## Thursday, 30 November 2023

| (10.00 am) | 2 |
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| LADY HALLETT: Mr Keith. | 3 |
| MR KEITH: Good morning, my Lady. Today's witness is | 4 |
| Matt Hancock. | 4 |
| Questions from LEAD COUNSEL TO THE INQUIRY | 5 |
| LADY HALLETT: Mr Hancock, may I give you the same apology | 6 |
| I've given other witnesses we have had to call back. | 7 |
| I'm sorry the modular structure means we have to keep | 8 |
| imposing on you, but thank you for coming. | 9 |
| THE WITNESS: Not at all. | 10 |
| MR KEITH: Could you give your full name. | 11 |
| A. Yes, I am Matthew John David Hancock. | 12 |
| Q. Mr Hancock, you are the MP for West Suffolk, and of | 13 |
| course we have received evidence in Module 1 from you | 14 |
| that you were Paymaster General and Minister for the | 15 |
| Cabinet Office from May 2015 to July 2016, and then you | 16 |
| served as Secretary of State for Health and Social Care | 17 |
| from 9 July 2018, when you took over from | 18 |
| Jeremy Hunt MP, and you served in that post to | 19 |
| 26 June 2021 when you resigned? | 20 |
| A. That's right. | 21 |
| Q. Thank you for the provision of a further statement. You | 22 |
| obviously provided a great deal of information for the | 23 | 1

and Social Care was a vast one. It had, of course, all its usual business, it was the lead government department in response to this national public health crisis, and the obligations upon it were, to use your words, vast and fast paced.
A. Yes.
Q. In Module 1 you accepted in the course of your evidence under oath that there had been a serious and significant inadequacy of preparation within the DHSC for a pandemic health emergency. May the Inquiry take from that acceptance that, on the cusp of the pandemic in January 2020, the absence of preparation had serious, significant consequences in terms of the DHSC's ability to be able to respond?
A. Well, of course, as Secretary of State for Health and Social Care, I was responsible not just for the department, but ministerially responsible for the wider health family as well, the agencies, of course the biggest being the NHS itself, and Public Health England and others, and it is absolutely true, as I set out in my evidence in Module 1, that the plans that we had were not adequate.

The -- and as we discussed in Module 1, that was, I think, on two bases. The first is in practical terms, for instance the UK didn't have a significant testing
purposes of Module 1, and you gave evidence, and you have further assisted by providing a lengthy statement, 176 pages, which we can see there on the screen, and also a supplementary statement -- you were good enough to respond to a number of additional areas that the Inquiry put to you.

I just want to put into place, please, some of the building blocks necessary for the questioning that will follow. The Inquiry has, I should make plain, received a copy of your book, Pandemic Dairies, which obviously consists of a significant contribution to the debate about the response to coronavirus. Can I just please ask you, though, to make plain that, notwithstanding that it is entitled Pandemic Dairies, it is, to use your words, an account pieced together from formal papers, contemporaneous notes and voice memos, WhatsApps and communications and interviews?
A. That's right, it's written as contemporaneous rather than with hindsight, but it was written after the pandemic using contemporaneous materials.
Q. Yes, so stylistically it is not a diary, it is re-pieced together and called a diary?
A. Correct, it's my recollections.
Q. In the dairies, so-called, and in your statement, you make plain that the remit of the Department of Health
capability, and in terms of the wrong doctrine, which was that all the planning, based on the 2011 pandemic flu plan onwards, was based on the assumption that we'd be dealing with the consequences of a pandemic rather than trying to suppress a pandemic.
Q. Does it follow from the absence of preparation, and perhaps the way in which, in terms of planning, the department -- as well as the rest of government -- may be said to have been pointing in the wrong direction, that when the DHSC and yourself were required to address the crisis and the breaking of the crisis in January and February, it became apparent that in terms of the structure, the personnel, the resourcing, the money, as well as the absence of plans to deal with a coronavirus, that you were in very real difficulties?
A. Well, a couple of points on that. The first is I take issue with "absence of a plan". There wasn't an absence of a plan, there were plans. They were -- I've critiqued the plans, I've said that they weren't adequate, but there were plans in place. There was the 2011 plan, there had been the Cygnus exercise under Jeremy Hunt's position as Secretary of State.

So there were plans. There were areas in which the response, early response was very strong: PHE got a diagnostic test together within a matter of days, the
early surveillance, essentially led by
Professor Van-Tam, as he's given evidence, was very good, and our role -- the UK's role internationally is strong in the first few weeks.

So there were plans, but the plans were inadequate in ways that we discussed in Module 1.

With respect directly to the impact of that on the department, of course when a pandemic strikes, even if you had the very best plans, those responsible for responding would have to -- would have to strengthen the operation, would have to tool up. And in the early days we expanded the department very significantly, and we -ultimately we brought in army personnel, for instance, lots more clinical personnel, others, and we took people off non-pandemic-related work and put them onto pandemic-related work. All of these things were in response to the pandemic, they would have been needed whether we had -- even if we had the perfect plan, even if we learn all the lessons next time there is a pandemic, and there will be another one, that of course the Department of Health will have to shift to respond to those challenges.
Q. You say there were plans, and you're astute to make the point that there was a plan, the 2011 pandemic flu strategy, but your statement itself says, and I quote 5
doesn't, of course, deal with the institutional links between the DHSC and the NHS and Public Health England or the scientific advisory structure, or of course the possibility that there would be movements in personnel and a ramping up in funding for the department. But in a broad sense, that is a correct proposition, is it not? Structurally and in terms of resourcing, when the crisis broke, the DHSC was under par?
A. Well, he didn't use the words "under par", they're your words, and I would reject that, because the senior personnel in DHSC were absolutely superb and rose to the challenge. But it was blazingly obvious that when a pandemic strikes, the Health Department is going to have more to do, and so I regard that comment as very straightforward.
Q. All right.

Could we have INQ000273901, page 78. This is an extract from Sir Patrick Vallance's dairies dated 3 June 2020:
"Quad call exposed the massive internal operational mess inside DHSC and PHE."

Could we have page 587:
"Also 'clear lack of grip in DHSC' [this is in
July] -- very good at analysis, no grip on actions -SEDWILL."
it:
"There was no book or report to pull off a shelf to tell us how to handle a pandemic ..."
A. Yes.
Q. So, of course, as with responding to any crisis or emergency faced by government, the absence of a book or report to tell you how to do it --
A. Yeah
Q. -- is going to have an impact on your practical efficiency, on your ability to respond. That's obvious, isn't it?
A. Yes.
Q. Yes.
A. This was the first major pandemic in living memory. There wasn't anybody who had responded to it. None of my living predecessors, as secretaries of state had had to deal with something on this scale.
Q. Indeed.

You are aware, of course, from the witness statement of Mark Sedwill, now Lord Sedwill, the Cabinet Secretary, that in a report to the Prime Minister in the summer of 2020, he said the "DHSC was neither structured nor resourced for a public health crisis of this magnitude".

Granted, it's a very broad observation, and it 6

## Page 594:

"Email from within DHSC describes it as
'ungovernable and a web of competing parts' [...]"
And, I'll summarise, there are other diary entries in Sir Patrick Vallance's evening notes where he says:
"It is clear that once again DHSC has done nothing ... people ... lobbing in [...] points [and] no clear operational accountability."

And so on.
Regardless of what reasonable mitigation might be offered, and there is obviously mitigation which may be offered, senior officials in government continued to express concern over a number of months, Lord Sedwill, Sir Patrick Vallance and others, Helen MacNamara, about the state of the DHSC. Correct?
A. Well, I don't know whether these parts of Sir Patrick's dairies were contemporaneous, because I know that some was written after the event --
Q. Well, can I just pause you there, with respect. These were evening notes made certainly more contemporaneously than your diary -- Pandemic Dairies book. The vast majority were written on the day or the day after. Only some, it is apparent, were written later.
A. Yes. So, as I say, we don't know whether these are contemporaneous, but that is by-the-by. The point here 8

| I think in response is that when you have an enormous | 1 |
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| unprecedented event, the department that is in the | 2 |
| forefront of responding to it of course is going to do | 3 |
| its best to rise to that challenge, and that's what the | 4 |
| DHSC did. Did everything go right? Of course it | 5 |
| didn't. And you wouldn't expect it to. | 6 |
| It is natural for the centre, the Cabinet Office, to | 7 |
| be sceptical of departments. That's what -- I was the | 8 |
| Cabinet Office minister, as you've noted. The culture | 9 |
| of the Cabinet Office is to be sceptical of the | 10 |
| operation of departments, partly to hold them to | 11 |
| account. | 12 |
| I think that the toxic culture that you've seen at | 13 |
| the centre of government, that's been the subject of | 14 |
| much discussion, was unhelpful in assuming that when | 15 |
| anything was difficult or a challenge, therefore there | 16 |
| was somehow fault and blame. That was -- that is a part | 17 |
| of a toxic culture that we've seen, and is -- and some | 18 |
| of these exhibits that you've just shown demonstrate | 19 |
| a lack of generosity or empathy in understanding the | 20 |
| difficulty of rising to such a big challenge. | 21 |
| So did the DHSC need to expand and grow? Of course. | 22 |
| Did it get everything right? No, of course not. There | 23 |
| were -- no doubt we'll go into individual challenges. | 24 |
| But did it rise to the challenge overall of responding | 25 | 9

But it was -- I had to commission the work to get that going, from the Health Department.

Similarly, the view over whether or not to close schools ended up -- and the NPIs -- ended up within the Health Department early on. Now, that was taken back to the CTF, back into the Cabinet Office, and rightly so.

So the department, yes, had a huge amount to do, but I would argue that because the rest of Whitehall was slow getting going, we had to get up there and do it. And if that led to criticisms from those in the centre of government, then, you know, frankly, l'd far rather that we did step up and take that responsibility, even though it brought us flak later and evidently flak at the time that I wasn't aware of, because these issues were never raised with me personally.
Q. Scepticism. Is that a reference to -- you know very well that we're coming to this a little later -- the notion that individuals in central government were critical of your department, because they had taken agin you, they were tarring your department with the same brush as they were you, that there was a campaign, if you like, of spite and aggression against you and your department; is that what you're suggesting by the notion that there was scepticism towards the DHSC?
A. Well, there is healthy scepticism of the centre of
to the biggest public health crisis in a century? I think it did -- if you look at the successes, for instance: on the growth of testing, once the department took that over, getting the vaccine roll-out up and running, various other projects.

So, you know, we can go through all of the detail. In terms of lessons learned, we need to -- what is crucial is that any department in future is ready to go.

And I make one final point, if I may, which is relevant to your question. At the start of the pandemic, the department, including me, was trying to wake up Whitehall to this threat, and early on the department ended up doing things which really aren't for a Health Department, but we were doing them because nobody else was.
Q. Could you give us one or two examples.
A. I'll give you one example, the -- shielding the vulnerable is a programme that eventually was run very, very well by Chris Townsend, who was brought in from outside, and MHCLG, departmentally. It was about how to get groceries to people, how to make sure that people got support, including from volunteers, how to make sure we looked after those who were the most vulnerable. That is clearly a cross-government effort and rightly led from a department that isn't the Health Department. 10
government of departments in which they challenge, hold to account and generally try to keep departments moving forward, you know, and I've been -- I, as
a Cabinet Office minister, one of my roles was to make sure departments were delivering on what they'd said that they would deliver.

We've seen from the emails that I wasn't -- and the messages I wasn't aware of at the time, that clearly flipped over into an unhealthy toxic culture at the centre, where any -- anything that went wrong was seen as an almost intentional failure, and worse, that amongst some people misinformation about what the department was delivering was spread, including to the Prime Minister and at the very highest levels.

So a healthy culture involves challenge and scepticism, an unhealthy toxic culture involves a failure properly to engage and, instead, throwing of false allegations and extremely unpleasant language.

What you'll notice when you go through all of the documents is you just didn't have that within the Health family. I tried to lead a -- you know, a positive culture, a can-do culture, where if you -- if there was a problem, the question raised in the department was: how do we fix this? That didn't happen all the time, of course there were moments of frustration, but that was
my overall attitude in this -- areas I led, and you can see, unfortunately, that we rubbed up against this deep unpleasantness at the centre.
Q. If I may say so, you're doing extremely well, Mr Hancock, in terms of the speed of your response; could you, however, try to be a little bit more concise in your answers?
A. I will.
Q. I asked you deliberately to give the Inquiry some examples of where you feel the DHSC had excelled, and you've referred to testing, and you've referred to testing and you've referred to the vaccination programme, and also to shielding. The testing, it is self-evident, was a process that was under way and a great deal of time and energy was devoted to it throughout 2020 but it really only reached its fruition later in the year.
A. Yeah.
Q. Vaccination obviously was a matter only from 2021, largely --
A. No, the work on vaccination started in January 2020, and the DHSC of course --
Q. Mr Hancock, will you please wait for the question.

The vaccination programme was rolled out, of course, in 2021, and it's obvious that work was done on
the material.
Does that not all rather suggest that in those vital days of January through to March, the DHSC failed to tell central government how bad it was and what could be done to address the question of infection control?
A. No, that's completely the wrong way round. From the middle of January, we were trying to effectively raise the alarm. We were trying to wake up Whitehall to the scale of the problem. And this was a problem that couldn't be addressed only from the Health Department. Non-pharmaceutical interventions cannot be put in place by a health department, a health department cannot shut schools. It should have been grasped and led from the centre of government earlier. And you've seen evidence that repeatedly the department, across the department, and I tried to make this happen, and we were on occasions blocked and at other times I would say we were ... we were -- our concerns were not taken as seriously as they should have been, until the very end of February.

So, for instance, the very first time I tried to call a COBR, I was blocked, ultimately only for 48 hours, because I then went to get other voices to call for a COBR, and it happened. And getting the machine at the centre of government up and running was
commissioning it and funding it and so on in advance That's self-evident. But the shielding programme was a cross-government exercise, led both by the DHSC and the General Public Sector Ministerial Implementation Group, latterly.

But in the early part of the year, so we're focusing of course in this module particularly on January, February, March, April, evidence has been given that the DHSC focused too much on itself and on the acute health system, NHS, as opposed to the wider long-term health of the public. By that, I mean a reference to -- and the witness meant a reference to -- health control, to infection control, to the core issue in the first part of the year of dealing with the spread of the virus.

Do you think that the DHSC on this crucial issue of infection control, of dealing with that part of the public health crisis, was up to the mark?
A. Yes.
Q. Now, in Sir Patrick Vallance's records, and in the evidence of Helen MacNamara, there are repeated references to how, in February and March, you were "desperate to own \& lead", that you kept too much in the DHSC, that you were reluctant to explain that there was a risk of the NHS becoming overwhelmed, and you were bad at asking the Cabinet Office for help. You're aware of 14
incredibly hard and took a huge amount of effort. When it did finally get up and running at the end of February, then things started to move.

The -- and so l've heard these accusations that we tried to do too much. On the contrary, there was so much that needed to be done, and in some cases we just had to get on and do it. It would have been far better than if, instead of thinking that we were overreacting, as the COBR machine clearly thought we were, if they had embraced the challenges and it had been led from the centre.

If I think to -- you know, had there been -- under another regime, under another Cabinet Secretary, you know, I was -- I had been -- I was a minister under David Cameron, under Theresa May, if -- you know, the centre would have chaired those early COBRs. Yes, of course I, as Secretary of State, would have played a big part, but it would have been a cross-government effort, and in future that's what it -- that's what it should be. The lead government department model works very well for small crises, for medium-sized crises, but it does not work for a crisis that is a whole-of-government, indeed a whole-of-society crisis.
Q. We'll come back to COBR, and you're aware of course that I'll be asking you about particular COBR meetings.

You've given an example there of COBR, and you've put it in the context of the difficulties in getting the government machine going until the end of February.
A. Yes, at the centre. The department was working full-time on this from the middle of January.
Q. If it was hard to get the government machine going, and you've referred to the effort required and the difficulties that you encountered, may we take it from that that the system took time to be geared up at the centre of government?
A. Yes.
Q. Presumably there was an avoidable delay, therefore, baked into this governmental system. If it took time to get it going to react appropriately and sufficiently, then time would have been lost?
A. Well, to be fair, the early actions that were needed were essentially Health Department and Health -- the Health family actions: developing the early test, making sure that we supported the universities who were developing the vaccines, the very early contact tracing, the responses to the individual cases. You know, the first cases didn't come to the UK until the very end of January, start of February, and so the early actions were for the department. So I thought it was reasonable, for instance, the very first COBR that 17
symbolically very important, when the Chancellor of the
Duchy of Lancaster got stuck in -- and you heard from
him how he came to a COBR, was alarmed, asked some very good questions, followed that up with me, and from -and you might think that I was unhappy to receive that email and those questions. On the contrary, I was delighted, and he -- and after a discussion about where we were up to, he became a very, very strong ally in driving action all the way through the crisis. So from early March it shifted and it became a whole-government effort.

Of course in March/April the department continued to have to do much, much, much more, and increasing amounts, and so we were -- we were under enormous pressure and enormous stress. We brought in more resources, basically from wherever we could find them, and did everything that we could. But it was -you know, that ramp-up was extremely difficult.
LADY HALLETT: Mr Hancock, I'm sorry to interrupt, could I just ask you to rewind, I didn't realise Mr Keith was moving on.

Going back to the time before the end of February, and I appreciate that you say central government should have got involved earlier, apart from the fact that other government departments would have done some of the 19

I should chair it. But there was a point when we needed to go broader than things that ought to be the remit of the department. My argument, my point in response to these allegations that we held too much within the department or that we didn't get on with stuff is: we -and we were -- somebody's accused the department of being overwhelmed. Well, we were certainly whelmed, we were certainly very, very busy, and we were having to do things that in future ought to be done by other departments or at the centre, because it should have been a whole-government response earlier. That's my -that's my reflection.
Q. What about after the end of February, so March and April --
A. Yeah.
Q. -- as the cross-government machine ramps up --
A. Yeah.
Q. -- as the scale of the crisis is finally understood and steps had to be taken, to what extent had the DHSC got on top of co-ordinating or promoting or suggesting the sorts of countermeasures and infection control measures that ultimately were at the heart of the government's response?
A. Well, so by -- from the end of February, when the

Prime Minister took the chair at COBR, which was 18
work that you felt your department had to, was anything not done? I appreciate you shouldn't have been doing it, you say, but was anything not done because central government wasn't involved earlier?
A. Well, I think that for the future the plans for what NPIs to put in place, for instance, that isn't a Health Department thing. And once we got the structures properly set up, it wasn't a Health Department thing, it was a Cabinet Office thing, quite rightly.

So it was -- it was in mid to late February that the SAGE system got going on designing NPIs, and we also did some work on that in the department, especially in the area of the legals that were needed.

That sort of work, you know, hopefully for next time will already be on the books. You know, we should already have published legal draft legislation -published draft legislation that is ready in case it needs to be enacted.

Back then we had, thankfully, thanks to the preparation work, one of the areas of preparation work that went well, we had a draft Bill. In future that should already be published and scrutinised.

So there's two examples, the legals and the NPI.
MR KEITH: May we presume that, and you've just said, it was an incredibly difficult task faced by the DHSC --
A. Yeah
Q. -- but by the beginning of March, as you were grappling with the emerging scientific advice as to the state of the transmission of the outbreak, how far it had got, to what extent it had become sustained within the community in the United Kingdom --
A. Yeah
Q. -- dealing with the absence of plans and, as you say in your book, having to formulate a battleplan, having to consider for the first time in 100 years some of these extraordinary stringent countermeasures, the DHSC must have been under very considerable stress? I mean, this was not an obligation that you sought, you were a lead government department responding to a whole-government crisis, a whole-nation crisis.
A. Yes.
Q. Was the DHSC under stress? Was it in difficulties at the beginning of March?
A. We were under enormous stress, we were working incredibly hard, yes.
Q. Could we have INQ000129226, please, which is a text from yourself to Boris Johnson on 7 March, page 2. He asks you:
"Anything I can do to help?"
And:
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should have a whole "national effort". So that pretty much covers all bases.
Q. Mr Hancock, you're aware that the very senior civil servant, Helen MacNamara, who was at one stage Deputy Cabinet Secretary, described you in evidence as having "nuclear levels of confidence", which she thought was a problem. Do you reject the notion that in your dealings with your colleagues, in terms of the impression that you gave, you were overconfident in presenting the undoubtedly extraordinarily difficult issues that your department faced?
A. It depends who with. I had enormous doubts at this point. I would ask people I trusted for advice, I had long discussions with, for instance, Chris Wormald, Chris Whitty, about how we were responding. We were -in a trusted environment we were self-critical about how we were responding. That's only natural, because we could see what was happening, and we could see that we were in the middle of something that hadn't happened for decades and it was on our watch, so to speak.

It's also -- I also thought it was necessary, and I can understand how some people will have interpreted the way that I now know that they did, although I didn't know this at the time because nobody raised any of these issues with me at the time, I can now -- I can see how,
"You are doing great keep going."
And you say:
"Kind of you to say. It's not easy. You are doing great too. Follow the science!"

And you ask for help in relation to -- or you invite him to start thinking about how he could contribute to a call for a public effort, a clarion call for hand washing and "helping old folks if they have to stay home".
"It's a great unifying clarion call for you to lead when the time is right."

Was that not an opportunity for you to say to the Prime Minister, "Well, we absolutely have to get on top of the very real difficulties with the absence of real plans for infection control with the development, implementation of countermeasures, with the incredibly difficult issue of funding and planning for vaccines, shielding", all the other areas that your department was grappling with?
A. By this point the Prime Minister, the Cabinet Office machine and Number 10 were wholly engaged. The Prime Minister, I think, chaired the first COBR on 2 March, and so we'd had almost a week of me being able to say all of that. So I think this was a ... you know, he asked, "Anything I can do to help?" and I said we 22
you know, my sense of needing to keep driving the system forward might have had this impact on some people who -especially those who were more sceptical of the need of the government to act, frankly. We have seen some of the evidence that the same people who were accusing me of overconfidence, at the same time were trying -- were blocking the action that I was saying we needed.

And so you can -- I can now see the dynamics of, if they were against action being taken, and I was going in and saying, "We absolutely must do this" -- and I -you know, there was a huge amount of uncertainty, and a huge amount of worry, and I basically felt it was my professional duty to try to keep going, to keep driving forward.
Q. Who was against action being taken?
A. Well, we've -- I don't want to point fingers, because everybody was doing their best --
Q. Which government department significantly was against action being taken?
A. Well, for instance, the reluctance to get the COBR machine going. We've seen some of the evidence of certain individuals thinking that we were overreacting or the world had gone mad. There was a delay, an inexplicable delay at the centre to the publication of the action plan, which came on the 3rd, and we've 24
seen some evidence of why that happened.
So, look, there's various examples of it, but I basically felt that I had to drive this thing forward, and I felt that sense of responsibility. Of course -and, you know, of course I understand that now some people, you know, reacted in the way that they did, but it was -- but it was a time of enormous uncertainty and a time when I just felt we needed to keep driving the system forward.
Q. We will look at some of the areas, indeed in fact all the areas that you've identified, Mr Hancock, where there may have been evidence of the government machine being delayed or of action not being taken when it could reasonably have been taken.

May the Inquiry presume and conclude from what you've said about the difficulties in getting the government machine going that there were these instances of people pushing back or not doing perhaps what they should have done, that by and large there was overall, therefore, an avoidable delay --
A. Well -- sorry.
Q. -- between the beginning of February, and we'll look now at the material that was available to you and to the machine, and the lockdown decision of 23 March. It just didn't have to have been that long? 25
Q. You have described, Mr Hancock, how you saw the government machine trying to ramp itself up. You could see the difficulties that, on your evidence, the department and yourself encountered. You've given evidence about the instances in which people pushed back, or where there may have been a failure to act reasonably speedily. So you must have been aware -- you were the Secretary of State for Health and Social Care, that things were not being progressed as you, in your own words, would have wished, so you must have been aware of the delay?
A. Yes.
Q. I don't -- the Inquiry has no interest in you trying to -- and rightly so -- not identify individuals to blame. But you must have been aware that cross-government, systemically, the United Kingdom Government was failing to respond sufficiently speedily and well in this crisis. It's not a matter of hindsight; you could see it happening at the time?
A. Well, I found frustrations in areas I wanted to put -push forward at the time. The evidence I'm giving is that now having seen it from the inside, in many cases people had reasonable arguments for why they were doing that. They were behaving professionally. There was of course also this very unpleasant toxic culture, but 27
A. Can I answer that question contemporaneously and then with hindsight? Contemporaneously, people were doing their jobs to the best of their ability. The Cabinet Secretary had a reason for not wanting to call a COBR unnecessarily, and it took 48 hours to persuade him, and that was because he thought they were overused previously, he was worried that it was for use for communications purposes. I did not want it for communications purposes, I wanted it for substantive reasons: to get the government machine moving.

There was -- people had good reasons at the time, and maybe because they weren't faced, like I was, with this -- with the daily evidence of this growing crisis, they simply didn't cotton on to the fact that this enormous wave was coming.

So I don't think it's fair to criticise people for making professional judgements at the time.

With hindsight, knowing what we know now, it's obvious to everybody that there should have been a whole-of-government response from earlier, but you've got to remember the fog of uncertainty and the lack of data. You know, there weren't cases in the UK till the end of January. The first death in the UK, very sadly, in the UK, was on 1 March, so this was -- this was very, very early on.

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I think that became a problem later rather than early on. I think it was just reasonable people doing their jobs, saying, "Really?" You know, there are known costs to the things that I was trying to do and unknown benefits, because at this point it might still have all been contained within China. So people saying, "Are you sure you want to do this? Do we really want to tell the public we might shut down whole cities?" Well, yes, I did want to do that. But I can under -- so I'm just trying to empathise with why people reacted the way that they did at the time.
Q. Now, you've mentioned plans, and the lack of planning is an important part of the Inquiry's examination of this area. In your statement, and you've acknowledged it already, you observe that:
"There was no book or report to pull off a shelf to tell us how to handle a pandemic ..."

In a WhatsApp message from you to Mr Cummings on 12 March -- could we have INQ000048313, page 68 -- in the context, Mr Hancock, to put this in its correct context:
"Watching question time we need to up a gear on winning the public argument ..."

So it's in the context of the debate that was then rumbling on --
A. Yeah.
Q. -- in fact, about reasonable worst-case scenario, herd immunity, behavioural fatigue and so on and so forth.
A. Yeah
Q. You say:
"... we are better prepared than other countries."
By 12 March, you were surely aware that we were not better prepared than other countries? There was -- and you've acknowledged it already -- a complete understanding that there was no scaled-up test, trace, isolate -- contact, isolate system beyond the first few index -- first few hundred cases. There was no effective means of infection control, there was no border plans or quarantine system in place. You knew there was sustained community transmission in the United Kingdom by this date and you knew that the infection fatality rate was $1 \%, 1 \%$ of all infected people would die.

Why did you say we were better prepared than other countries?
A. Well, I think there's two ways to answer that question. The first is this is about a communications question, and 12 March was -- this was the end of the period in which we were concerned about the timing of lockdown and 29
Q. But your evidence so far, Mr Hancock, has been very much to the effect that the DHSC was a siren voice calling for more to be done, for trying to push the government machine on. But by 12 March, as you knew very well, the United Kingdom Government had reached the end, even by that late stage, of the containment phase of the strategy. The virus was rife. Should you not have been taking this opportunity to tell your colleagues in government, telling the public, telling the citizens of this nation, "This wall of death is coming and we have no effective means to deal with it other than to impose infection control measures urgently and significantly"?
A. Well, in my public communications you will know that I had at that point been explaining that we might have to do that, yes. The -- but l'm also a team player and the government position was "not yet", so this was a message about how to best explain the government position of "not yet". But, as I say, the position of "not yet" was running to the end of its road and it was on the very next day that I first told the Prime Minister that I thought that we needed to lock down.
Q. Was that 13 March?
A. Correct.
Q. It's not in your diary, so-called, I should say,
A. Yeah.

Mr Hancock. The entry for 13 March makes no reference to you telling the Prime Minister this vital piece of information, that he should lock down immediately. There is a whole page on how you woke up for the dawn flight to Belfast in Edinburgh Airport.
A. Yeah.
Q. There was from the Prime Ministerial meeting, Prime Ministerial papers, a video call at 9.30 that morning, and according to your book, you say:
"I called the Prime Minister and told him we'd have to do some very rapid back-pedalling on the issue of herd immunity" --
A. Yeah.
Q. -- "then rang Patrick, who promised to do his best to repair the damage."
A. Yeah.
Q. You then met with a First Minister in Belfast, you then went to Cardiff and so on.
A. Yes.
Q. Telling the Prime Minister of this country for the first time that he had to call an immediate lockdown is surely worthy of some recollection, is it not?
A. I didn't have full access to my papers for writing of that, and this came to light in looking -- in researching the papers ahead of this Inquiry. This is 32
after all the formal public inquiry.
What then happened is -- that was on the 13th, which was the Friday -- on the 14th we then had the -- we had formal meetings in the Cabinet Room on this subject, and I again made my views very clear.

But if you think -- you know, this shift from "we should wait because we've got to get the timing right" to "we must act now" happened -- happened quickly. So, for instance, on 13 March, there was a G7 call with my -- and I was very struck especially by my Italian opposite number because they had put in place the lockdown across the whole of Italy by then, and he was describing where they were up to, and it was ... it was harrowing.
Q. Forgive me. Your book says:
"The account that follows has been meticulously pieced together from my formal papers, notes, voice memos, my communications, WhatsApps [we know from the press] ..."

And it records, in 555 pages, all the relevant
important events, as you saw it, concerning the coronaviral response. But there is no reference to you telling the Prime Minister to call for an immediate lockdown on 13 March, and you know that there are no notes and no emails in the Inquiry's possession, because 33
prepped and refreshed".
A. Yeah.
Q. So just pausing there, that may give the impression that whatever plans they were and whatever -- however deficient or effective they were, they had been recently -- because of the word "refreshed" -- prepped and brought up to date?
A. Yeah.
Q. Very fairly you accept in your book --
A. Yeah.
Q. -- and in your statement that the only plan that there was was a strategy plan from 2011 -- in the field of central government response to a pandemic. Not NHS surge capacity or beds but the central government response to a pandemic. There was the 2011 strategy.
A. Yeah.
Q. A single document based doctrinally on a completely inappropriate approach.
A. Yeah. This is what I thought at the time, as you can see.
Q. But who told you that?
A. Public Health England, the World Health Organisation --
Q. Sorry, just pause there. The World Health Organisation --
A. Yes.
we've given them to you, that record that conversation.
So I am required to ask you: how sure are you that you told the Prime Minister that he had to call for an immediate lockdown in a call on 13 March?
A. I can remember it, and it -- it came to light in looking forward to this Inquiry. And what's more, the corroborating evidence, if you like, is that it happened -- is that on the -- it is recorded that on the 14th, which was the Saturday, there was a -significant discussions in Number 10 at which I made this case again.
Q. All right.

Could we have INQ000048313, page 5, please, on the screen.

This is a WhatsApp message between you and Mr Cummings, a bit earlier, Mr Hancock --
A. Yeah.
Q. -- on 23 January. Evidence has been given to this Inquiry by Mr Cummings that he WhatsApped you, as we can see there, to ask you:
"To what extent have you investigated preparations for something terrible like Ebola or flu pandemic?"
"Yes [you say]. We have full plans" --
A. Yeah.
Q. -- plural, "up to $\&$ including pandemic levels regularly 34
Q. -- doesn't, of course, hold the book for the United Kingdom plans --
A. No, but it has -- it did analysis on which countries were the best prepared, and we were the second overall.
So all I can tell you is what I thought at the time.
It's not what I think now.
Q. You wouldn't, as the Secretary of State, have phoned up the World Health Organisation and said, "What are our plans?" You would have made inquiries in your department?
A. Yes.
Q. When you made those inquiries, "What plans are there?" --
A. Yes.
Q. -- what information, what description of those plans were you given?
A. Well, it was essentially the output of the Cygnus exercise, the fact that we had legislative plans available if necessary, we had both the legislative vehicle of the 1984 Public Health Act and we had the draft Bill, which by then I will have known about. We had plans to get testing up and running within PHE. Now, that obviously happened far too slowly thereafter, but remember at this point PHE had performed extremely well in the early couple of weeks of the pandemic by 36
developing a test within three days of receiving the data from China. We had by then in the department already discussed the vaccine, and we knew that we had a vaccine platform, that had been funded in order to respond to Ebola, that had the potential to be used in response to this new virus, at Oxford University.

So with hindsight, it would have been far better if I'd said, "I do know about this, I really need your help, the plans that we've got aren't up to it", but that wasn't what I -- it wasn't what I thought, what I was being told at the time.
Q. You're the Secretary of State for Health and Social Care --
A. Yeah.
Q. -- the country is facing an unknown but extremely serious pathogenic outbreak on 23 January, nobody knows how far it's going to spread at that stage, but you plainly need to know what the plans are. My question was put to you to elicit what your understanding was from your staff and your advisers and your officials of the government's central infection control plans.
A. Yes.
Q. Prosaically: do we shut schools?
A. Yes.
Q. Do we quarantine people? Do we have hand washing? Do
question, the premise of the question was wrong.
The reason that I held this confident view at that point is because, for instance, the Global Health Security Index, in 2019, said that we were the second best country prepared in the world, after the US, and that we were the best in the world in the subcategory of rapid response to and mitigation of the spread of an epidemic. The WHO said:
"The UK remains amongst the leaders worldwide in preparing for a pandemic."

This all turned out not to be true, but it is what I was being told at the time.
Q. All right.

On 6 February 2020, there was a Cabinet meeting, Mr Hancock. INQ000056137, page 6:

SOCIAL CARE said that he was grateful for the support of his Ministerial colleagues ... There were two cases in the UK ..."

They were, of course, as you've correctly identified, on 30 and 31 January.
"... and there would almost certainly be more. The approach to tackling the virus in the [United Kingdom] to date had been medic-led."

The central point, according to these minutes,

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"Concluding, THE SECRETARY OF STATE FOR HEALTH AND
we self-isolate? If so, for how long and whether -- is it individually or is it for a household? Those sorts of issues. So not pandemic Bill proposals --
A. Why not? It's important as well.
Q. Mr Hancock, because that is not the question I've asked you. I want to know about what your understanding was of the state of play of the countermeasures, that's to say the infection control measures. Not vaccine proposals or Cygnus reports, which didn't deal, of course, with countermeasures or legislative proposals, but prosaically: how, as a country, are we going to stop the virus from spreading if it comes?
A. There's a number of things in your question I need to correct. Cygnus was involved with legislative proposals --
Q. I suggested it wasn't involved with proposals for countermeasures. It didn't propose particular countermeasures in its recommendations.
A. Cygnus was, contrary to your initial question, involved in legislative proposals. Furthermore, legislative proposals are countermeasures, because you can't isolate people against their will without legislation. So this attempt in the questioning to split off different parts of the overall response is false. That's what -- that's why I'm responding in the way that I am to your 38

Mr Hancock, that you then make, is "that the Government had a plan to deal with this illness".
A. Yes.
Q. You didn't in fact, within the Department of Health and Social Care, commission, until 10 February, the plan -the battleplan, as you describe it in your statement, or the action plan, as it was published on 3 March, and therefore what plan was it that you were referring your Cabinet colleagues to, to deal with the illness?
A. Well, firstly, we had the pandemic flu strategy set out in 2011, but by this point we had a whole series of different plans for expanding different areas.

So we had a plan for the expansion of testing within PHE. Now, that plan did not go fast enough and I had to take the -- I had to take serious action to change that in the middle of March.

We had a plan for the development of a vaccine, and we'd already put extra funds into the development of a vaccine by this point.

We had a whole series of plans.
In a number of questions you've said there was an absence of a plan. That is not true. There was a plan. In fact, there was a plan with detail on a whole different series of areas. My critique of the plan is that it was not an adequate plan, in doctrine or 40
in level of detail, and it's absolutely incumbent on this Inquiry to get to the substance of what the future plan should be, and it's that substance that really matters. So we had a plan, it was guided by the science.

By this point, I was much more worried than on 23 January. The -- and, really, it was over the last week of January that my worry levels changed categorically because we saw the reasonable worst-case scenario and I remember that meeting very vividly, that was at the end of January. You'll also notice in here that I said:
"[ln] The reasonable worst case scenario [we'd] see almost every government department affected ..."

Well, that was an understatement, I shouldn't have said "almost" -- and that "Colleagues should attend personally or designate a junior minister" who was "dedicated" to this task, "dedicated".

So this is clearly me saying to the rest of my Cabinet colleagues "We're all going to have to get stuck in on this", and yes, we did have a plan. It is entirely reasonable for me to both explain that we had a plan, indeed plans, in place, but also critique for the future where those plans were flawed.
Q. One further question on this topic, please, Mr Hancock. 41
stringent than had been envisaged in the original plan.
Q. Could you please just answer the question. Were there, as far as you understood it, on the advice of your advisers and your colleagues, plans for countermeasures, for infection control measures, in existence and told -informed to the Cabinet in February 2020?
A. There was a plan, as set out and based on the 2011 pan flu -- pandemic flu plan, updated with the conclusions of Cygnus, and in Module 1 we discussed at length the flaws in that plan.

The argument there wasn't a plan is false. Indeed, I've heard a number of Cabinet Office figures argue that there wasn't a plan. If you look at the 28 February submission to the Prime Minister by CCS, it sets out that we have very advanced plans, in fact it is much too bullish and self-confident, that note, and the idea that it was wrong to suggest that we had a plan is completely false.

I appreciate that some people in the Cabinet Office did then later catch up with the seriousness of the situation and become rather alarmed. I think that their reaction, when they finally woke up, in some cases was helpful, because the machine ground into action, in some cases it was not particularly helpful because it would have been better if they'd said, "We now realise there 43

On 14 February 2020, so a week or so later, we needn't put the document up, but at page 7 of the Cabinet minutes or the note of the meeting, again, your Cabinet colleagues are told the government had a plan --
A. Yes.
Q. -- informed by science.
A. Yes.
Q. Helen MacNamara has given evidence to the effect, through her witness statement, that time and time again Cabinet was assured that "We had plans in place". You have described the vaccine preparation work, what was done, and we'll come to the detail in due course, what was done by way of testing. So that we can clearly understand your response, are you saying that there was, throughout February, already in place a plan for countermeasures? That is to say, infection control measures, the sorts of measures which were ultimately put into place on 12 March, 16 March, 20 March and 23 March?
A. I'm so sorry, we didn't put measures into place on 12 March --
Q. 12 March was the first day on which measures were put into place, you will recall it was the order for symptomatic individuals to isolate for seven days.
A. The measures that were put in place were much more 42
is a problem, what have you been doing about it?" as opposed to -- as opposed to the toxic blame culture that we've seen and referred to already.
MR KEITH: My Lady, I'm coming to a completely different subject. Would you like to have a break then or would you like me to trundle on?
LADY HALLETT: I shall return at 11.20.
(11.04 am)
(11.20 am)

LADY HALLETT: Mr Keith.
MR KEITH: Mr Hancock, the different, the new issue is asymptomatic transmission.
A. Is it possible to add one small coda to an answer which I gave just before?
Q. By all means.
A. Because you expressed -- you were questioning me about my call to the Prime Minister on 13 March, and the fact that this wasn't in my book.

Since I wrote that book further evidence has come to light, because I have been preparing for the Inquiry, and if you look at INQ000226628, you will, for instance, see an email from me to the Prime Minister on 13 March arguing for a suppression strategy and, indeed, making the case that we should make the argument globally for 44

A. Yeah
Q. "PHE is adamant that a coronavirus can't be passed on, and that tests don't work on people without symptoms." On pages 2 to 3 of this document, 27 January:
"I pushed him [that's Professor Sir Chris Whitty] on my worries about asymptomatic transmission. He said that the global scientific consensus is still that this is unlikely. But is 'unlikely' unlikely enough? If you can get it, pass it on and show no symptoms, it will be impossible to manage."
A. Yes.
Q. And on 29 January, page 4 of our document, you say:
"Feeling like a broken record, [you] pushed PHE about asymptomatic transmission."
A. Yes.
Q. It is correct to say that in your book, for 3 April, you note the publication by the World Health Organisation of a report dated 2 April in which there is reference to evidence of documented asymptomatic transmission.
A. Isn't that a CDC note, not a WHO note?
Q. Yes -- in fact there are both, but yes, your book may refer to the CDC, but the WHO restated the position two days before on 2 April -- or a day before.

So your regret appears to be that you were told -and certainly did not understand, because you weren't
you mass test the whole population, who has got the virus. So you can't work out what proportion will be hospitalised, what proportion will die, you can't see the scale of the problem.

In your witness statement you say:
"My single greatest regret is not pushing harder for asymptomatic transmission to be the baseline assumption ..."

You say:
"The global scientific consensus, reflected in the global scientific advice from the [World Health Organisation] until April 2020, was that there was no asymptomatic transmission."

That's what you say in your statement, isn't it?
A. Yes
Q. Yes. In your dairies, and we'll just very quickly -- in your book --
A. Yeah.
Q. -- page 2, you say, and it's quite difficult to see the --
A. Page 22, I think.
Q. No, it's page 2 of our document, Mr Hancock.
A. Oh, I see, I understand.
Q. We have transcribed the relevant extracts into a separate document.
told -- that there was likely to be or there may have been asymptomatic transmission, at an early enough stage when it really, really mattered. Is that the nub of it?
A. Yes.
Q. All right.

There was a meeting on 27 January --
A. Yeah.
Q. -- INQ000106067, page 1 -- where the Chief Medical Officer says:
"[The] CMO commented that previously our best understanding was that the virus was unlikely to transmit whilst patients were asymptomatic (but this was/is unable to be definitive). There is still a lack of clarity over what the Chinese official position is. CMO would expect that very symptomatic persons would be more likely to transmit the virus."

Then:
"CMO was confident but could not guarantee that asymptomatic persons would be less contagious than heavily symptomatic persons."

If you could just hold that paragraph in your mind, Mr Hancock, and we'll look at a meeting the next day, 28 January, INQ000233747, page 2, second bullet point:
"CMO commented that today's data appears slightly less reassuring than yesterdays ... but the positive is 48
that there has been no sustained transmission outside of China. CMO commented that we cannot ... fully understand whether the measures imposed by China have had any significant impact in delaying transmission."
Then I think if we scroll back out there is then a reference to Germany. In this long page I'm unlikely to be able to find it.
A. "CMO commented that there is now credible evidence of asymptomatic transmission within Germany ..."
Q. Thank you very much. It's about a third to half the way down the page, if we could scroll in on that:
"CMO commented that there is now credible evidence of asymptomatic transmission within Germany ... PHE reiterated that there is no test for asymptomatic patients and that this would not be possible without invasive tests ..."
I apologise again to you, Mr Hancock, if you could
bear that document in mind and then we'll look at a SAGE meeting of 4 February, INQ000051925, page 3, paragraph 19:
"Asymptomatic transmission cannot be ruled out and transmission from mildly symptomatic individuals is likely."
I'm going to summarise the remainder of the material bar one. There is a NERVTAG meeting on 21 February, 49
Q. -- in relation to the virus and its application abroad. 1

So what were you told --
A. Yeah.
Q. -- about that degree of difference? Were you told,
"There is no asymptomatic transmission"? Which is what you appear to have been told.
A. Yeah.
Q. Or were you told, "lt's very difficult to be sure" --
A. Yeah.
Q. -- "there are no certainties in this sphere, but it's
possible" -- and then "likely" -- "to be asymptomatic
transmission"? And of course ultimately, as you know
very well, a precautionary approach is applied: "We can't take the risk that there isn't, we'd better work on the premise that there is"?
A. Yes. So this was --
Q. I apologise for a very long question.
A. No, it's an incredibly important subject.

This was a deep frustration to me at the time and is -- as I said, my single greatest regret with hindsight was not pushing on this harder and ultimately not overruling the formal scientific advice that I was receiving.

So there's only one thing in your summary that I would challenge, which is that the WHO statement of 51

2 April that you referred to in fact said, and I quote:
"No documented asymptomatic transmission."
It was then on 3 April that the CDC came forward with a survey which demonstrated, to a point of scientific clarity, that there was highly likely to be asymptomatic transmission. And it was that CDC document, and I remember it very clearly at the time, that was instrumental in then changing the scientific evidence that underpinned the policy advice in the UK.

So I was aware from very early on of the concerns that there may be asymptomatic transmission. As you've noted, I raised the question on 27 January. I also discussed the question with Jens Spahn, my opposite number in Germany, to whom I was close. I asked the Director General of the WHO about the evidence from China, and he described the Chinese reports, which I'd seen in newspapers but also came formally through a diptel, although I don't recall seeing the diptel at the time, he described those as a translation error, and I was -- within the UK system they were also described to me as a translation error.

So I was aware of this from January, I understood the implications of significant asymptomatic transmission, and my recollection is I kept on pushing on this question in January and February, especially. 52

It became the settled international view that policy should be based on an assumption of the transmission mechanism of SARS-CoV-1 -- ie SARS, as it's commonly known -- because there was not scientifically robust information to contradict that. And here is an example of where the scientific method, which I enormously respect, comes into challenge in a period of enormous change and uncertainty. Because the scientists, to be able to base policy on a different assumption, wanted concrete scientifically credible evidence, and what I had was essentially anecdotal evidence, and it was only when the CDC had performed to formal study, which they published on 3 April, that the scientific establishment switched position.

It's understandable the scientists base their advice on the scientific method, and so it is a -- it is a problem, because there were other examples -- without wishing to go on too long, there are other examples, like in the discovery of treatments and the ruling out of treatments, like hydroxychloroquine, where some countries moved policy ahead of a scientific conclusion and got it wrong because the science actually -- if you waited for the scientific method to be applied, you got, in that case, the answer that hydroxychloroquine didn't make a difference.

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A. Yes.
Q. The two cannot live together. Either you were told and you didn't understand -- to the contrary, you were told there is no asymptomatic transmission, or you were told of concerns that there may be asymptomatic transmission and those concerns crystallised over time. Which is it?
A. I have explained and I will try to do a better job of explaining --
Q. No, Mr Hancock, please, if you would bear with us, which of those is the correct position? What was the understanding? It's one or the other.
A. No, it isn't not one or the other, that's what I was going to explain. Okay? I will give you my evidence of what I knew at the time and felt at the time and understood at the time.

In late January I became aware of concerns that there may have been asymptomatic transmission, from China, from Germany. I challenged the system on whether there was or not.

What came back was that: yes, there was anecdotal evidence that there may have been asymptomatic transmission, but that we should not base policy on that assumption. Instead, the reasonable -- this is what was said to me -- the reasonable assumption should be made that Covid transmits as SARS did.

So the scientific method matters but it delayed the formal scientific advice telling us that we should base policy on an assumption that there can be asymptomatic transmission.

I'm sorry, that's a long answer, but it's a very, very important subject.
Q. Indeed.

My question was framed exclusively about your understanding.
A. Yes.
Q. In your book you repeatedly state you were told that the coronavirus can't be passed on by somebody without symptoms.
A. Yes, and that the previous six coronaviruses known to infect humans did not transmit asymptomatically.
Q. In evidence, today, you have acknowledged that there were concerns that there may be asymptomatic transmission --
A. Yes, I had --
Q. -- and -- if you would just allow me.
A. Sorry.
Q. And in your statement you say it's your single greatest regret that you didn't push harder back against the notion, by implication, that you were told there was no asymptomatic transmission. 54

And if you read, for instance, the 2 April document on transmission advice and guidance for care homes, in it PHE explicitly state that policy is based on an assumption that transmission of Covid follows the same transmission mechanism as SARS, because there is not yet enough reliable evidence to update that -- that assumption. So that is why what you think are two incompatible statements are both true. We were worried about the anecdotal evidence, I was worried about it from January, and there was some evidence of it, often caveated, often with "unlikely" written by it. But policy was based on an assumption that Covid transmitted the same way as SARS, ie no asymptomatic transmission. That was a source of frustration to me, but I couldn't get PHE to change it because it was a clinical scientific decision, and I was the Secretary of State. The frustration I had is that with hindsight, I should have simply said, "That may be your scientific evidence and advice to me, however we shall base policy on an assumption that there is asymptomatic transmission". There would have been downsides to that assumption, and there's reasons that we didn't do that, but essentially my hunch, which was that there is, I should have used that to overrule the science. But you can understand why -- I did that on a couple of occasions, and we can 56
go through those if you like, for instance the returners from Wuhan which I required to be quarantined when the scientific advice was don't quarantine them. But that is what explains the apparent incompatibility with the statements that you set out, and that is the -- both the evidence at the time and how I feel about it now.
Q. In any event, it was obvious, wasn't it, from the lockdown in Italy in the 11 municipalities to which you refer in your statement on 21 February --
A. Yeah.
Q. -- and the data from the Diamond Princess outbreak, the cruise ship on which there were UK nationals, that there was actually very significant asymptomatic transmission? So would you agree that certainly by those dates, 22 February, the lockdown in Italy, and the Diamond Princess data of mid-February, that there was clear asymptomatic transmission?
A. No. I would -- I would say that with hindsight that is now obvious; at the time there was a fog of uncertainty over this question, as is -- as is clear in all of the documentation that you've cited.
Q. Your department received reports showing, from the Diamond Princess outbreak, that around $18 \%$ of the people infected onboard that boat -- and it was a closed environment, you will recall -- had showed no symptoms. 57
clear to the contrary. What I could have done was said,
"You know, that may be the formal scientific advice,
I am overruling it and saying, instead we're going to assume asymptomatic transmission".

That would have had risks on the other side of assuming spread where it may have been unlikely to happen, and -- but with hindsight, of course, I wish I'd done that, hence it is my single biggest regret.

But what I'm trying to put --
Q. Mr Hancock, perfectly understandable you would wish to answer at length on this important issue, but could I invite you just, please, to stick to the question.
A. Sure.
Q. INQ000229430, page 2, is a message between the Government Chief Scientific Adviser and the Chief Medical Officer on 24 July, where Sir Patrick Vallance says:
"Why are PM and Matt Hancock saying we didn't know about asymptomatic transmission?"
A. Exactly.
Q. [Chris Whitty] "I have no idea. We did not know how important they were, that is correct. But we were aware of the possibility.
"But it is correct we thought transmission was most likely after [symptoms]

It was in the press, it's referred to in SAGE memoranda. It was obvious there was asymptomatic transmission.
A. So why couldn't I get PHE to change the scientific advice to base the assumption of transmission on asymptomatic transmission as opposed to symptomatic transmission? You can, I think -- I hope you can understand how frustrating this was.

The answer to that question -- here I'm putting myself -- because I was -- you know, I was in the pro, "let's worry about asymptomatic transmission", camp. The frustration was that the -- understandably, from their point of view -- and here I'm putting myself in their shoes -- the PHE scientists said, "We have not got concrete evidence", the WHO, 2 April, "No documented asymptomatic transmission". So the international scientific consensus was that there is no documented asymptomatic transmission, therefore policy was based on the assumption that Covid transmitted as SARS.

I had, by this stage, a significant amount of anecdotal evidence, and hence -- l've gone over this and over this and over this in my mind -- if I had just said, "The science is different", that would not have carried the system with me, because l'm the representative of the people, if you like, I'm -- as the Secretary of State, and the scientific advice was very 58
"(Like sars)
[Unknown] "Not by March. I think we were pretty clear that we thought there was asymptomatic transmission."
"We will have to put up with quite a bit of this.
Just as well sage minutes are public domain."
And that's a reference, Mr Hancock, to the material which l've summarised for you.
A. Do you know who "Unknown" is?
Q. "Unknown", as I've said, it's Sir Patrick Vallance.
A. Okay.
Q. The first entry is Sir Patrick Vallance.

So would you acknowledge that the Chief Medical Officer and the Chief Scientific Adviser are stating there that they did know and they told you and the Prime Minister about the significance of asymptomatic transmission and the degree of it, and they are confounded by the notion that you and the Prime Minister are now apparently saying you didn't know about it?
A. We're not apparently saying anything. We are clearly stating the position that was put to us as the scientific position, based on the global international scientific position, which was to base policy on an assumption of no asymptomatic transmission as set out by PHE.

| That is what is being referred to in the first of | 1 |
| :--- | :--- |
| these messages and I -- I assume this is a shorthand | 2 |
| from Patrick Vallance, saying "Why are PM and | 3 |
| Matt Hancock saying we didn't know". What we were | 4 |
| saying -- what we were saying was the error was that the | 5 |
| scientific advice kept -- required -- or formally | 6 |
| advised that policy should be based on an assumption of | 7 |
| no asymptomatic transmission. | 8 |
| If -- and the problem here in this exchange is | 9 |
| demonstrated by the words "pretty clear": | 10 |
| "... we were pretty clear that we thought ..." | 11 |
| Right? | 12 |
| If the Government Chief Scientific Adviser knew, as | 13 |
| opposed to was "pretty clear" and "thought", then that | 14 |
| may have changed the UK scientific position. But he | 15 |
| didn't know, as we've seen, there was huge | 16 |
| uncertainty -- l'm not blaming him at all for this -- | 17 |
| there was huge uncertainty on this question, and it is | 18 |
| deeply frustrating to me now, and it was deeply | 19 |
| frustrating to me at the time, that being "pretty clear" | 20 |
| was not good enough to change the scientific advice | 21 |
| I was receiving on which to base policy. | 22 |
| Q.All right. | 23 |
| In any event, your witness statement acknowledges | 24 |
| that the importance of this debate is that if you don't | 10 | 61

correct approach? You simply had to plan on the basis that it was, regardless of how strong the science was.
So did it matter, ultimately, given that you did apply a precautionary approach?
A. This question did matter and it is not fair to say that the scientists knew for sure about this by mid-March. That's not how they --
Q. Mr Hancock --
A. -- that's not how it was represented.
Q. I've not asked you about that. I've asked you: does it matter that there was a debate, regardless of whether you were told or not, about the degree of asymptomatic transmission if, sensibly, the point was reached that you just had to plan on the basis that there was and decide what appropriate countermeasures could be promulgated and applied?
A. But that isn't what happened
Q. Well, Mr Cummings' evidence to this Inquiry is that by 11 March it was generally understood that a large percentage was being transmitted asymptomatically, and in any event the planning material, the reasonable worst-case scenario approach, presumed that there would be a high degree of asymptomatic transmission. So did it matter?
A. Well, not -- that is not accurate -- as much of that
know the extent of asymptomatic transmission you can't get a handle on the extent of the virus and therefore what proportion of persons infected will die because you don't know how many people at the base level have got the infection who don't die. And you make the suggestion in your witness statement that what could have been done, in light of what you say is the lack of knowledge about the extent of asymptomatic transmission, is apply a precautionary approach?
A. Yes.
Q. That is to say, simply state as a matter of internal policy or approach --
A. Yes.
Q. -- "We don't know the extent of asymptomatic transmission, we may not know for some time, so why don't we just apply a careful precautionary approach, which is assume that it is at a significant level" -- in fact it turned out to be between 30\% and 34\%, but you could take any level, 20\%, 25\%, 30\% -- and then decide upon the countermeasures that are necessary to be able to meet that threat in terms of infection control.

I apologise for the long preamble.
The stage was reached, wasn't it, in early March, around about the 10th and the 11th, that regardless of the science on asymptomatic transmission that was the 62
particular witness's evidence is not accurate -- that is not accurate in all areas. And that's the problem.

I based -- I took the precautionary principle, in some cases overruling the scientific advice on the precautionary side.

I mentioned, for instance, when the -- when we brought people back from Wuhan in late January, early February, the scientific advice from PHE was that they did not need to be quarantined and I overruled that and said that they needed to be quarantined, based on the precautionary principle. And this is -- but then, until the CDC evidence on 3 April, there were decisions taken based on the PHE assumption of no asymptomatic transmission.

Now, not all, and in some -- you know, in the case of lockdown, the asymptomatic or non-asymptomatic route of transmission wasn't really discussed. It was clear that the cases were going up and we needed to take action. The route of transmission, for that decision, was a second order consideration but it was a primary consideration in some other areas, and on those the official advice remained as it was until -- until 3 April.
Q. Had you understood and had it been widely understood that there was significant asymptomatic transmission 64
earlier, what measures might have been available and might have been considered to be applied? You expressed this as being your greatest single regret.
A. Yes.
Q. What wasn't done on account of what you say was the information you were not provided with? What practical countermeasures might have been available which were not appreciated because of this fallacy?
A. Well, for instance, in the guidance to care homes on discharge from hospital --
Q. No, I've asked you about countermeasures in the context of infection control in March. I'm not talking about discharge from hospital. I'm talking about what policies in terms of preventing the spread of the infection round the United Kingdom, in response to which the government did of course impose measures on 12, 16, 20 and 23 March ultimately --
A. Yeah.
Q. -- what measures might have been applied differently had this "misunderstanding", to use a neutral expression, not arisen?
A. I don't think it would have made a difference to those specific decisions. I think it made a decision -- it made a difference in terms of how infection prevention and control was done within health and care settings. 65
it, not promulgated to you? SAGE existed to provide the United Kingdom Government with scientific advice, they were contributors to SAGE, they communicated regularly within and without SAGE, with Professor Sir Chris Whitty, who, together with Sir Patrick Vallance, spoke to you and your officials on a daily basis --
A. Yes, and --
Q. Why did you not know this?
A. I knew what they knew and I read the SAGE minutes. And as you will see, the SAGE minutes and the various other things that I did see at the time clearly state that there may be or there is likely some or -- there are all sorts of formulations of -- in a fog of uncertainty, that -- but it was all, essentially, unproven anecdote, and --
Q. Well, can I pause you there, Mr Hancock? You appeared to give a suggestion that the information that you were given was, itself, contained within a fog of uncertainty. I've put to you the NERVTAG meeting of 21 February stated:
"The evidence suggests that $40 \%$ of virologically confirmed cases are asymptomatic."

That's not much of a fog, is it?
A. I didn't see that evidence.
Q. INQ000119469, paragraph 3.4, page 6. This was the 67
Q. That's very clear.

How much time, if you like, doctrinally was given to this debate as the government machine trundled on in February and March?
A. Ironically in this case not enough. You know, if the Chief Scientific Adviser's view, as expressed later, in July, in that WhatsApp exchange with the Chief Medical Officer, if there had been a successful engagement between his view then, as in "we pretty much knew", and the PHE scientists who were making the recommendations for policy within health and care settings, if there had been better engagement there, for instance, then the scientific advice might, I don't know, we can't be sure, might have been different.

If, for instance, the -- the evidence l've now seen, which I wasn't aware of at the time, amongst some of the most eminent scientists in the UK, like Professor Ferguson and Professor Edmunds and others, that they had a high -- higher degree of confidence that there was asymptomatic transmission, if that had been successfully promulgated to the World Health Organisation, then we may have had a difference in the advice coming from the WHO. So we needed actually more debate about this, not less.
Q. Why was that crucial information, as you've described 66
reference to John Edmunds on NERVTAG, we looked at it about ten minutes ago.

Oh, so you didn't see it at the time?
A. NERVTAG? No. I saw SAGE minutes not NERVTAG minutes.
Q. All right.

There was another related issue, and you've referred
to this in the context of the policy of discharging
patients from hospital, and that's the testing for asymptomatic patients.
A. Just before you --
Q. Yes.
A. To make -- just to give one final point of evidence --
Q. Please.
A. -- on this contradistinction between what some of the scientists were saying and the scientific advice on which some of the policy was based. On 24 March, so later than these times you were discussing, PHE describes anecdotal cases of asymptomatic transmission, but concludes these, and now I quote, "do not provide evidence for asymptomatic transmission".

So that is the evidence that's being provided to me as conclusive. So I'm saying anecdotage and unconfirmed data about this. I'm -- I -- through this period I'm constantly pushing, as I was through January, for a conclusive science, and PHE's advice to me is: these 68
do not provide evidence for asymptomatic transmission. So that is why there's an apparent distinction here, and it is frustrating this wasn't cleared up earlier.
Q. Is the nub of it that -- you appear to be suggesting now that you placed -- understandably, it's a related agency -- you placed greater weight upon what you were being told by PHE, perhaps formally, than the information which was being relayed, both directly and indirectly, routed through NERVTAG, SAGE, the CMO and the GCSA, to central government?
A. It's a very good question. Did I place greater weight on it? I'm not sure I saw it like that. I saw a -I saw inconclusive evidence on the one hand and categoric conclusions based on the scientific method, ie "This is unproven", on the other.
Q. All right.
A. And we -- and those only finally got resolved at the very start of April with the CDC evidence.
Q. On 11 March at a Cabinet meeting --
A. Yes.
Q. -- INQ000056132, page 4, you said:
"Unless individuals were symptomatic there was no point in being tested: the test would not work."
A. Yeah.
Q. SAGE, and not NERVTAG but SAGE, the official advisory 69
Q. -- because you couldn't be certain that the negative 1
test result, if that's what it was, was accurate?
A. Yes.
Q. But you told Cabinet --
A. Yes.
Q. -- there is no point in being tested, the test would not work.
A. Yes.
Q. There is a difference there, Mr Hancock.
A. Yes.
Q. Why was there a difference?
A. Well, being told that the test would not work is the advice that I received from PHE from January. As it happened -- I said a moment ago I saw the SAGE minutes. I saw the SAGE minutes from some time into the crisis, I did not see the very early SAGE minutes --
Q. Can I just pause you there, but you of course accept that the Chief Medical Officer's evidence, which is that anything that was important from SAGE was relayed to you at the multitude of meetings at which --
A. Yes, but not in terms of linguistic analysis, and that is what this debate and discussion comes down to, and the misunderstanding that the Government Chief Scientific Adviser had, as -- in his -- which came to the fore in his evidence on this point.

If I can just set out the position as I saw it.
Apropos this SAGE conclusion, PHE stated clearly that the test could not work to identify that people are negative. And that happened in early January, that advice. And the reason it was important at the time, for policy reasons, was about testing at the border.

There was a debate about testing at the border. I said: why don't we test at the border? And PHE correctly said: if we test at the border we will not get -- we will not find people because the tests are unlikely to be sensitive -- as it says here -- on people with -- who are asymptomatic.

And so I described, "tests will not work" in the context of testing people who don't have symptoms in order to prove that they are negative of coronavirus. Of course, if a test has any sensitivity at all, then it may find some people who are asymptomatic who -- where contact tracing can be useful. In that context, tests can -- can work, but they cannot be described as working for the purpose of ruling that somebody is negative of coronavirus.
Q. All right.

You accept that there was an important difference between -- you described it as linguistic, but there is an important difference between told that a test has 72
concerns about the level of certainty and being told that a test, to use your words, if the Cabinet minutes are right, "does not work".
A. Yes.
Q. How --
A. Does not work for what purpose, that's the key thing.
Q. Right. How could, on this vital issue -- because as you recognise, testing of asymptomatic patients became hugely vital to the discharge of patients from hospital --
A. Yes.
Q. -- to the spread of the virus around the care sector, adult care sector.
A. Yes.
Q. How, on this hugely important issue, could that distinction, that difference of understanding have resulted?
A. Well, let me explain.

LADY HALLETT: Actually, don't worry, Mr Hancock. I'm not sure that this is a point worth pursuing, Mr Keith.

I think Mr Hancock's given his explanation, which is he doesn't accept the meaning that he would attribute to his comments is the meaning that you suggest.
MR KEITH: I'll move on.
LADY HALLETT: Thank you.

In one case the witness said "I haven't got this in black and white"; well, of course not because it wasn't true. And in another case the witness said the accountability and governance arrangements didn't pick this up. Well, they didn't because, again, the allegation wasn't there.

What there was was a great deal of hard work on our side and a toxic culture that we had to work with, which seemed to want to find people to blame rather than spend all of their effort solving the problems. And it's -you know, maybe I -- you know, as l've said before, I drove the system hard, sometimes the people I was trying to push into action didn't think the action was necessary, and that's already been very clear.
Q. Mr --
A. I didn't know about most of this at the time. I knew that it was difficult getting stuff through the centre but nobody expressed any of these things to my face.
Q. Mr Cummings was not one of the people who against whom it might be said that he was resisting the government machine being moved onwards because the evidence plainly shows that around about 13/14 March he was one of the voices calling for more immediate action. But he says in terms not just that you lied but that you were unfit for the job. And, as you know, he and Mr Johnson

MR KEITH: Now, we've been exploring, Mr Hancock, some of the areas, asymptomatic transmission, the testing, what was said about the DHSC and its response, because, as you know very well, Mr Cummings, Sir Patrick Vallance in his dairies, Helen MacNamara, have made reference to you lying, to you getting overexcited and just saying stuff, that you say things which surprise people because they knew the evidence base wasn't there.

Out of fairness to you, and because this is a vital issue that goes to how well the system of government was operating -- you being, as you describe in your book, in the hot seat -- how could, to a significant extent, important government advisers and officials have concluded that the Secretary of State for Health in the maw of this public health crisis, the maw of the beast, was a liar?
A. Well, I was not. You will note that there is no evidence from anybody who I worked with in the department or the Health system who supported that -those false allegations. And indeed, where there have been specifics attached to any of those allegations I have gone through them and I'd be very happy to answer questions on any of them.

And then in a couple of occasions there were general sweeping allegations which had no evidence whatsoever. 74
debated that claim and there was a debate about you being sacked. The Inquiry has no interest in the truth of the allegations. It is impossible for the Inquiry to resolve them. But the fact that the Prime Minister, his chief adviser, the Deputy Cabinet Secretary, the Cabinet Secretary, all questioned your candour and, in large part, fitness for the job, is a vital issue to any examination of how well -- how well the system responded.

This is an extraordinary state of affairs.
A. Well, the Inquiry can, if it chooses, get to the bottom of each of the specific allegations because they are not true and I'm very happy to write with an explanation of each and every one of them.

The -- of course the impact of the toxic culture that essentially was caused by the chief adviser but that clearly you can now -- I can now see, not that I knew at the time, others were brought into, that was unhelpful.

On the other hand, in the heat of a crisis, people say things -- especially on WhatsApp, which is essentially conversational -- that they don't -- that, you know, that they may not -- may not be their full considered opinion. For instance, the Cabinet Secretary also described me as "can-do" in a note to the 76

Prime Minister. So, you know, I think there is a broader view. And also I got on with him perfectly well with him through the whole thing and -- and afterwards, and it's only because of this Inquiry that I've seen the language that he was using behind the scenes.

So, you know, was this a problem? Up to a point.
What is the lesson for the future? I think unfortunately the lesson for the future is systems need to be in place so that if there is a malign actor in Number 10 --
Q. Do you mean Mr Cummings?
A. Well, in this case that was the example, but there may be in the future. But if there are people whose behaviour is unprofessional, the system needs to be able to work despite that. That's why I think I place reliance on the COBR system and why I tried to use the COBR system. And I think that -- you know, that is the repository of emergency response knowledge, understanding, experience within government, and it was the appropriate place to run this response, until it became so big that it needed its own systems of decision-making and eventually the Covid-S and Covid-O system was put in place, which was -- which is what I would recommend for the future in an all-engulfing
the CDL really should be, also, the
Deputy Prime Minister, you know, that is the role, it's how it's normally done, it's how it's done at the moment. Occasionally the Deputy Prime Minister is another Secretary of State, far better if CDL.

So you can escalate to a CDL to have
a cross-government response. And then -- and that would also bring in more senior resource from other departments. And then you can escalate the COBR system to the Prime Minister. And then the escalation above that is to put in place specific structures, Cabinet subcommittees, for response to an all-engulfing crisis.

We tried with the MIG process, that was -- it helped, but it wasn't as good as the Covid-S/Covid-O structure which I think is a -- I think is the best in class of all my decade in government in terms of how to run a national-level response.
LADY HALLETT: Thank you.
MR KEITH: I need to ask you about three ancillary issues related to the issue of the atmosphere and the operations of Number 10, Mr Hancock, so we're not done with this subject yet, I'm afraid.

Firstly, evidence has been given that Mr Cummings may have exercised an unhealthy degree of influence on the Prime Minister. You may or may not be aware that it 79

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crisis like this
So, up to a point, it was a problem. Was it unpleasant? Yes. It was unpleasant for a whole load of my staff as well who were subject to this sort of abuse from the chief adviser. It went further -- wider than I thought at the time. But my job was to lead the Health and Care system, the whole thing, 1.4 million people in the NHS, over 3 million in social care, and so I just got on with doing that to the best of my ability.
LADY HALLETT: Mr Hancock, can I interrupt. You said systems need to be in place and then you spoke about COBR and Covid-O, Covid-S, that we know did come in to place --
A. To a degree.

LADY HALLETT: Right. So what are you suggesting should happen in the future if you have, as you described it, a malign influence?
A. Well, whether or not you have a malign influence, unfortunately the system needs to be there in case -irrespective of the personalities of the people who are involved.

The way I would recommend it is that when you have a small or medium-sized crisis, the lead government department model works. When a crisis becomes clearly cross-governmental, then you need either the CDL -- and 78
is contested evidence. Some witnesses or one witness has said he did, another witness directly afterwards said he didn't.
A. Yeah.
Q. Are you in a position to comment on that particular aspect, that is to say whether or not a special adviser exercised too great an influence on the decision-making process?

And I invite you, please, to stick to this rigid structural issue. In terms of the decision-making ability of the Prime Minister, was there too great an influence operated?
A. At times, yes.
Q. Right.
A. And I'll be very specific about what I thought went wrong. As the COBR system was running, in February, the Prime Minister's chief adviser decided to -- that he didn't like the COBR system, that is on the record, and he decided instead to take all of the major daily decisions into his office, and he invited a subset of the people who needed to be there to these meetings. He didn't invite any ministers, he didn't regard ministers as a valuable contribution to any decision-making as far as I could see in the crisis, or indeed any other time.

And --
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Q. So that's the COBR?
A. He took the decisions -- attempted to take them from the COBR process to a meeting that he ran daily at 8 am . He invited some of the right people but not all of them. He didn't check with me beforehand and clashed it directly with my daily meeting, which was frustrating because we had a daily meeting in the department to feed into the Prime Minister's meeting at 9.15.

The reason these meetings are important is because there is a proper government emergency response system, and it was actively circumvented, and in one of these early meetings the chief adviser said "Decisions don't need to go to the Prime Minister". Now, that is inappropriate in a democracy. And I saw it as simply as essentially a power grab, but it definitely got in the way of the -- of organising the response for the period it was in operation. It was then replaced with the MIG system, which was better.
Q. We will come back to that later.

So your position, is it -- and the Inquiry asks you because, of course, the Inquiry asked Mr Cummings to what extent the view taken by him and others of your unfitness for the job was a matter of atmospherics or toxicity or whether or not it actually affected the running of the government machine and led to deleterious 81
fear inculcated by the behaviour of this particular individual. He did, in the middle of this, in the middle of February, effectively cause the resignation of the Chancellor of the Exchequer.

Previously, just before --
Q. When --
A. It is important, because --
Q. No, no, Mr Hancock, please forgive me. The determination of what's important is really for the questioner. If my Lady believes that, during your answering, I am preventing you from raising something that is important, she will no doubt correct me.
A. Yeah.
Q. The issue of the resignation of the Chancellor of the Exchequer doesn't appear to me to be of great moment in the context of the coronaviral response.
A. It was, let me explain why.
Q. Well, if you wish to simply state it.

LADY HALLETT: Just let him explain it.
A. It was -- in just two sentences.

MR KEITH: Please, shortly.
A. It was, because it inculcated a culture of fear whereas what we needed was a culture where everybody was brought to the table and given their heads to do their level best in a once in a generation crisis.
consequences.
Do you assess that, generally, Mr Cummings' role, by contrast, of itself, had a significant impact on the smooth running or significant operation of the government machine?
A. Yes, of course.
Q. Right.

It is, it may be thought, to be rather remarkable, Mr Hancock, that whilst you couldn't have been unaware of the damage, as you say, being done to the government machine by Mr Cummings and -- he and others -- and I emphasise, you've referred to a malign influence, but it's not just Mr Cummings who questioned your fitness for the job -- how could, in the face of this unprecedented crisis, how could this position have been allowed to eventuate? If it was damaging the government's response to matters of life and death, it just couldn't have been allowed to continue, surely?
A. Yes, it was deeply, deeply frustrating, and on two levels. We've discussed the structural problem, which was essentially an adviser trying to take executive authority away from the Prime Minister for a period, until the Cabinet Secretary stopped it and put in place the MIG process. But there was also an -- effectively a cultural problem, which is that there was a culture of 82

The way to lead in a crisis like this is to give people the confidence to do what they think needs to happen, and it caused the opposite of that.
Q. May we, may her Ladyship presume from that answer that you would say the same in relation to the way in which Mark Sedwill, the Cabinet Secretary, was treated in May of 2020?
A. Well, I wasn't involved in that, but it would be far better for the system to have been run in a positive, collaborative spirit, as we tried to run the Health family. You know, that's not -- you know, there were tensions within the Health system, there are always trade-offs and challenges, but we essentially had a collaborative system where everybody came together and did their level best in a positive spirit, and when something went wrong we asked how to fix it. And that is how you -- it's the only way to lead very large organisations in a crisis.
Q. Indeed.

Now, Mr Hancock, can we come, please, to the chronology and your understanding of the crisis faced by the government, now we've put many of the structural and doctrinal pieces of this jigsaw into place.

In your statement, you say that on 9 January you received, because you'd asked for, a full written 84
briefing on the news reports that you had seen in the press. You made inquiries about, at that very early stage, Exercise Cygnus, you attempted to find out what the basic position was in relation to the vaccines, you spoke to the CMO repeatedly. I don't want to go into the detail of it, but you prepared -- you asked for and received a full written briefing on 9 January.

But you also say in your statement that you spoke to the Prime Minister in the voting lobby and told him about the new disease, and you -- in a later passage in your statement say you called him directly on at least four occasions "to try and impress upon him my concerns as to the potential impact from the virus".

Do we take from that sentence in your statement that you had repeatedly tried to speak to him about it because you assessed that the seriousness of the position was not being made plain to him? He didn't get the seriousness of the position?
A. No, in his conversations with me, he always acknowledged the potential seriousness, and at that stage his response was that I needed to keep an eye on it and do what I thought was necessary.

And by the way, I think that was an entirely appropriate response at that very, very early stage. After all, we have these potential pandemic threats all 85
of the position as you saw it. Is that a reference to people who mattered, that is to say, people who were in a position to be able to move the government machine forward, or were they just people you happened to speak to?
A. Everybody. Everybody. From -- you know, if you think about it like this --
Q. Just -- please, Mr Hancock, were they people who mattered at the senior levels of government or were they people you spoke to in the course of your day-to-day duties?
A. Both.
Q. All right.

On 13 January your statement describes how NERVTAG gave advice to the effect that there was, and I paraphrase, very little point in screening and your statement demonstrates how throughout January, but particularly following Chinese New Year, you were concerned about the relatively limited way in which the government was responding to the risk of infection through the borders, through the border, the references to handing out leaflets asking passengers whether they were ill, and you say in broad terms that you sought or at least wished to have debated the issue --
A. Yeah.
the time. There have been two in the last fortnight in the newspapers.
Q. Well, they're your words, and at least four occasions during January, and so we deduce from that you didn't just mean in that first early week or ten days, you meant throughout January?
A. No, I meant until around the middle of January.

You know, the time -- my view of this moved from being, you know, one of many potential crises that are always on the radar of a Health Secretary to a full-scale national concern in the middle of January. And you'll know from the evidence that -- and I think it was 22 January, from memory, that Chris Wormald delegated all other responsibilities in the Health Department other than what was then known as the coronavirus, so we took it very seriously, and made it an absolutely number one issue from the middle of January.
Q. Mr Hancock, will you forgive me if I just remind you, please, to keep your answers as concise as you feel you can.
A. Okay.
Q. In your statement you nevertheless assert that others appeared to be astonished or disinterested -- or you were astonished that some people were disinterested or less than interested, as you saw it, in the seriousness 86
Q. -- of a quarantine, travel ban, and that not enough in general terms was being done; is that a fair summary?
A. Yes.
Q. The Inquiry's heard a great deal of evidence from the scientists as to the scientific and practical realities --
A. Yes.
Q. -- of border controls. Is it fair to say that, notwithstanding your concerns and your prodding of the border system, ultimately, relatively speaking, very little was done by way of stringent restrictions being placed on the border to stop infection?
A. Yes.
Q. Right.
A. And I accepted their advice and then when the -- in mid-February, the virus blew up first in Italy, that was proof point they were right, because Italy had put in place more screening at the border and then they became the first place known to be widely infected in Europe, and that was confirmation, if you like, that the scientific advice had been right.
Q. Your statement also makes plain that you sought assurances as to what was in place in terms of the contact tracing programme, such as it was --
A. Yes.
Q. -- and you were -- you became aware, as perhaps you would have known already as the Secretary of State, that there was a limited process of test, trace and isolate -- test, trace, contact and isolate for high-consequence infectious diseases, for travellers, for the first few hundred of cases; that was the overall system?
A. Yes.
Q. How soon did you appreciate that that system, limited as it was, was never going to be able to cope with the unprecedented demands of a pandemic with an infection fatality rate of $1 \%$ ?
A. During February.
Q. During February, all right.

Sir Chris Whitty has described to the Inquiry that he had no illusions that the United Kingdom was well set up to meet the challenges of a major pandemic, in part because of the absence of a sophisticated TTI system. He knew the investment in health, public health, for the purposes of dealing with a pandemic was suboptimal, to use his words, and he knew that there were realistically few levers of power at the disposal of the government to be able to control the spread of an infection, short of the measures which ultimately came to be applied.

When did you begin to appreciate that that was the 89
Q. Did that matter? May we presume from the fact you've mentioned it that it mattered?
A. Yes, it would have been far better if that time had all been spent on the gathering storm.
Q. All right.

On 23 January you'll recall that you gave a statement to Parliament. I refer to that because it is a matter of record, and not by way of an implied or indirect breach of Parliamentary privilege. Because on the same day you say in your statement that the Chief Medical Officer told you that there was a 50/50 chance --
A. Yeah.
Q. -- the Wuhan quarantine would not work.
A. Yes.
Q. Did you deduce from that that if the quarantine in Wuhan did not work there was no practical means by which the further escape of the virus could be prevented?
A. Essentially that is what I was told.
Q. And that's why you were told by him also that there would be a global outbreak?
A. And there was a $50 / 50$ chance of a global outbreak, not a $100 \%$ chance. And that is also -- I thought that it was a day earlier than the 23rd, but I'm not exactly sure of when he first said it to me, but this is also 91
reality?
A. Again, during February. During January there was very high quality science undertaken, the scientific performance of PHE was superb, and the advice I got was reassuring that we were well placed. And it gradually became clear to me that this wasn't right.
Q. In your statement you referred to how, in late January and in spite of your contact with the Prime Minister, your team were still getting calls from Number 10 and being dragged into meetings about how you were going to deliver manifesto commitments.
A. Yes.
Q. What was that about?
A. Well, the Prime Minister had just won a thumping majority and his team, understandably, wanted to make sure that the manifesto was delivered in full over five years so that they could successfully run for re-election.
Q. Mr Hancock, you raised this in your own witness statement in the context of raising your concerns with the Prime Minister and then noting that your team was being sidelined or being diverted from dealing with the crisis because of the manifesto meetings. They're your words, not the Inquiry's.
A. Yes.

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why I wanted a COBR to try to wake up Whitehall to this threat.
Q. You must have appreciated, Mr Hancock, having been told by the Chief Medical Officer that there was a $50 / 50$ chance that the quarantine wouldn't work, and if it didn't work the outbreak would be global --
A. Yeah.
Q. -- that the virus was coming --
A. Yeah.
Q. -- that once the virus had spread beyond China --
A. Yes.
Q. -- which of course it did at the end of January and the very beginning of February -- indeed it had started by that stage already but it wasn't sustained --
A. Yes.
Q. -- that the virus was coming, that there was no means of stopping it?
A. If that $50-$ - if we were in the wrong side of that $50 / 50$, which it turned out that we were, yes. That's exactly why I tried to get the whole government system going.
Q. So why did you and your department and the central government machine spend so many meetings -- so much time in meetings in February, March, there's a meeting on 2 March, there's a meeting with the Prime Minister on 92

8 March, one with the Chancellor of the Exchequer on 8 March, debating the probability, and it was expressed in terms of one in five, one in ten, one in two, of the reasonable worst-case scenario eventuating?

The reality was that once the virus had spread from China, it was game over, the virus would come. Why was so much time spent debating the relatively arid issue of: what is the probability of the reasonable worst-case scenario coming to pass?
A. I don't recall being involved in that debate or wasting any time on it at all. On the contrary, in late January I stated at -- and concluded, I think at COBR, that the reasonable worst-case scenario should be the planning assumption for the country. I have since discovered, through the paperwork for this Inquiry, that there was this wider debate about what were the chances of that.

Now, there's two parts. The first is: is it going to escape China? The second is: if it goes global, how bad will it be? Will we hit the reasonable worst-case scenario or something more central? I took the prior decision, based on the precautionary principle, at the start of this, I think it was on 29 January, that we should base our approach on the reasonable worst-case scenario happening.

It took -- as we've discussed earlier, it took time 93
"The first was that the spread was confined within
China, the second was that the spread was not limited to China and there would be a pandemic like scenario, with the UK impacted."

Sir Chris Whitty has acknowledged in evidence, Mr Hancock, that he was telling COBR there that if the second scenario came to pass, which was that the spread is not limited to China, there would be a pandemic, and by necessary implication it would hit --
A. Yes.
Q. -- the world --
A. Yes --
Q. And the UK would be one of the countries.
A. Yes.
Q. So what the Inquiry wants to understand is: to what extent was it ever thought by you or others: well, if it does leave China, it doesn't really matter or it may not matter absolutely because there are practical measures which may mean that it won't come to the United Kingdom, and if it does there is a means, practically, of stopping its spread?
A. That wasn't my view at all. On the contrary, this COBR meeting happened the day after we'd had the reasonable worst-case scenario meeting in the department, which is the first time that I was really faced up to the fact
to get the rest of the system to believe that that was not an overreaction and, as we've seen, some people describing my position as mad. It was not mad, it was the correct precautionary principle at the time, and of course, with hindsight, it was right.
Q. INQ000056226 is a COBR meeting on 29 January --
A. Right.
Q. -- which you chaired. And just while we get to that point, can I just ask you to confirm what you referred to earlier, which is that you had, I think around 22 January, called for a COBR --
A. Yeah.
Q. -- but Downing Street had put obstacles in your path.

And I just want to establish by way of the chronology.
A. That's a matter of fact. The --
Q. Yes. That's why I'm asking you --
A. I also requested that I make a statement to Parliament. That was also delayed because the Downing Street grid didn't include a pandemic.
Q. All right. But there was, of course, a COBR meeting on 24 January, the first one that you chaired, and then there was the second one on the 29th, and this is --
A. Yeah.
Q. At page 5, paragraph 3, there were two scenarios to be considered said the CMO:

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that hundreds of thousands of people would die if there was a reasonable worst-case scenario, or could die. And that's when I said, "Where are we up to on the vaccine? Can we accelerate the vaccine? Can we get testing going?", et cetera.

So by this point the Department of Health was fully engaged -- the permanent secretary was fully -- spending all of his time, and I was spending as much of my time as I could on this in case the second scenario, as it's called here, happened, in case there was a pandemic.
Q. If we then look at paragraph 4:
"The CMO said the Reasonable Worst Case Scenario (RWCS) was similar to the RWCS for pandemic influenza. That there was a 10 per cent likelihood of the RWCS happening but this figure had not been agreed by SAGE."

Can you explain to the Inquiry why, if on the one hand the CMO is saying to you, there's a 50/50 chance of it leaving, and if it does leave China, to paraphrase, game over --
A. Yes.
Q. -- but on the other there is this debate about the likelihood of the reasonable worst-case scenario happening. Either it leaves or it doesn't.
A. No.
Q. If it leaves, game over?
A. This figure, $10 \%$, is a combination of two different considerations: one, 50/50 will it leave China; the second, if it goes global, are we going to be on the central case, a less bad case or the reasonable worst case?

So, for instance, in SARS, SARS did leave and go global, but the impact on the UK was nowhere near the reasonable worst case, in fact it was quite close to the reasonable best case scenario.
Q. Indeed. What, though, determined, on the premise that it did leave China and it was here, how bad it would be? The infection fatality rate was the infection fatality rate. The transmissibility was the transmissibility. What would determine whether or not it was a 200,000 death pandemic, a 300,000 , or a 500,000 death? What did it depend on, Mr Hancock?
A. Well, the central variables in that are the IFR, as you mentioned --
Q. Which was determined undoubtedly by the middle and late -- well, certainly by the middle and late --
A. No, much later --
Q. -- of February --
A. -- than this, much later than this. So this is a --
Q. Let --
A. This is much earlier than we knew the IFR. We didn't 97

United Kingdom, and from that moment, certainly in the department and the areas I led, that is the basis on which we operated. We assumed it would come and we assumed that it would be terrible, and unfortunately that assumption turned out to be correct. On the grounds that if it wasn't the reasonable worst-case scenario, that would be better. So prepare for the worst, and hope for the best. And in the end we prepared for the worst and that's what happened.
Q. Sir Chris Whitty has observed that having a reasonable worst-case scenario system is of itself somewhat ludicrous, because the reasonable worst-case scenario for a pandemic was predicated on it being unmitigated and therefore, as he described it, wholly improbable. So attention was paid to whether or not a wholly improbable, at the very least unlikely, scenario would ever happen, and then debate was then -- debate revolved around the probability of that wholly improbable event occurring.
A. Not in my recollection, and it certainly wasn't anything I put any effort or time into.
Q. All right.
A. Until you made that proposition, I didn't really know that there was a big debate about that, and I certainly wasn't involved in it. My view was: reasonable
know the transmissibility rate. And then of course, the third factor, the -- it would be the government and society's response, which can affect the R rate.

So we didn't have the variables but we did know that there was a significant chance of a pandemic. So it's $50 / 50 \%$ chance of a global pandemic, and then within that there was a range of potential different outcomes from essentially it just petering out like SARS did in the west, all the way through to basically what happened, because what happened was essentially the reasonable worst-case scenario.
Q. Why then, once the variables had become clear --
A. A month later, yeah.
Q. -- why then was the reasonable worst-case scenario still being debated, which it appears to be, in early March? The SAGE minutes of 4 March, there's a COBR meeting on 9 March. The reasonable worst-case scenario debate appears to have rumbled on and on long after it became clear that the virus was coming and attention needed to be paid to taking practical measures to stop it?
A. That's not my recollection. My recollection is at this COBR meeting, if you go back down to the conclusions, we presume that the reasonable worst-case scenario should be the -- we decide that the reasonable worst-case scenario should be the planning assumption of the 98
worst-case scenario is what we should plan for, can we please all get on with it.
Q. All right.

4 February there was what has been described in the Inquiry as a stocktake meeting.

INQ000146558.
A. Yeah.
Q. It's notable, Mr Hancock, because the CMO briefed the Prime Minister on Covid-19 that day for the first time. There is a reference to the Prime Minister meeting you, the CST and colleagues from the centre today --
A. Yeah.
Q. -- and the CMO had been there. We can see from the second paragraph. There was a short update on coronavirus but the majority of the letter is concerned with other DHSC and NHS matters.

Given that this was the first time that the CMO had briefed the Prime Minister directly, and given the fact that the public health beasts in the jungle, yourself and the Prime Minister and others, were there, do you feel that sufficient attention was paid to the debate on coronavirus, bearing in mind what you've told us about your concerns about the dawning crisis?
A. It would have been a far better use of time, with hindsight, to have concentrated entirely on the 100
coronavirus crisis. The -- when a meeting is prepared from the Prime Minister, especially in normal times, as this was seen as normal times, and of course this was before there were any deaths in the UK, then they would prepare a huge amount of work on a particular subject. To get something else even onto the agenda is a -requires some effort, and that's what -- that's what we did.
Q. All right.

6 February there was a Cabinet meeting --
A. Yes.
Q. -- which you attended -- INQ000056137-- we can see your name third down on the left-hand side.

Page 6, there's a reference to a tabletop exercise.
A. Yeah.
Q. Is that the exercise that became -- we can see it five lines from the bottom:
"There would be a tabletop exercise the following week."

Is that the exercise that became Exercise Nimbus?
A. Correct.
Q. Just dealing very briefly with Nimbus, evidence has been received by the Inquiry to the effect that Nimbus
focused on the likely impact on the NHS, and it's
obvious because one of the terrible things that you
remember the exact length of the exercise, was all about: how do we manage once we're in the peak, when we have all these deaths? And my clear, my only memory -my only sort of conclusion from it was: we must not let this happen. And of course the question of who decides should there need to be a prioritisation is a horrific one. Thankfully we never needed that. My view was that it should be clinicians, and that's in the minutes. And the -- but thankfully, as Sir Simon Stevens said, that situation never came to pass. Because -- partly because, coming out of Nimbus, my view was: well, we can't ever let ourselves get that way.
Q. You said it worked only in one sense. Do we take it from that that there were ways in which it didn't work? Were there opportunities lost there for learning, for perhaps the learning to be embedded into the machine?
A. Yeah.
Q. What were they?
A. If it had been based on the correct doctrine, which is that as soon as you know you're going to need to lock down, you lock down as early as possible, as we discussed in Module 1, then it -- the exercise should have been -- in my view, with hindsight, should have been, when we were faced with a decision do we lock down or not: are we going to lock down the country? And at 103

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faced in the course of that exercise was having to address the possibility of, in the face of a pandemic, making triage decisions about life and death, so obviously health and public health and the NHS was an important issue.

Was that an exercise which you assessed was useful in terms of its attendees or the learning that came out of it? It's an exercise that was specifically designed to deal with a coronavirus.
A. Yeah.
Q. Did it work?
A. It worked only in one sense. So the Nimbus minutes demonstrate this -- INQ000195891 -- and the Nimbus minutes do show that the NHS asked the question of how to prioritise when there is insufficient NHS capacity. And there was a debate around that, as you can see, in the minutes, and then I concluded that it should be for clinicians not for ministers to make a decision on this basis, and that's how we went on and proceeded. That is -- the minutes are really clear on that, and that is also my clear recommendation -- my clear recollection. But there was really important lesson that came out of Nimbus, which was that there was no way we could allow the NHS to become overwhelmed. So the whole debate for however long it was, an hour and a half, I can't

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what point? How much data do you need? Because of course these are all times of enormous uncertainty. How much data do you need before you make a decision? What are the thresholds for deciding to lock down? When are we going to -- what NPIs are we going to put in place and in what order? How do you do this, save lives in the least damaging way?

These are the questions we should have been addressing at Nimbus, not: are we going to find enough mortuary space? And who should decide on the prioritisation of NHS treatment?
Q. Just to unpick some of that, please, Mr Hancock. So there was an obvious debate around and understanding of the likely impact on the NHS of this case scenario eventuating. There couldn't not have been, given the debate about body bags and sheer numbers --
A. It was a sort of presumption at the start of the exercise.
Q. Indeed.

If the people who attended, ministers and officials and advisers, had no illusion but that a coronal virus pandemic, and we have debated of course the understanding as to when you realise the game was over and it was coming and there was no effective way of stopping it, having appreciated that these were the 104
sorts of deaths that were going to eventuate --
A. Yes.
Q. -- why was there not consideration given not just to the doctrinal point that you raise, which is what do we do about lockdowns and if we have a lockdown should we go early, why was there not, in a more general sense, any debate or thinking about infection control countermeasures, home isolation, household isolation, shutting schools, all the other measures which in due course were imposed? That debate is absent. Why do you think that was?
A. Because the Nimbus exercise was put together on the basis of the 2011 pandemic flu strategy, which was based on the wrong doctrine, that the government's job in a pandemic is to manage the consequences of a pandemic, not to stop it happening.

And that is an absolutely fundamental learning that we must, as a country, embrace. If there's one thing that this Inquiry learns and I'm very -- I think it's very good that the Inquiry's proposing to do a report after Modules 1 and 2, because this central question of when do you lock down, what are the triggers, in what order should NPIs be brought in, how much data do you need -- because, of course, this is all done in a time of growing data. If you wait you get more data and so 105
outbreak --
A. Yeah.
Q. -- it was a ministerial and advisory tabletop exercise designed to try to address the very problem faced by the United Kingdom, and it fundamentally -- fundamentally there was a complete absence --
A. Yeah.
Q. -- of any attempt to identify what sort of measures might be required and what the terrible thinking would have to be about whether they are applied?
A. Yeah, the question simply wasn't asked.
Q. Right.

LADY HALLETT: Is that a ...
MR KEITH: Yes, my Lady.
LADY HALLETT: I shall return to 1.45 .
(12.48 pm)

## (The short adjournment)

(1.45 pm)

LADY HALLETT: Mr Keith.
MR KEITH: Could we have, please, INQ000047779, page 2, on the screen.

Mr Hancock, this is what's called a reasonable worst-case scenario clinical alignment planning meeting

There are references to the Chief Medical Officer, and also to Sir Patrick Vallance, to reasonable
you can make decisions with more confidence. What are the legal structures, what were the operational structures that we should have ready in peacetime so that we can then bring them up to speed quickly? For instance, having a testing system ready to go, having a vaccine contract ready, having the domestic vaccine manufacture, which in my view is critical national infrastructure and we should not rely on that happening abroad. All of these questions are central to the -- in my view, to the Inquiry, but they're also -- should have been at the centre of Nimbus.

But l'm not criticising the people who put Nimbus together, they were putting together an exercise that was based on the then plan, the 2011 pandemic flu plan. And at this point it was still $50 / 50$ whether it would escape China.
Q. Your point about learning lessons for the future needs no emphasis.

Coming back to whether or not something went wrong, functionally, with the outcome of that exercise, this was an exercise which, wisely, was put into place to deal with a coronavirus pandemic, to deal with examination of the practical measures that might be required, in the teeth of a pathogenic outbreak which was already taking place, and it was a coronaviral 106
worst-case scenario. You can see there -- thank you very much -- under the "reasonable worst-case scenario", there is a reference to " $50 \%$ proportion symptomatic". So that goes back to the point you made earlier about, well, regardless of our developing understanding, a wise and sensible approach is to apply a precautionary approach and just assume it's going to be a certain level.

Could we just go back to the first page, please. Sir Patrick Vallance, JVT, Keith Willett, Jenny Harries and some other individuals dialled in.

Can you recall, it may be you can't, it's too long ago, but do you recall whether or not this meeting was brought to your attention?
A. I -- I can't -- I can't recall it specifically being brought to my attention. That isn't to say it wasn't, and it certainly would have informed the advice I was getting from many of those present.
Q. A day before, according to your statement, on 13 February, Mr Hancock, paragraph 191, we needn't put it up, you say that SAGE came to the view that China had failed to contain coronavirus. So in the context of this debate about the two scenarios, either they contain it or they don't, and it becomes a worldwide pandemic, can you recall your reaction on being told on 108

13 February that China had failed to contain the virus?
A. No, I don't recall being told that as early as that.
Q. This is from your statement, paragraph 191.
A. Can we turn to it?
Q. Could we have, please, the statement on the screen.
A. 191?
Q. It's paragraph 191. I'm afraid I don't have a page number, but perhaps somebody behind me can assist.
A. Yes.
Q. If you've got the page number there, Mr Hancock.
A. The page number is 45 . It says:
"On 13 February SAGE came to the view that China had failed to contain Covid-19."

I don't recall when I was told that.
Q. Right. My next question: that was a seminal moment -in the context of this debate, you were told there's a 50/50 scenario, it's contained or it's not, and if it's not, then, subject to sustained community transmission, it's game over.

Being told formally, the government machine was informed formally on 13 February that China had failed, would you acknowledge that that was a vital moment?
A. It certainly should have been, yeah.
Q. Yes. On 14 February, the next day, INQ000056138, page 7 , you were present at that Cabinet of course. 109
we're in the Health Department and there's a load of work on all sorts of things not to do with us.

The first papers on this that came to ministers came from the Cabinet Office --
Q. Indeed, and they were -- as you rightly say, I think it was the 24th not the 26th, but they are debated at great length in SAGE around the time period that you've indicated.
A. Yeah.
Q. But just coming back to the position now, mid-February, and in the context of SAGE having appreciated that China had failed to contain $\mathrm{C}-19$, although there is a reference to plans in place in the context of infection control, the measures for infection control were not even debated at SAGE until 24 or 26 February.
A. Yeah.
Q. The action plan which you commissioned on 10 February --
A. Yeah.
Q. -- wasn't published til 3 March.
A. Yeah.
Q. And as far as we can tell, there were no plans for, expressly -- I accept everything you say about vaccines and antivirals and all the other great work being done by the DHSC -- there was nothing on infection control.
A. It would be wrong to task the DHSC with policies outside

Page 7, thank you
"... THE GOVERNMENT'S CHIEF MEDICAL OFFICER said
that if the virus became widespread ... there were plans in place that could slow down its spread."

So that would appear to be a reference to infection control, as opposed to vaccination or antiviral or therapeutics and so on, Mr Hancock?
A. Yes.
Q. What did you understand that reference to "plans in place" to be? And I should say, obviously, I'm asking you about these minutes --
A. Yeah.
Q. -- we have no way of knowing how accurately they reflected the course of the actual debate.
A. Well, I think we should expect them to be accurate inasmuch as they are summaries, but I don't specifically know what the CMO was referring to.

Nevertheless, at this point we were starting to consider the sorts of NPI type measures that were then later worked on by SAGE ahead of its paper on the 26th.
Q. Were you? Can you specifically recall the DHSC working on NPIs on 14 February?
A. Discussing them at -- at that point in the middle of February, I -- that's my recollection. I don't know whether there's any paperwork, but I remember thinking: 110
of its remit.
Q. I'm not asking you to take responsibility for it, I'm just saying you --
A. On the contrary, my recollection is that we did take responsibility for it, we did work that was outwith our remit, and I think that -- I think it was
Secretary of State Gove who said too much was asked of the DHSC. I think that's a reasonable presumption, because it wasn't happening elsewhere.
Q. What plans for infection control were in existence at this Cabinet date, 14 February, Mr Hancock?
A. The plans in place at this point were based -- still based on the 2011 strategy, as updated by the work that had been done on the contain, delay, mitigate strategy.
Q. Doctrinally, the 2011 strategy was still maintaining its --
A. Yes.
Q. -- it was still having an influence. What in practice, what in hard copy or email were the plans for infection control --
A. Yes.
Q. -- by 14 February?
A. So there -- they would have been based, again, on that plan, but that plan was not focused on overall slowing the spread of the virus.
Q. Thank you.

As the Secretary of State for Health, you have to acknowledge, Mr Hancock, that by 14 February there were still no plans for infection control in existence. There was a 2011 strategy report. You had, to be fair to you, commissioned a battleplan, but nothing had been committed to paper, had it?
A. Well, the early -- the commission of an -- early work on that battleplan had but if your point is, was enough going on, absolutely not. To the degree that there was something going on, it was clearly -- there was clearly not enough. I can't speak to exactly what was there on paper without you bringing it to my attention.
Q. Well, I can't prove an absence, can I, Mr Hancock? You understand the question. The question was about whether there were plans for infection control in existence.

On page 6, to go back one page, the Prime Minister, in the context of the messaging so far, had said he believed it had "struck the right balance between preparing the public for what might happen and not causing unnecessary alarm". Can you recall from your attendance at the meeting to what extent the Cabinet and the Prime Minister were still concerned about being accused of overreaction or of alarmism?
A. Yes, there was --

I'm not exact -- as I said, I'm not exactly sure when I was told that, but this meeting was the morning after the minutes of SAGE coming to that conclusion. The first thing.

Secondly, at this point, in the department and in PHE and the health service, we were working extremely hard to prepare for the pandemic. I'd commissioned the action plan and work was under way on that. We were attempting and pushing PHE to build the testing system, and all of the other things that we were directly responsible for. The -- as I say, we weren't directly responsible for NPIs, and that's the focus of your questioning.
Q. Thank you.

Can I just invite you to elaborate further on not being responsible for NPIs. Obviously, you are the Secretary of State for Health and Social Care --
A. Yeah.
Q. -- but you're also a Cabinet Minister -- if you would just allow me, please, Mr Hancock -- and subject to Cabinet collective responsibility, also of course a major player at the highest level of government. To what extent is it permissible for a Secretary of State to say, on behalf of a department, particularly the department which is concerned with health in a public 115

LADY HALLETT: Before you answer, which date?
MR KEITH: It's the same meeting, 14 February, my Lady.
A. Yes, that was -- that was a live consideration all the way through.
Q. In summing up, on page 8, the Prime Minister noted that:
"... he was grateful to [you] and [your] department for [your] work and in particular for getting the balance of communications right. There was potential for the virus to have a large impact on the [United Kingdom's] economy and it was important to be ready for that."

You don't appear to have said in terms to the Prime Minister, and to your Cabinet colleagues, "Containment has been lost, China has given up or has lost the fight to contain coronavirus 19, we have no practical measures for control, infection control, there is no test and trace system capable of dealing with the problem, and there are still no plans in existence for providing any kind of practical support in terms of countermeasures". Why did you not say those things?
A. That's not what I'd characterise the situation. The first thing is that I have -- I'm not confident that by this Cabinet meeting I will have known that SAGE had concluded that containment was lost, and in fact I don't think that I was told that for a number of days after, 114
health crisis, "The national countermeasures were not strictly within our" --
A. Yeah.
Q. -- "purview, they're a matter for cross-government" --
A. Yeah.
Q. -- when obviously a great deal of time is spent in cross-governmental meetings --
A. Yeah.
Q. -- you have thousands of calls, thousands of meetings, thousands of officials working round the clock --
A. Yeah.
Q. -- between you all to get on top of this issue? Is that a sustainable position?
A. It is, in as far as the point I made. And the point I'm making is that there was a huge amount of work going on on these things, including in the department.

The wider point I'm making is that there was a limit to what we in the department could do, what it was reasonable to do. We frequently strayed outside the limit of what a Health Department ought to or normally did, and so there's a -- so you're asking me for essentially a paper trail around this. Of course in the national meetings I should have, it was my role to, push for these sorts of measures. The detail of who wrote what the measures should be was not a matter for me. 116

That's the distinction I'm trying to make.
Q. Right. So which department of government carried the primary responsibility for thinking about, drawing up and debating the application of countermeasures, infection control countermeasures?
A. Infection control in the population as a whole, as opposed to in hospitals and care homes?
Q. Yes, national.
A. The Cabinet Office.
Q. Cabinet Office.

COBR on 18 February, INQ000056227, again you chair this COBR, Mr Hancock, it's one of the, I think, five or six COBRs at that time that you chaired.

Professor Sir Chris Whitty on page 5, paragraph 2, says -- provides an update on the global risk.
"Both escalation to a global pandemic, and isolation of the majority of cases to China remained realistic possibilities."

Now, mindful of what you said, that you don't know when you were told that SAGE had concluded that China had failed to contain coronavirus 19 , this is now four days further on, did anybody think, as far as you were able to tell, to stop and say: well, if China has lost control, to what extent can we be assured that it is only still a realistic possibility that the majority
short, they were quite short --
A. Yeah, yeah.
Q. -- to enable them to be read by Cabinet Office --
A. Yeah.
Q. -- DHSC, Civil Contingencies Secretariat, Number 10 and so on. But they weren't read by you?
A. They certainly were when they were presented to me, and they were -- and there came a -- and they were reported to me by the CMO, and this is my understanding of the situation at the time.
Q. Can I press you, please, to help us with when you first regularly started being presented with and reading the minutes.
A. I asked for them at some point in the middle of -- at some point in February to be regularly put in my box alongside being -- but the formal process was not that -- I mean, we can come on to this, because I've got quite a lot of thoughts about how this interaction operated and it's very, very important.

With hindsight, I think I should have gone and listened directly to the debate in SAGE. I don't think that would have queered the pitch, and -- but the process of SAGE was that SAGE was a committee that, remember at this point, did not have the sort of nationally known significance that it does now. It was 119
of cases will be confined to it?
There seems to be very little debate about this assumption.
A. This final sentence that you've brought up here is my recollection of what I was being advised at the time and what I thought at the time. So when I was struggling to answer the question of when I was told the conclusion from SAGE, this is closer to what I-- this is what I remember understanding at the --
Q. All right.
A. Yeah.
Q. On the 18th --
A. And you have to remember, in terms of process -apologies -- SAGE outcomes were reported to me by Professor Whitty
Q. Did you not read the minutes?
A. Later in the pandemic I took the minutes directly but at this early stage, I -- the minute -- I was given a read-out from Professor Whitty.
Q. Did anybody know that the Secretary of State for Health was not reading the minutes day in, day out, from the sole scientific advisory committee on emergencies?
A. I don't know.
Q. The evidence before this Inquiry, Mr Hancock, is that the minutes were deliberately consensus driven and 118
a group of scientists who came together to make recommendations and bring the science to the CSO and the СМО.
Q. Regardless of their public prominence, Mr Hancock, the position is that SAGE was the sole body providing science on the characteristics of the virus, what it amounted to, what the threat was, what in theory could be done. And the minutes from that body, which were being produced on a tri-weekly basis, were not, you say, being put before the Secretary of State responsible for public health?
A. Not in the first instance, until I asked for them, but, also, the premise of your question is not correct. They were not the sole and only body, they had subcommittees like SPI-M, there was NERVTAG which reported formally into the department, and of course there was a much wider body of publicly debated scientific advice.

So SAGE was an important body but I think that it would be wrong to fetishise the existence and the role of SAGE.
Q. Was there another scientific body concerned with emergencies for the United Kingdom Government?
A. Yes, NERVTAG for instance, had --
Q. No, NERVTAG was a DHSC subcommittee which reported on new and emerging viral threats --
A. Yes.
Q. -- an advisory group reporting to DHSC. What other scientific emergency body provided advice to the United Kingdom Government?
A. As I said, NERVTAG did to me, through JVT, which was -he was my rapporteur on NERVTAG, and then SAGE, of course, had a number of subcommittees.
Q. Right.

On 18 February, your witness statement records, paragraph 194, that you were told by Public Health England that the country's approach to tracing all contacts was unsustainable?
A. Yes.
Q. Did you know that on the day or by the time that you chaired the COBR on 18 February?
A. I don't know.
Q. On page 7 of COBR, of those minutes, paragraph 17:
"The ... CIVIL CONTINGENCIES SECRETARIAT said that there was work to be done to create a clear plan of activity (across the [United Kingdom] Government) from the moment of sustained transmission to its estimated peak, which was likely to be a period of three months."

When you heard those words, did you understand that the director of the Civil Contingencies Secretariat was referring to a clear plan of activity for control, 121
and articulated, for instance, in the 28 February note from CCS to the Prime Minister, which was all a note about how to manage the consequences of a pandemic, not how to stop it.
Q. All right.

To get our bearings, Mr Hancock, there was half term between Friday 14 February and Monday 24 February, by and large. During that half term, Italy imposed a lockdown on 11 municipalities, reports were prepared on the significance of the Diamond Princess coronaviral outbreak, and although you have given evidence to the effect that it may not have been drawn to your attention, NERVTAG happened to have reported during that time, 21 February, that $40 \%$ of virologically confirmed cases were asymptomatic.

Can you assist the Inquiry, please, with what, if any, work was done on countermeasures for infection control between the COBR of 18 February -- and I've just shown you the reference to the CCS -- and 28 February, which was when a paper, as it happens, was prepared by them? Do you know whether any work was done other than in relation to that paper?
A. Yes, there was work, there was scientific work being done by SAGE on the consideration of NPIs. There was a note that was put together by SAGE, which is dated 123
infection control measures, ie to do with the subject matter of what became the $12,16,20,23$ March measures?
A. No, that was --
Q. What did you take that to be a reference to, then?
A. The director of the Civil Contingencies Secretariat was a strong supporter of the 2011 approach, if I can call it --
Q. Mr Hancock, please forgive me. She said "there was work to be done to create a clear plan of activity". What did you understand, as the chair of that committee, that to be a reference to?
A. Er --
Q. Just what is it?
A. To the sort of work that was, for instance, highlighted in the Nimbus exercise. The activity proposed here is activity to prepare for a large-scale pandemic essentially unmitigated.
Q. But you yourself said Nimbus had no reference, and made no reference, to any countermeasures at all.
A. That's right.
Q. So what was this a reference to, then? If it was a reference --
A. It was a reference to all the other work that you would need if you didn't take any countermeasures. That was the view -- that was the position of CCS, as represented 122

26 February, that was considered at the 27 February meeting by SAGE.
Q. You referred to that earlier.
A. Yeah.
Q. Do you know whether or not pen was put to paper in any way by government to set out even a broad outline of what practical infection control measures might be required to be implemented?
A. Yes, the department was drafting what became the action plan. Now, there's a genesis of that plan. We started -- I commissioned a --
Q. Can I-- forgive me. I'm going to come to the plan in a moment.
A. Okay, but at this point it was being drafted, so, yeah.
Q. Right. So the plan which was published on 3 March was being worked on --
A. Drafted. And SAGE was doing scientific work, yeah.
Q. -- but there was no draft, anywhere, being circulated amongst relevant bodies, between COBR on 18 and 28 February, when they reported, setting out possible countermeasures?
A. The work was being done on the action plan, that was the work going on in the department, and there was work being done within the SAGE structure, which came to the 26 February paper, and furthermore there was work being 124
done by lawyers on the legal framework needed.
Q. The pandemic Bill, the Coronavirus Bill that became the Act, all that?
A. And the measures that were needed under the Public Health Act 1984 in order to have legal recourse for mandated quarantine.
Q. Legislative proposals are not non-pharmaceutical interventions.
A. Yes, they are.
Q. All right. Well --
A. As a matter of fact they are. And it's very important that I correct you on that point because if the Inquiry comes to the wrong conclusion on that, it's -- it will be a mistake.

Communications are very important non-pharmaceutical interventions. Legislation is a very important non-pharmaceutical intervention, because if you want to have, for instance, a stay-at-home measure, you can't have it, in a mandatory sense, without legislation.

So I'm emphatic on that point, because you've made that mistake twice.

LADY HALLETT: Mr Keith, I think we're going round in circles. I think we were here this morning

MR KEITH: On 28 February, a view was expressed by the Prime Minister, when this CCS report was debated, that 125
which is a very important part of the national debate -and I phoned up the Prime Minister -- and I remember it very well because he didn't -- he didn't take the call and then he called me back, and I was in a classroom in a primary school in Suffolk, in Haverhill, in my constituency, and I had to say to the kids, "I'm really sorry, the Prime Minister is calling, l've got to go", and it was quite a moment. I came out and I said "Prime Minister, you need to chair a COBR, and we need to be able to communicate properly, including on all of the programmes instead of having this political boycott".

And that led to -- I wanted a COBR that day, and I told him he should chair a COBR immediately. In the end, we had the COBR on the Monday, which I think was 2 March. Over that weekend, I went out and communicated, in public, about all the things that we might have to do: we might have to close some schools, we might have to shut down whole cities, "I don't rule anything out", I said.

That all flowed from this phone call on the morning of 28 February, and I regard that as the moment that the centre of government, led by the Prime Minister, really started to come into action.

And if I may say so, with hindsight, Italy having
the biggest damage may be done by overreaction
A. Yes.
Q. What was your response?
A. I don't recall being told that that was his view of the paper
Q. On 28 February, your statement records, however, that -your belief that Number 10 was stopping the
Prime Minister from saying publicly anything about the virus.
A. Yes. So the 27th -- sorry.
Q. And you knew that that was because there was a concern that it would be seen to be overreacting.
A. Yeah. The 28 February was an important day in the response, and it was important in this way: I had a read-out from the -- SAGE on the 27th which both took the paper on NPIs, that we've just been talking about, and also discussed the $1 \%$ IFR figure.

The $1 \%$ IFR figure is very important, because if you have a $1 \%$ fatality rate at $80 \%$ of the population getting it, you end up with a reasonable worst-case scenario of just over half a million people dying. And I found that out on the evening of the 27th, if I recall correctly.

On the 28th, I was still not being allowed to communicate in the way I'd want on this, not able to go on certain radio shows, including the Today programme -126
locked down, initially locally in Lombardy, on 21 January and then nationally locked down around, also, 28 February, if at that moment, having seen the SAGE assumptions, which they didn't properly fully adopt but nevertheless -- and you've heard from the scientists on that -- if that -- at that moment we'd realised that it was definitely coming and the reasonable worst-case scenario was as awful as it was, that is the moment that we should, with hindsight, have acted, and we'd -- if we'd had the doctrine that I proposed -- which is as soon as you know you've got to lock down, you lock down as soon as possible -- then we would have got the lockdown done over that weekend, in on 2 March, three weeks earlier than before.

There is a doubling rate, at this point, estimated every three to four days. We would have been six doublings ahead of where we were, which means that fewer than a tenth of the number of people would have died in the first wave.

At the time there was still enormous uncertainty, the number of cases was still very low, in fact there were only 12 cases reported on 1 March. So you can understand why -- and the costs of what I'm just proposing were known and huge. So I can -- I defend the actions that were taken by the government at the time 128
knowing what we did, but with hindsight that's the moment we should have done it, three weeks earlier, and it would have -- it would have saved many, many lives.
Q. Monday 2 March?
A. That is with hindsight, having obviously thought about this, and reflected on this, a huge deal over the last few years. With hindsight, the moment we should have been able -- the moment we -- the first moment we realistically could have really cracked it was on 2 March, three weeks earlier than we did.
Q. Mr Hancock, you have been heard loud and clear.

At that meeting on COBR, 2 March, the Chief Medical Officer said that interventions to delay the spread of the virus must not be implemented too early.
A. Yes.
Q. It is clear from COBR minutes from 4 March, your witness statement, paragraph 236, to the effect that there was a real debate about whether the public might comply --
A. Yeah.
Q. -- your witness statement at 269 , which is that you were asked by people outside government why the government was not introducing restrictions sooner, and you responded by saying you'd received clinical advice to the effect the government "should not go too soon", and you also refer to how your sense was that the wider 129
a government thing, this is a whole of society question.
And there was a -- there was then, from that period, that weekend, the discussion was then when to go, not whether to go. So it switched from whether to go to when to go. And we held fire because we didn't know how long the public would put up with measures for, and that was the clear scientific advice, and on this
Patrick Vallance and Chris Whitty were completely united, I don't recall any distinction between their views during this period, and then on 13 March we effectively came to a different view. I've had the chance to check, because you questioned my -- the phone call I made to the Prime Minister, it was at 3.34 that afternoon -- 3.24 , I've been able to check my phone records, which have come to light since --
Q. Just --
A. Hold on.
Q. No, no, Mr Hancock. You know perfectly well that we have scoured every possible source for documents and material relevant to the issues in this Inquiry. Are you saying that you have a record of a phone call which you've not disclosed to this Inquiry?
A. No, there isn't, there's only a record that the phone call took place.
Q. So you don't know what you said in that phone call?
world was moving faster than the official advice was being received.

For how long did this notion that, in terms of the application of countermeasures, the country should not go too early -- which transmorphed itself into a debate on behavioural fatigue in due course --
A. Correct
Q. How long and to what extent do you assess that that debate slowed down the reaction so that we found ourselves in the position which you've eloquently described, which is not going as early as you now, with hindsight, assess we should have done?
A. For two weeks, and you can trace it very clearly. If you take 28 February as the moment when it became clear that action was going to be needed, and the work was put together over that weekend, the COBR on the 2nd, in the end, the action plan finally published on the 3rd -- as it happens, on the 1st, it was a Sunday, I spoke on the Andrew Marr programme, and when asked, "Will you lock down whole cities?" I said, "We can't rule anything out".

Incidentally, to show where society was up to and the broader debate, when I said, "You don't want to go too early", you know, the response was, "Well, yes, we all know, we all think that". So this is not just
A. I do
Q. All right. Proceed.
A. So that's on the 13 th. Evening of the 13th, I send the email that we discussed earlier.

On the 14th we're in Downing Street and we have a series of meetings, including some in the Cabinet Room and some in the smaller office.

And then on the 15th had the formal meeting at which we decided to take action.
Q. Please come back to the issue, which was the issue I asked you about, which was the concern going too early would --
A. Yes.
Q. -- limit effectiveness.

The CMO -- and we must be clear about this, of course there was a whole-society anxiety, to use your phrase, "whole-society", concern about should we be contemplating --
A. Yes.
Q. -- the intolerable?
A. Yeah.
Q. Should the country countenance these extraordinarily unprecedented measures?
A. With enormous costs.
Q. With enormous costs.

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Well, I've asked you about a notion, which is expressly referred to in the COBR meeting on 2 March, which was that interventions to delay the spread of the virus must not be implemented too early in order to ensure maximum effectiveness.
A. Yes.
Q. Put aside the whole-society anxiety.
A. Yes.
Q. Your witness statement says you relayed to a particular former Prime Minister who asked you why weren't we going too early --
A. Yes.
Q. -- that you had been told on clinical advice --
A. Yes.
Q. -- that's your word --
A. Yes.
Q. -- clinical advice that we should not implement countermeasures yet.
A. Yes.
Q. So what was the basis -- well, you've said it came from the CMO and the GCSA.
A. Yes.
Q. This clinical notion --
A. Yes.
Q. -- you're saying, that lasted for two weeks?
this was the document that was drafted from around about
10 February to 3 March.
A. Yes.
Q. Did the government, did the DHSC, did you or

Sir Christopher Wormald ponder the wisdom of commissioning a report on 10 February that by the time it had done the rounds of government and been redrafted and re-edited and so on and so forth was not published until 3 March, by which time, as you've accepted, containment for all practical intents and purposes had been lost?
A. Well, I initially commissioned it as a Health action plan, I wanted to set out in public what the department needed to do. Sometimes when you're trying to drive action in government, publishing something is one of the quickest ways of doing it, because once it's published everybody falls behind it and then you don't have any arguments about what the plan should be. And that's -and so publication is sometimes most important for the purposes of driving action within government.

This has been criticised as being high level and more of a comms plan. More accurately, I would say of course it was about explaining to the public what might come next, and I -- and we did a huge amount of explaining off the back of it. But it was also about 135

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A. Correct.
Q. All right. And do you assess, therefore, that that was a major contributory feature to the government not acting earlier?
A. With hindsight, yes. At the time, it was entirely understandable.
Q. All right.

The action plan.
A. Yes.
Q. And we can deal with this, please, briefly.
A. Yeah.
Q. Because you've referred to it in a number of ways.
A. Yeah.
Q. The action plan was dated 3 March.

## There it is, thank you

Would you please just accept for the purposes of speed that it was a document prepared across the United Kingdom? We can see references to the DAs' involvement there on the page.
A. Yes.
Q. We know that it was commissioned by you, according to the evidence of Sir Chris Wormald, on 10 February. You requested in an email to Kevin Dodds that the work be commenced. It was developed under the leadership, according to Sir Christopher Wormald, of the DHSC, and 134
telling the department -- and then in the end it ended up as a cross-government document and a cross-UK document -- about what we might have to do.
Q. You say, quite reasonably, that when you're trying to drive action in government, publishing something is one of the quickest ways of doing it?
A. Sometimes.
Q. Quite. On this occasion, in the face of a fast-moving pandemic, it took 21 days from the commissioning to the publication, so it wasn't terribly quick?
A. Well, in the grand scheme of government documents, that's unbelievably fast, they normally take months. The civil service team who worked on this were absolutely brilliant inside the DHSC. It was then slowed down when it was sent for clearance, and I think there has been some discussion of that, and that was deeply frustrating. But it was very, very important to get out, to drive action internally, and also to start to explain to the public the sorts of absolutely extraordinary things that might have to happen. It was the first time we communicated to the public that we might have to shut schools, close down whole cities, and ask people to isolate at home. These are huge unprecedented interventions and it was very important to start to communicate that to the public.
Q. I've not suggested that there wasn't merit in the document. I've asked you about the delay in its publication.
A. I wish it had come out quicker.
Q. At page 4 , without going to it, the document claims that the United Kingdom is well prepared.

At page 10, in the context of the overarching strategy -- you'll recall, Mr Hancock, contain, delay, mitigate; you more than anybody will remember those words, of course -- the document significantly overpitched the reality. We weren't well prepared and, so far as the strategy envisaged future loss of containment and if control is lost then we'll move to delay --
A. Well, when this --
Q. -- it's already over?
A. Absolutely, when this was commissioned that was the clear strategy, and that strategy remained formally in place until the 12th, 13th 14th, exactly.
Q. 12 March, indeed, containment was officially departed from. Can I ask you --
LADY HALLETT: Forgive me interrupting. I've just had another look at the action plan. There's quite a lot of information in there. What I can't find is too much of the action points.
Q. Mr Hancock, forgive us, though, I asked you basically what the worth of it was. You've accepted that there are only, in your words, oblique references to the sort of countermeasures which ultimately came to pass.
A. Yeah.
Q. Schools is different because that's based on the genesis of the 2011 strategy. Your officials and others worked for weeks on it, for three weeks.
A. Yes.
Q. It was informative and perhaps revelatory to some.
A. Yes.
Q. As the government's sole strategy document it had significant flaws?
A. It was, when it was commissioned we were still on the strategy which I have --
Q. Explained.
A. I've been pretty clear that I'm not a fan of the strategy that -- the doctrine that we went into this pandemic with.
Q. So why did you sign off on it?
A. Because that was our thinking at the time. And by the time it had then been delayed and stuck in the Cabinet Office, it was better to have it out and driving action than not at all.
Q. Than nothing?
A. No, there's not nearly as much as I wished there had been. They are in there, they're buried at the end, and it was enough to allow the media to then report it as we wished, which was: these are the sorts of things that might have to happen.

So closure of schools, for instance, these are -they're mentioned but they're not upfront nearly as much as they --
LADY HALLETT: They're not. It's --
A. -- should have been.

MR KEITH: You would say --
A. I'd say better than nothing
Q. I was going to say: you would say better than nothing, and I suspect you'd also say: remember that at the time this was commissioned the DHSC expressly understood -and you've said yourself -- that it had its doctrinal genesis in the flu plan.
A. In 2011.
Q. And that's why there was a reference to closing schools, which was very much part of a flu plan, but no reference to the sorts of terrible countermeasures which we ultimately had to consider?
A. Well, there are oblique references but it was not as -obviously if I went back and rewrote it now it would be completely different. 138
A. Yes.
Q. All right.

Can I ask you briefly, please, about two other relevant events around this time. Did you call, in fact, the World Health Organisation about the need for a declaration of a pandemic on 2 March? It wasn't in fact announced until 11 March.
A. Yeah.
Q. Had you also spoken to the World Health Organisation earlier about their declaration which you, as you saw it, was delayed because the PHEIC wasn't, in fact, announced until 30 January notwithstanding an earlier committee debate at the WHO?
A. Correct. I mean, I pushed and pushed and pushed on the WHO on both of those declarations.
Q. I want that to be acknowledged.
A. What I haven't been able to find is a record of the 22 January call, which I remember, which is when I was told: we can't have a PHEIC because somebody's on a plane, and it was a ridiculous excuse. And I thought that there might be some politics -- it's not worth -which is outside the remit of this --
Q. Maybe you'll find that call in that little notebook that you've just produced.
A. It's not a notebook, it was a phone record. 140
Q. 2 March and another vital point -- the Minister for Care was Helen Whately, was she not?
A. Yes.
Q. At that time.

You refer at paragraph 230 of your statement to how at this time, 2 March, your department and she made enquiries about the state of planning in the care sector?
A. Yes.
Q. And was there a revelatory moment in relation to the state of planning, not countermeasure planning but the planning broadly, in the care sector?
A. Yes.
Q. And what was that?
A. So our early position had been, according -- essentially the constitutional position, which is that care homes are legally responsible to, contracted by, local authorities, and therefore they reported action through local resilience -- to local authorities, through local resilience fora, up to MHCLG, and the department is responsible for social care with respect to policy but not to any of the legal contracting or indeed the reporting.

That was the position going into the pandemic. It is anachronistic and it has needed reform for a long, 141
Q. Alright.
A. So I'm aware the LGA have said: no, there were more around. That may -- I don't know the facts of this, what I do know is what I was told, and I was told -- I'd asked to see them and there are only two and they were inadequate.
Q. All right.

On 12 March, SAGE was presented with some slides. INQ000056209.
At page 2, there is a reference in the first bullet point:
"Note SAGE advise that interventions 1-4 should each deliver benefits by delaying and flattening the peak and/or lowering overall deaths ..."

If you retain that thought, please, Mr Hancock, which is 12 March, and we'll look at the COBR minutes for 12 March.

INQ000056221, page 5 .
It's a COBR chaired by the Prime Minister. At page 5 , paragraph 2 , you were there:
"The CHAIR invited the GCSA to outline the objectives of implementing the interventions."

And you've explained how, of course, by this stage, there is now debate about the nature of the infection control interventions:
long time and those reforms have been delayed
That was the position going in. Helen Whately then, in early March, came to the very firm view that not enough was happening. In February we had had discussions with the care sector, we'd had roundtables, but the policy position going in was that local authorities are responsible, and ... and it turned out that it was something else that we as a department had to grip.
Q. Thank you for the description of the functional -- the background. What you refer in paragraph 230 to, however, is that in terms of the planning there is obviously an obligation on the sector, Mr Hancock, to produce plans for itself?
A. Oh, yes.
Q. Regardless of the financing --
A. Yes.
Q. -- regardless of the funding and so on and so forth, she appreciated and she messaged you --
A. Yes.
Q. -- she'd only been provided with two existing pandemic contingency plans in the whole of the care sector.
A. Yes.
Q. And that's what she told you?
A. Yes, that's correct.

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"The GCSA said that the aim was not to completely suppress the spread of the disease, not only was this not possible, but it would likely lead to a larger second peak later in the year ..."

So my question to you is this: you've helpfully described that the reasonable worst-case scenario debate didn't slow things down; the debate on what became behavioural fatigue did very things down. To what extent did the debate about if you mitigate and you flatten a wave -- sorry, if you suppress completely the wave and you go for an eradication policy or suppression policy, it may bounce back like an uncoiled spring -I've mixed my metaphors -- later in the year? To what extent, if at all, did that concern or debate also ensure or lead to a slowing down of practical action being taken?
A. Hardly at all, because this argument by the Chief Scientific Adviser that we should aim to -- with a good outcome of herd immunity by September 2020, this strategy or this objective was rapidly overtaken by the decision on the -- formally taken, I think, on either the 15th or the 16th to ask people to end all unnecessary social contact.
Q. Absolutely. That's the end of it.
A. Yeah. Well, that was the suppression strategy in full 144
force by then.
Q. Yes. When did the debate about flattening versus suppression --
A. Over that weekend.
Q. -- uncoiled spring --
A. Yeah.
Q. -- first find its way into the WhatsApps, into the meetings, into SAGE, into COBR and so on?
A. It happened very rapidly on the 13th, 14th and 15 March.
Q. Well, I've put to you material from 12 March. There is a debate at COBR 8 on 9 March about delaying a peak --
A. But that was all about what is the right time for the intervention.
Q. So that was a debate about the point you've mentioned earlier about --
A. Yes.
Q. -- efficacy of intervention rather than uncoiled spring if I can call it that?
A. I don't know, really, what you mean by "uncoiled spring", but --
Q. There is concern that if you completely suppress the virus --
A. Yeah.
Q. -- as soon as you lift the restrictions it will uncoil and come back with a greater vengeance later. 145

SAGE on 10 March had been asked by Neil Ferguson -- or,
rather, the officials at SAGE had been asked by
Neil Ferguson do they know what an epidemic with 4,000 deaths a day looks like.

And there were -- according to your witness
statement there was much more data available by that weekend on the likely impact on the NHS.
A. Yes.
Q. Could you just assist with the contribution from the DHSC in terms of that acceleration? It looks as if Mr Cummings and some of his associates and colleagues and the scientists and the NHS were providing the stimulus, the spur to this acceleration. What was coming from the DHSC in terms of trying to change the position of the government? That is an entirely open-ended question. It may be you'll say you were the one who was pushing or Sir Christopher Wormald was pushing. Can you assist us?
A. The clinical advice coming from the department was coming from Chris Whitty.

My contribution in this period was that on the 12th I -- I'd decided at this point that we needed -- we were going to have to have a UK-wide response and, of course, health is a devolved matter -- and we can come back, if you want, to whether or not that's a good idea with
A. I see, as set out here.

As the -- I mean, short of a -- without a vaccine, of course, that is a risk.
Q. Of course.
A. And it was -- that was discussed, but it was very, very brief, the point -- the time in which that was the main concern was very brief.
Q. All right.

Now, whether one calls it a change in strategy or a dawning realisation or an acceleration --
A. Yeah.
Q. -- on that Friday -- or perhaps the Thursday 12 March, Friday 13 March and the weekend of the 14th and 15th, the government took what may be considered to be a very significant change of direction.
A. Yes.
Q. The Inquiry's received evidence that there was a body of scientific material built up by that stage from the London School of Hygiene and Tropical Medicine --
A. Yeah.
Q. -- Professor Edmunds, Professor Ferguson at ICL.
A. Yeah.
Q. Also at SAGE. There were papers from, in particular, ICL. There were papers from Professor Riley. Professor Ferguson had emailed Ben Warner on 10 March. 146
a contagious disease as opposed to a health service.
So I went to Edinburgh and then Belfast and Cardiff and discussed with my opposite numbers in the DAs, and then I had a G7 call, which I actually took in the Health Department in Cardiff, and this had a very, very significant impact on me, because I heard directly from my Italian opposite number. And we thought the Italians had acted early, but he was saying he wished he'd acted earlier still and this argument that you should delay and -- to time it right, he had no truck with.

So that had a very significant impact on me, and that was the point at which I started actively agitating for a -- for very firm action, for a lockdown. I spoke to the Prime Minister, I emailed him that evening. We have been through this a couple of times.

So essentially what happened was that over the period for the first two weeks of March until then, we continued to work on all of the Health-specific things that are necessary, the NHS response -- it was at that time we were working on -- we'd got the Nightingale hospitals programme --
Q. If I may say, acute health measures, perhaps?
A. The measures directly within the Health and Social Care Department's remit.
Q. Yes.
A. The question of lockdowns, by then, was correctly located within the Cabinet Office as the lead department on it. This had all happened since -- which effectively was kicked off on the 2 March COBR, when the Prime Minister took the chair. And so my time in that period was essentially focused on: what are we going to need in Health and Social Care area, given that this is clearly coming?
Q. On Saturday 14 March, and I'm not going to take you through what you know to be the number of meetings which you attended --
A. Yeah.
Q. -- there were a number of crisis meetings attended by various people.
A. Yeah.
Q. But you contributed to a WhatsApp group debate together with the Chief Scientific Adviser, the Chief Medical Officer, the Prime Minister and Mr Cummings, pithily called the CSA-CMO-Matt-PM-Dom group.

INQ000048399, page 3.
On the 14th, on the Saturday, at 7.30, 7.30.49 -- it may be over the page, yes, there we are, thank you -there is a debate commenced by Mr Cummings:
"I think we need to move fast on social distancing, work from home, oldies shouldn't go to weddings, closing 149
stop community testing and stop contact tracing.
I was ... I don't want to overplay it, because I didn't actively stop it, but I was sceptical of whether we should stop these things. I'd been trying to drive up testing, trying to get PHE to engage the private sector in testing, and I basically, at this point, had the confidence to say what I'd previously thought, urged on by the WHO, which was, "What on earth are we doing stopping these things? We need to we need to keep driving them".
Q. Quite.

The testing in the community had stopped. There was no contact tracing thereafter in the community. There was --
A. Not until I got it going again.
Q. Quite. There was no self-contact tracing. Why did you say "Both of these are in hand"?
A. Because by then I'd issued the instruction internally that we should not accept that these have to stop.

Now, on --
Q. Just pause there. Could you please help the Inquiry with what those instructions were and when they were?
A. I don't know the detail of them, but what I remember is, firstly, the -- the approaches were different on testing and on contact tracing.
pubs and nightclubs..."
And so on and so forth. And then there is a debate, Mr Hancock, just to refresh your memory, about how the public need to be informed as to the nature of the crisis and what needs to be done.
A. Yeah
Q. Chris Whitty agrees. And you say this:
"We also need urgently to address the WHO criticisms of our approach."
A. Yes.
Q. "- we need to ramp up testing not stop testing." Just bearing in mind, of course, community testing had stopped on 12 March?
A. Yeah.
Q. You had, and it's obvious from the paperwork, you'd openly recognised the alarming news that there was no sophisticated test and trace system beyond the First Few 100, and then you say:
"- we need to continue contact tracing, and introduce self contact tracing."
A. Yeah.
Q. "Both of these are in hand."
A. Yeah.
Q. What did you mean by "Both of these are in hand"?
A. On 12 March it had been announced that we were going to 150
Q. Indeed.
A. On testing, the problem at this point was that we didn't have enough tests for community testing. And you'll know that the action that I took -- "Both of these are in hand" -- the action I took with David Halpern and William Warr, who was at Number 10, was that we arranged a meeting on 17 March to try to electrify the growth of testing and at that meeting I took the responsibility for testing from PHE back into the department, and drove it very hard from there, and I'm happy to answer any questions on that.
Q. Forgive me, Mr Hancock, you said "you'll know that the action I took".
A. What?
Q. You said, "you'll know that the action that I took", et cetera, et cetera, and --
A. Well, no --
Q. We --
A. Oh, sorry --
Q. I must put to you, I don't give evidence, I have never given evidence in these proceedings, but you cannot say "you, the Inquiry, will know that". The Inquiry does not know that you took any of those steps or that both of these are in hand.
A. I apologise. I should have said: as I set out in my 152
written statement, I took the responsibility for testing from PHE into the department and we set up the four pillars that became five pillars, that became the 100,000 testing target, that became Test and Trace.

The second thing is on contact tracing, we'd stopped -- PHE had stopped contact tracing, and the action that we took after this was to restart contact tracing and do it at large scale using a scale model of how to deliver it rather than a specialist model, if I can put it that way, and also introduce self-contact tracing, which became the app.

So that is what I mean by "Both of these are in hand", it's shorthand for two absolutely enormous programmes that came from this.
LADY HALLETT: They'd all started by 14 March?
A. It -- I kicked it off after -- what happened was I basically was uncomfortable with these decisions that were made by -- that were advised and -- but I accepted them, so I accept responsibility, but I was uncomfortable with them. The WHO criticised us for them, and I listened very carefully to that WHO criticism, and essentially reversed the decisions.

LADY HALLETT: I think the point Mr Keith is getting at is: were these all in hand by 14 March, accepting all that you've said?
public would respond, and poor data..."
And you explain how "new evidence came to light" and, of course, SAGE says we're further along the epidemiological trajectory than it had understood, and so on and so forth.
"The discussion was centred on the timing of the lockdown, because of strong advice (for example from the Independent Scientific Pandemic Insights Group ...
'SPI-B') that people would likely only put up with lockdown for a short period of time."

That advice, you say, "clearly turned out to be wrong".

Can I press you, please, then, for clarity. Are you saying that the only reason that we did not lock down earlier was because of that advice from SPI-B, along with the data problem which you identify earlier in the paragraph, but which advice you say clearly turned out to be wrong?
A. At this time, information was still sparse. The first death in the UK had happened on 1 March, and the case numbers were still, compared to what came later, very low. And so you have to understand these decisions in the context of what we did know and a lot of what we didn't know. So this is why I have a different view with hindsight compared to what happened at the time.
A. By "in hand", what I mean is we were getting on with making them happen.

## MR KEITH: Right.

A. We didn't have a big testing programme, these things take months to build rather than being immediate, but I was -- the reason I put "Both of these are in hand" is I did not want to say, "This is a decision that I'm asking you, Prime Minister, to opine on", I'm just saying I've got on with this.
Q. I'll move on to the next point.

The lockdown decision. You have candidly and openly already acknowledged today that with hindsight we should have locked down much earlier, and you've given a helpful indication as to when that might have been possible. I just would like, please, to take you to paragraph 23 of your witness statement where you set out in broad terms that view. It's page 6 of the major statement, but I think it's important that absolutely on the record of your statement we can see how you've put it:
"With hindsight, and information we did not have at the time, it is now obvious we should have locked down much earlier. I say that with hindsight: it was not at all clear at the time. The scientific caution over locking down was based on uncertainty over how the 154

I think it is the case that the concern over timing the lockdown correctly was the main reason why it wasn't put in place sooner, but it's also true that SAGE changed its advice in terms of where we were on the epidemiological curve, because of new data that came to light.
Q. All right.
A. And -- they thought previously we were around four weeks "behind Italy", which was the metric that we were using.

Now, with hindsight, it didn't matter whether we were behind Italy two weeks or four weeks, we should have been -- as soon as you know you have got to lock down, you have got to lock down, but that was the -this was the data that came to light.

In fact, David Halpern put it rather -- he reminded me of a phone conversation I had with him when he was the first person to report on this, the key SAGE meeting, to me. I later had a formal read-out from the CMO, as I always did, but I heard from Halpern, and I remember being relieved because the anecdotal data I was getting out of the NHS and others was that we were -- this was going up the reasonable worst-case scenario curve, and then I -- it was -- formally came to us through SAGE that that's what was happening, and the irony was that that -- that to me didn't feel like new 156
information. It felt like formal confirmation of what I'd been picking up from the -- from analysing the data myself.
Q. Two points, please, Mr Hancock. You've referred to SAGE of course saying: well, we're not as far behind Italy as we understood we were.
A. Yeah.
Q. If I may suggest, it must be right to say it just didn't matter, because nothing that you and the DHSC or nothing the Cabinet Office was doing, nothing that SAGE and NERVTAG and all the other various parts of government was doing had been throughout February and early March predicated on: what is Italy doing?
A. Correct.
Q. Italy was doing what Italy was doing. So there can be no suggestion that that any failure, if there is a failure, and if my Lady finds there was a failure to impose the lockdown earlier, was because of a misjudged reliance upon where Italy was in the epidemiological trajectory.
A. No, no, on the contrary. On the contrary, if I may explain. If --
Q. If you just accept that proposition.
A. I don't --
Q. We are in agreement. The UK Government wasn't planning
A. No, it's that Italy was an example.
Q. Indeed.
A. Yeah.
Q. The second point is this: that the clinical advice, as you describe it in your own statement, to the effect that going early would limit effectiveness --
A. Yeah.
Q. -- that is obviously and plainly an issue relevant to a lockdown decision, a mandatory stay-at-home order, because that is -- just wait -- that is obviously the ultimate decision, it's a stay at home backed by force of law. To what extent does that behavioural fatigue notion explain or mitigate either delays in the system of operation of government, if that's what my Lady finds there to have been, or in the promulgation of plans, or in any failure just to say how it was, "Control is lost, the wave is coming, we must practically act now"? Where do we put the behavioural fatigue fallacy into the general picture?
A. It had an impact on the decision both to recommend actions to the public, which is an NPI, because communications are an NPI, and the mandatory decisions that came thereafter, notably the closure of schools and then the whole legal lockdown on the 23rd.

The period -- I see the period from the 16 th to the 159

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its response between January, February, March and 14 March on: what is Italy doing?
A. It was for a period --
Q. It was a --
A. If I can explain. If you think that what matter -- the timing -- if you think you've only got a limited period lockdown that you can put in place, the timing of that lockdown matters, and watching the Italian curve was the best way of thinking what would happen here, and -- so the Italy data were important in that sense. And then you had to judge, compared to where we were on Italy, where to bring in the lockdown. And indeed we brought in the lockdown earlier in the epidemiological curve than Italy and others did.

My point is not about whether or not it's right to base yourself off Italy. My point is, the whole doctrine of waiting, sort of allowing it to come towards you and, "Hold, hold and now we go", that was wrong.
Q. Yes.
A. Instead, the moment you need a lockdown, you need to lock down.
Q. Indeed. I was making a point, for the absence of any confusion or doubt, that there was no doctrinal approach taken by the United Kingdom Government necessarily predicated on the Italian approach, of course not? 158
$23 r d$ as essentially a ratcheting up of lockdown. We went for a non-mandatory lockdown, followed by closure of schools, followed by mandatory lockdown. The same behavioural fatigue argument applied to all three. They are just different levels of NPI.
Q. Right.

And now, perhaps before a break, I want to ask you about the rationale for the lockdown.

It is vital, Mr Hancock. And the Inquiry has done this in relation to a number of witnesses, at great length, to examine the rationale both for and against the imposition of the lockdown decision on 23 March, on the premise it was the right decision but also on the contrary position that it was the wrong decision.

So you have already explained how your position is it was the right decision and indeed should have been done, with hindsight, considerably earlier.

I want to just briefly look at the counterargument.
A. Yeah.
Q. It is obvious from the evidence in COBR, the evidence before the Prime Minister, and in particular the COBR meeting of Friday 20 March chaired by Michael Gove, that material was being placed before the relevant bodies to suggest, firstly, if we don't proceed to the final ultimate, mandatory, backed-by-law stay-at-home order, 160
there will be many more deaths than there would otherwise be and, secondly, that the impact upon the NHS if those further final steps were not taken will be devastating.

The paperwork shows that on the Monday 23 March, there was a great deal of debate about non-compliance during the previous weekend, attendance at parks and so on and so forth. There is, by contrast, very little debate, on the face of the minutes from 23 March, of the data relating to the likely impact on the NHS and also on how many more deaths will be incurred if those steps aren't taken.

Do you follow? As the Secretary of State --
A. Yeah.
Q. -- I want to ask you, how clear were you that the data showing the terrible consequences of not acting -- how robust was it? How clearly was the position set out?
A. Well, by 23 March the trajectory of those data was unknowable, because the trajectory on the 16th was knowable, predicted and the reasonable worst-case scenario was happening. The -- of course we took very significant action on the 16th. The stay-at-home request, if I can put it that way, undoubtedly changed people's behaviour, and therefore will have reduced $R$.
Q. Indeed.

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have got $R$ below 1 , but it is entirely unknowable whether that argument is true or not. I think it's false.

The -- and therefore -- so I hope this is making
sense, because it's about how we -- essentially it got
worse and worse along the lines of the reasonable
worst-case scenario, and my objective at that point was
to get as many levers pulled as hard as possible to stop the NHS from being overwhelmed.

And the NHS being overwhelmed is incredibly important because as soon as you run out of hospital capacity the IFR itself goes up and you get more deaths from non-Covid related health problems, and -- because people can't get treatment.

So the point of overwhelming hospitals is not just because there's a moral duty to treat everybody, it's because the number of deaths gets materially worse because essentially the -- people die because they don't get treatment. And that's what we needed to stop at that point and therefore we pulled everything.
Q. I've asked you about the data. The Inquiry well understands the risks of direct and indirect mortality.
A. Sure.
Q. You've said, on 16 March very significant action was taken. Those are your words.
A. Because of the two-week lag from a change in the behaviour of the public to a change in the measured case rate, we had no idea by how much it had reduced R. However, we took the view on the 20th that we needed to close schools. Previously we'd been hoping to get to Easter and then -- Easter school holidays and then consider whether they re-open after the Easter school holidays, but by the 20th we decided this was continuing to go up the reasonable worst-case scenario, we need to pull that lever too.

Then by the 21st, it -- essentially the data from -that we'd considered on the 16th, with the data going up the reasonable worst-case scenario, continued up the reasonable worst-case scenario, these were cases where people had caught it a couple of weeks earlier, so we had a greater confidence that we were on the reasonable worst-case scenario -- which is a terrible confidence to have -- and therefore decided to go the full measure. So it -- and do -- and pull every lever available to us. And that was the consideration.

So by the 23rd there wasn't a new forecast of what would happen under the measures that were extant at that point, because it would be two weeks before we knew the actual impact on the 16th. It is entirely reasonable to argue that the measures on the 16th themselves would 162
A. $\mathrm{Mm}-\mathrm{hm}$.
Q. And of course additional action was taken on 20th, the closure of schools, ordained by COBR, on the 18th.

The point is this, Mr Hancock: on the premise, which must be a reasonable premise, that the measures imposed on the 16th and 20th March were designed to work and were imposed because the government thought: this will bring $R$ below 1 . Why was more time not allowed the following week for those sensible measures, which in good faith the government had imposed, to see whether or not R would come down as far as would be necessary to prevent the collapse of the NHS, which might happen, on an exponential growth curve, at some indeterminate point in the future? There wasn't data before anybody saying -- and your answer may be it's impossible to provide a clear answer because you're dealing with the context of an exponential growth curve --
A. Correct.
Q. -- but there doesn't appear to have been any debate about, just bluntly, "We've done all this the previous week" -- the previous week's measures are very dramatic --
A. Yeah.
Q. -- it was, on 20 March, an order that all non-essential retail and travel and everything be -- everything was 164
shut by word -- by advice --
A. Yeah.
Q. -- schools were shut. The next step, on the Monday, was producing -- or backing it with the force of law. Why did nobody say, "Just hold on, we don't have to do this, we've only just done these prior measures three days before, we are entitled to conclude that the R rate is being reduced, there is a high level of compliance, but not as high as we would like and not as high as the data would suggest is required, let's see whether or not our measures work, at least for a few more days" --
A. Yeah.
Q. -- in order to pause and assess your very own steps --
A. Yes.
Q. -- before the ultimate --
A. Yes.
Q. -- the most divisive, politically divisive and unprecedented step is taken?
A. Gosh, there's so many questions in what you've just put.

LADY HALLETT: There were.
A. The first thing is, it wasn't, actually, politically divisive --

MR KEITH: No, it's become -- I apologise, I'm not suggesting it was then. It is now.
A. Well, you know, there is a -- some people forget what 165
need to reduce by two-thirds human interactions, as rule of thumb level, and we were not seeing that level of reduction. I think the SAGE papers said that they were looking for an $80 \%$ reduction --
Q. 75 .
A. 75 -- to get -- in human interactions to have confidence to get $R$ below 1 , because we thought it was between 3 and 4. That was not happening.

So there are the two data points, if you like.
Q. That's very clear.

The COBR minutes of the Monday indeed show that the compliance rate was not up at $75 \%$ but it describes the broad direction of travel as having some positive trends: tube travel, shop -- attendances at shops and work attendance, and so on and so forth, showed that there were very significant drops in attendance. And so, broadly speaking, there was a degree of significant compliance.

But you've identified that the primary objective of the government was to take action to meet the reasonable worst-case scenario. That is to say, to make sure that it didn't come to pass in its full horror. But you had taken very significant steps just three days before.

Why, procedurally -- well, why not, in terms of process, could you not have waited a few more days to 167
actually happened, but it wasn't divisive at all, there was enormous consensual support across very large swathes of the population and almost all political leaders. In fact, the fact it happened in all four nations, with -- led by five political parties, not even four political parties, at the same time demonstrates that.

Anyway, I set that to one side.
I think on the data the reasons are two-fold. The first is to do with what I said before, the exponential growth was happening -- you know, thankfully, as a trained economist, I'm used to dealing with exponential curves and understanding the stats and maths behind them. We had greater and greater confidence that we were on the reasonable worst-case scenario path, and that would lead to over half a million deaths happening. The problem with those forecasts was that they were coming true. And people have criticised the forecasts -- and of course the forecasts didn't happen because we took action. And so that's the first thing, increased confidence that the worst was happening.

The second thing was that at the same time, we did have an assessment of the sorts of levels of reduction of human interaction that would be needed to get $R$ below 1 , because if $R$ is at 3 , to get it below 1 you 166
see whether or not the steps you'd already taken would bring about the very response to the reasonable worst-case scenario that you had taken those steps in the first place to meet?
A. Because we didn't want to just not hit the reasonable worst-case scenario of half a million deaths, we wanted to reduce that very significantly, not least to ensure that the NHS wasn't --
Q. Of course -- I'm sorry.
A. -- overtopped.
Q. Of course, strategically that must be right.
A. Yes.
Q. Let me put it another way. The plan was to reduce $R$ below 1 --
A. Yes.
Q. -- as quickly and as efficiently and as speedily as you could.

On the Friday you had introduced a suite of measures or a combined suite of measures designed to bring $R$ below 1. On Friday that is what you thought would do the trick.

By Monday, there was a realisation it wouldn't work. It wasn't working, COBR surmised, because the data showed that the level of compliance with the measures weren't high enough.

Why wasn't more time allowed to see whether they would reach that level of compliance, at which point you could be assured that the measures from the Friday were working?
A. Two reasons. Firstly, because we expected that the impact on people's behaviour would start as a maximum and then degrade. In the end the public were brilliant at -- and there wasn't that degradation at all. But that's what we were worried about.

The second is that, from my point of view as the Health Secretary, my absolute, totally primary task at this point was to ensure that nobody went without NHS provision, and that needed a very significant reduction from the reasonable worst-case scenario, and we only just got it low enough.

So, from my seat, I was just in favour of all the action you could possibly take. And I knew there would be other voices that would argue for caution, and in fact we did -- the marginal item was whether we should mandate the closure of outdoor building sites, and in the end we did not mandate that, but they almost entirely closed anyway. about how far do we go, and we effectively pulled every lever except that one, and -- but the building trade
lockdown decision, Mr Hancock.
Could we just have up INQ000274026.
This is a summary, and the Inquiry doesn't expect
you to have read through it or to recollect, if you
have, the detail of it. It's a summary of the references from SAGE meetings, COBR meetings, ministerial meetings and so on and so forth, of how the likely damage to the NHS, the impact, was put at various times. So sometimes there were references to the NHS being "overwhelmed", to it being "overtopped".

If we can come forward, please -- and it will mean scrolling through to about page 7 or 8 -- a bit more, please -- we've got there 21 March, the ministerial group meeting over the weekend, where some figures are given about ITU beds.

And this is to get your bearings, Mr Hancock.
And if we go further forward one page we will see information from the chief executive of the NHS about the number of beds, ventilator beds, number of beds in London and so on.
A. Yeah.
Q. You will see there was a reference by the Government Chief Scientific Adviser, four lines down from the bullet point relating to him:
"The worst case scenario was that ITU capacity in 171

So there was a -- of course there was an argument 169
decided to pull it for us.
LADY HALLETT: We're going to stop there, Mr Keith --
MR KEITH: Yes.
LADY HALLETT: -- otherwise I am going to have rebelling
stenographers. I'm sorry, because it is mid-question.
I shall come back at 3.25 .
(A short break)
(3.12 pm)
LADY HALLETT: Mr Keith.
MR KEITH: My Lady, in the course of, no doubt, an overlong
question, I suggested at some point earlier today that
SAGE had not debated social distancing countermeasures
until -- I said 24 March, in fact it's 25 March, I think
Mr Hancock thought it was 26 March -- of February, I'm
so sorry, February. I have been asked by Mr Hill to
make absolutely clear, and I'm delighted to do so, there
was a debate on 4 February at SAGE about face masks,
schools, PPE and a number of measures. On 13 February
there was debate about mass gatherings, school, work and
prisons and a number of other areas, and that the full
suite, if I may call them that, of countermeasures was
discussed on the 25 th. So the lockdown, being one
example, was on the 25 th.
One final question, please, in relation to the
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London would be overwhelmed ..."
So he uses the word "overwhelmed".
"... in nine days' time, but the projection ..."
The actuality, 15 days.
Then if we scroll through, further in the document you will see the 22 March ministerial group meeting, current number of deaths, number of beds, and a reference to the drive to free up capacity. 23 March, of course, the Monday, how the NHS is being stretched in intensive care. And over the page, page 11, the COBR and the Cabinet meeting 23 rd/24th.

It is obvious -- and you have described to the Inquiry how COBR and the Prime Minister rationalised that the NHS would be overwhelmed -- at some point, if R continued on its exponential growth and was not brought below 1 , inevitably, as certain as night follows day, the NHS would collapse because of the sheer number of deaths?
A. Yes -- not because of the sheer number of deaths, because of the cases.
Q. Cases and deaths. But the point is that the NHS would not survive, because of the nature of an exponential growth.

To what extent did the government collectively have a view as to when that point might be likely to arrive? 172

I put it that way because you've explained, as has
Professor Sir Chris Whitty, that the final analysis was
based upon the correct understanding that an exponential --
A. Yes.
Q. -- growth would only ever end in disaster for the NHS?
A. For the NHS, yes.
Q. But could you and were you able to go any further in terms of understanding when that was likely to be? Would it be an overtop, would it be an overwhelming, would it be a complete collapse, would it be in a matter of weeks, would surge capacity be able to ameliorate the position? Explain what the level of understanding was.
A. In a way, the true answer to that question is nobody fully knew what that would look like, but we knew that it would be catastrophic. And in the paperwork, as you've just shown, when making the decision on the 23rd, the advice was nine days in the reasonable worst-case scenario, 15 days in the central scenario, but at that point my worry was we were going up the reasonable worst-case scenario, notwithstanding the decisions we'd taken on the 16th and the 20th.

The -- what that would look like, what that would mean would be people going without treatment. And I was absolutely determined that that would not happen. And 173
system for an increase in staffed beds, in ICU beds, in surge capacity --
A. Yes.
Q. -- notwithstanding that you could not know and you would never know at what point collapse would come, it was a risk that no secretary of state responsible for public health could countenance?
A. Yes, that is a good summary.
Q. Right. Some other issues, please, Mr Hancock.

Public Health England. The Inquiry has understood that Public Health England, well, was disbanded in the middle of the pandemic, to use one of the witness statements. Did you have concerns about the ability of Public Health England in February, March, April, to respond to the pandemic? And, if so, was that a contributory factor to the disbandment of PHE and its substitution by the UKHSA?
A. Yes, I did. Public Health England did an absolutely superb job, especially on the scientific research, and the best early example was developing the test in an extremely short period of time. And in its lab work and its analysis, it was first rate. Its genomics programme was superb. There was one point in the pandemic when we were sequencing half of the genomes of Covid in the world.

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that came back to the Nimbus discussion and other discussions around that. So we took a huge amount of action, and I thought that Simon Stevens, Lord Stevens, described that extremely well in his evidence.

The -- I pushed for him to expand both the physical capacity and expand the effective staffing. Because one of the -- one of the challenges that has been put at this stage is that -- and it's there in some of the written evidence to the Inquiry, that we didn't know exactly how many beds the NHS had, in quotes. Well, what matters is not a physical bed, what matters is a staffed bed. And that is flexible. In some cases we took the staff ratio in intensive care, normally 1:1, up to six patients to one nurse. So it is flexible.

The NHS would -- you said in your question, would the NHS have survived? Of course the NHS would have survived, it would have done its level best and is an amazing and adaptable institution full of extraordinary people, but it would not have been able to provide care to everybody, and therefore the number of people who died would have gone up even more than it would have done just because of the virus.
Q. And therefore, is this a fair summary, notwithstanding the remarkable ability of the NHS to cope, notwithstanding the flexibility that there may be in the 174

However, my view on this accords very closely with Chris Wormald's evidence, which is that its capacity to scale was simply not there. It hadn't had the experience of scaling. This isn't a criticism of any individuals. It had a contact tracing system that was based on top quality, highly trained experts, whereas what we needed was much more like a call centre, Henry Ford-style, high-volume contact tracing system that we eventually built.

It was deeply frustrating that there was a -an unenthusiasm, if I put it diplomatically, to engage private sector testing capacity, and I personally had to get involved in sorting that out --
Q. Can I just pause you there. You refer in your statement to a particular problem in relation to the extent to which PHE found itself able to assist a particular commercial entity in its development of a test?
A. No, the problem was that it wouldn't -- it wouldn't engage any private commercial entity. There were a couple, which I mention in my statement, who I asked them to contact, because they'd come to me. I wanted them to support any private entity that could expand testing. It wasn't about these particular companies, what I wanted was testing capacity.

And there was a view which was that there is, across 176
the country, a large number of very small university or hospital-based and a couple of PHE-based labs, and that we should use these. But they were not of -- they were not scalable models, they were small, and they were essentially structured for science rather than structured for throughput. And so my concerns with PHE were really about its inability to scale. That was the first.

The second was about a longer-term change that I thought was needed, and this was the problem of PHE having two goals. It was --
Q. Was this the health improvement --
A. Correct. It was responsible for health improvement. That is, improvement of people's health when -- with respect to non-communicable diseases, obesity being the most important, but anti-smoking drives, for instance, very, very -- PHE was very strong in these areas, as well as responsible for communicable diseases, either the normal ones that happen all the time, you know, the occasional outbreak of legionnaires' disease or Mpox or what have you, and preparation for very rare but extremely high consequence communicable diseases akin to a pandemic.

And I have a background in -- at the
Bank of England, and it is akin to financial stability. 177
early on.
From mid-March we did manage to develop this sort of capacity. It was slower than it should have been and it's a vital, vital lesson for the future that we need a testing system ready to go. And I'm worried that that is not there right now in case, in case there's a pandemic.

You know, maybe -- what happens if one of these
things -- one of these diseases that we've read about in the last couple of weeks, the influenza in northern China, becomes pandemic? We need to be able to -- my question now, to the Secretary of State, would be: how quickly could we get to 100,000 tests? How quickly are we going to get a vaccine? How quickly are we going to have 5,000 people in a call centre doing contact tracing?
Q. Do you happen to know for a fact whether or not the hugely impressive and extremely extensive testing system that was, of course, ultimately put into place has become degraded since the end of the crisis or whether it is still in place?
A. No, of-course it's been stepped down. But you'd want to step some of it down, there's no -- we built a capacity of almost a million tests a day. You don't need a million tests a day in normal times. What you need is 179

Most of the time there isn't a problem with financial stability, but when there is a problem with financial stability you absolutely need an institution that is going to lead in the response; and we have one, it's the Bank of England.
Q. All right.
A. We did not have the equivalent, and now we do because of UKHSA.
Q. The second point you mention, the systemic change, if you like, to recognise that the new body focuses on health -- prevention, it's plainly understood. Was it in relation to the first point though truly the fault of Public Health England that it was unable to scale up the testing process? I mean, wasn't that a reflection of historical institutional failings, there just wasn't a system in place, and nobody, let alone PHE, could have scaled up in January, even if they had been minded to do so? Or do you think practically it had been open to them to take those steps but that they failed to do so?
A. I don't want to ascribe blame. It would have been better for the UK response had those companies that are -- that were experienced in diagnostics, albeit relatively small-scale, especially compared to some countries like Germany, had been given the full-hearted support, with the sputum(?) they needed, for instance, 178
the ability very rapidly to put it back in place.
Q. Yes.
A. So, for instance --
Q. Mr Hancock, I'm sorry to interrupt. You said:
"... I'm worried that that is not there right now in case ..."
A. Correct.
Q. So l'm asking you, do you know that it is now not there, or are you saying it is still there, it's been stepped down reasonably, but you've got concerns about whether it can be stepped back up?
A. That is what I'm concerned about.

For instance, recently the -- one of the major labs was put on the market. I think it would be better if it were mothballed and ready to go at the flick of a switch.
Q. All right.
A. And can I just make one point on this? We spend $£ 50$ billion a year on physical defence and we spend less than half a billion pounds a year on UKHSA. We spend less than $1 \%$ of our total budget for defence on health security, yet health security failings have killed more civilians than any other external threat since the Second World War, and maybe even further back than that, and I think this is a spectacular imbalance in the 180
amount of resources that we put into defence of this country against, say, a terror threat compared to a health threat.

I've got one particular axe to grind. I attended the National Security Council in my role as Secretary of State occasionally but the head of UKHSA should be on the National Security Council all of the time, not just brought in when there's a health issue on the agenda, because health security threats have been demonstrated to be the biggest threat to the civilian population of this country.
Q. A previous witness observed that had this been a threat --
A. Yes.
Q. -- in national security terms --
A. Yes.
Q. -- rather than a risk --
A. Yes.
Q. -- in public health terms, the government may have -well, it would have had different structures in place, but it may have responded significantly differently.
A. It would have had basically the same structures in place. It would have used them. Imagine if I have gone to --
Q. I'm going to ask you very politely just not to go any 181
entirely within the Health remit, that would have been like an MoD minister, the defence secretary, chairing a COBR on a defence matter, totally reasonable at first. But when it became clear this was a 50/50 threat, given the reasonable worst-case scenario, then the whole National Security Secretariat and civil contingencies apparatus which exists should have been brought to bear on this crisis. And instead what happened was a special adviser in Number 10 decided to try to make all the decisions out of his office.
Q. Mr Hancock, again you've overly focused, if I may say so, on the structure and the committee structure. My Lady would be much more assisted, I think, by understanding whether, if it had been a national security threat, not just would there have been changes in the application or the approach or the utilisation of the committee structure, but would there have been a material response in the way in which the government responded, practically, in terms of the measures, the actions, the steps it might thereafter then take?
A. Yes.
Q. Right, thank you.

The 100,000 test goal of April.
A. Yes.
Q. I don't wish to linger on this subject. It is
further.
A. Just one --
Q. We understand, Mr Hancock, the point you make, and you've made this point in your witness statement. We understand the point about the difference between national security and threats and risks.
A. One sentence? If I'd gone, in mid-January, to the Cabinet Secretary setting out a 50/50 chance of a terrorist threat that might kill half a million people, I think the Prime Minister would have chaired the COBR, not me, don't you?
Q. I don't answer the questions here, Mr Hancock, but there is obviously force in your observation. But can I ask you to move it forward: it may or may not be that the absence of a chairing of that first COBR by the Prime Minister made a difference. That's a matter for my Lady to determine. Can you go further and say that over the course of, perhaps, the following four weeks --
A. Yeah.
Q. -- there was a -- there would have been a material difference in the whole system response?
A. Yes, yes.
Q. Right.
A. So I didn't specifically mean the very first one. It was reasonable very early on, the responses were almost 182
self-evident that it was a very considerable and impressive feat to ramp up the testing -- so that we can understand what the debate is -- from 10,000 a day at the end of March to 100,000 a day at the end of April.

The Inquiry has, however, received -- or it has seen, there is evidence in the WhatsApps and the private communications, considerable criticism of you in relation to that feat.

I'd like to suggest to you, and you will have no doubt reflected upon this, that there doesn't appear to have been criticism of the result or the ambition which, as I say, appeared to be very impressive, but that there was a lack of co-ordination first, that appears to be one criticism, and, secondly, a worry that by focusing on the end date, at the end of April, and by pulling the system towards that focus, it may have taken necessary focus away from other areas for which testing was no less important. Do you understand the point?
A. I -- I've tried to understand this point. It doesn't have a logical basis, but it was made at the time.
Q. We presume you will reject it.
A. Yeah. Certainly will.
Q. Okay. Well, Mr Hancock --
A. So -- for this reason --
Q. -- it's a serious matter --
A. It is, very, very serious, because I know now that there were people actively working against me on it, in the centre, which is appalling.
Q. Just pause there. Is that because you say in your statement that Number 10 intervened in the ramping up of testing capacity, which made it harder to achieve the goal? That's your statement.
A. The -- what Simon Case described to me as the long screwdriver, which is relatively junior people in Number 10 trying to go into the testing programme at a level too -- you know, too far down, too low, and issue diktats, was deeply unhelpful over this period. But -- and proper lines of accountability would have been -- following proper lines of accountability would have been much more effective.

But that -- that wasn't quite what I meant. What I meant was the criticism that, instead of going for 100,000 tests there were other things tests could have been used for, is wrong and wrong in logic because we needed the tests -- of course we also needed to work out what we were going to use the tests for, and that was essentially a clinical decision, but what I needed to do from when I took over the responsibility for testing in the middle of -- on March 17, was drive the system, galvanise the system, as somebody put it, quite right, 185

I just ask you, and I'm doing this in order to be scrupulously fair to you, do you accept or reject the suggestion of creative counting?
A. I reject it. And on every different way you could possibly count these measures, we hit that target.
Q. All right.

Care homes. The detail of the adult care sector is for a later module, as I know you know, but a considerable amount of evidence has been given by-the-by in the context of this module about the centre of government's understanding of what the position was, firstly in relation to the discharge of patients from hospital to the care sector, and secondly, the extent of the testing that was available both for patients and also for staff in the care sector thereafter, at a later stage.
A. Yeah.
Q. And therefore I need to ask you briefly again what your reaction is.

The evidence has been given to this effect: that -and you've already referred to this -- the government's starting point is, of course, that local authorities manage and deal with risks in adult social care. That was evidence from Sir Chris Wormald. But it was also recognised, particularly in March, that the care sector 187
Q. Mr Hancock, I'm so sorry, in the interests of time, can 186
presented particular vulnerabilities and problems.
A. That was recognised in February when we saw that older people were the most vulnerable.
Q. Yes. I refer to March because you opened a coronavirus and social care meeting, a specific meeting on this issue on 6 March, and you referred to the higher risks attendant upon the sector.

On 17 March, the government announced -- well, NHS England issued a letter, as you'll well recall, requesting all parts of the NHS to free up maximum inpatient and critical care capacity, and the government issued its hospital discharge requirements on 19 March, and thereafter patients began to be moved, when they were medically able to do so, from hospitals to the care sector.

Can you please make absolutely plain whether or not those discharges to care homes from 18 March onwards were contingent in any way upon a negative test being available and applied?
A. In March they were not.
Q. Were any assurances given by you or others that testing would be in place for patients discharged from that date onwards?
A. The assurances that I gave were the -- were very precisely the policies that were in place at that time. 188
Q. It's not a trap. There were, as far as we can tell, no assurances given by anybody that anybody would be tested from 18 March prior to discharge. It's plain.
A. You know, I have been accused of various things over this. The --
Q. Will you bear with me? I'm going to come to the substance of the debate in a moment. But I wish you to acknowledge that the suggestion that from 18 March patients should have been tested but were not has no legs in it. There were no assurances --
A. No, we didn't have enough tests.
Q. Precisely. There is a DHSC document dated 2 April, INQ000233798, and it says on page 4:
"Negative tests ..."
You can see it's the sentence towards the bottom, Mr Hancock.
A. Yeah.
Q. "Negative tests are not required transfer to transfers/admissions into the care home."
A. That's right.
Q. But on page 5 there was guidance given that:
"Any [care home] resident presenting with symptoms ..."
A. Yeah.
Q. "... of COVID-19 should be promptly isolated ... and 189
have --
Q. Do.
A. -- the opportunity to set it out a little bit.

The -- it is certainly true that, especially in a pandemic, if you make a policy decision at the centre then it takes time and it is sometimes uneven in how that is promulgated. That's true across all policy, especially when done at pace.

Nevertheless, even having said that, the testing policies were -- that we put in place for adult social care were essentially based on clinical advice of what tests would be reliable and effective, combined with the operational advice of how many tests were available.

So, for instance, there was a discussion on 14 April when clinical advice for the first time said: yes, you can test asymptomatic people and a negative test will be reliable; really important, apropos our earlier discussion.

But then we combined that with the operational advice as to how many tests were available, by that stage around 35,000 . And you can see, for instance in INQ000292608, that then the clinical advisers, in this case the CMO, came back and then signed off on and issued new advice as to what the policy should be for testing.
separated in a single room with a separate bathroom ..."
If, of course -- as we can see from the heading -they were already residents.
A. Yes.
Q. Right, so that's very clear.

Subsequently -- and I don't want to go through the detail of them -- there were announcements about testing of symptomatic care home staff.
A. Yes.
Q. 15 April, there was an action plan for adult social care. There was an announcement on 28 April for asymptomatic staff and resident care homes for over-65s. Another announcement on 7 June, all about testing.
A. Yes.
Q. Was the core point this: that whilst the government could announce a policy of testing, because, for the very reason you've identified, there was a shortage of testing, it could give no guarantees as to whether testing in reality would meet that aspiration? Outwith your control, there may and were occasions -- or maybe many occasions -- when testing was not available due to the exigencies of the system, but that's nothing to do with the policy announced by government.

Is that a fair summary?
A. It's a little bit more complex than that, and if I might 190

So the testing rules, who got the tests, what the policy was, what order of priority we used tests in, was based on clinical advice throughout.
Q. All right. That is understood, and nobody has suggested otherwise. The point I'm making is a different one, which is the DHSC, your clinical advisers, whoever it was who promulgated the policies, could not day in, day out, practically at residential care sector level --
A. Yeah.
Q. -- guarantee everybody a test or practically make them available. This was an extremely complex, difficult system, and you could not ensure or guarantee that there would be tests available for everyone in accordance with the policy
A. So --
Q. It was impossible.
A. Yes. However, what I'm saying is when we were devising the policy, we tried to take that into account as much as possible --
Q. Sure.
A. -- but you can't take it into account entirely.
Q. Of course. I mean that's, if I may say so, an obvious point.
A. Yes.
Q. So in the WhatsApp group to which you were 192
a contributor, the group I've mentioned earlier,
CSA-CMO-Matt-PM-Dom --
A. Yeah.
Q. -- you will recall, Mr Hancock, that in May Mr Cummings says:
"I don't understand why we are still not testing more ... care home staff including asymptomatic."
A. Yeah
Q. And Sir Patrick Vallance says:
"The testing is fully owned in DHSC. If we don't get on top of the ... spread then we risk the rest."

And you say:
"We have been doing this for the past week."
That's dated 3 May, and that must be a reference back to probably the 28 April policy, or perhaps one of the earlier policies.

Mr Cummings, as you know, sends round a message saying "We're negligently killing the most vulnerable and I'm extremely worried".

Trying to be as neutral as you can, in terms --
A. Yeah.
Q. -- of your dealings with Mr Cummings, was this
explosive -- the communications are very explosive --
this explosive row as to what was being done
a reflection of that difficulty, that policy may not 193
horrible virus affects older people most. So right from the start, we've tried to throw a protective ring around our care homes."

And you say "we've tried". You denied, on a show on 6 June, using the words "right from the start". And in another place, in Parliament -- and I breach no Parliamentary privilege rule by stating as a matter of fact, because I'm not addressing the merits of what was said in Parliament -- you said, "We absolutely did throw a protective ring around social care".

So that's the context.
Going back to the press conference, you said, "Right
from the start, [it's been clear] we've tried to throw a protective ring". Do you acknowledge that the phrase "trying to throw a protective ring" and the reference to "right from the start" was open to interpretation? People would take from those words what they wished, and there was certainly an argument for saying that that was giving the clear impression that there was an impermeable barrier, whether in terms of finance, fiscal support, testing or discharge, staff, residential movements within the care sector?
A. I entirely understand why people feel strongly about this, and what I -- when I first said that, I then went on to explain what I meant, that we'd put over 195
reflect the reality of what tests were actually in place up and down the land in the care sector?
A. It was a reflection, in my opinion, of two things. The first is that, that you can ... you can find examples on the ground where the policy set in Whitehall doesn't match entirely, but it's also a reflection of the fact that unfortunately the Prime Minister's chief adviser didn't always try to ascertain the facts before making comments. He did this over the testing target towards the end of March, which we hit, when he provided misinformation to the Prime Minister, and --
Q. Mr Hancock, l've given you ample opportunity to comment on the allegations that Mr Cummings has made about you --
A. The point is they're false, so you can't actually take anything that he wrote in that as true, because in that case it didn't accord with the facts, and I just gave another example, and therefore it's quite difficult to answer in a substantive way about the planning of future pandemics when the comments that I was receiving were not based on the truth.
Q. All right.

Protective ring. On 15 May you said at
a Downing Street press conference:
"Right from the start it's been clear that this 194
$£ 3$ billion into the care sector in April -- in March and April, that we'd released PPE, free PPE, that we'd put in place infection control guidance based on the scientific advice, et cetera. And in fact in that press conference I went on to list the different things that we were doing, and in fact as part of the plan we were launching that day we made another $£ 600$ million available for infection control purposes. And so I was trying to simply summarise that we had taken action, and I set out the action.
Q. That is understood. I cannot improve on the glorious words of Professor Sir Jonathan Van-Tam, who says in his statement:
"My view ... is ... a ring is a circle without a break in it."

Whatever -- however you describe the protective processes you put in place around the care sector, they did not form an unbroken circle, did they?
A. It is quite clear from the evidence that Professor Van-Tam is right.
Q. Yes. Thank you.

On 13 May, so around the same time -- could we have INQ000102709, and it's the 13 May entry at 12.47, and it may be page 219, but I'll be corrected if I'm wrong. 13 May, 12.47. Yes, there we are, thank you very much. 196

There's a reference to Jamie Njoku-Goodwin.
A. Yes.
Q. Is he one of your advisers, or is he --
A. Yes, he was my media adviser at the time. He is now a director of strategy in Number 10.
Q. "Matt, we might have some issues with you telling the PM we 'locked down' care homes before the rest of the country."

So this is your adviser telling you that there may be a need to correct, either directly or indirectly, an impression seemingly given by you in your communications with the Prime Minister; and the rest of the page and the next two pages deal with your debate about whether there was a justification for using those words and how it might be justified retrospectively.

What was that debate about? In what way did the Prime Minister believe that -- or your aide believe that by saying "we locked down the care homes" you might not have been entirely accurate?
Well, it depends on how you define "locked down", and --
Q. If you just tell us the debate. In what way do you say you didn't say anything misleading, and in what way was it being suggested against you that you had?
A. Well, it depends on whether you define the actions that were taken in the publication on 13 March, that 197
A. I think that's what Jamie was trying to tell me.
Q. All right, thank you.

Another hugely -- well, it became a very divisive
issue, again, was the moving of personnel between
care homes.
A. Yes.
Q. Your statement makes plain --
A. Yeah.
Q. -- that you became aware of initial evidence --
A. Yes.
Q. -- showing that the movement of staff between care homes was the main source of transmission.
A. Yeah.
Q. I pause there simply to say I don't intend to ask you any questions and I would be grateful if you don't answer or try to give an answer --
A. Yeah.
Q. -- about the degree to which the discharge of patients
from hospital contributed to infections in the care homes --
A. Yeah.
Q. -- as opposed to the movement of staff.
A. Yeah.
Q. That's for another time.

But you became aware of evidence saying that the 199
guidance, as lockdown or not, and unless we -- I'm happy to go into the detail.
Q. So it was in the context of the 13 March measures; is that the answer?
A. Yes, because the critique being put at the time was that we took action to protect people in care homes later than locking down the rest of the country, and that was not true, because we took action on 13 March with respect to care homes.

Whether that action was strong enough or not to call it lockdown -- for instance it included visitor restrictions, I think -- is, that's the point of debate. I think the answer is --
Q. In fact Mr Njoku-Goodwin sets out, at the bottom of the page, in his WhatsApp what the measures were from 13 March. Those are the 13 March measures, aren't they?
"To minimise the risk of transmission, care home providers are advised to review their visiting policy, by asking no one to visit who has suspected Covid-19 or is generally unwell, and by emphasising good hand hygiene for visitors. Contractors ... should be kept to a minimum. The review should consider the wellbeing of residents ..."

In no universe, Mr Hancock, could those measures possibly be described as locking down the care homes? 198
movement of staff was the main source of transmission.
A. Yes.
Q. Sir Patrick Vallance has, through his evening notes, said that, or suggested that he had been telling you for some time before that date, before 11 May, that the movement of persons between care homes was a significant issue and he says: we raised it in February. And he'd been told by you that the movement of care homes wasn't going to be stopped because it was "essential for that sector".

Would you just briefly say whether or not you accept the suggestion that Sir Patrick Vallance had been trying to raise the issue with you before but had made no progress, or do you deny that suggestion that you were late to this particular issue and only moved belatedly?
A. The challenge here is that there was a balance between two very difficult problems, and many problems during the pandemic, many decisions were about balancing two unpalatable outcomes.

Early in the pandemic we were acutely aware of care homes in other countries where -- in particular there was an example in Spain that was very vivid in my memory -- where there hadn't been enough staff. In that case there were no staff, and the residents had died.

Sadly in care homes people are both most vulnerable 200

| to the virus and most in need of human interaction for | 1 |
| :--- | :--- |
| their wellbeing and ultimately to live day to day. | 2 |
| So we were very, very worried about not having | 3 |
| enough staff to keep people alive, at the same time as | 4 |
| being very worried about the transmission of the virus. | 5 |
| Now, of course, it comes down to the assumption you made | 6 |
| about asymptomatic -- you make about asymptomatic | 7 |
| transmission, and it comes down to the balance between | 8 |
| these two awful considerations. | 9 |
| By April, when the -- when there was more -- when we | 10 |
| had more time, and the care sector had had time to get | 11 |
| its -- to deal with the logistical problems of | 12 |
| restricting staff movement, we then took action, which | 13 |
| I think we announced in the middle of May. | 14 |
| So I would -- my explanation for why Patrick might | 15 |
| feel that way is that there is a scientific argument on | 16 |
| the one hand and there is an operational argument on the | 17 |
| other, and some of his greatest frustrations were when | 18 |
| the scientific requirement and the operational | 19 |
| constraints were in conflict with each other, as they | 20 |
| were in this case. | 21 |
| Q. Forgive me. The very difficult conundrum faced by | 22 |
| government is obvious. I wasn't asking you about that. | 23 |
| I was asking you whether there is any truth to the | 24 |
| suggestion that Sir Patrick Vallance had asked you and | 25 | 201

Q. -- politically, notwithstanding a common clinical position.
A. Yes.
Q. So taking a presentational political angle on matters which were understood to be common ground clinically.
A. Yes.
Q. To what is that a reference?
A. Well, we worked very well together at health minister-Health Secretary level, and there is evidence of that in the WhatsApps, and we -- and I know that at CMO level they worked very well together, and Chris Whitty has testified to that.

The challenge was that when decisions went up from our level to First Minister and Prime Ministerial level, there would sometimes be an agreement on what to do but someone would go ahead and announce it beforehand, causing confusion, or a choice to do something which was substantively the same but presentationally different or marginally different, which I thought in some cases was for the sake of presentation.

My starting point was the scientific point which is that we live on an island or a set of islands and the virus does not recognise administrative boundaries, even ones that are centuries old like the Scottish and Welsh borders, and it is necessary to take decisions across 203
had told you that the issue of moving people between care homes was important and that you had rejected that as an issue -- he says "I got told off" -- and that you only belatedly appreciated that there was a very real problem. Is that true or not?
A. That is not correct. It's not a fair reflection of my -- my position. Firstly, I wouldn't deign to tell off Patrick Vallance, who is a very eminent scientist and businessman. Also, my challenge at the time as Secretary of State, indeed our challenge both as a department and with the care sector, who we discussed these matters with, was this balance between the need, the absolute need to have staff and the imperative to reduce transmission which was carried by staff, and these two difficult considerations were in conflict. It is not reasonable to just take one side of that argument, you have to take both into account.
Q. Moving on, a couple of discrete issues, please.

In your witness statement at paragraph 393 you refer to, in the context of the devolved administrations, difficulties encountered by the United Kingdom Government associated with the Scottish Government taking -- l'll summarise it in this way -- different positions presentationally or --
A. Yes.

202
the whole island that are consistent, and there was also obviously a communications challenge with the public.

So it was -- I found it unfortunate that sometimes, not all the time by any stretch, but sometimes when decisions went up, in particular in Scotland, the -- and in particular at First Minister level, there would then be a -- there would then be a political angle or presentational angle put on a decision based on the same science. It was frustrating.
Q. Moving now to the summer of 2020 , and without going into the detail of the plan to rebuild or the exit from the first national lockdown, it's plain, Mr Hancock, that there was a vigorous debate about the speed at which the country should come out of the measures, and a debate about the speed at which the particular phases of the roadmap should be proceeded through.
A. Yeah.
Q. Your statement suggests that you had significant concerns about whether or not step 3 of the roadmap went too far, because it was obvious that cases were rising again, and you also questioned the tone and ambition of government publications, in particular one of the chapters of the plan to rebuild --
A. Can you remind me of the date of step 3?
Q. It's phase $3 \ldots$... I don't think I can assist on the 204
particular date of that phase. It matters not, because it's --
A. Okay.
Q. -- obvious it was in May that the --
A. Cases only -- cases started rising mid-July, that's when I really started worrying.
Q. Yes, but your statement says, "Step 3 went too far as cases began rising again".
A. I see, yes.
Q. You also --
A. Subsequently, yes.
Q. -- in July later expressed concern to the Prime Minister about the speed of release.
A. Yes.
Q. I don't want to trouble you with the detail, but in this general debate about --
A. Yes.
Q. -- caution against speed of release --
A. Yes.
Q. -- you were for caution?
A. Yes.
Q. To what extent were your concerns heard and reflected in the government's position thereafter?
A. Well, they were heard and they were reflected, I guess, inasmuch as it might have been more -- there might have 205
step 3 of the roadmap went too far, which tends to suggest that your concerns were not reflected in the outcome of that roadmap because step 3 had been promulgated, you thought they went too far, but it couldn't be reversed?
A. Well, certainly not -- not fully reflected but, you know, as throughout the autumn, the Prime Minister balanced economic and health considerations, and I made the health argument as well as I could and, you know, this -- so this was an early precursor to the much more involved debates over September and October.
Q. Do you recall ONS data being released on 29 July?
A. Yes, I remember that we -- the number of cases bottomed out on 13 July and I remember the ONS, which came out a little bit later but was more robust, the ONS survey would come out shortly after that.
Q. The ONS data of that date showed, according to your statement -- and it is of course right -- that cases had risen, to use your word, dramatically.
A. Yes. From a very low base, but yes.
Q. Did you know in advance of the Eat Out to Help Out scheme?
A. No, that was announced on the -- not ahead of its announcement on 8 July.
Q. No.
been more opening had I not made these arguments.
My entire strategy at this point was to try to keep R below 1, I thought that it was -- I was completely alongside Chris Whitty during this period on this strategy, which was: summer is the best time to release, if R goes a bit above 1 over the summer, not the end of the world so long as cases are very low, but then we'll have to take action in the early autumn to get it down again, but the critical thing is to keep it under control; and in this period I articulated that -- what I regarded as the government's strategy, which was we suppress the virus until a vaccine can make us safe.

Now, after articulating that a few times, I then got asked by Number 10 not to say it because we didn't know we'd get a vaccine, but I was confident by this point that we would get one, and anyway I couldn't see any other way through this without far too many deaths.
Q. When were you asked by Number 10 not to say it?
A. I can't remember, it was in a press conference. We would be able to -- we should be able to find the paperwork if we dig further for it. It was --
Q. Just assist us, roughly.
A. It will have been in a press conference in July or August.
Q. Your statement says in terms that you believe that 206
A. In fact, cases were still falling at that point.
Q. Did you raise your concern when the scheme was announced? And of course it was announced in advance of the beginning of August and meant to take effect on --
A. 3 August, I think.
Q. -- Tuesdays, Wednesdays, Thursdays for those four weeks of August.
A. I didn't know about the Eat Out to Help Out scheme until the Cabinet meeting on the morning of its announcement, and it was one of a package of loosenings, we were doing a number of things to bring back a bit of freedom over the summer.
Q. As the Secretary of State for Health, had you been told and had you been asked for your view, what would you have said?
A. I don't know.
Q. Well, Mr Hancock, you've told the Inquiry that there is, in this debate between caution and allowing release, and it's a difficult debate, a public health view --
A. Yeah.
Q. -- which you, as the Secretary of State, are plainly on the side of caution --
A. Yes.
Q. -- because that's your job.
A. What mattered really in the opening then was that there 208
wasn't overall too much, and in the end there was overall too much. Which individual items you -- of opening you did or didn't do is second order compared to the overall amount of openings. I was at the same time campaigning to -- internally -- to get funding so that those who tested positive would isolate, which we eventually got put in place in September, and I thought that was the most important use of money.
Q. Did you express serious reservations about the scheme, once you became aware of it, given your well known position as Secretary of State for Health on the balance between release and positive promotion of eating out, and caution?
A. Once it was announced it was a done deal that it was government policy, I expressed caution and argued very strongly against its extension at the end of August, and I don't think its extension was ever seriously in prospect.
Q. So you did argue very strongly against it, did you?
A. I argued that it shouldn't be extended.
Q. It was a serious issue, though, was it not, in terms of the possible -- and I'm not going to go into the debate about what the impact actually was in terms of prevalence -- but in terms of at least the perception in intervention areas it was a serious problem? 209
effect, with hindsight, you can go through and you can look at, you know, ten measures and say we in the end could have afforded seven of these, and whether Eat Out to Help Out is on that list or not is a moot point.

That was the attitude that I took. I wanted to keep R below 1.
Q. INQ000129458 is a WhatsApp from you to Simon Case:
"Just want to let you know directly that we have had lots of feedback that Eat [Out] to help out is causing problems in our intervention areas. I've kept it out of the news but it's serious."

This is you, Mr Hancock.
A. Yes.
Q. "Have you told Rishi?"

Then Mr Case says again:
"I don't think he can afford to extend it!"
Then you:
"Yes we've told treasury -- we've been protecting
them in the comms \& thankfully it hasn't bubble[d] up."
A. Yes.
Q. So the position you took was indeed that it was serious, that's your word?
A. Yes.
Q. That you had told the Treasury?
A. Yes.
A. In intervention areas it was unhelpful that the state should be subsidising people to go out at the same time as asking people to be more cautious.
Q. It was serious?
A. Well, what I'd say is that I think there has been undue focus on this one item, and where the then Chancellor is absolutely right in his statement is he argues that this was not the sole cause of the second wave, and what matters is the --
Q. Mr Hancock, l've deliberately not asked you --

LADY HALLETT: Let Mr Hancock finish.
A. What matters was the overall -- what Chris Whitty at the time called the R budget, the overall set of measures. My goal was to keep $R$ below 1. If keeping $R$ below 1 with a tighter set of measures elsewhere but with this scheme in place, if that could have kept R below 1 I would have been happy with it. And if -- within the debate and negotiation, if it was easier to get -- keep the Chancellor in a good place on other measures that were necessary in order to keep R below 1 as a whole, then tactically that would be something that l'd be happy with.

What matters here is the overall budget and keeping $R$ below 1. In the end that loosening was too much. Eat Out to Help Out was just one of many measures and in 210
Q. But whilst you did so, you protected the Treasury in the news, you concealed your concerns about the seriousness of the impact of this scheme, and you expressed thanks, gratitude, it hadn't come to light?
A. That's because I abide by collective responsibility, and I was being encouraged by various journalists who would presume that I was against it to criticise the then Chancellor, but I believe that government is team effort and so I didn't want that to become a row in public.

I mean, there's -- you can see during the whole pandemic the corrosive effect of leaks, and I was -I was not part of that, and I don't appreciate -- and I don't appreciate government by leak, and hence I abided by collective responsibility on and off the record. That's what I am saying there.
Q. As we are all aware, in the autumn rates continued to go up, prevalence went up, there was a rule of six introduced. In the context of this debate between relaxation, protecting the economy, and caution and keeping $R$ below 1, did the Prime Minister take a consistent approach to one or the other sides of that argument?
A. I think it's fair to say that the Prime Minister felt strongly the arguments for the protection of health and the arguments for liberty and the protection of the
economy. My particular beef was that I didn't think there was a trade-off at all, and there wasn't -- it wasn't an either/or, you couldn't choose between either, and my intense frustration was that economists at the Treasury and elsewhere couldn't see that although you could protect the economy by not locking down this week or next week, the consequence, the second round consequence of that would be a firmer, more economically damaging lockdown in the future. And, you know, as a trained economist and knowing some of them, you know, the second round impact of a decision is what economics is all about, and they -- I couldn't get them to see, it was deeply frustrating, that it was against the economic interest as well as against the health interest to avoid the action that was necessary. The Prime Minister saw it as both and he felt very keenly the instincts on both sides.
Q. In your book, for 26 August -- it purports to be a diary entry but we now know that these are not diary entries --
A. Not "now know", I was clear when I published it.
Q. "For all our best efforts to avoid chaotic lurching, the Prime Minister has veered off."

Do you recall writing that in your book?
A. I do, and I remember that period. 213
faced with a scenario similar to that faced at the end of February. That's what you suggest in your statement.
A. Yeah. Actually case rates were higher than at the end of February.
Q. Yes. Well, that is your assessment, you say similar to that faced at the end of February.

What in general terms, as the Secretary of State, was your position in September? Were you arguing for, at that early stage, circuit breaker -- which is a short lockdown, if you like, I suppose -- or a longer national lockdown, or were you calling for the better implementation of local restrictions, or perhaps beefed up rules of six or whatever?
A. Well, I was --
Q. What was your position?
A. My position was to argue first and foremost for tougher local lockdowns and the tiers system with a stronger top tier, and I first put that forward at the end of August to my own team, we worked it up and took it to a Covid-O in the middle of September, and it was very frustrating that it took me a month to get that policy in place. Even more frustrating was that the top tier was not enough to get $R$ below 1 and therefore not effective for the task. That was deeply frustrating.

The second thing was where national measures like 215
Q. So the answer to the question I put, which is "Did the Prime Minister take a consistent line?", is not that he was conscious of the debate both sides, but that you used your efforts as well as the efforts of others to avoid chaotic lurching on his part, and the clear impression you give in your own book, Mr Hancock, is that yet again he had veered off.
LADY HALLETT: What period are we talking about? MR KEITH: 26 August.
A. So August, late August was frustrating because in July the Prime Minister had been extremely concerned that there was a second wave, and it's reflected in the various communications, and then came back from holiday and was much more concerned with not locking down, and I found that a problem.
Q. Mr Hancock, they're your words, "chaotic lurching". That's not entirely similar to suggesting that he was reasonably and sensibly taking a different view in light of new information or scientific advice, is it?
A. There's a -- there are different degrees of diplomacy with which you can answer, give an answer to the same question.
Q. In September, as you've indicated and as your statement makes plain, the data shows that infection rates were going up and, in a very broad sense, the country was 214
the rule of six were proposed, I was an enthusiastic supporter of them.
Q. And the Inquiry asks of course, and without going into the detail, because SPI-M-O --
A. Yeah.
Q. -- on 16 September mooted a planned circuit breaker around October --
A. Sorry, I didn't answer on circuit breaker, yeah.
Q. Exactly, on the second October half term; and on 17 September SAGE recommends a circuit breaker.
A. Yeah.
Q. And then you'll recall that the Covid Taskforce on 19 September -- I'm sure you'll recall this -- put forward to the Prime Minister a number of different measures: package $A$, package $B$, package $C$ and a circuit breaker.
A. Yeah.
Q. Where were you, between 17 and 20 September, on the circuit breaker proposition?
A. I was in favour of tougher measures that could get $R$ below 1 , especially in the areas where intervention was most needed because cases were highest. I was -- I was not convinced by the circuit breaker proposal on two grounds.

The first is it's effectively just a short lockdown,
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and if you put it in for two weeks, I could see why in theory, if for two weeks no human would come into contact with any other human, then the case numbers would drop dramatically; but in the real world that isn't how life works. For instance in hospitals, in care homes, people have to interact.

And secondly, the political impact of repeat circuit breakers would have been to lose the confidence of those who we needed to have on board to make it happen, and I thought we would -- I thought that therefore a circuit breaker was not the best approach because basically rates would just shoot up afterwards. That is what happened when they tried one in Wales.

I was more strongly in favour -- the thing I wanted to see was action to keep $R$ below 1, and the way that I thought that was best organised was a degree of national action and then the tiers system making sure you could get the thing -- the pandemic under control where it was most virulent.

That was my view at the time. I can go through with hindsight what I now think of it.
Q. Well, before you look at the hindsight angle, you say in your statement:
"There were no excuses second time round" --
A. Yeah.

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Q. Mr Hancock, SAGE recommended a circuit breaker on 17 September --
A. If I can finish my sentence. Because I discussed it with the Chief Medical Officer at the time, and his view was subtly different to SAGE's, he thought we needed to put in the restrictions necessary to get $R$ below 1 in a way that would hold consistently through the winter, and I thought that was a better proposition.

Now, with hindsight, should I have teamed up with the formal SAGE conclusions, et cetera? Well, it would have been better to have something rather than nothing, but my concern with a circuit breaker, even with hindsight, is that coming in and out and in and out of lockdown is not sustainable, it is not fair on the public, and it would have lost support amongst legislators, and I don't think it would have worked.

With hindsight, the tiers system didn't work because where we did put -- it didn't work firstly because I wasn't allowed to have a top tier that was strong enough, but even if we had people just moved, you know. I came up -- we came up with the tiers system to make sure that people in areas of low prevalence didn't get the full whack of lockdown measures, and it is un -you know, because I cared about places like Herefordshire and Cornwall that hardly had any cases, 219
Q. -- that is to say in relation to the second lockdown.
A. Yeah.
Q. "Case numbers rose from mid-July 2020" --
A. Yeah.
Q. -- "and it was clear ..."

So this isn't hindsight, this is reality.
A. Yeah.
Q. "... and it was clear that a second wave was coming from late August."
A. Indeed, I said so on the record.
Q. "I began to call for measures to suppress" --
A. Yes.
Q. Not mitigate, but suppress:
"... the virus in early September."
A. Yes.
Q. "The only possible strategy was to suppress the virus" --
A. Until a vaccine came good.
Q. "I regret I was unable to win that argument".
A. Yes.
Q. Why did you not lend your support to the scientific advice, which was to the effect that a circuit breaker in September was required?
A. Well, that wasn't the unanimous scientific advice, because --

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and it seemed unfair that they should be locked down because other places had higher prevalence. But the truth is people travelled and the spread came out, and Patrick Vallance was right about his critique of tiers in his evidence. So I would not recommend tiers for the future --
Q. Can I interrupt to say we're going to deal with tiers in the morning.
A. Okay.
Q. On this issue of why you didn't endorse, as the Secretary of State for Health, the person whom, by your own words, was bound to take the public health position --
A. Because it wouldn't have worked in practice, and when it was tried in Wales it didn't work. What we needed was a consistent lockdown for the winter that would've --
Q. You --
A. -- kept R below 1 .
Q. On 17 September you couldn't have known that the lockdown in Wales wouldn't have worked, it hadn't been put into place; and weren't you meant to be following the science?
A. No, I was meant to be guided by the science. That was my whole approach, guided by the science, but if I thought -- as I thought on this -- that it wouldn't 220
work, then I would take another decision. And anyway, ..... 1
in discussions with the Chief Medical Officer, who was ..... 2
my principal clinical adviser, the -- we both -- we ..... 3
thought, or at least he thought it was reasonably ..... 4
arguable that a single consistent policy to keep R below ..... 5
1 would have been better. I just don't think in-out, ..... 6
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MR KEITH: My Lady, is that a convenient moment? ..... 8
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MR KEITH: Please. ..... 11
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I'm sorry we can't finish you today, but I think you ..... 13
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