
8 my mind. One, just steady the ship. It's a big deal.  
9 I also noticed at a human level, just as we all had  
10 experience of this awful pandemic, I knew a lot of  
11 people would be -- in the Cabinet would be personally  
12 very worried about what this meant for the personal  
13 condition of the Prime Minister. I know it's easy to  
14 discount that if you're in the public at large or,  
15 you know, with the media and what have you, but I think  
16 there's a lot of that. You want the government to  
17 respond in the right way and the Cabinet to respond in  
18 the right way. I think there's an element of  
19 reassurance to give the public, so there is that, so  
20 I think I did a clip to camera and we basically  
21 emphasised that message.

22 I thought -- and then there's all the work that's  
23 going on, from the strategic preparation for the --  
24 I think it was the five tests for how we come out of  
25 lockdown., I knew that the PM wanted all of that work  
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1 there may be other things we hadn't thought about,  
2 because there hadn't been a huge amount of contingency  
3 planning.

4 We ended up having a Cabinet discussion or a Cabinet  
5 meeting. Fine, I think we had couple of those in  
6 relatively short order. And I think it was, just at  
7 that human level, important.

8 But the most important thing was to make sure that  
9 you could show government was working, that there was  
10 a government functioning, that there was a First  
11 Secretary that was in charge. And I suppose, again, at  
12 another human level, I didn't want anyone saying, well,  
13 Dom Raab is enjoying this too much, because (a) I wasn't  
14 and (b), you know, I was there to do a job, and I felt  
15 very loyal, as I have done to every Prime Minister  
16 I have served, to make sure it was done as  
17 professionally as possible.

18 Q. In terms of learning lessons, Mr Raab, and particularly  
19 in the context of pandemic preparedness, what happened  
20 in 2020 is perhaps, it wasn't unforeseeable, if  
21 a pandemic sweeps the country, that one of those  
22 affected may be the Prime Minister. Do you think there  
23 ought to be clearer guidance in place in time for the  
24 next pandemic in case the same thing happens again?

25 A. I think it -- again, I think it probably would be worth  
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1 doing. Although -- so I'd say two things. One, surely  
2 you should have some discussion and some principles and  
3 you should avail the current Prime Minister and whoever  
4 there is -- whoever their nominated deputy is, whether  
5 it's his First Secretary or Deputy Prime Minister, there  
6 ought to be some kind of conversation about what's  
7 expected if the Prime Minister becomes indisposed other  
8 than for travel.

9 Having said that -- again, it's not for me to say  
10 it, but I listened to some of the evidence, whether it's  
11 political evidence from SPADs like Mr Cummings or  
12 Fiona -- we actually did a reasonable job during that  
13 four, five weeks. I think all the things that needed to  
14 happen, did happen. We were well advanced on the  
15 readiness with the five tests about how eventually we  
16 would come out of lockdown. And I'm not -- again,  
17 I don't want to overstate this, I think with a pandemic  
18 and a crisis, it's useful to have some handrails, so  
19 yes, a bit more lessons learned and a bit more  
20 contingency planning would be useful, but actually our  
21 system worked and, as was often the case, this was  
22 British pragmatism and the -- if you like, the informal  
23 conventions that inform how we make decisions actually  
24 did see us through.

25 So yes, a bit more codification, probably, but  
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1 Mr Raab. It's INQ000136763.

2 This was a review of the culture in Number 10 and  
3 the Cabinet Office that was undertaken. If we can look  
4 at the whole page, we can see the date there, May 2020.  
5 It was undertaken by Helen MacNamara and  
6 Martin Reynolds.

7 We've heard evidence about both this review and the  
8 issue that prompted it, Mr Raab. In summary, problems  
9 with working both in Number 10 and the Cabinet Office,  
10 division between the two, unhappiness amongst at least  
11 some of those working there.

12 If we look at page 3 of the document, paragraph 2 of  
13 the review, a paragraph we've looked at before, problems  
14 listed there, not enough grip in the Cabinet Office,  
15 plans not being drawn together, not enough scrutiny,  
16 Number 10 is strong but not pulling in the same  
17 direction, sometimes the systems got flooded with  
18 unprioritised demands, culture isn't getting the best  
19 from people. A couple of lines down there is  
20 a particular issue with junior women being talked over  
21 or ignored.

22 As we saw, one of the phrases that was used in the  
23 preparation of this document, although it didn't find  
24 its way into the final draft, was describing what was  
25 going on as a so-called "superhero bunfight".

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1 actually, I don't think we did too bad a job, given the  
2 circumstances.

3 **Q.** Thank you. Just briefly, if we look at the bottom of  
4 this page, we will see just at the bottom of  
5 paragraph 129 you refer there to "the Easter review",  
6 I think you've mentioned it just in passing a few  
7 minutes ago.

8 **A.** Yes.

9 **Q.** This was one of the features, wasn't it, of the four or  
10 five weeks that you were at the helm. Just briefly  
11 expand on what that was all about and --

12 **A.** We had five tests for -- so the Easter review was,  
13 having gone into lockdown, you want to make sure that  
14 people feel like there's some sort of light at the end  
15 of the tunnel, and, therefore, the Easter review would  
16 be that moment. And it would be judged against five  
17 criteria, which included everything from the state of  
18 the NHS, in particular ICU, the R level, so the  
19 transmission rate, through to the impact on the economy.

20 So I think trying to make sure you've got some good,  
21 clear benchmarks. And frankly, and this is a common  
22 theme, I don't know whether you'll get a chance to come  
23 on to it, but the data to inform those benchmarks so  
24 that that Easter review could be meaningful.

25 **Q.** Let's look at another document, if we may, please,  
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1 This review was done in early May, so a week or two  
2 after Mr Johnson had come back, but one infers that  
3 these problems must have been evidencing themselves  
4 during the time that you were deputising for Mr Johnson.  
5 Were you aware of them at the time?

6 **A.** Oh, I mean, look, I don't necessarily agree with all of  
7 this, and I don't propose going through it line by line  
8 but I think they've lifted out quite a few really  
9 salient themes around roles and responsibilities  
10 particularly, and accountability. The feeling often,  
11 whether it's in normal times or in a crisis, is you yank  
12 a lever, whether it's from Number 10 or the  
13 Cabinet Office, and you're sort of waiting for something  
14 actually to happen. That nexus between authority and  
15 accountability I think is a very good example.

16 I'm not sure I agree with all of it, in the sense  
17 that -- and by the way, I don't think that those who  
18 conducted this review came and talked to me, which is  
19 I think itself quite telling, not that I would have  
20 disagreed with some of these issues. But I think the  
21 one thing I would say is, in any crisis, it's not going  
22 to be a manicured operation. I mean, you know, in the  
23 Foreign Office we had the Thomas Cook insolvency, and we  
24 had the repatriation efforts, I mean, and all --  
25 you know, the Foreign Office deals with crisis

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1 management -- it is never perfectly manicured, and there  
2 will be certainly people who feel bruised by the  
3 pressure of it, and sometimes that will be because  
4 someone has behaved inappropriately, I get that, but  
5 there is also emergency conditions which create  
6 a tension and a combustibility, which I think we need to  
7 acknowledge as a given, however perfect the structure  
8 is.

9 So -- but I think the bit that I would alight on is  
10 endless meetings without a clear enough agenda, with  
11 papers focused on the agenda, with an exam question  
12 which leads to delivery, with a clear enough SRO,  
13 a senior reporting officer, who is actually going to  
14 say, if it doesn't happen, why not. And preferably to  
15 give you an early heads-up.

16 I think there is a delivery function challenge in  
17 Whitehall more generally but I think it shows up during  
18 a crisis. One thing I've always noticed is how often  
19 the CFO role and the COO role, so the chief financial  
20 officer and the chief operating officer, are often  
21 merged. Which to me -- as the Secretary of State in  
22 a big department, I think having a freestanding chief  
23 operating officer to deal with both long-term strategic  
24 plans but also the firefighting, why is something going  
25 wrong, can we fix it, I -- again -- and that's even

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1 discussions with Chris Whitty and Sir Patrick Vallance,  
2 I want to ask you about a sentence about six or seven  
3 leans down, you said:

4 "I never felt that anything was missing and I am  
5 confident that we received a range of perspectives  
6 throughout."

7 One of the issues the Inquiry has been addressing is  
8 whether sufficient economic advice, economic modelling  
9 for example, was provided to decision-makers, and it may  
10 or may not be that that was one of the things that you  
11 had in mind when you wrote that sentence.

12 Let me give you an example of the evidence  
13 the Inquiry has heard. Ben Warner, who in fact you  
14 mention in that paragraph, you were obviously -- he was  
15 obviously known to you, he said in his witness  
16 statement:

17 "The biggest absence throughout the pandemic was the  
18 lack of economic modelling in decision-making."

19 So can we ask you for your view, please. As it  
20 were, let's park the advice that came through  
21 Chris Whitty and Patrick Vallance and SAGE and so on.

22 **A.** Yeah.

23 **Q.** The question is whether that was sufficiently balanced  
24 or added to by economic advice. Mr Warner expresses  
25 a strong view that it wasn't. What was your experience?

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1 before you get into what you do in crisis mode.

2 **Q.** Just a very practical question relating to this, those  
3 four or five weeks that you were deputising, were you  
4 actually based in the Cabinet Office or Number 10 or  
5 were you still working from the Foreign Office?

6 **A.** I would come into Number 10 first thing and do the  
7 equivalent of the early morning meetings, stay on for  
8 any imperative business, but then I went back to the  
9 Foreign Office, partly because it was just as easy to  
10 work from there, it's literally a stone's throw because  
11 there's a back entrance from the Foreign Office to  
12 Number 10, but also because -- I was very mindful of  
13 this per se -- if it didn't make any difference to the  
14 effectiveness of what I did, I was very mindful of not  
15 looking like I was camping out in Number 10 while my  
16 Prime Minister was ill disposed.

17 **Q.** Let me move on, Mr Raab, and ask you about a slightly  
18 different matter. For these purposes could we go to  
19 page 63 of your witness statement, please,  
20 paragraph 215. Do you have it?

21 **A.** 215?

22 **Q.** Yes.

23 **A.** Yes.

24 **Q.** Now, this is a paragraph where you're discussing the  
25 scientific evidence, you've already mentioned your

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1 **A.** Yeah, look, I think it's a very good point. I mean,  
2 just on the narrow point you're making that I said  
3 I never felt anything was missing and I'm confident we  
4 received a range of perspectives throughout, I'm talking  
5 about the distillation of SAGE's view --

6 **Q.** I understand that --

7 **A.** -- on the pandemic, just to be clear.

8 **Q.** -- which is why I --

9 **A.** I get it. But I wasn't talking about the whole piece.

10 Look, I think we've got this four-point matrix,  
11 impact of Covid, non-Covid health impacts, economic and  
12 social. It is certainly true to say that in the lion's  
13 share of meetings which were either Covid-O or S or  
14 Cabinet, that there's disproportionate emphasis on the  
15 Covid health implications, and that's natural in  
16 a crisis, and that's the purpose of what Chris and  
17 Patrick were doing and SAGE.

18 I think it is also -- and, by the way, I've read  
19 Ben's evidence, his written evidence, I agree with --  
20 I think I'd struggle to disagree with anything he said  
21 certainly at the point of principle, about not having  
22 enough groupthink -- not having enough challenges to  
23 groupthink. And particularly if all of the Covid  
24 perspective is crowding out some of those other things,  
25 and you've had a sense of my concern around -- I was

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1 very concerned about closing schools. I was very  
 2 concerned that if we locked down too early we wouldn't  
 3 have the stamina to see it through and flatten the curve  
 4 and protect the NHS. Did we always get those  
 5 perspectives? I think one of the challenges ever  
 6 since -- well, it's probably been true for all prime  
 7 ministers since World War II, but you've always got this  
 8 challenge or this tension between the Prime Minister and  
 9 the Chancellor -- under Blair it was called the TB-GBs,  
 10 and we all know what went -- and it's true, the tension  
 11 is there, because the Treasury is such an authoritative  
 12 place. I suspect quite a lot of the analysis of the  
 13 economic impact, so in that matrix the economic  
 14 implications, was discussed bilaterally probably at  
 15 length, with lots of advisers from Number 10 and the  
 16 Treasury there, and the Chancellor and the  
 17 Prime Minister. Was it filtered through properly enough  
 18 to Cabinet to me to -- I'm not sure. Certainly, one of  
 19 the things the way government operates and Whitehall  
 20 operates, it doesn't -- part of it, of course, is the --  
 21 how convincing the evidence and analysis is but also  
 22 it's frankly, if you like, the fact you regurgitate over  
 23 like cud certain consistent themes, and that becomes the  
 24 benchmark or the bench point that you work to.

I think that the concern with all of the direct  
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1 disagreeing with what you say and what Ben is saying on  
 2 this.  
 3 **Q.** On a practical level, and this is something Mr Warner  
 4 and others have said, there was a disparity between the  
 5 SAGE advice, epidemiological advice, going through  
 6 a particular process and generating SAGE consensus  
 7 statements which were available to you and your  
 8 colleagues --  
 9 **A.** Yes.  
 10 **Q.** -- I'm not talking for the moment being published, more  
 11 generally --  
 12 **A.** Yeah.  
 13 **Q.** -- and an absence of similar economic analysis as you  
 14 say being made available on a two or three-page  
 15 statement to allow those trade-offs to be understood  
 16 when it came to NPI decision-making, and that is perhaps  
 17 why some have suggested in a future pandemic some idea  
 18 of an economic SAGE to do a similar job in a different  
 19 field. Is that --  
 20 **A.** Yes, SAGE did elicit quite a lot of controversy,  
 21 the Inquiry will have noted, and therefore I think  
 22 an economic version might just risk amplifying to new  
 23 levels of consternation.

But the truth is I think you probably would want  
 something as a counterbalance, if you like a ballast, to  
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1 Covid impacts, as serious as they were, was like that  
 2 a little bit, in the sense that we just eclipsed the  
 3 group discussion of some of the wider economic  
 4 implications.

I also can see the challenge, we wouldn't have been  
 able to do both to the same degree, so, you know, you  
 choose how you prioritise the time. I also see that the  
 PM and the Chancellor -- and I think this is true  
 successively, learning the lessons from the TB-GBs --  
 we're trying to make sure they would go into that room  
 with a common view, is it is awful if you have  
 a Prime Minister and a Chancellor disagree. And I think  
 the other thing you wanted to try and avoid is it just  
 being the Chancellor and the Health Secretary constantly  
 at odds.

So I think the comments are well made, I think we  
 probably would have wanted some more buttressing  
 economic data sifted and filtered through in  
 a meaningful way in which -- you know, on two sides of  
 A4, three sides of A4, not just further volumes.

But I also understand that trying to get the right  
 balance between discussion that's helpful and that  
 doesn't just create, if you like, systematic tensions  
 which stop you making decisions.

So I'm trying to give you a full answer. I'm not  
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1 the SAGE advice. Whether it needs to be a whole new  
 2 structure, I don't know.

3 **Q.** Yes.

Let's move, Mr Raab, to the second lockdown, if we  
 may. For these purposes, let's look at page 49 of your  
 witness statement.

7 **A.** Yeah.

8 **Q.** In the top two paragraphs, you will see there 156 and  
 9 157, you describe the Cabinet meeting on Saturday  
 10 31 October. We've heard a lot of evidence, again, about  
 11 the days running up to that meeting and the advice that  
 12 the Prime Minister had received.

You describe then the meeting, we see at 157 you say  
 the Prime Minister proposed second national lockdown and  
 regret about the tiers not having had time to prove  
 whether they were effective, and, as you say, the fact  
 that the Prime Minister announced the second lockdown  
 later that day.

If we can go on to paragraph 158, you say:

"In respect of the decision to implement the second  
 national lockdown, the CMO's advice was not binary but  
 reflected a full spectrum of SAGE opinion for this  
 decision, as for other decisions throughout the  
 pandemic."

The evidence the Inquiry has heard, Mr Raab, is  
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1 that, for some time before this period, so at least for  
2 the whole of October, in fact going back to early  
3 September, the SAGE consensus advice had in fact been  
4 that there needed to be some sort of lockdown.

5 So what do you mean by saying the CMO's advice was  
6 not binary?

7 **A.** So I don't remember ever Chris Whitty giving binary  
8 advice to the extent there was only really one option  
9 and they don't admit of points along a spectrum.  
10 I don't have the advice with me and I can't recall the  
11 precise contours of SAGE on the second national  
12 lockdown, but there was -- I mean, we lived in  
13 an operational world where there was always competing  
14 arguments. And even if there weren't competing  
15 arguments on the science, the policy options of what you  
16 might do which would be effective as a result of the  
17 science would -- and normally you had both, and you  
18 probably also had one or other scientist finding their  
19 views -- their views finding their way into the media.  
20 So it certainly always felt like there were options.

21 And, in fairness, I think the point I'm trying to  
22 make about Chris Whitty is even when he made a strong  
23 recommendation, I think he was intellectually and  
24 professionally honest enough to say, "I'm not saying  
25 there is one set view, I'm saying that, whether it's the  
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1 through the pandemic, as it became clear as we -- as it  
2 evolved, was going to be either a test and trace system,  
3 of a markedly different quality and efficacy of the one  
4 we had, or a vaccine. And so we were constantly trying  
5 to see, as well as deal with the short and medium term,  
6 what was coming down the line. And, again, given this  
7 point about national stamina, when the vaccine was  
8 incredibly likely to come -- or plausibly likely to come  
9 in, and therefore Chris and others and Patrick would  
10 update us on how the trials were going, and that itself  
11 is -- was fascinating and I learnt a huge amount from  
12 them on that and indeed that process, and I think  
13 sometimes we wanted some good news, and progress on the  
14 trials was clearly of that order.

15 I don't think I was saying that it would come  
16 quickly enough to prevent the December restrictions.

17 **Q.** Yes. If we look a little bit further down in the same  
18 paragraph you say this:

19 "There was a strong view that we could not get into  
20 a series of rolling lockdowns but rather had to wait and  
21 impose any further lockdown, not in order to stop the  
22 virus, but to flatten the curve when that became  
23 necessary to protect the NHS again ..."

24 And again you say:

25 "... in order for the vaccines to become available."  
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1 consensus view" -- and there's a difference between  
2 consensus and unanimity -- "my recommended view is  
3 this" -- he might say it more or less strongly -- "these  
4 are the implications, but I'm also conscious that there  
5 would be costs as well". I mean, I thought we had good  
6 rounded conversations.

7 And Chris got the, I think, balance right between  
8 giving clear advice but not for closing the idea that  
9 there weren't alternatives that could be meaningfully  
10 considered.

11 **Q.** Can I ask you about a sentence one or two lines further  
12 down?

13 **A.** Sure.

14 **Q.** You say:

15 "There had been positive developments in relation to  
16 the vaccine and there seemed to be grounds to hope it  
17 was coming soon."

18 Just remembering we're at 31 October here, you're  
19 not suggesting, are you, that the vaccine could somehow  
20 have made a difference as to whether a lockdown was  
21 needed in October/November 2020?

22 **A.** I don't think I'm suggesting -- I don't think I was  
23 suggesting that. But, again, I'd need to look again at  
24 what we were being told.

25 I mean, the minute that -- the truth is the only way  
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1 Well, we've heard that there were certainly, putting  
2 it at that level, two options. One was to have a series  
3 of what would be smaller lockdowns which would keep  
4 incidence in the population low, the other was to wait  
5 until you had to have a lockdown in order to save  
6 the NHS. But that would mean various things, one thing  
7 would mean that the lockdown when it came would have to  
8 be more severe and longer, and the other of course would  
9 be that incidence in the population would rise in the  
10 meantime, which would mean more people dying, more  
11 people contracting Long Covid and so on.

12 So, looking down at paragraph 159, you say the idea  
13 of a circuit breaker was "politically expedient and easy  
14 to communicate but we did not consider it was likely to  
15 be the best timing or most effective".

16 So one understands that there were trade-offs --

17 **A.** Yeah.

18 **Q.** -- of course, as in any political decision, but what was  
19 the trade-off then between a circuit breaker and waiting  
20 until your hand was forced in order to save the NHS?

21 **A.** I think the thing I had on my mind is the fatigue that  
22 was setting in with lockdowns, or analogous restrictions  
23 to lockdowns, and being in and out, I think, as well as  
24 being physically, logistically, emotionally exhausting  
25 for the country, plus the impact on business. So I'm  
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1 looking at it in the round. And I'm -- you know,  
2 whatever the -- and I think my view was based on the  
3 evidence that we were getting.  
4 I think at that point it was really about just  
5 trying to protect the NHS, because the lockdowns aren't  
6 going to make Covid go away, the thing we need is the  
7 vaccine, and we've discussed that there were signs but  
8 obviously nowhere near fruition yet of that coming in  
9 a positive way. And just trying to deal with the  
10 national exhaustion of lockdown and what it was meaning.

11 **Q.** Mr Raab, you talk about national exhaustion, there is  
12 also the question of mortality and the national number  
13 of people who are dying.

14 **A.** Yes.

15 **Q.** The circuit breaker, we have heard plenty of scientific  
16 evidence, would have kept the incidence of Covid at  
17 a lower level, which would have meant fewer people  
18 dying. Was that something that was considered at the  
19 time?

20 **A.** Yeah, absolutely. And again we relied on the evidence  
21 as we had it at the time. But of course we were mindful  
22 of that, but you've got your four key things which we  
23 were constantly focused on, the Covid deaths, the  
24 non-Covid health impacts -- people would also have their  
25 lives and their health at risk if we can't get the NHS

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1 I think partly because of the experience and the trust  
2 that I had with the Prime Minister after that situation,  
3 the development of the First Secretary role developed  
4 further, but I can't remember off the top of my head  
5 quite how involved I was in some of those detailed  
6 meetings.

7 **MR O'CONNOR:** Thank you very much, Mr Raab, those are all my  
8 questions for you.

9 **A.** Thank you.

10 **LADY HALLETT:** Thank you, Mr O'Connor.

11 Ms Heaven.

12 Ms Heaven is over there. If you look to the right  
13 of the pillar, Mr Raab, she will wave at you in  
14 a second.

#### Questions from MS HEAVEN

16 **MS HEAVEN:** Good afternoon, Mr Raab.

17 **A.** Good afternoon.

18 **Q.** I ask questions on behalf of the Covid-19 Bereaved  
19 Families for Justice Cymru, so it's a slightly Welsh  
20 perspective now, please.

21 I just have a very few questions for you. It really  
22 starts with paragraph 228 of your witness statement, and  
23 it's no criticism of you but I think that's really the  
24 brief explanation you give that touches on DAs. So I'll  
25 just read it out just to remind. I think you've got it

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1 working -- we've got the social impact, the economic  
2 impact as well. Social impact isn't sort of some fluffy  
3 abstract amorphous thing out there, it's the impact  
4 on -- mental health impact and all the other impacts of  
5 those restrictions.

6 And the challenge is to look at those in the round  
7 and take a balanced decision. So, you know, the idea of  
8 going in and out of these circuit breakers I think was  
9 actually -- even if you could make a rational argument  
10 for it, I think, bearing in mind the likely compliance,  
11 and if it was tiered measures in particular, the  
12 difficulty of policing and enforcing that, coupled with  
13 the fact that people's stamina for it is fraying,  
14 I think that's why I took the view, on balance, that  
15 I did.

16 **Q.** We've seen evidence of all the briefings the  
17 Prime Minister had in the days running up to this  
18 decision. There is actually very little in your witness  
19 statement covering that period. Can you help us, were  
20 you involved in those sort of daily meetings for the  
21 week or two before 31 August or not?

22 **A.** From recollection I can't remember. I mean, obviously  
23 the most intensive period was during the  
24 Prime Minister's absence. There was then periods after  
25 that where I was brought in to do deep dives, and

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1 there on screen:

2 "In my experience, the arrangements for interaction  
3 and joint decision-making between the UK Government and  
4 the [devolved administrations] worked reasonably well.  
5 I did find that it became irritating as the pandemic  
6 went on that Scotland and Wales wanted to do things  
7 slightly differently or with different timings for what  
8 appeared to be political reasons, but we had regular  
9 meetings for the DAs and they were included in the COBR  
10 process. Generally speaking, we did take the DAs with  
11 us on key decisions. In any event, the differences were  
12 fairly minor in the end -- staying in lockdown slightly  
13 longer, for instance."

14 So before I come on to my question, just in terms of  
15 your involvement with the DAs, clearly you've got lots  
16 of other things that you're doing at various points.  
17 I think you were attending some COBRs but clearly not  
18 all COBRs; is that fair?

19 **A.** Yes.

20 **Q.** Are you attending the four nations meetings with  
21 Mr Gove? I don't think we see you really in those  
22 meetings; is that fair?

23 **A.** Not -- not all of them.

24 **Q.** No, okay.

25 So just focusing on what you say about this joint

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1 decision-making, and it working reasonably well, and  
 2 obviously you've referenced there COBR, you may be aware  
 3 the evidence given to the Inquiry by the First Minister  
 4 for Wales, Mr Drakeford, and indeed by some of the other  
 5 First Ministers in writing, is that, in their view,  
 6 there was in fact no joint decision-making forum  
 7 involving the devolved administrations, and what they  
 8 say from their perspective is COBR was not really  
 9 a forum in which the DAs could feed into UK  
 10 decision-making, not least because they had no control  
 11 over it, when it met they didn't get the papers until  
 12 the last minute, and of course as we know COBR didn't  
 13 meet I think between 10 May and 22 September for 2021.

14 So just thinking about it now, is that not a fair  
 15 comment, then, from the First Ministers on this issue of  
 16 joint decision-making, certainly in respect of what was  
 17 happening in 2021?

18 **A.** So first of all may I just say how my heart goes out to  
 19 all the bereaved of Wales, as it does all the other  
 20 parts of the UK.

21 In terms of paragraph 228, I mean, actually I think  
 22 the operation both of the devolved administrations and  
 23 the relationship, how they interacted with the UK  
 24 Government, worked tolerably well. There will always be  
 25 different views about how much should be centralised and  
 233

1 Not having a COBR for four months, that can't possibly  
 2 have helped integrate UK decision-making at that high  
 3 level, thinking of Prime Minister meeting the  
 4 First Ministers; it can't possibly have helped, can it?

5 **A.** Well, as I said, the -- Michael Gove, I think, what  
 6 I would describe at a working and operation level was  
 7 constantly locked in. I don't know whether there were  
 8 requests made for a COBR that were denied. I wasn't  
 9 aware of any. But in any event, often when at  
 10 operational level things are working smooth, you do need  
 11 fewer of the very higher level meetings. Why? Because  
 12 actually you've got a good working relationship and some  
 13 of the creases are being ironed out in a constructive  
 14 way.

15 **Q.** I'll come on, then, to the next topic which is, as  
 16 you've just raised it there, whether there was a concern  
 17 about high level meetings. Again, just to put it to you  
 18 to get your perspective, Mr Drakeford has again raised  
 19 in his evidence -- and of course we do see it in the  
 20 documents before this Inquiry -- that he had concerns,  
 21 and I think there were also concerns from the other  
 22 First Ministers, about an absence of regular meetings  
 23 between the Prime Minister and the First Ministers of  
 24 Wales, Scotland and Northern Ireland and indeed he says,  
 25 in his perspective, it did undermine the four nations  
 235

1 how much should be decentralised. I think that the DAs  
 2 were fully locked in. I think Michael Gove was tasked  
 3 with that, I thought he did it very adeptly, and we --  
 4 I mean, I remember countless meetings where we were all  
 5 there, not just with the devolved administrations but  
 6 also the Mayor of London, and they all had the  
 7 opportunity to feed in, and they did.

8 So I can understand where I missed all of the focus  
 9 on the operational function of getting through the  
 10 pandemic, whether it's from a Wales perspective,  
 11 a Scottish perspective or a whole UK perspective. Most  
 12 of the time I think was, I think in good faith, spent on  
 13 that. I think's there's always an element of politics  
 14 between the DAs and Westminster; I think it was kept to  
 15 a tolerable limit.

16 I think the one thing it really showed up, though,  
 17 if I may say so, is the value of the United Kingdom when  
 18 it comes together, whether it's PPE procurement, whether  
 19 it's test and trace, whether it's the roll-out of the  
 20 vaccine, how we perform as a team, and I think that was  
 21 the most important lesson for the United Kingdom and for  
 22 all the DAs.

23 **Q.** Well, I'm going to try and keep you on topic, because it  
 24 is joint decision-making. But just briefly, though,  
 25 I did reference COBR not meeting 10 May to 22 September.  
 234

1 approach to the response to Covid-19.

2 So just in terms of your state of knowledge then at  
 3 the time, were you aware that these concerns were held  
 4 and being expressed by the First Ministers, that they  
 5 were unhappy about the level of regular access they had  
 6 to the Prime Minister? So were you aware at the time  
 7 that this was a concern being raised?

8 **A.** No, I don't think so, not in -- not in those terms, no.

9 **Q.** Okay. Well, indeed in any terms, is this something that  
 10 you had heard about?

11 **A.** Because the natural order of things in terms of the  
 12 relationship between Westminster, Whitehall and the DAs  
 13 that there will be various offers and asks and gripes  
 14 and groans both ways, so there's not sort of perfect  
 15 harmony, particularly not during crisis, but actually  
 16 I think beneath that and beneath the political dimension  
 17 of that, actually the working-level relationship I think  
 18 was very resilient. And as I said -- and I'm not trying  
 19 to circumvent, I'm trying to address squarely -- the  
 20 whole point about the teamwork that's required is that  
 21 the combination of what the DAs do, what the UK does and  
 22 what we do together was actually pretty effective, and  
 23 I've given you three concrete examples of where I think  
 24 that's borne out in the evidence.

25 **Q.** I'll move on then to the next topic, and this is the  
 236

1 other issue you raise in that paragraph that I've read  
2 out to you from your witness statement, and it's the bit  
3 where you say you found it irritating that as the  
4 pandemic went on Scotland and Wales wanted to do things  
5 slightly differently or with different timings for what  
6 appeared to be political reasons.

7 Obviously I'm not asking you about Scotland, I'll  
8 let others do that, I'm just focusing on Wales.

9 So in terms of lockdowns, you will be aware that the  
10 Welsh autumn firebreak started on 23 October 2020,  
11 whereas England's second national lockdown started on  
12 5 November 2020. So is the fact that Wales went into  
13 that autumn lockdown sooner in 2020 something that  
14 irritated yourself and the Welsh Government at the time,  
15 so that they got in there quicker effectively?

16 **A.** No, I don't think I would give that as the particular  
17 example.

18 **Q.** Okay, that's not the example.

19 Okay, so can you identify then what is the example  
20 that you're alluding to there in the paragraph of  
21 Welsh Government decision-making which diverged from the  
22 UK decision-making which you found irritating?

23 **A.** I think, in general, my sense was -- and I'd need to go  
24 back over the various different meetings and try and  
25 decipher the particular -- is that there was perfectly

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1 Well, thank you very much, my Lady, those are my  
2 questions.

3 **LADY HALLETT:** Thank you, Ms Heaven, very grateful.

4 Mr Dayle. Mr Dayle is over there. Are you going to  
5 come -- are you going to stay there, Mr Dayle?

6 Don't worry, he's used to backs, I'm afraid,  
7 Mr Dayle.

8 **THE WITNESS:** I will turn and give my evidence to the  
9 Inquiry.

#### 10 Questions from MR DAYLE

11 **MR DAYLE:** Very well, thank you, my Lady.

12 Mr Raab, I ask questions on behalf of the Federation  
13 of Ethnic Minority Healthcare Organisations, or FEHMO,  
14 and I have a handful of questions largely related to the  
15 period in April 2020 when you deputised as  
16 Prime Minister while Mr Johnson was hospitalised with  
17 Covid.

18 Let me begin hopefully some useful context. The  
19 period of 2 to 10 April 2020 is considered by those  
20 I represent as an inflection point for addressing  
21 disproportionate Covid-19 deaths in black, Asian and  
22 minority ethnic community, for two reasons: one, on  
23 2 April Professor Khunti, whom this Inquiry has already  
24 heard from, made an intervention to the CMO,  
25 Sir Chris Whitty, about what he referred to as signals

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1 good arguments sometimes why they might go a bit slower  
2 or a bit quicker or why they wanted something that they  
3 hadn't yet had. Again, I thought Michael Gove and the  
4 Prime Minister were very good at trying to reconcile  
5 whatever the barrier to that happening was. Sometimes  
6 it just felt like, for the sake of doing something out  
7 of kilter with the UK Government, that there was  
8 a political gain in doing so. But, as I said, the  
9 differences were fairly minor and I didn't attach huge  
10 importance to it.

11 But, look, I think if you think that the Plaid Cymru  
12 or the SNP or whoever else were totally absent of  
13 political thinking during that process, I think there  
14 would be an element of naivety, if I may say.

15 **Q.** But if I can just press you a bit more, though, is it  
16 the case then that you're not able now to give us  
17 a single example?

18 **A.** I didn't in the statement. I was asked for my view  
19 about how things worked. I'm not trying to stir up  
20 those tensions, I'm just giving you my impression  
21 holistically that there were at times a sense that one  
22 or other of the DAs wanted to get the jump for political  
23 purposes rather than because actually there was  
24 a particularly compelling case.

25 **MS HEAVEN:** Okay.

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1 of disproportionate impact on black, Asian and minority  
2 ethnic community for which Sir Chris responded by email  
3 on 4 April.

4 Secondly, a Guardian article of 10 April noted that  
5 the first ten doctors to die from Covid-19 were of  
6 black, Asian and minority ethnic origin. In your own  
7 witness statement you say at paragraph 212, found at  
8 page 62:

9 "We did not have much learning at the early stage on  
10 the variable impact of Covid on ethnic minorities."

11 So with this contextual background, here are my  
12 questions.

13 Firstly, in the absence of the Prime Minister  
14 between 5 and 25 April during his hospitalisation, were  
15 you specifically called on to address the matter of  
16 disproportionate death rates within black, Asian and  
17 minority ethnic community?

18 **A.** Specifically by ... by who?

19 **Q.** By your advisers or anyone.

20 **A.** No, not specifically in that way. I was, as I'm sure  
21 everyone in Cabinet and in government was mindful of  
22 some of this data and evidence coming through. The  
23 reality was when -- and we had quite a few conversations  
24 with the chief scientific officers and Chris Whitty and  
25 others, and I think even by that point it just -- the

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1 data and the evidence was too fluid for us to be able to  
2 come to any definitive conclusions, let alone actionable  
3 policy making, and therefore we were mindful that there  
4 was some clearly more examination of this that was  
5 required, and I remember asking -- being involved in  
6 those discussions. But we just didn't have enough firm  
7 enough conclusions, and the science wasn't firm enough  
8 to be able to take it forward.

9 **Q.** If I could just push you a little bit for a simple  
10 clarification on that, and my question would be this:  
11 how did this issue come to your attention in real time?

12 **A.** Well, I think we could read things like the news  
13 reporting. I think because of some of the emerging data  
14 it would have either been raised proactively by the CMO  
15 or the CSA, or by ministers in any one of the meetings  
16 that we were involved in.

17 **Q.** And you might have adverted to it in your earlier  
18 answer, but can I ask you: what was your understanding  
19 of this particular phenomenon? What, for example, was  
20 your view of what was driving these outcomes?

21 **A.** It wasn't clear. I think the one thing I was mindful of  
22 is the importance of being able to disaggregate data in  
23 a way which doesn't lead you up a -- down a -- it  
24 doesn't give you a false lead. And ... but to be honest  
25 with you, what I thought my role -- and I often do this,  
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1 evidence would come back from the scientists that,  
2 "Well, we're not clear yet on the firmness of the  
3 evidence", and therefore it's difficult to decide what  
4 your political or policy answer is going to be.

5 Until you've got the evidence about what exactly is  
6 happening, why the disproportionate outcomes to one or  
7 other element of your society, I think it is difficult  
8 to come up with a definitive policy which doesn't risk  
9 being counterproductive. And I think quite a lot of  
10 us -- we'd talked about with our four core priorities,  
11 there is an element of nervousness about the negative  
12 implications of one or other course of action. When the  
13 evidence base is not that firm, or hasn't firmed up yet  
14 enough, I think those concerns and that uncertainty is  
15 even greater.

16 **Q.** Can I ask: what, if any, contemporaneous strategic  
17 response was pursued regarding this issue?

18 **A.** With respect, sir, I think I've answered that, which is  
19 that I think it was very difficult to come up with  
20 a strategic response in the absence of firm evidence,  
21 and the risk would have been you would have got your  
22 strategy wrong, if your evidence base wasn't firm  
23 enough.

24 **Q.** So I take it that that is a wait and see?

25 **A.** We're always desperate to get more evidence and then  
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1 particularly outside the area of being Foreign Secretary  
2 at that time, which is obviously my portfolio -- is to  
3 try and test and challenge. I think we did do quite  
4 a lot of that on this. So it wasn't the absence of  
5 asking the question, I just don't think that the  
6 evidence had firmed up with the kind of -- to use  
7 the Inquiry's terminology -- consensus view of SAGE or  
8 otherwise. So, sure, there were evidential leads that  
9 were emerging, all of which required proper examination,  
10 but did that lead to clear consensus? Well, not to my  
11 knowledge from the CMO or SAGE.

12 **Q.** And from that answer, I presume that there were  
13 conversations that were ongoing about this issue. Who  
14 were you speaking to? And I perhaps mean that in the  
15 sense of whether you were speaking to people who were  
16 scientific or public health experts or political experts  
17 or both.

18 **A.** All of the above, and it would typically arise -- it was  
19 a classic issue that came up in the context of the Covid  
20 meetings, the COBR meetings or indeed in Cabinet where  
21 people -- we were conscious that there was this issue  
22 there on which we had incomplete knowledge but we felt  
23 was very salient and clearly very serious, and that's  
24 the way it tended to emerge. Someone would ask the  
25 question, "But what about this?", and inevitably the  
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1 respond to it as it firmed up, and as we had a clearer  
2 idea of what the implications were, and indeed the  
3 implications of the various policy options.

4 **Q.** You state at paragraph 212 of your witness statement,  
5 which I referred to earlier, that:

6 "What was clear was that schooling would be impacted  
7 by lockdown and particularly significant effects on  
8 poorer children and those from ethnic minorities."

9 Why was it clear to you that there would be  
10 a significant impact on poorer children and those from  
11 ethnic minority backgrounds?

12 **A.** You're citing from 211?

13 **Q.** 212.

14 **A.** 212. **(Pause)**. Yeah, but, look, I think in all of  
15 this -- and I at various points questioned, in this kind  
16 of scenario, a box tick exercise I think is very  
17 difficult to decipher what I think ought to be the  
18 overriding issue, which is vulnerability. I felt, and  
19 I think I still feel -- though, again, always happy to  
20 reassess the evidence that we have today -- that the two  
21 bits of our, sections of our, cohorts of our society  
22 most dramatically affected by lockdown were children if  
23 we locked down schools, and the impact on the elderly  
24 from the measures that we were taking, whether it was to  
25 lock down or not to lock down, and if we did lock down  
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1 then you've got safeguarding and the perennial issues  
2 around that.

3 In relation to children, the more disproportionate  
4 impact will be on children from deprived backgrounds,  
5 and it's just, I think, a fact, a sad fact, that that  
6 will include disproportionate number of black and ethnic  
7 minority children. And so that's the -- that's not  
8 based on some standalone evidence in relation to black  
9 or ethnic minority children, it's in relation to  
10 children, middle class or well off children, I think  
11 it's fair to say, and with families that can deal with  
12 the home schooling or the schooling by Zoom or by Teams,  
13 I think would be -- would lose out less, although  
14 everyone lost out, than those from more deprived  
15 backgrounds where dealing with those kind of remote  
16 learning challenges would be less easy.

17 That's the reflection I have.

18 **Q.** This Inquiry has heard a fair amount of expert evidence,  
19 including from Sir Patrick Vallance, that disparities in  
20 health outcomes from the pandemic were "entirely  
21 foreseeable". This would tend to support your  
22 observations about the impact of lockdown on poorer  
23 children and those from ethnic minority backgrounds.  
24 How, then, do you reconcile this understanding with what  
25 you say earlier in the same paragraph, that is

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1 violence against women and girls sector and concerned  
2 with domestic abuse.

3 So I have three topics, as my Lady has kindly said.  
4 The first is about equality impact assessments. You say  
5 at paragraph 210 that those were carried out by the  
6 civil service, but you thought they were a fairly blunt  
7 tool. You're not a huge fan?

8 **A.** Yeah, that's probably a reasonable -- I mean, I think  
9 it's an important objective, of course, to see the  
10 disproportionate impact on members of our society, or  
11 specific communities, of measures we're taking or indeed  
12 the pandemic as a whole. Whether the EIAs discharge  
13 that effectively I think is a moot point.

14 **Q.** So a useful tool but maybe not carried out effectively?

15 **A.** Well, whether it's the --

16 **Q.** A useful function, I should have said.

17 **A.** I think a useful aim. Whether the EIA is the right  
18 tool, as currently focused, I don't know.

19 **Q.** Just to take one example -- and you may say, well, you  
20 have no recollection of this -- but in your witness  
21 statement you're talking about one meeting that you  
22 chaired, which was a deep dive on 29 April, it's  
23 paragraph 188, and it's looking forward to the end of  
24 lockdown and possible measures to be introduced at the  
25 border to reduce risk of imported cases coming in. Four

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1 paragraph 212, where you say that you did not have much  
2 learning on the variable impact of Covid on those from  
3 ethnic minority backgrounds?

4 **A.** At the time we didn't. So, Patrick may say we do now,  
5 of course that's the point of this Inquiry, and I think  
6 learning lessons and as the evidence evolves, because  
7 of course a huge evidence base is coming out of the  
8 pandemic, but at the material time at which these  
9 decisions were making, I think that's correct.

10 **MR DAYLE:** Very well. Those are my questions. Thank you.

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

12 Ms Davies. Again I understand you're going to cover  
13 one point that you thought Counsel to the Inquiry was  
14 going to cover.

15 **MS DAVIES:** My Lady, you've given permission for that, so  
16 thank you very much and I will do it within the time  
17 allocated.

#### 18 Questions from MS DAVIES KC

19 **MS DAVIES:** Mr Raab, I'm asking questions on -- can you see  
20 and hear me?

21 **A.** I can.

22 **Q.** Yes. I'm asking questions on behalf of Southall Black  
23 Sisters and --

24 **A.** Yes.

25 **Q.** -- Solace Women's Aid, who you will know are part of the  
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1 recommendations emerge, and the fourth one is  
2 a requirement for arrivals to self-isolate for 14 days,  
3 either at home or in hotels.

4 Can you remember whether that deep dive was  
5 accompanied by an equality impact assessment, and  
6 whether there was any consideration of the possibility  
7 of domestic abuse emerging if couples are self-isolating  
8 for 14 days?

9 **A.** I can't, in relation to that particular deep dive. We  
10 were certainly -- I certainly remember reflected on the  
11 fact that the lockdowns had a varying effect on, if  
12 I can put it this way, family harmony.

13 You had quite a few people, if I could say this,  
14 typically middle class families -- and I heard a lot of  
15 this in my own constituency -- for whom lockdown was  
16 an epiphany moment because they spent more time as  
17 a family. Now, there were all sorts of challenges and  
18 hardships, of course, but there was something rather  
19 positive about that.

20 I think there were also, we were very conscious,  
21 would be other communities and households in other parts  
22 of the country where the experience was that actually  
23 the combustible nature of what was going on in the home,  
24 whether it was because of mental health challenges or  
25 whether it was because of domestic tensions and domestic

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1 abuse, where that was very different.  
 2 Quite whether an EIA would have picked that up and  
 3 what would it have told us that we could have done about  
 4 it, I think is another question.  
 5 But I don't remember, and forgive me, on that  
 6 specific deep dive of 29 April quite what the EIA said,  
 7 or indeed if it was conducted.  
 8 **Q.** Thank you. And of course, I'm sure you didn't mean to  
 9 imply this, but domestic abuse happens in middle class  
 10 families as well as non-middle class families, of  
 11 course.  
 12 **A.** Oh, sure.  
 13 **Q.** Of course.  
 14 **A.** And just look -- and in fact in Surrey we've got very,  
 15 very high levels of domestic abuse. So I don't think it  
 16 follows class or even wealth. My reflection is just  
 17 that I think intuitively and impressionistically, but  
 18 I suspect the data backs it up, there are two diverse  
 19 experiences of lockdown, both of which were quite  
 20 salient. Some families where there was a very positive  
 21 dynamic, for whatever reason, people took a moment to  
 22 think, "Well, actually, I want to spend more time with  
 23 the family and maybe I was working too hard".  
 24 We can see this, by the way, in --  
 25 **Q.** If you don't mind, I've got very limited time.  
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1 that workstream headed up by Simon Case on domestic  
 2 abuse moved over to the Covid-O/Covid-S structure, or  
 3 whether it was lost or disrupted in some way?  
 4 **A.** No, forgive me, I've no idea, it wasn't either a direct  
 5 personal responsibility -- and of course Simon Case was  
 6 very professional, so I think I would have assumed that  
 7 that would have been continued through.  
 8 **Q.** My third additional question is this, and again it's  
 9 about the period when you're acting Prime Minister, and  
 10 it is -- forgive me, I just have to get this on my  
 11 screen -- 16 April and you are addressing the nation in  
 12 very sombre terms, and your address to the nation is  
 13 about the decision that had been made, I think earlier  
 14 that day, that the lockdown would continue for another  
 15 three weeks, in other words it wouldn't end early, and  
 16 you make it very clear what a significant decision that  
 17 was.  
 18 You end your speech with "Please stay at home, save  
 19 lives and protect the NHS", the government slogan.  
 20 Some five days earlier, 11 April, the Home Office  
 21 had launched its "You Are Not Alone" campaign,  
 22 Dame Priti Patel had done the daily press briefing and  
 23 she had made a point of encouraging domestic abuse  
 24 victims to know that they could leave home under the  
 25 regulations if they needed to escape risk of injury,  
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1 **A.** Well, you did put it to me that I was somehow --  
 2 **LADY HALLETT:** It's because of me, Mr Raab, I'm afraid I've  
 3 imposed strict time limits.  
 4 **A.** Okay. But --  
 5 **MS DAVIES:** We have the point that families have different  
 6 experiences in lockdown.  
 7 **A.** Very good.  
 8 **Q.** Thank you.  
 9 Moving on to my next topic, and that's about  
 10 non-shielding vulnerable groups, and you had quite some  
 11 involvement in considering what was called non-shielding  
 12 vulnerable groups, so they're not clinically vulnerable.  
 13 You chaired a meeting on 24 April, three days before  
 14 the Prime Minister returned to work, and that was  
 15 a Covid MIG on the non-shielded vulnerable groups.  
 16 I don't need to take -- I can see you're looking for  
 17 papers -- you to the papers.  
 18 Simon Case presented on non-shielding vulnerable  
 19 groups, and one of those groups was those experiencing  
 20 domestic abuse, and he said that that was amongst the  
 21 highest risk of government failing to meet needs, and  
 22 described that risk as acute.  
 23 So the MIG took that very seriously.  
 24 We know that MIGs were abolished and replaced with  
 25 Covid-O and Covid-S. Are you able to say whether or not  
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1 risk of harm.  
 2 Your speech doesn't contain that information that  
 3 those who were suffering domestic abuse or think they're  
 4 going to suffer domestic abuse or any other sort of  
 5 injury could leave home. Do you think that it should  
 6 have included that message?  
 7 **A.** Was this at the press conference?  
 8 **Q.** It was the, I think, address to the nation, the daily  
 9 press conference, yes, but it was one of the very  
 10 significant ones because you're saying --  
 11 **A.** Yes, I understand.  
 12 **Q.** -- lockdown will continue for three weeks.  
 13 **A.** Look, inevitably, you have a very limited period of time  
 14 because actually those press conferences were also  
 15 supposed to be about taking questions, not just talking  
 16 to the public, so inevitably we couldn't contain every  
 17 caveat to the headline advice; it just wasn't  
 18 manageable. I thought the Home Secretary had really  
 19 spelt it out very clearly, we felt we'd landed that  
 20 message. Of course you would always want to reinforce  
 21 it, but there was probably a whole range of things where  
 22 if I'd have gone down and itemised every element of the  
 23 advice, we would have been there for a disproportionate  
 24 period of time, and that wouldn't have served the  
 25 purpose of the press conference and landing the messages  
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1 because I think people would have drifted off, frankly,  
 2 and that was our experience if those became too  
 3 unwieldy. So it wasn't -- I think we did land that  
 4 message and I think we continued it in our comms more  
 5 generally, and it certainly -- because it wasn't in  
 6 every press conference or indeed that particular one  
 7 didn't -- I don't think it's fair to read into that  
 8 a deprioritisation or it being a lower level of  
 9 importance.

10 **Q.** In hindsight, do you think that might have been  
 11 an immensely welcome message for someone sitting at home  
 12 watching you who was experiencing domestic abuse, or  
 13 thought that she might soon, and was hearing that there  
 14 would be another three weeks of lockdown?

15 **A.** Look, I think with all of those groups that suffered  
 16 disproportionately you can always look back and think,  
 17 "Well, I wish I'd have done -- said a bit more", but in  
 18 the end we only had a limited space within which to  
 19 craft our message and deliver it, and that was true at  
 20 a whole range of points. You know, you inevitably have  
 21 to editorialise your message. But certainly we were  
 22 very mindful throughout that there was this, if you  
 23 like, simmering issue of domestic abuse and that  
 24 lockdown was clearly making it worse, and we wanted to  
 25 try and make sure that the lines of communication

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1 minor in any event.

2 Now, I would like to ask you about that, and  
 3 particularly focusing on the issue of your irritation.  
 4 You have described yourself as a recovering lawyer, and  
 5 you'll know the benefit of basing your views on concrete  
 6 evidence. So my question to you is this: why are you  
 7 irritated on the basis that sometimes you just felt like  
 8 it was political when you don't actually have evidence  
 9 to support that, but you do, by your own words, have  
 10 evidence to support the idea that perfectly good  
 11 arguments have been made as to why things could go  
 12 faster or slower in Scotland or Wales?

13 **A.** So, look, if I'd have had advance notice, I would have  
 14 pored over the documents and come with a good example  
 15 for Wales and a good example for Scotland. Forgive me,  
 16 but we're talking about matters that were a long time  
 17 ago, and also I'm not trying to needle either  
 18 Plaid Cymru or the SNP, but the truth is what I'm -- the  
 19 answer to your question is there was often a combination  
 20 of reasons, some were more compelling or persuasive on  
 21 the facts than others.

22 **Q.** Indeed, but you weren't present at, for example,  
 23 meetings with Scottish CMO when decisions were being  
 24 taken in Scotland. So my question is: why are you  
 25 ascribing the idea that it was political, instead of the

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1 practically were there for anyone that needed that  
 2 critical help.

3 **MS DAVIES:** Thank you very much.

4 My Lady, thank you very much.

5 **LADY HALLETT:** Thank you very much, Ms Davies.

6 If you look straight ahead, Mr Raab, last furlong,  
 7 Ms Mitchell.

#### Questions from MS MITCHELL KC

9 **MS MITCHELL:** Mr Raab, I appear as instructed by Aamer Anwar  
 10 & Company on behalf of the Scottish Covid Bereaved.

11 I would like to take you back to the paragraph that  
 12 my learned friend from Wales has already taken you to,  
 13 that being paragraph 228 of your statement, and that's  
 14 coming up on screen for you now.

15 My learned friend covered, at least from Wales'  
 16 perspective, the issue of your irritation, and I have  
 17 you noted as explaining in your response that there were  
 18 perfectly good arguments sometimes why they --  
 19 presumably the devolved administrations -- might go  
 20 a bit slower or a bit quicker, or why they wanted  
 21 something that they hadn't yet had. But you also say  
 22 "sometimes it just felt like for the sake of doing  
 23 something out of kilter with the UK Government, that  
 24 there was a political gain in doing so". Then you go on  
 25 to say that you thought the differences were relatively

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1 idea that it might simply be, as you've said,  
 2 a reasonable decision to take? Why --

3 **A.** Because I was in a whole range of meetings with  
 4 First Ministers or other ministers from the devolved  
 5 administrations, whether it was Welsh or Scottish, and  
 6 I also could see the ground or the reasons, whether it  
 7 was on the papers or as explained by them, for the  
 8 decisions and that was the view I took.

9 **Q.** I'd like to move on to paragraph 229, if we can have  
 10 that up on the screen, please. You described what  
 11 you've already mentioned about the benefits of matters  
 12 being centralised and reserved to Westminster. What  
 13 you've said, three lines down, is:

14 "However, any taking back of powers would be  
 15 politically controversial, so there should be a very  
 16 high threshold for doing so and I would need to be  
 17 persuaded that there was a demonstrably significant gain  
 18 in efficacy. As a result of my experience during Covid,  
 19 I was not so persuaded."

20 So I would like to ask you two questions on that,  
 21 interrelated, the first being: why were you not so  
 22 persuaded? And the second being: what do you consider  
 23 the threshold for Westminster taking back powers from  
 24 the devolved administrations to be?

25 So I wonder if I can ask for your comment on the

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1 first question, please.

2 **A.** Yeah, I mean, to be clear, I'm making the case that on  
3 balance I don't -- for those that think we should become  
4 more centralised, I'm not persuaded of the case.  
5 I think if you did want to do that and you wanted to  
6 make that case and you wanted to pass it with the  
7 consent of the devolved administrations, or one or other  
8 of them, I think the bar would have to be quite high,  
9 given (a) the legislative requirements for doing so, and  
10 (b) frankly just political common sense.

11 My overriding experience is that actually team UK  
12 work very well together and because of the  
13 United Kingdom-wide government working with the devolved  
14 administrations on those three critical areas, test and  
15 trace, PPE procurement and vaccine roll-out, actually we  
16 worked very effectively together and it was a good  
17 example of the UK delivering for the people of Scotland  
18 or indeed the people of Wales.

19 **Q.** Mr Raab, we've heard therefore that you weren't  
20 persuaded that, as a result of your experience during  
21 Covid, that the threshold had been reached for, as  
22 you've described it, taking back -- any taking back of  
23 powers. The second part of my question, and I shall  
24 remind you of it, is: what do you consider the threshold  
25 for Westminster taking back powers to be?

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1 there to be any benefits to the devolved approach in the  
2 pandemic?

3 **A.** Yeah, I think the critical one is accountability. So to  
4 the -- I mean, in an emergency, and you look at,  
5 for example, other countries around the world, and  
6 people would comment that for example test and trace or  
7 whatever else was done more effectively in some of the  
8 East Asian countries, but however much more  
9 centralised -- frankly more authoritarian approach  
10 often -- I'm not for a second suggesting -- indeed  
11 I think you have to take that into account as to why, in  
12 a western liberal democracy and a European one, you  
13 wouldn't be able to do that.

14 I think that there are obviously areas where, if you  
15 can devolve things locally, that's valued, and that's in  
16 normal times. In a crisis it's slightly different  
17 because you want more decisive action, but actually  
18 I think what I'm saying is overall, net of all of those  
19 considerations, I think it worked out quite well. And  
20 one of the positives -- if, for example, there is any  
21 naked politicking, there's going to have to be  
22 accountability for it, and that's the natural course of  
23 a devolved settlement. There will be local  
24 accountability for local decision-making.

25 **Q.** So you've identified accountability, but what I'm asking

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1 **A.** High.

2 **Q.** Is that your only --

3 **A.** Given that I'm not in favour of it, I'm just making the  
4 point that for those that are making the case, I think  
5 the basis would be pretty high, whether it was because  
6 the legislative or the political common sense would  
7 be -- that, frankly, I think that most people with  
8 a political antennae would know, you'd want to have the  
9 Scottish people with you, you'd want to be able to make  
10 the overwhelming case that they would be better. I'm  
11 not -- you know, I'm not sure, for such a controversial  
12 step, that that case has been made and, as I said, quite  
13 how I'd define high ... I haven't dwelt on this at any  
14 great length, but I think the case for unpicking the  
15 current devolved settlement -- I think you've got to be  
16 very careful what you wish for, and I think the case for  
17 re-centralising power has not been made.

18 **Q.** I wonder if we can move on to page 230 of your  
19 statement. I don't need to that to be brought up  
20 online, but you said there that:

21 "There were benefits to the devolved approach as it  
22 meant Scotland and Wales were required to face up to the  
23 same difficult decisions those of us in Westminster had  
24 to and work with Westminster on them."

25 Other than political considerations, do you consider  
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1 is: was there any actual benefit in respect of what  
2 happened during the pandemic?

3 **A.** I'm not averse to that thesis, that argument. I'd need  
4 to reflect on it, I haven't thought about whether or how  
5 the devolved settlements actually helped the Scottish or  
6 Welsh administrations deal more effectively than it all  
7 being centralised. I would -- but I can see how that  
8 could be the case, particularly, for example, where  
9 you're dealing with local authorities or potentially  
10 care homes. Although, again, it depends whether you're  
11 talking about judging it by results or judging it by  
12 theoretical powers. But, you know, I'm not in the  
13 business of criticising the DAs, I'm in the business of  
14 working with them as effectively as possible.

15 **MS MITCHELL:** My Lady, those are my questions.

16 **LADY HALLETT:** Thank you very much, Ms Mitchell.

17 I should just say, Mr Raab, before I have  
18 Mr Drakeford on the phone, that I think you twice  
19 referred to Plaid Cymru as being the government in  
20 Wales. It's a Labour government, I think.

21 **THE WITNESS:** Of course, of course.

22 **LADY HALLETT:** I just didn't want anyone getting upset that  
23 we didn't understand.

24 Is that it?

25 **MR O'CONNOR:** My Lady, I have nothing further.

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1 **LADY HALLETT:** Thank you very much indeed, Mr Raab. I'm  
 2 sorry we've kept you here for so long --  
 3 **THE WITNESS:** That's fine.  
 4 **LADY HALLETT:** -- but we have now completed your evidence,  
 5 and I'm very grateful for your help.  
 6 **THE WITNESS:** Very good, thank you.  
 7 **(The witness withdrew)**  
 8 **LADY HALLETT:** And it's 10 o'clock tomorrow, please.  
 9 **(4.57 pm)**  
 10 **(The hearing adjourned until 10 am**  
 11 **on Thursday, 30 November 2023)**  
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<b>minutes' [2]</b> 209/9 210/1	<b>more [102]</b> 2/4 2/19 6/19 6/19 10/24 20/24 20/25 21/5 26/24 27/2 33/6 34/25 41/23 46/1 46/5 55/7 56/8 60/4 61/3 65/4 74/21 83/14 91/3 92/4 92/14 92/17 106/11 106/12 107/7 108/21 111/1 112/20 116/6 116/24 117/7 118/21 127/10 128/11 131/9 131/17 133/9 133/15 135/3 136/18 136/19 140/8 140/17 141/17 143/3 143/10 147/6 147/8 147/11 147/12 147/21 147/23 148/21 151/13 152/1 154/5 154/6 157/4 159/4 162/1 168/10 168/16 170/3 175/9 176/6 179/2 179/14 183/8 197/18 201/5 203/4 203/17 213/19 213/19 213/25 217/17 222/17 223/10 226/3 228/8 228/10 228/10 238/15 241/4 243/25 245/3 245/14 248/16 249/22 253/4 253/17 255/20 257/4 259/7 259/8 259/9 259/17 260/6	<b>MP [3]</b> 69/20 173/8 173/11	<b>Mr Javid [20]</b> 68/21 68/24 69/12 70/18 70/19 86/18 99/16 105/1 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 172/8 179/9 186/1	<b>Ms Mitchell [2]</b> 254/7 260/16
<b>minutiae [2]</b> 211/3 211/3	<b>mortality [3]</b> 112/8 145/23 229/12	<b>Mpox [1]</b> 36/9	<b>Mr Javid's [1]</b> 185/8	<b>Ms Roughton [2]</b> 15/8 16/25
<b>misheard [1]</b> 58/15	<b>most [31]</b> 2/17 11/15 53/18 72/16 75/23 79/25 89/22 93/14 93/17 98/2 114/12 114/17 136/16 146/15 160/7 160/7 167/18 173/25 176/13 184/20 197/13 198/12 206/4 209/2 212/8 228/15 230/23 234/11 234/21 244/22 258/7	<b>MPS [1]</b> 190/9	<b>Mr Johnson [4]</b> 207/4 216/2 216/4 239/16	<b>Ms Sergides [3]</b> 61/18 61/19 64/16
<b>misreported [2]</b> 129/15 129/21	<b>Morgan [1]</b> 170/25	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Heaven [6]</b> 160/19 162/15 162/16 231/11 231/12 239/3
<b>missed [2]</b> 180/18 234/8	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
<b>missing [2]</b> 219/4 220/3	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
<b>mistake [1]</b> 178/22	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
<b>mistaken [3]</b> 116/11 154/23 171/17	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
<b>misunderstood [1]</b> 203/2	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
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<b>mitigate [1]</b> 23/22	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
<b>mix [1]</b> 48/2	<b>morale [1]</b> 211/22	<b>Mr [124]</b> 1/5 39/21 39/22 46/15 46/16 46/17 57/14 57/15 61/17 63/21 64/17 64/18 64/24 68/19 68/21 68/24 69/12 70/18 70/19 79/1 79/5 80/5 81/21 82/14 82/17 83/12 85/4 86/18 99/16 105/1 114/5 137/3 137/16 144/24 148/6 151/21 155/24 157/13 160/13 160/20 162/20 166/5 168/14 168/19 172/8 172/16 172/19 172/23 172/24 173/8 175/13 176/15 179/9 180/25 185/5 185/7 185/8 185/12 186/1 188/4 188/8 189/3 190/6 192/15 192/25 193/1 193/5 193/23 195/23 197/14 197/23 198/18 200/1 200/4 200/9 200/10 200/15 203/7 203/13 207/1 207/4 207/16 209/10 212/18 213/11 215/1 215/8 216/2 216/4 218/17 219/24 223/3 224/4 224/25 229/11 231/7 231/10 231/13 231/16 232/21 233/4 235/18 239/4 239/4 239/5 239/7 239/10 239/12 239/16 246/11 246/19 250/2 254/6 254/9 257/19 260/17 260/18 261/1 262/6 262/7 262/10 262/11 262/15 262/18	<b>Mr O'Connor [8]</b> 1/5 63/21 64/24 172/23 192/25 200/1 200/9 231/10	<b>Ms Roughton [2]</b> 15/8 16/25
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