Friday, 1 December 2023

(10.00 am)

MR MATT HANCOCK (continued)

Questions from LEAD COUNSEL TO THE INQUIRY (continued)

LADY HALLETT: Mr Keith.

MR KEITH: Thank you, my Lady.

Mr Hancock, you told the Inquiry yesterday how in September of 2020 you were urging for more measures, more stringent measures, trying to move the process on, for greater intervention.

I would just like to show you some, and they're only a very small sample of the messages that you sent, demonstrating that indeed throughout September and October you were urging the process forward.

INQ000048399 is a WhatsApp group. On page 35, on 17 September -- thank you -- at 5.25:

"To avoid national lockdown we need to act fast in parts of the country where it's going in the wrong direction."

Then further down the page, at 2.00.46, 46 seconds past 2:

"We have just held a very alarming JBC Gold.

"Sharp rises in the North East & Merseyside ...

"We need to get tiering sorted and tougher local action in place pronto."

The reference to tiering there, Mr Hancock, may we presume that's a reference to what you said yesterday about how the tiering proposal was first debated in September; you're endeavouring there or you're making quite plain that the system needs to be sorted for tiering?

A. Yes.

Q. Page 38, and this is 8 October, 8.47, at the top of the page, Matt Hancock:

"We need to be making the argument in every forum:

"- there is a problem

"- we want to avoid full lockdown

"- our call to action."

On 9 October in a communication with Simon Case, INQ000129514, you are the owner of the cellphone although your name is not there, Mr Hancock.

A. Agree.

Q. "Just seen the latest proposal. It is a white flag.

We can't just give up in fighting the virus. We have to stop it regionally now or we will be in full national lockdown in a fortnight."

Could you just help us, it's not entirely clear from the chronology what the latest proposal was that you were referring to there, which you described as a white flag. Can you recall?

A. I can't particularly recall. There were a series of weak proposals over that time. In September we introduced the rule of six. There was a debate about whether it should be a rule of eight or rule of six. I'm glad that we introduced it as rule of six but it didn't go far enough.

The tiers proposal, despite -- I -- my -- first suggested it in early September, it was agreed at Covid-O on 17 or 18 September for implementation on 2 October, and it still wasn't in place by this point. The top tier within the tiering system wasn't strong enough. And my argument was that we needed to act now both because there's no trade-off between the health and economics, as we talked about yesterday, but also if we don't lock down there will be more deaths and we will have to have a tougher lockdown in the future.

So on reflection, and with hindsight, I think that if we'd taken action sooner in September of 2020 then we might, for instance, have avoided the need to close schools, which in the end we had to, because cases were so high by January.

Q. So that's --

A. That's one of the examples --

Q. -- a nod forward to the third lockdown, of course?

A. Correct.

Q. So when you say the later lockdown, you mean the third one --

A. Correct --

Q. -- because that's when schools were shut again?

A. -- because in the November lockdown we didn't shut schools, and other than for the emergence of the Kent variant it did get R below 1, so it shows, this -- the argument I was making then, sadly, turned out to be accurate, which is if you don't lock down early then you have a tougher lockdown, with more economic damage, as well as, of course, the more -- the greater number of deaths and more damage to the health of the nation. And this is why I'm so emphatic about that being an important learning for the future.

Q. Yes.

Mindful of what you said yesterday, however, about the circuit breaker proposal in September --

A. Yes.

Q. -- what you were calling for in September and October was a tougher local system, a proper and well regulated or a more stringent tier system --

A. Yes.

Q. -- because that was what you assessed was the best way of avoiding the national lockdown, but you weren't calling for the circuit breaker specifically in

1 September, for the reasons you gave yesterday?
2 A. Yes, although I was also supportive of national measures
3 to keep R down overall, and had we gone for a set of
4 measures overall that would have kept R below 1 I would
5 have supported that. My goal was to get R below 1.
6 I didn't think the circuit breaker proposal would work
7 in practice, but I could see the science behind it --
8 Q. I'm so sorry to interrupt, because it was too short?
9 A. Because it was too short and the cases would just shoot
10 up again afterwards, and it would risk losing public and
11 Parliamentary support.
12 And I also, by this stage -- there's a reference on
13 8 October to "others are campaigning against us" -- by
14 this stage those arguing against lockdown in Parliament
15 were formulating a group, they were co-ordinated, they
16 were campaigning, and this became more of a problem
17 later on. And so we needed to keep Parliamentary
18 consent and public support, and that was one of the
19 reasons that I thought in practice the circuit breaker
20 proposal wouldn't -- wasn't the best way forward.
21 You know, with hindsight, would it have been better
22 if I'd sat down with the scientists and said, "Okay,
23 here are my sort of practical reasons I don't think your
24 thing will work, you don't -- you haven't come in behind
25 my tiers proposal, but all of us care about getting R

1 below 1, what should we, together, propose?" But that
2 isn't how it progressed. But I was arguing, as you can
3 see, very strongly for action that was necessary to save
4 lives.
5 Q. You were. And as you explained yesterday, at the same
6 time there was built into the system, perhaps
7 a necessary part of any system for a national imposition
8 of countermeasures, that delay between the second or
9 third week in September when the tier proposal was first
10 mooted and 12 October when it was announced. It took
11 time in any event to get to that stage?
12 A. Well, it did, but it didn't need to take nearly so long.
13 Q. No.
14 In your witness statement, you say this:
15 "I was in despair that we had announced a policy
16 that we knew would not work."
17 A. Yes.
18 Q. That's the tier framework?
19 A. Yes.
20 Q. Can you just acknowledge, and I'm just going to
21 paraphrase what you say elsewhere in your statement
22 about why the tier system didn't work --
23 A. Yeah.
24 Q. -- you've just mentioned that the Tier 3 level --
25 A. Yes.

1 Q. -- in the tier system wasn't strong enough?
2 A. Yes.
3 Q. And you had in fact been blocked when you had tried to
4 suggest a more stringent level.
5 A. Correct.
6 Q. Secondly, epidemiologically, a system based on shifting
7 tiers was always going to level up.
8 And thirdly, you describe how the way in which there
9 was a local negotiation with the regions which were
10 placed into particular tiers, higher tiers --
11 A. Yes.
12 Q. -- meant that there was a degree of negotiation, delay,
13 confusion with what packages might be introduced and
14 then --
15 A. Yes.
16 Q. -- confusion for the public?
17 A. Yes. And sadly this is how it -- how it played out.
18 So the -- when the announcement was made, the
19 proposal was that under Tier 3 there would be a baseline
20 of national measures and then further measures would be
21 agreed with local leadership. And when I say that
22 I knew wouldn't work, it was because local leadership
23 had up to that point largely demonstrated that they were
24 under significant political pressure not to accept
25 measures.

1 Now, there were exceptions to this. For instance,
2 the Mayor of Liverpool, Joe Anderson, not the mayor of
3 the Liverpool City Region, who I know has been
4 a witness, Joe Anderson -- unfortunately no longer with
5 us -- he was incredibly supportive and we ended up in
6 Liverpool having a package of measures that was
7 effective, after a very constructive negotiation and
8 discussion and in a spirit of collaboration, despite
9 everything -- I mean, he was a Labour mayor, the parties
10 really didn't matter at this point.
11 Q. Right.
12 A. But others were un -- not constructive, and in some
13 cases actively unhelpful and put -- I felt put politics
14 ahead of public health.
15 Q. And I don't want to go into the detail of it, but it's
16 right that we acknowledge that -- is that what the entry
17 in Sir Patrick Vallance's diary is to -- there's
18 a reference to Manchester and the very difficult
19 negotiations that went on in relation to Manchester?
20 A. Yes, I would say that the diary entry might be better
21 written as "political leadership in Liverpool and
22 political leadership in Manchester".
23 Q. Right.
24 A. I've got no beef with the fine city of Manchester.
25 Q. Your statement makes plain that, as the end of October

1 approached, you weren't winning the argument for
2 a national lockdown, you therefore took the step of
3 asking health leaders to make the case for a second
4 national lockdown?
5 **A.** Yes.
6 **Q.** It's self-evident, was that necessary --
7 **A.** Yeah.
8 **Q.** -- because you felt you were losing the argument?
9 **A.** I felt like there was -- we were in a -- in a campaign
10 to win the argument and others were using -- whereas up
11 to this point I'd essentially argued internally, at that
12 point I decided that those who were against action,
13 which I saw as extremely dangerous, were using public
14 debate and trying to win the debate in the discourse,
15 and I therefore got the -- I corralled the voices that
16 I knew would support the -- what was needed in the
17 public health interest.
18 So I spoke to the royal colleges, I spoke to
19 different parts of the health system, and I said -- to
20 a system which is normally very -- it's actually
21 remarkably hierarchical, the health system, and I said,
22 "Get out there and make the case, get out there and
23 explain what will happen if we don't take action now".
24 And boy, they did. And -- and -- because everybody
25 in -- everybody -- I don't know a single voice in the

1 health and social care system who wasn't in favour of
2 more action at that point. Because we could see what
3 was going to happen.
4 **Q.** INQ000129555 is a WhatsApp communication between
5 yourself and Simon Case, and you say in terms, and this
6 is 30 October, Mr Hancock, so obviously there is
7 enormous debate and very difficult debate in government
8 as to whether or not the second national lockdown should
9 be imposed. I think it may be the second page.
10 **A.** I think we'd decided by 30 October.
11 **Q.** Well, the reason I'm asking you is you say:
12 "Rishi is in the room -- contrary to the stupid
13 rules -- so the PM will be under enormous pressure to
14 not do enough once again."
15 So given that that's 30 October, my question in fact
16 is: was that a reference by you, when you say "to not do
17 enough ... again", one again the decision to make the
18 lockdown?
19 **A.** Well, the "stupid rules" is that --
20 **Q.** No, no, don't worry about the stupid rules.
21 **A.** Okay, but I was not allowed physically present into this
22 meeting and --
23 **Q.** No, "not do enough ... again", that can only be
24 a reference to the debate about the lockdown,
25 presumably?

1 **A.** Yeah, so I'd been blocked from going into this meeting,
2 and you can imagine who made that decision. The -- the
3 Prime Minister was -- would be under pressure not to do
4 enough, so repeatedly we had taken action but it wasn't
5 enough to get R below 1.
6 **Q.** But on this day, 30 October, and you're aware of course
7 that there had been a forward strategy meeting in
8 Chequers on 25 October?
9 **A.** Yeah.
10 **Q.** The Covid Taskforce had forwarded an advice seeking
11 a lockdown on 28 October to the Prime Minister?
12 **A.** Yeah.
13 **Q.** And they had presented a further paper again on
14 30 October, and then, as you will recall, there was
15 a further paper prepared for the Covid-O on 30 October.
16 This can only be a reference to that debate which
17 was going on the very same day about the national
18 lockdown?
19 **A.** Well, around this time we did make the decision for
20 a national lockdown. It may have been that this message
21 was during the decision-making meeting. You can read it
22 that way.
23 **Q.** Precisely.
24 At the bottom of the page, Mr Hancock, you say:
25 "I can live with that [that's a reference to

1 question about non-essential retail and secondary
2 schools] -- but I am very worried about a rearguard
3 action that has screwed us all over too often."
4 What was the reference to "rearguard action"? What
5 were you referring to there?
6 **A.** I was referring to the Prime Minister making a decision
7 in principle to take action that was necessary to save
8 lives and then others arguing strongly against it
9 afterwards. And I don't actually know who the others
10 were, because I wouldn't have been party to those
11 conversations, but that was a -- that was something that
12 we'd -- we'd lived with.
13 **Q.** And of course, as you explained yesterday, as the
14 Secretary of State for Health and Social Care, your
15 primary concern, perhaps your only concern, had to be
16 the public health -- clinical side of this terrible
17 debate about the second wave, bringing R below 1, and
18 of course the damage to the economy and the societal
19 harm that would be wrought by another lockdown?
20 **A.** Well, obviously, as you've seen from all of my evidence
21 and all of the contemporaneous evidence, my primary
22 concern was saving lives and making sure that we got
23 through this with the NHS not being overwhelmed and as
24 few people victim to this horrible virus. That was
25 my -- throughout the whole period, that was my primary

1 motivation. And, you know, this Inquiry has brought
2 evidence that I didn't even know about myself that
3 demonstrates that the work that was going on with the
4 health system as a whole that I led and me obviously
5 a -- putting my voice to that.
6 The -- but, but -- and this is a crucial point -- as
7 an MP, as a member of the Cabinet, I didn't only care
8 about the health interest. The importance of the
9 economy matters too, and that would -- would have been
10 more damaged by delaying, and indeed was, because we had
11 to have a tougher lockdown, and, as I've said, I think
12 if we'd managed -- if we'd brought -- managed to bring
13 in an earlier lockdown, we may not have had to close
14 schools second time round, as we did. Because the case
15 rate got so high we again in January had to pull every
16 lever as we'd had to in March 2020.
17 So it isn't just that I was interested in the health
18 outcomes, that was obviously my primary duty and my
19 primary responsibility and my primary concern, but it's
20 broader -- my argument was broader than that. It was
21 that even if you care only about the economy you need to
22 take the measures early, because there's absolutely no
23 way we're going to allow R to be above 1 until case
24 rates get to a position where the NHS is going to be
25 overwhelmed, and that is always going to be the case

1 until we have a vaccine.
2 Q. Is that why, essentially, in your witness statement you
3 say there were no excuses second time round?
4 Clinically, in public health terms, there was simply no
5 proper debate against the imposition of a second
6 national lockdown. Economically, a second national
7 lockdown imposed earlier would have less effect overall,
8 damaging effect, on the economy. So as it seemed to you
9 the arguments were all one way and --
10 A. Yes, and that was -- that was true.
11 And the more you thought a vaccine was going to
12 come -- the sooner you thought a vaccine was going to
13 come, the lower the validity of any argument the other
14 way.
15 And at this point I was highly confident that
16 a vaccine would come. We'd seen the phase -- the animal
17 trials and the phase 1 trials on humans, but by October
18 there was -- there was a quote briefed from somewhere in
19 Whitehall saying:
20 "'Matt Hancock is the only person here who thinks
21 there is actually going to be a vaccine,' said
22 a Whitehall source. 'It's a running joke with other
23 departments.'"
24 But I was looking at the evidence -- by the way,
25 which was publicly available -- that there was going to

1 be a vaccine.
2 To his credit, the Prime Minister always thought
3 there was going to be a vaccine as well, and I'd set
4 up -- I'd tasked the NHS for being ready to deliver
5 a vaccine from 1 December as the reasonable best-case
6 scenario -- it was nice to be able to talk about
7 reasonable best as opposed to reasonable worst-case
8 scenarios -- and in the end we started on 8 December.
9 But that's important for these considerations,
10 because if you think a vaccine is coming, with any
11 degree of confidence, then all of the arguments about
12 resisting lockdown measures fall away because the action
13 that you're going to have to take will be temporary. If
14 you think there's never going to be a vaccine, then it
15 is a much more difficult conundrum. But by now it
16 was -- we were pretty -- those close to it were pretty
17 confident there was going to be a vaccine.
18 Q. So for all those reasons, the position you reached was
19 that the argument strongly favoured an earlier lockdown
20 than was in fact imposed, and there was no real argument
21 against the imposition of a lockdown, second national
22 lockdown, in principle, for all the clinical and
23 economic arguments to which you've made reference?
24 A. Correct.
25 Q. Right.

1 You weren't, I think -- your statement doesn't
2 suggest that in relation to the third lockdown you had
3 any real doubt about the wisdom of its imposition,
4 clinically, in public health terms; and presumably for
5 the same reasons, the economic arguments, there was no
6 option but to impose a third national lockdown?
7 A. Absolutely. And by that stage, because the case rates
8 were so high, we again had to pull every lever, which
9 included, unfortunately, having to close schools.
10 Q. And the prevalence rates were so high in part, you
11 describe, because the November lockdown had not been
12 long enough, it had not been imposed early enough, and
13 also you thought that there were very real mistakes in
14 relation to the regulations which had been put in place
15 in December and over Christmas they'd all contributed to
16 the high prevalence rate?
17 A. Well, there was an additional complicating factor which
18 was the Alpha variant, which was more transmissible, and
19 therefore -- by then we'd come to quite a good
20 calibration of what NPIs you need to keep R below 1, and
21 we'd got to the point where that was embedded within the
22 tiers system. But unfortunately the Alpha variant blew
23 those calibrations because it transmitted faster, but we
24 didn't know exactly how much faster because it was a new
25 variant. And so the -- therefore, we had to pull every

1 lever. And I remember, after we'd made the decision,
2 I think it was on 4 January, to go into another full
3 national lockdown, I remember the two weeks after that
4 as harrowing, because the case numbers kept going up, as
5 they had in March, after we'd pulled every lever, and
6 there was nothing more we could do, and because this was
7 a new strain again we didn't know whether everything
8 would be enough to get it under control. And thankfully
9 we did get it under control just before the NHS was
10 overwhelmed once again.
11 **Q.** Because of the perennial debate, the overriding
12 imperative as you saw it, to bring R below 1 because of
13 all the terrible consequences?
14 **A.** Yeah, not just as I saw it, as logic requires.
15 **Q.** No, I'm asking you the question.
16 **A.** Yes, yes.
17 **Q.** Just please now, finally, Mr Hancock, one or two
18 concluding and disparate issues. Can I make plain that
19 I'm not going to ask you any questions about 2021 in
20 large part. The Inquiry has, of course, your very
21 detailed witness statements which deal with the salient
22 features of 2021, but just two or three small areas.
23 The Inquiry heard evidence from Professor Ferguson
24 how he resigned as an adviser to SAGE on account of his
25 transgression. At the time of his resignation, you were

1 asked if the police should prosecute him, you said,
2 rightly, it's a matter for the police, it's
3 an operational matter, but you made the point, quite
4 rightly, that these were important issues and the social
5 distancing rules were important. You obviously
6 transgressed yourself, and that came to light in
7 June 2021, on 25 June. I'm sure you acknowledge the
8 incredible offence and upset that was caused by that
9 revelation.
10 In terms of the impact on public confidence, there
11 were a number of transgressions in public life. Overall
12 do you think that those breaches had an impact upon the
13 public's propensity to adhere to rules -- and
14 acknowledging of course that by June 2021 we were out of
15 the worst, there was, in May 2021, the tail end of the
16 regulations and guidance in place, but overall it was
17 damaging?
18 **A.** Well, what I'd say is that the ... the lesson for the
19 future is very clear, and it is important that those who
20 make the rules abide by them. And I resigned in order
21 to take accountability for my failure to do that.
22 **Q.** And that, to your credit, must have been in reflection
23 of the fact that you understood the importance of -- or
24 the deleterious consequences of rule breaking or
25 guidance breaking on public confidence and the public at

1 large?
2 **A.** Yes.
3 **Q.** All right.
4 Long Covid. Your statement makes plain that from
5 an early stage you asked NHS England to consider what
6 could be done and you asked Simon Stevens to develop
7 plans --
8 **A.** Yes.
9 **Q.** -- for addressing the issue of Long Covid.
10 From your assistance to the promulgation of NHSE
11 guidance in June and the announcement in July by the
12 National Institute for Health Research and UK Research
13 and Innovation, and also your convening of a roundtable
14 in July --
15 **A.** Yes.
16 **Q.** -- it appears very clear that you were alive to the
17 concerns about long-term sequelae from the Covid
18 infection?
19 **A.** Yes, I was alive to it from before the infection reached
20 our shores. Chris Whitty raised the concern about the
21 potential of some kind of post-viral fatigue syndrome,
22 which is -- which happens with other viruses as well.
23 And then after the first peak I was acutely aware of it,
24 not least because members of my family were affected by
25 Long Covid, including my mother, who still attends

1 a Long Covid clinic. So this was very close to my
2 heart.
3 **Q.** To what extent, when you and your colleagues became
4 aware of long-term sequelae and the long-term
5 consequences of infection, did that understanding feed
6 its way into the debate about the mechanics of
7 non-pharmaceutical interventions and then subsequently
8 the relaxation of restrictions? What role did -- or to
9 what extent did the issue of Long Covid play out in the
10 debate about the mechanics of NPIs?
11 **A.** Well, it matters, of course, because it makes the virus
12 even worse, it makes the impact of the virus even worse,
13 and so it reinforced the arguments that we were making
14 already. Of course the best way to avoid Long Covid is
15 to take the measures necessary to reduce the amount of
16 Covid, full stop, and so it actually calls for the same
17 policy prescription in terms of preventing Covid and,
18 therefore, tough NPIs to keep R below 1. But it also
19 requires, and required, more research and support from
20 the NHS, who found it quite difficult because it was
21 a new disease and because of its nature -- presenting in
22 many, many, many different ways, they found Long Covid
23 quite difficult to categorise at first. And so with
24 Simon Stevens we worked together to bring forward
25 Long Covid clinics that could look across the range of

1 conditions that are loosely gathered under the term
2 "Long Covid".
3 As I say, I cared a lot about this for personal
4 reasons as well as professional reasons, and we didn't
5 need sign-off from the centre, we just got on with it.
6 **Q.** Do you happen to know why, notwithstanding the
7 considerable amount of work done on Long Covid from the
8 very early days and throughout the summer, particularly,
9 of 2020, the public campaign about Long Covid wasn't
10 launched until, I think, October? Do you know why there
11 was that potential lag in the communications side of the
12 debate?
13 **A.** Yes. I think it was essentially because the --
14 understandably, the clinicians found it hard to get
15 a handle on exactly what the term meant at first.
16 I knew what it meant, and those suffering from it knew
17 what it meant, but turning that into a formal
18 protocol -- would normally have taken a lot longer, but
19 it was one of those things that happened -- it took some
20 months for the clinicians to put it together. I think
21 we'd decided to do that in, was it, June or July 2020,
22 at that roundtable meeting that you mentioned.
23 **Q.** 31 July, yes.
24 **A.** 31 July, which I'd convened, and so it was put together
25 in around six weeks from then. So although that looks

1 slow in the context of the pandemic, that is fast in the
2 normal context of medical response to innovative
3 problems.
4 **Q.** Particularly the public-facing side of the medical
5 response?
6 **A.** Yes. And, you know, clinicians understandably wanted
7 an answer to the question "What exactly is Long Covid?"
8 before they would go out and say that "We're having
9 a campaign on this". So that was a -- you know, that
10 was a -- it was a piece of work -- of course I wish it
11 had gone faster, and I was pushing it, but it --
12 nevertheless I can understand the reasons it took as
13 long as it did.
14 **Q.** Finally, in relation to disparities, your witness
15 statement makes plain that you were obviously aware from
16 a very early stage on the clinical vulnerabilities or
17 disparities from coronavirus 19 --
18 **A.** Yes.
19 **Q.** -- you were aware of the risk factors from a very early
20 stage?
21 **A.** Yes.
22 **Q.** You were of course aware, and you explain how you became
23 aware, of the terrible figures showing disproportionate
24 numbers of black people and black and minority ethnic
25 healthcare workers being hospitalised --

1 **A.** Yes.
2 **Q.** -- and ultimately dying, and you contributed to the
3 process by which SAGE and other bodies from April
4 onwards looked at this issue.
5 Did you also commission work through Public Health
6 England? There was a rapid review, I think, on 12 May,
7 then a full review on 31 May. And then did you also
8 contribute to the decision that further work and the
9 reports be ultimately commissioned through
10 Kemi Badenoch?
11 **A.** Yes. I was particularly struck by the death of the
12 first four NHS doctors, three of whom were from
13 an ethnic minority background. I was acutely aware of
14 the disproportionate impact on those from ethnic
15 minority backgrounds, especially amongst the wider NHS
16 workforce as well, not just the doctors and nurses but
17 also more broadly, including porters and other staff who
18 do vital work and often are very closely in contact with
19 patients.
20 So this is something that I was worried about from
21 early in the pandemic. I'd in fact worked on this
22 before the pandemic, including raising the issues of
23 discrimination within the NHS, and there was -- there
24 was work under way on a particularly difficult issue
25 that came up in NHSBT. So there was a wide range of

1 work on this, I was aware of it from the start and I was
2 very glad when Kemi was tasked by the Prime Minister to
3 lead and really get to the bottom of this.
4 **MR KEITH:** Forgive me one moment.
5 My Lady, those are all the questions for Mr Hancock.
6 **LADY HALLETT:** Thank you very much.
7 Ms Morris, are you going first?
8 **Questions from MS MORRIS KC**
9 **MS MORRIS:** Thank you, my Lady.
10 Mr Hancock, I ask questions on behalf of Covid
11 Bereaved Families for Justice UK and Covid Bereaved
12 Families for Justice Northern Ireland, who sit behind
13 me, and together we represent over 7,000 bereaved
14 families, bereaved by Covid, many who sit behind me, and
15 many of whom have lost families in care homes.
16 So my questions are centred at high level on the
17 decision on 19 March to discharge untested hospital
18 patients into those care homes.
19 Yesterday you accepted in evidence that on
20 15 May 2020 in a press conference, you said that, "Right
21 from the start, we've tried to throw a protective ring
22 around ... care homes". So the context of my questions
23 is to probe with you your claim that you had taken those
24 steps right from the start or at all?
25 **A.** Yes. Yes.

1 Q. So I'm going to take you through some of the key dates
2 at the start of the pandemic and examine what was known
3 or ought to have been known by you and your department
4 and how that informed the decisions that were made on
5 19 March. Okay?
6 Can we first have on screen, please, INQ000049363,
7 page 2.
8 This is the minutes of an adult social care
9 coronavirus meeting.
10 Thank you. It's "Action #3", please. Thank you
11 very much. Thank you.
12 It says there that there was -- noted at point 7,
13 this is 11 February 2020:
14 "... commented that there were likely to be three
15 ways that the virus could enter a care home (infected
16 people moved into homes; staff; visitors) and these
17 should be considered during the response phase."
18 A. Yes.
19 Q. So the question is this: what was done to minimise those
20 three different routes of infection require to the
21 hospital discharge policy on 19 March?
22 A. Yes. So this document is from 11 February.
23 Q. Correct.
24 A. For context, there were under five cases in the UK at
25 that point, so this is very early on in thinking about

1 how we are going to handle the pandemic, but it was
2 clear from this point that the virus had its biggest
3 impact on those who are older and had underlying
4 vulnerabilities. So we knew that there was a problem,
5 and we knew there was a significant and specific risk
6 for those who lived in care homes and in particular
7 care homes that looked after older people.
8 Q. And in particular, these three ways present three
9 potential breaks to any circle or any ring of care; is
10 that fair to say?
11 A. Yes, absolutely, and we considered these from --
12 throughout in terms of how we could best support and
13 protect people in care homes. In fact, the work had
14 already started before this, and we had the first adult
15 social care national steering group, for instance, on
16 5 February.
17 Q. Yes, I'll come back to some of those steering group
18 minutes later.
19 Next can we have put on the screen, please,
20 INQ000074910, page 2.
21 This is 24 February now. This is a PHE response to
22 a question that's been proposed to them: if there's an
23 evidence of cluster of Covid-19 cases in the UK what
24 would the PHE proposal be?
25 It's under 2A, the second heading there -- if that

1 could be highlighted and enlarged, please, thank you.
2 It says if there is an assumed outbreak of 5 to 25
3 cases PHE advises that no discharges be made from
4 hospitals to care homes whilst there is a cluster of
5 cases in a hospital during the containment phase.
6 It may be a little further down the 2A section there
7 in terms of the highlight. If the highlight could be
8 expanded or lower down, please, at the bottom of those
9 bullet points, please. I'm grateful.
10 Yes, it's in the middle of that paragraph:
11 "No discharge to ... residential [care] homes."
12 Middle paragraph, it's 2A.
13 So on 24 February 2020 the PHE are making it clear
14 there should be no discharge to residential care homes
15 because of the risk of infections that that would
16 create; is that correct?
17 A. I didn't see this document at the time, but my reading
18 of the document as you've presented it to me is that in
19 the case of an outbreak in the care home then there
20 should be no discharges to that care home. That's my
21 reading of it, but I'm -- this is a PHE document that
22 I wasn't aware of, so the -- it is as it is, the
23 evidence is there.
24 Q. Thank you.
25 You've mentioned the national steering group

1 meetings, they took place in February, and two in
2 particular, 19 and 26 February, I'm going to suggest,
3 had been expressing concerns about the availability of
4 PPE in care homes?
5 A. Yes.
6 Q. In particular, we can go to them if you'd like to, but
7 I'm going to suggest on 26 February there was hard
8 evidence of PPE stock being requisitioned for NHS use;
9 is that correct?
10 A. I'm not aware of that, but if you want to put up
11 evidence showing that --
12 Q. It's --
13 A. What I would say is that on PPE, at the end of -- it was
14 obvious from January there was going to be a problem
15 with PPE. At the end of January, I agreed to the
16 recommendation that we should release the PPE stockpile
17 and I also requested that we started buying PPE in
18 size -- as in, in large scale, which we did. It was
19 a global challenge because suddenly everywhere in the
20 world was trying to buy PPE.
21 Also there's another structural point which is
22 really important here, which is that care homes and all
23 of social care is legally responsible to local
24 authorities, it is commissioned by local authorities,
25 and so there's a structural problem which is that the

1 responsibility and policy questions inevitably,
2 especially in a crisis, flow to the national government
3 but the levers, the policy, the formal policy, and all
4 of the legals are in the hands of local government. And
5 so we started this with a social care sector, you know,
6 in need of reform, where the reforms hadn't happened and
7 where the formal legal responsibility was for local
8 authorities.
9 **Q.** I understand that, but what I'm asking you about is what
10 was known by your department about methods and equipment
11 that could keep care home residents safe.
12 **A.** Absolutely.
13 **Q.** In terms of how you then set your policy and what you
14 dictate should happen. Okay? So let's look at those
15 steering group minutes together, please.
16 INQ000114887.
17 Specifically on this point about the NHS
18 requisition. It's page 2 again, and it's the top action
19 on page 2, please, "Action", concerns about NHS111, and
20 then it says under the first bullet point:
21 "Hard evidence of providers failing to get PPE they
22 had paid for as it was requisitioned for the NHS."
23 Now, I don't need to dig too deep beneath this in
24 terms of logistical matters but it's clear there, isn't
25 it, that the department is aware from stakeholders that

1 they're not only concerned about PPE but there's
2 difficulties in getting what they've paid for?
3 **A.** That's what it says.
4 **Q.** Okay, thank you.
5 So by the end of February now, that's 26 February,
6 that set of minutes, I'm going to suggest that it's
7 obvious to your department that care homes were
8 a vulnerable population -- I think you've already agreed
9 with that?
10 **A.** Absolutely, yeah.
11 **Q.** With multiple sources of infection -- you've agreed with
12 that -- and real problems, I suggest, with obtaining
13 PPE. Would you agree?
14 **A.** Yes.
15 **Q.** So moving into March, you told Mr Keith yesterday that
16 Helen Whately --
17 **A.** Yes.
18 **Q.** -- had come to the very firm view on or around the 2nd
19 that plans for the care sector were "non-existent or
20 inadequate", were your words, and she was messaging you
21 about that, wasn't she?
22 **A.** The 3rd, yes.
23 **Q.** In early March Ms Whately also had concerns, she says in
24 her statement, about an inability to obtain timely and
25 accurate data --

1 **A.** Absolutely.
2 **Q.** -- about Covid-19 deaths in the care sector --
3 **A.** Yep.
4 **Q.** -- in stark contrast to the data available in the
5 healthcare setting?
6 **A.** Absolutely, yes.
7 **Q.** So what was done, if anything, in early March to rectify
8 this lack of data?
9 **A.** Well, we acted to try to make sure that PPE got to
10 care homes, and took action on that front, not least
11 responding to the concerns that had been raised by the
12 sector. And in terms of data, gathering data was
13 extremely difficult because of the lack of a direct
14 relationship, contractual relationship between the
15 department and care homes, unlike the department's
16 direct relationship with the NHS.
17 **Q.** Okay.
18 Touching on PPE again, you've said in your statement
19 that on 5 March Ms Whately also continued to warn that
20 PPE provision in care homes was inadequate?
21 **A.** Yes, she was very worried about it. She met the chief
22 social worker on 4 March as well to discuss the concerns
23 around the preparations in care homes.
24 What this all demonstrates is as much action as
25 possible from the top of the department to try to solve

1 these problems, which ultimately were -- started with
2 the structural make-up of social care, which is
3 a decision that can trace its origins back to the
4 foundation of the NHS in 1948.
5 **Q.** As we will see later from another document, in fact PPE
6 was only sent out to care homes on or around 19 March,
7 the same day that the discharge of thousands of patients
8 was ordered, but I'll come back to that.
9 Chronologically moving forward to 6 March, you open
10 a departmental meeting on social care, and we can have
11 that on screen, please, INQ000049530, page 1, it's the
12 first bullet point, please.
13 Thank you.
14 "[Secretary of State] opened the meeting by stating
15 the impact of coronavirus which poses a complicated set
16 of problems on the social care sector due to the higher
17 risk for older people and the need to be gripped as soon
18 as possible."
19 **A.** Yes. And what this and the cast list demonstrates is
20 the seriousness with which we took this concern and this
21 problem, because you have me, three junior ministers,
22 Jenny Harries, who's the -- and Jonathan Van-Tam, so two
23 of the deputy chief medical officers, and the
24 permanent secretary of the department. So this is
25 a very -- four junior ministers, because Lord Bethell is

1 there as well. So this is essentially me gathering
2 together the leadership of the department to state in no
3 uncertain terms, as you can see, the concerns that we
4 had -- I had around this, that we had around this, and
5 to work out what best we could do about it.
6 **Q.** It says it needs to be "gripped as soon as possible".
7 **A.** Correct.
8 **Q.** Mr Hancock, if you had been trying to grip from the
9 start, to throw a protective ring around, why hadn't it
10 been gripped before 6 March?
11 **A.** This is a departmental meeting. The official position
12 of the government going into the crisis was the -- that
13 care homes are contracted by local authorities and, as
14 you will see in some of the earlier documentation, that
15 the role of the department is around policy over
16 social care, and the contractual arrangements are local
17 and don't report in to us.
18 **Q.** Okay.
19 **A.** What happened was that in early March Helen Whately
20 brought to my attention on the 3rd that she didn't think
21 enough was being done through local authorities, the
22 local resilience fora, which were the formal places
23 where it was supposed to be done, and therefore we
24 called a meeting three days later.
25 So this demonstrates the department getting stuck in

1 because not enough was happening.
2 **Q.** So you're concerned that not enough is happening?
3 **A.** Yes.
4 **Q.** You're, as you say, trying to take a grip on it as soon
5 as possible?
6 **A.** Yes.
7 **Q.** Moving forward to 9 March, please, this is now going to
8 be a COBR set of minutes INQ000056219, page 5, please,
9 and it's point 5 in highlight when we get there.
10 Thank you.
11 "... CMO said there were three stages of
12 intervention with varying individual and combined
13 efficacy:
14 "1. Self isolation of symptomatic individuals.
15 "2. Full house-hold isolation where one individual
16 is symptomatic.
17 And 3, and significantly:
18 "3. A series of currently undetermined measures to
19 safeguard the elderly and vulnerable individuals."
20 **A.** What date was this?
21 **Q.** It was 9 March, Mr Hancock.
22 **A.** Mm-hm.
23 **Q.** So the question is: why, given the information that you
24 and your department had by 9 March, were the measures
25 being described in this COBR meeting to safeguard

1 individuals, elderly and vulnerable, including those in
2 care homes, was being described as "undetermined"?
3 **A.** Because at that point we were putting together the
4 shielding programme, which was ultimately extremely
5 successful, and the evidence is that those who were
6 shielded were half as likely to die of Covid due to the
7 shielding measures. That's some external research
8 that's been done since. So clearly this was a very
9 important area that we were -- that we were working on.
10 At this point on 9 March, there were fewer than two
11 deaths in the UK. So we needed to -- we clearly needed
12 to be doing the work, and we were.
13 **Q.** So between 9 and 17 March, when the NHS written
14 direction to hospitals came out stating that beds should
15 be emptied, what concrete steps were taken by the
16 department to put in place strict protective measures
17 for care homes specifically?
18 **A.** Well, we issued guidance, and we also, as you said,
19 issued -- or at least made the decision that care homes
20 should receive free PPE. Most care homes are private
21 organisations and hitherto had always bought their own
22 PPE, and we decided that they should get free PPE. So
23 there's two examples.
24 **Q.** But guidance, you mentioned, had been 13 March.
25 **A.** 13th.

1 **Q.** Okay, we'll come back to that, but just to continue
2 along chronologically: 10 March 2020 is the first
3 notification of an outbreak in a care home, so the day
4 after this COBR meeting. 17 March, the NHS written
5 direction to hospitals was issued. On 18 March,
6 according to a PHE report compiled later, on 1 June,
7 care home mortality data had been reported to you as
8 part of a sitrep to the DHSC and to yourself.
9 But 19 March, the key date, I'm going to suggest, so
10 just nine days after the first notification of
11 a positive case in a care home, 10 March, the PHE was
12 aware of 37 outbreaks in care homes.
13 **A.** Yes.
14 **Q.** I take that from a set of INT meeting minutes,
15 INQ000119476, page 4, please.
16 It's under the bold heading "CROC" in the middle.
17 And those bullet points, please, if they could be
18 highlighted. Thank you.
19 So:
20 "Nursing home outbreaks -- as of yesterday ..."
21 This is 19 March, they're talking about the 18th in
22 fact.
23 "... 37 ongoing outbreaks. All health protection
24 team are getting multiple calls from care homes. These
25 are likely to result in deaths over the next 3-5 days."

1 You also see the bottom bullet point there:
2 "There are 24,000 care homes in England, delivery of
3 PPE is starting today."
4 **A.** Yes.
5 **Q.** This is the free PPE you touched upon a moment ago being
6 sent out from --
7 **A.** Yes --
8 **Q.** -- central resources to care homes; yes?
9 **A.** Yes.
10 **Q.** So this is the day, 19 March, when it's known that
11 there's 37 outbreaks, that the guidance is issued to
12 discharge patients from hospital to care home settings
13 without any testing in place?
14 **A.** Well, the testing capacity was much too small at this
15 point, and --
16 **Q.** You've accepted that yesterday, and that's helpful, but
17 given that the testing capacity was too limited to be
18 able to test any of those hospital patients due for
19 discharge, what other concrete measures were put in
20 place to ensure that stringent infection controls was
21 present in care homes?
22 **A.** Well, that was set out in the document that was
23 published, which was based on clinical advice, and
24 yesterday we discussed the matter of asymptomatic
25 transmission, which is important here, because the --

1 that clinical advice was based on the presumption that
2 the transmission mechanism of Covid was the same as the
3 transmission mechanism of SARS, because there hadn't
4 been at that point concrete evidence that the clinicians
5 making that advice at PHE were confident in to change
6 that assumption.
7 **Q.** But without testing anybody, Mr Hancock, you don't know
8 whether they're positive or asymptomatic or negative.
9 **A.** Indeed, but we didn't have enough tests.
10 At the same time as this -- this is, I think,
11 19 March --
12 **Q.** It is.
13 **A.** -- on 17 March I had taken responsibility for testing
14 from PHE into the department because it wasn't growing
15 fast enough. So I knew there was a problem and I was
16 acting on it.
17 **Q.** And you knew there was a problem but still issued that
18 directive for those patients to be discharged from
19 hospital?
20 **A.** Well, that's because if we'd left them in hospital they
21 were more likely to have caught Covid because of the
22 risks of nosocomial infection, and as the Gardner case
23 found, it was rational and reasonable to -- to make sure
24 that they were in the safest place that they could be.
25 I fear, and this is -- the only choice is between

1 bad options here. I fear that if we had left those
2 patients in hospital, those who were medically fit to
3 discharge, there is a high likelihood that more would
4 have caught Covid and the problem could have been
5 bigger.
6 So, you know, I have gone over and over in my head
7 what we -- the decisions that we took. And save for the
8 point about asymptomatic transmission, which we went
9 over in detail yesterday, every decision was a choice
10 between difficult options, and nobody has yet brought to
11 me a solution to this problem that was -- that was --
12 that I think, even with hindsight, would have resulted
13 in more lives saved. And you can put as many -- and if
14 there is one, I want to know about it, because it's
15 crucial that we learn these lessons for the future.
16 **LADY HALLETT:** I'm afraid we're going to have to leave it
17 there, Ms Morris. I know it is a really important
18 issue, but we will have a module dedicated to care.
19 **MS MORRIS:** I appreciate that my Lady.
20 **LADY HALLETT:** I'm afraid we are going to have to leave it
21 there.
22 **MS MORRIS:** May I just address one document with Mr Hancock
23 because he's raised the matter in terms of the guidance
24 that was issued to care homes, if I may, the 13 March
25 guidance he mentioned.

1 Mr Hancock, just to clarify with you, that guidance
2 issued to care homes didn't state that they were
3 expected to have any isolation facilities at all; there
4 was nothing in place, was there?
5 **A.** Well, that guidance was based on clinical advice and it
6 was published at the time.
7 **LADY HALLETT:** That's it, I'm afraid, I'm so sorry, but
8 we've got a lot of questions to get through. As I say,
9 we will return to this very important subject in another
10 module.
11 Ms Harris. Can you see Ms Harris?
12 **THE WITNESS:** Yes.
13 **Questions from MS HARRIS**
14 **MS HARRIS:** Thank you very much.
15 Good morning, my Lady, good morning, Mr Hancock.
16 I appear on behalf of Covid-19 Bereaved Families for
17 Justice Cymru, representing bereaved families in Wales,
18 and I'd like to ask you some questions within the time
19 I have available to me, and I'll stop when my time's up
20 regardless of how far I've got, and those questions are
21 about care homes again, I'm afraid, and also about
22 arrangements for relations between the UK Government
23 and --
24 **A.** Yes.
25 **Q.** -- the devolved administrations.

1 A. Yes.
2 Q. First of all, if I may touch on another matter relating
3 to care homes, the same general theme, but specifically
4 with regard to movement of care home workers --
5 A. Yes.
6 Q. -- between care homes.
7 A. Mm-hm.
8 Q. We heard about that yesterday, and I just would like to
9 pick up on one further point with regards to the timing
10 of the intervention that there was from the Department
11 of Health and Social Care through your initiative in
12 May, mid-May of 2020.
13 If I could just briefly highlight a few points about
14 the evidence so far on this issue, yesterday you
15 referred to needing to find a balance between what you
16 referred to as two unpalatable outcomes and referred to
17 there having been worries about not having enough
18 staff --
19 A. Yes.
20 Q. -- in care homes. And you obviously mentioned the
21 guidance or recommendations which were brought in in
22 mid-May 2020, so action was taken in this area then,
23 which included also an infection prevention fund --
24 A. Yes.
25 Q. -- so there was also financial support that came in at

1 that time?
2 A. Yes, £600 million, and also the relevant support for the
3 devolved administrations.
4 Q. Thank you.
5 In your witness statement, you have highlighted and
6 you've of course made this very clear in your evidence
7 generally, that very early on, and you state:
8 "From January 2020 we considered that care home
9 residents were some of the most vulnerable to the
10 virus ..."
11 A. Yes.
12 Q. That was clear from the outset.
13 If I could just highlight one other point, a general
14 point as well here at the outset, you have mentioned the
15 division of responsibilities for this sector, and that
16 there was a certain complexity around that --
17 A. Yes.
18 Q. -- because the levers, I think was the way you put it,
19 were in the hands of local government, local
20 authorities?
21 A. That's within England. And, of course, devolved.
22 Q. Thank you. And that care is commissioned by local
23 government --
24 A. Correct.
25 Q. -- local authorities. But it is right, of course, and

1 I think you have acknowledged this, and it's also stated
2 in the witness statement of Sir Christopher Wormald --
3 A. Yes.
4 Q. -- where he sets out these structures --
5 A. Yeah.
6 Q. -- that of course the Department of Health and Social
7 Care is responsible for national policy?
8 A. Yes.
9 Q. Yes.
10 A. And for things that only the centre can do. I think
11 that was the phrase that we used to describe where our
12 responsibility, rightly, started. In the end, we took
13 more responsibility than the formal policy at the start,
14 but at the start the idea -- or in normal times,
15 pre-pandemic, the idea was that the responsibility of
16 the department is for policy and for things that only
17 the centre can do.
18 Q. Yes. Thank you.
19 Then just to highlight the further key points in
20 your witness evidence, then, in your third witness
21 statement -- you've dealt with this issue quite
22 specifically -- and you refer to identifying the
23 movement of staff between care homes as a "vector of
24 transmission"?
25 A. Yes.

1 Q. That's your phrase. And you say that:
2 "... the moment [this] became clear ... I pushed
3 hard to limit, and then ban, staff movement. Various
4 arguments against were presented, including that staff
5 were essential for the sector, which of course they are,
6 but I took the view that the need to stop infections
7 getting into care homes was more important."
8 A. Yes.
9 Q. So those are your words, and then you refer specifically
10 to the care home support package and the funding support
11 that was made available and guidance, further guidance,
12 in June 2020.
13 A. Yes, although it's worth saying that that infection
14 control fund, first launched in May 2020 and then added
15 to later, also funded -- and I think primarily funded --
16 the support payments for staff who were ill, because
17 there was a very -- there was evidence afterwards -- and
18 it's intuitively clear that if you pay staff when they
19 are ill then they are less likely to go to work if in
20 doubt, and that was an important way of reducing the
21 ingress of the virus into care homes.
22 Q. Thank you very much.
23 So the guidance and the funding that came in in
24 mid-May was important in those two respects?
25 A. Two ways, yeah.

1 **Q.** Thank you.
2 You have -- and just to complete the aspects of your
3 evidence I'd like to highlight, you say in your main
4 witness statement that:
5 "The action we took to restrict staff movement
6 reduced infections significantly ... [and that it] is
7 a vital lesson for future" --
8 **A.** Yes.
9 **Q.** "... for future pandemics -- and indeed for normal
10 times -- that staff movement" --
11 **A.** Yeah, so I think this is important for containment of
12 flu, for instance, in non-pandemic times. It's
13 important to know that staff working in more than one
14 care home increases, in some cases significantly, the
15 risk of communicable diseases. Vital in pandemic times,
16 but important given the risks that communicable diseases
17 like flu pose to care home residents in normal times
18 too.
19 **Q.** Thank you.
20 To come to my question, and you have indeed already
21 highlighted that as at early March there was a concern
22 about getting to grips with this sector --
23 **A.** Yes.
24 **Q.** -- I think that's fair?
25 **A.** Yes, you know, when in early March it became clear that

1 the formal government processes which were -- was how
2 the relationship with care homes was meant to work, when
3 it became clear that that -- not enough was being done,
4 as you can see from the documents that have just been
5 shown by the previous -- in the previous discussion, we
6 threw ourselves at this problem, yes.
7 **Q.** Yes. And I think what my question is really directed at
8 is not enough being done and how that arose. We
9 understand that there was the structural complexity in
10 this area, but given the vulnerability of the sector,
11 which was known --
12 **A.** Yes.
13 **Q.** -- and of course the overarching role that the
14 Department of Health and Social Care has in relation to
15 this sector --
16 **A.** Yes.
17 **Q.** -- wouldn't it have been right for the department to be
18 looking with greater focus at this sector, given that
19 what was on its way was unprecedented, that it was
20 really quite -- should have been anticipated that they
21 would need some help and some intervention at a national
22 level?
23 **A.** But it was anticipated. The first adult social care
24 national steering group was on 5 February, only shortly
25 after we understood the characteristics of the virus and

1 its greater impact on older people.
2 So the answer to your question, of course, is yes.
3 And knowing everything we know now, would you go back to
4 February 20 and do more? Of course. But at the time we
5 were engaged with the sector, you know, you've seen the
6 minutes of the meetings, and then it became clear that
7 there wasn't -- that we needed to put more effort in,
8 and we did so.
9 **Q.** I see.
10 **A.** So it was brought -- I was doing my duty on this, and
11 then it was brought to my attention that we needed to do
12 more than we were technically responsible for, and
13 that's what we did. That's what that 6 March meeting is
14 all about.
15 **Q.** Thank you. But in terms of the idea of doing more than
16 you would, as a department, be technically responsible
17 for, it's right, though, isn't it, that in terms of
18 issuing guidance and also initiating bringing in a new
19 pot of funds, which is what did happen --
20 **A.** Yeah.
21 **Q.** -- on 15 May, that that's not outside the role of the
22 department, that is actually what the department is
23 supposed to do, that is its role in relation to this
24 sector?
25 **A.** No, it's not its role. The department's role in normal

1 times is not to fund the care home sector. The
2 care home sector is funded by local authorities, and
3 when there's national funding it goes through MHCLG
4 rather than the Department of Health and Social Care.
5 Indeed, we put £1.6 billion into social care via the
6 NHS on 19 March, and you'll see from the paperwork
7 around that decision that the route through which we put
8 that money in, to get it in fast, was unprecedented, and
9 when we took that proposal to Number 10, they said,
10 "We're in favour but you need to make sure that Treasury
11 and MHCLG are supportive of using this approach, because
12 it's novel".
13 So actually I reject the proposal -- the point that
14 it was our job to do that. We in fact invented new ways
15 of getting money to care homes, in the same way that we
16 gave free PPE where all the time in the past PPE had
17 been bought by the care homes themselves, because
18 they're largely private sector, and in fact we put in
19 extra money in March, in April, in May and so on.
20 So of course I understand the impact on care homes.
21 You know, I understand that very personally. We did --
22 once it was brought to my attention that not enough was
23 being done, I corralled the most senior people in the
24 department and we threw ourselves at this problem.
25 **Q.** Thank you, Mr Hancock, I'm grateful for those

1 observations and, as I know you're aware, this is
2 a subject, of course, which will be looked at in more
3 detail --
4 **A.** Yes.
5 **Q.** -- in a later module, so I will move on to my next
6 question. This is in relation to the subject of the
7 co-working between the four nations.
8 **A.** Yes.
9 **Q.** First of all, with regards to the understanding there
10 was of what was meant by a "four nations approach" --
11 **A.** Yes.
12 **Q.** -- and how this was understood across government.
13 It's a short point but I think it's easiest dealt
14 with by calling up a document -- INQ000233806 -- and
15 I hope that will appear on your screen.
16 Thank you.
17 This is a document that you exhibited, which is
18 a script which was provided to you when you were asked
19 to call members of the Cabinet ahead of a Cabinet
20 meeting on 10 May which concerned the proposals for the
21 move out of lockdown. You were provided with this
22 script, indeed this told you what you were being asked
23 to say to other Cabinet members in advance of the
24 Cabinet meeting with regards to what those proposals
25 were.

1 **A.** Yes.
2 **Q.** It's useful because of what it says about the
3 understanding of a four nations approach. So it's just
4 that short point.
5 If you could go, please, to the bullet points, you
6 will see that it first off explains that the government,
7 the Prime Minister, is going to "set out a roadmap for
8 the months ahead", this is the roadmap out of lockdown.
9 And then at the second bullet point:
10 "• Following that call, the PM will have a similar
11 conversation with leaders of Scotland, Wales and
12 Northern Ireland at COBR to ensure that we have
13 a four nations approach to our response.
14 "• Part of the four nations approach is the
15 flexibility to respond to the needs of particular parts
16 of the UK and so the devolved administrations will take
17 their own decisions in accordance with their devolved
18 powers."
19 So noting the references there to a four nations
20 approach and to the anticipation that the four nations
21 would take, in fact, a different route but nevertheless
22 within the concept of a four nations approach, does it
23 accord with your understanding of a four nations
24 approach that it does signify not just when the
25 four nations act in a uniform way but also when they may

1 take a different route, and in those circumstances
2 a four nations approach would imply co-ordination,
3 co-operation and communication between them whilst they
4 may not be doing exactly the same thing?
5 **A.** Well, obviously I strongly agree that communication and
6 co-ordination between the four nations was important,
7 and I enjoyed, and I mean that literally, I enjoyed the
8 relationship that I had with the other three
9 health secretaries of the devolved nations. We had
10 a weekly call that I instituted in March 2020 -- and it
11 became a bit like a therapy session, frankly, because
12 all four of us were facing very significant
13 challenges -- and we would talk to each other about our
14 challenges. And whether it was in respect, for
15 instance, to care homes, which you mentioned, where
16 Scotland had a bigger problem than we did, or whether it
17 was to do with PPE, where the distribution physically
18 across the UK was a challenge, or of course the roll-out
19 of the vaccines and the testing system, which was part
20 UK and part devolved, we had a very constructive
21 relationship. I think these bullet points reflect the
22 reality that particular parts of the UK had their
23 devolved powers.
24 Now, notwithstanding all of that, and my basic
25 approach of bring in the devolved health secretaries and

1 a high degree of trust between us, and you can see that
2 from Vaughan Gething's testimony, for instance
3 INQ000269372 -- I don't propose to put it on the screen,
4 Chair -- but there is testimony from the devolveds about
5 the warmth of that relationship, and I thought we should
6 just -- often -- we should just get them into Covid-O
7 and have the discussion all together.
8 However, having said all of that, I still don't
9 think for the future that it is necessary to have -- or
10 logical to have devolved powers for handling
11 communicable diseases because the administrative
12 boundaries, particularly the Welsh border, doesn't stop
13 human interaction at all. I mean, the Welsh border
14 roads meander into England and Wales. You know, you
15 only have to go to Chester Football Club, where the
16 entrance was in one country --
17 **Q.** If I could bring you back to the question --
18 **A.** -- and the stadium in the other.
19 **Q.** I'm not going to ask you about your views --
20 **A.** Oh.
21 **Q.** -- as to whether it should have been a devolved
22 response.
23 **A.** But it was.
24 **Q.** It was.
25 **A.** Yes.

1 **Q.** I'm going to ask you about: that's what it was.
2 **A.** Yes.
3 **Q.** It was a public health emergency that was being dealt
4 with in that way.
5 **A.** Yes.
6 **Q.** And the aim was to work as effectively as possible, of
7 course --
8 **A.** Yes --
9 **Q.** -- within that framework?
10 **A.** -- and that was my experience of it.
11 **Q.** Yes. And I want to ask you about the workings of that
12 framework, whether it worked well, whether there are
13 lessons to be learned, and you've made some observations
14 already about that.
15 **A.** Right.
16 **Q.** I take from what you've said so far that the
17 understanding of a four nations approach is wider than
18 just "everyone does the same", it's "everyone does the
19 same or, if they don't, they co-ordinate and co-operate
20 and communicate"; I think you are agreed on that?
21 **A.** I think it is stretching the definition of
22 a four nations approach to say that we can have
23 a four nations approach and the four nations do things
24 differently based on the same clinical advice.
25 **Q.** So we don't --

1 **A.** So I'm not enthusiastic about that. I don't think that
2 it is constructive. I recognise the constitution and
3 the devolution current settlement, but I --
4 **Q.** If I may, Mr Hancock, I think perhaps you're straying
5 into the wider issue. I'd like to bring you back to
6 working --
7 **A.** Yeah.
8 **Q.** -- with the system as it was.
9 **A.** Yeah, okay.
10 **Q.** And moving on, then, from definitions of a four nations
11 approach, which leads us down a wider path, I see --
12 **A.** Yeah.
13 **Q.** -- I'd like to ask you about the group you set up --
14 **A.** Yes.
15 **Q.** -- which -- with your counterparts, and there was some
16 praise for it, in the evidence which I think you've
17 seen, that it worked well, suggesting that it worked
18 well, so you had spotted, is the way you put it in your
19 witness statement, is a "missing piece of institutional
20 infrastructure"?
21 **A.** Absolutely.
22 **Q.** Which was the four nations health ministers or health
23 and social care secretaries of state --
24 **A.** Yes.
25 **Q.** -- getting together --

1 **A.** Yes.
2 **Q.** -- in order to communicate in what might be the
3 appropriate way --
4 **A.** Yes.
5 **Q.** -- and I need to ask you about that.
6 **A.** Yes.
7 **Q.** And this was also a WhatsApp group as well?
8 **A.** It was.
9 **Q.** And in fairness, to set the context, there is a comment
10 on that WhatsApp, in the messages, stating specifically
11 that it worked well and appreciative words of the
12 focused and frank discussion that was had.
13 **A.** Yes, yup.
14 **Q.** And also in a report which the Inquiry has seen from
15 Professor Henderson, there is there a record of a report
16 of that group being positive, a positive experience, by
17 one of the other secretaries of state.
18 On the other hand, there is also evidence before
19 the Inquiry which comes not from one of the participants
20 but from Mr Mark Drakeford, First Minister for Wales,
21 where he makes the general point that his impression was
22 that meetings between ministers were held at short
23 notice, sometimes without agenda or papers and, from
24 views expressed to him by Welsh ministers, that in many
25 cases the UK Government called these meetings with the

1 devolved governments in order to inform them of
2 decisions already made rather than that they were
3 a forum for joint decision-making.
4 Now, putting to one side the fact that I understand
5 your general view that things should have been
6 structurally different --
7 **A.** Yeah.
8 **Q.** -- but they were what they were --
9 **A.** Yeah.
10 **Q.** -- and we know that you wanted to work as effectively as
11 possible --
12 **A.** Yeah.
13 **Q.** -- to make the response as effective as possible.
14 **A.** Mm-hm.
15 **Q.** Can I ask you for your appraisal of those meetings.
16 Were they adequate to provide that missing
17 infrastructure? Was sufficient notice given to the
18 participants so that they could have the opportunity to
19 respond meaningfully on emerging decisions or were
20 ministers simply being told of something that had been
21 decided and it was simply a matter of telling them that?
22 **A.** If ... all of the above. It depends on circumstances.
23 In the health ministers, sometimes, of course we'd call
24 things at short notice. And Chair, if I may, a couple
25 of times I've seen in evidence people complain about

1 things happening at short notice. Well, sometimes it
2 was necessary to do things at short notice, and
3 sometimes we had to take decisions. For instance, some
4 of the early local lockdowns, we had to move fast when
5 the data became available.
6 In this case, sometimes I would call short notice
7 meetings, I might even go on the WhatsApp group and say,
8 "There's something important come up, can we find time
9 for this today", for instance, or ask a private
10 secretary to organise something at short notice.
11 But we also had, in the case of the health
12 ministers, a weekly drumbeat and, more typically, if
13 there was an issue that came up, we would put it into
14 the next week's agenda and any of the four -- although
15 I chaired the meetings, because I have both UK and
16 England responsibilities, the -- the -- we would put
17 the -- anybody would put items into the agenda. And
18 I think actually we changed it so that -- later on -- so
19 that we had a rotating chair of the weekly meeting as
20 well, to make sure that everybody was engaged.
21 But, you know, I can't commend highly enough
22 Jeane Freeman, Vaughan Gething and Robin Swann for the
23 approach that they took. It was -- you know, we left
24 the politics at the door. The fact we were from four
25 different parties kind of made it that even easier. We

1 cared about what we could learn from each other and what
2 we could do together to save lives. And of course there
3 were moments when there were substantive issues that led
4 to tensions that needed to be resolved, but they'd be
5 resolved in a professional and business-like manner.
6 And I think if you look at Jeane Freeman's comment
7 when she left the WhatsApp group, as she retired from
8 politics in 2021, there's an exchange, it's a lovely
9 exchange, on 13 May which summarises how we all felt
10 about it.
11 **MS HARRIS:** Mr Hancock, thank you, I've run out of time so
12 I'll have to stop there. Thank you very much for your
13 answers.
14 **LADY HALLETT:** Thank you, Ms Harris.
15 Ms Mitchell, can we fit in your question before we
16 break?
17 **Questions from MS MITCHELL KC**
18 **MS MITCHELL:** Mr Hancock, I appear as instructed by
19 Aamer Anwar & Company on behalf of the Scottish Covid
20 Bereaved. I'm obliged to my learned friend Mr Keith KC
21 who has asked many of the questions that were posed by
22 the Scottish Covid Bereaved and wished to be put to you.
23 I just want to ask you about one area at the moment
24 and that is public communications between the UK
25 Government and the Scottish Government.

1 I wonder for that purpose if we can have before us
2 INQ000094320. This is a WhatsApp group that you were
3 involved in and -- if we can have page 3 of that
4 document, please -- it appears to orientate us in
5 relation to this matter.
6 This is a document showing text messages taking
7 place as you're waiting for a meeting in relation to
8 Spain and quarantine. Do we see from page 3, two or
9 three notes down, Jamie Njoku-Goodwin says:
10 "The No10 view is that we communicate this asap
11 (this evening if needed)."
12 Because it appears that the DFT was asking for
13 24 hours before communicating it.
14 **A.** Yeah.
15 **Q.** If we take it down to where it says "Owner of the
16 cellphone" --
17 **A.** That's me.
18 **Q.** Yes, indeed -- you say:
19 "Me too. It will leak anyway ..."
20 And we heard your views on leaks yesterday.
21 "... and the Scots will try to get their
22 announcement [out] first."
23 So my question, first of all, in relation to that
24 matter is: if and when the decision had been taken that
25 was being proposed, what is the issue with the

1 First Minister communicating that to the people of
2 Scotland first?
3 **A.** Well, there was a number of -- there were a number of
4 moments when the First Minister of Scotland would
5 communicate in a way that was unhelpful and confusing to
6 the public, and sometimes would leave a meeting and
7 begin communication of a decision, for instance, sooner
8 than agreed.
9 I mean, in contrast to my warmth towards my health
10 counterparts, we then found it much more difficult when
11 decisions went up to First Minister level, particularly
12 with Nicola Sturgeon, because we would find that
13 sometimes a -- some kind of spin was put on what was
14 essentially substantively the same decision. So that
15 was -- it was a frustration, I've got to be honest about
16 that.
17 **Q.** You've made a number of assertions there. First can
18 I pick up: was there agreements made about the timing
19 which were breached?
20 **A.** Sometime -- as far as I'm aware, yes. But this,
21 of course -- my reference here is when there's
22 a decision that has First Minister responsibilities.
23 When -- if we had a discussion, which for me was much
24 more frequent, of course, with -- at health level, and
25 we all agreed on a communication plan, I have no

1 recollection of any of those being breached.
2 **Q.** So you believe that others were breached in relation to
3 meetings that you didn't know about but none that you
4 did know about?
5 **A.** No, of course that's not what I'm saying. What I'm
6 saying is it was far more frequent for me to be involved
7 in the meetings with health ministers, but yes,
8 of course I was in meetings where there would be --
9 there were just -- instead of a cohesive communication
10 to the UK public about an agreed decision, including
11 decisions agreed across all four nations of the UK,
12 there would then be confusing communications,
13 differently put, and that undermined the UK response as
14 a whole, and it is regrettable.
15 **Q.** Mr Hancock, were you aware that the UK Government's
16 public communications suffered significant problems in
17 being able to -- failure to distinguish between phrases
18 in relation to England, "the UK", "this country", and
19 using the term "British" meaning England? Were you
20 aware of those difficulties?
21 **A.** I was always very careful to try to not confuse those --
22 these important terms.
23 **Q.** Yes, but I'm asking you were you aware of the
24 difficulties that existed in the UK Government's
25 communication?

1 **A.** Not as far as I was involved, no. I would use the term
2 "this country" to mean sometimes England, sometimes the
3 UK, because those terms are, if you are -- in the same
4 way that if you're Scottish "this country" can mean
5 Scotland and the UK. But in terms of the literal
6 descriptions, I'm not aware of -- there's no errors on
7 that that I'm aware of.
8 **MS MITCHELL:** My Lady, I've no further questions.
9 **LADY HALLETT:** Ms Mitchell, thank you very much.
10 We'll break now, I'll return at 11.35.
11 **(11.21 am)**
12 **(A short break)**
13 **(11.35 am)**
14 **LADY HALLETT:** Mr Menon. Over there, Mr Hancock.
15 **Questions from MR MENON KC**
16 **MR MENON:** Thank you, my Lady.
17 Good morning, Mr Hancock, I ask questions on behalf
18 of a number of children's rights organisations and all
19 my questions are about the coronavirus regulations. If
20 possible, if the questions allow for a yes/no answer,
21 the briefer the better because I have limited time.
22 I hope you understand.
23 The coronavirus regulations and the various
24 amendments to those regulations became law when you, as
25 Secretary of State for Health and Social Care, signed

1 them; is that right?
2 **A.** Yes. In some cases.
3 **Q.** In some cases?
4 **A.** Yes, it depended on the Parliamentary procedure and, in
5 some cases, other ministers signed them.
6 **Q.** The first regulations that imposed restrictions on the
7 population became law on 26 March 2020 as part of the
8 first lockdown?
9 **A.** No. The first regulations that allowed for restrictions
10 were put in place in -- to ensure that we could have
11 a legal quarantine, for those individuals who we needed
12 to, under the 1984 Act in February.
13 **Q.** Yes, I appreciate that. It doesn't matter, we'll move
14 on, I was talking really about the first lockdown.
15 But in any event, on 13 May the regulations were
16 amended, weren't they, to allow a person from one
17 household to meet a person from another household for
18 the purposes of outdoor exercise?
19 **A.** Er --
20 **Q.** 13 May.
21 **A.** I can't remember the exact date, but that feels about
22 right.
23 **Q.** And the regulations were similarly relaxed in relation
24 to outdoor exercise during the second lockdown in
25 November, and in relation to the third lockdown in

1 January 2021. Does that sound about right?
2 **A.** In the third lockdown I -- we were clear that we were
3 going to allow people to have more outdoor exercise
4 because outdoor was known by then, with confidence, to
5 be safer than indoors.
6 **Q.** Indeed, in your Pandemic Dairies, I can't put this on
7 the screen because this is not on the system, in
8 January 2021 you observed the importance of outdoor
9 exercise --
10 **A.** Yes.
11 **Q.** -- for you personally --
12 **A.** Yes.
13 **Q.** -- in relation to physical and mental health, you used
14 to run part of the way to work with your brother every
15 day?
16 **A.** That's correct, yes.
17 **Q.** Why didn't you, or why didn't the government take steps
18 to relax those regulations so that, for example -- in
19 relation to outdoor exercise and recreation -- so that
20 all young children, say under the age of 12, could play
21 with others their own age?
22 **A.** Well, we did consider measures like that, because the
23 impact of the virus on children was obviously much lower
24 than on adults, and in particular on older adults.
25 There were two concerns that were raised by the

1 clinicians. One is that when you have children playing
2 together you still can have transmission from one to
3 another, and therefore from one household to another.
4 And the second is that when children play together,
5 normally adults are present too, especially younger
6 children, and therefore it might encourage transmission
7 that way.
8 So this is something that I remember conversations
9 about, I don't know the date, but we were concerned that
10 it would have an upward impact on transmission and,
11 therefore, on the amount of disease and death.
12 **Q.** Which clinicians?
13 **A.** I specifically remember a conversation with the Chief
14 Medical Officer about this, and there is a -- in the
15 WhatsApps there is reference by the Chief Medical
16 Officer. Off the top of my head at one point he says,
17 "I'd be more worried about the parents on the
18 touchline."
19 **Q.** You're aware, aren't, you that Scotland exempted
20 children under 12 from their regulations in July 2020
21 and Wales exempted children under the age of 11 from
22 their regulations in September 2020, aren't you?
23 **A.** I'm aware of the differences between the regulations,
24 yes.
25 **Q.** And you're not suggesting, are you, that Scotland and

1 Wales put the lives of their people at risk by,
2 effectively, exempting children from their social
3 distancing regulations as they did?
4 **A.** I'm making the point that the discussions that we had
5 were based on clinical advice, I know that the clinical
6 advice was closely co-ordinated between the nations, and
7 what mattered was the overall impact of the measures in
8 place on R and making sure we kept R below 1 and
9 therefore kept the virus under control, so it was
10 a matter of the overall -- the overall package.
11 **Q.** Well, I should make it clear, in the interests of
12 fairness, and we may hear more about this in a later
13 module on education and children, but Sir Chris Whitty
14 did not tell this Inquiry that he advised you to take
15 a different approach for England than the approach that
16 was taken in Scotland and Wales. I think you're
17 entitled to know that, okay? But I'm going to move on.
18 **A.** I didn't say that he did. I think it's -- I've simply
19 given my -- the evidence of what happened in my
20 experience.
21 **Q.** Did you know at the time, in the summer and autumn
22 of 2020, that the former Children's Commissioner for
23 England, Anne Longfield, and numerous charities and
24 non-governmental organisations working with children,
25 including those who I represent, were asking the

1 government specifically to exempt children from the
2 regulations from May 2020 onwards?
3 **A.** I was aware of their public communications, and if they
4 wrote to me privately I would have been aware of that
5 too. I was also aware of the overriding need to keep R
6 below 1 in order to make sure that the virus affected as
7 few people as possible, especially older people who
8 could catch it from their younger relatives or contact
9 with younger people.
10 **Q.** You're not suggesting, are you, Mr Hancock, that
11 relaxing the rules in relation to children would have
12 taken the R number above 1, are you?
13 **A.** Yes, of course.
14 **Q.** You're not honestly suggesting that, are you?
15 **A.** Yes, of course I am. That is the clear medical
16 position. And understandably, because one of the things
17 we discovered was that children could pass the disease
18 on to children and, whilst both asymptomatic, they could
19 then pass it on to elder relatives. So yes, that was
20 one of the many things we had to contend with, yes.
21 **Q.** You're saying you had received medical advice to that
22 effect?
23 **A.** Yes.
24 **LADY HALLETT:** Or was it expert advice, you're saying,
25 Mr Hancock? I think --

1 **A.** I'm sorry, without --
2 **LADY HALLETT:** -- medical advice.
3 **A.** Without any notice of this line of questioning, I can't
4 give you precise details of the documents, but it was
5 clearly understood, my clear understanding, and
6 essentially a consensus position that we reached.
7 This is all, obviously, extremely unfortunate. It's
8 one of the consequences of the fact this disease passes
9 from one person to another when you don't have symptoms.
10 **MR MENON:** Mr Hancock, even in January 2021, when we went
11 into the third lockdown, when children under 5 were
12 exempted from the regulations, in England children aged
13 5 to 12, who were too young to leave home independently,
14 were not similarly exempted, as they were in Scotland
15 and Wales. You know that, don't you?
16 **A.** I'm aware of the different regulations. I'm also aware
17 of the reasons that we brought in those regulations.
18 Nobody wanted these regulations, nobody wanted to have
19 to put these burdens on people, but I did want to stop
20 the virus and to stop so many people dying from it.
21 We've seen the testimony of the consequences of this
22 disease, it was a horrific virus, and it was my
23 responsibility to ensure that as few people got it as
24 possible, and that was extremely difficult. It involved
25 doing things nobody would want to do in any normal

1 circumstances. And from the tone of the questions I get
2 the impression that you think that that was a -- you're
3 inviting me to say that that was a mistake. It wasn't
4 a mistake to put in place the restrictions that saved
5 lives. My -- in fact my overall point is that we needed
6 to have done that sooner in order for there to have been
7 fewer deaths. That's what I was working for.
8 **Q.** And it wasn't simply the children's sector that was
9 asking the government to relax the rules in respect of
10 children, it was even people within government, wasn't
11 it? I'll give you an example.
12 Could we have on screen, please, INQ000176785, at
13 page 24.
14 These are WhatsApp messages between you and
15 Helen Whately, then minister of state in the
16 Department of Health and Social Care; is that right?
17 **A.** Yes, these are -- that's what these WhatsApps are.
18 **Q.** And if we have a look at the entry, please, for
19 11 October, at 15.46.59.
20 Do you have that on your screen?
21 **A.** Yeah.
22 **Q.** Helen Whately says to you:
23 "Wish we could loosen on children under 12 on
24 rule of 6 for tier 1."
25 **A.** Yeah.

1 **Q.** Then she goes on a few minutes, an hour or so later to
2 say:
3 "It would make such a difference for families and
4 there isn't a robust rationale for it."
5 So she clearly doesn't agree with you --
6 **A.** Yeah.
7 **Q.** -- about there being a robust rationale for it:
8 "Now is a really good chance to show we have
9 listened. (Lots of MPs were pushing on this during last
10 weeks' debates)."
11 Do you see that?
12 **A.** Of course I can see it. I can read, thank you.
13 **Q.** I'm glad to hear it.
14 Then you say:
15 "They don't want to go there on this."
16 And she says:
17 "Are we they?!"
18 Then you say:
19 "As in No10. Also on curfew -- they don't want to
20 shift an inch."
21 So correct me if I'm wrong, but she is saying
22 there's no rationale for children not being exempted
23 from the rule of six, and you're saying Number 10 do not
24 wish to shift an inch on this; is that right?
25 **A.** What I'd say in response to this exchange is, firstly,

1 a big picture point, you can see the high level of
2 professionalism and the way with which my -- those who
3 reported to me, including Helen Whately, could bring
4 issues to my attention and express that they disagreed
5 with me in a wholly professional way. And with respect
6 to yesterday's evidence I just think, Chair, I make that
7 point because this is how we ran the Health Department,
8 and I encouraged people to raise questions with me.
9 I also wished that we could have loosened on
10 children but we couldn't because we needed to keep R
11 below 1. At this point, on 11 October, you'll know that
12 the incidence of Covid was rising; that meant that in
13 the future more people were going to die each day than
14 were dying on this date. And my argument, as we've
15 discussed in earlier evidence, was that we needed to do
16 more at this point to stop the virus, to save lives.
17 That's the argument I was making.
18 And of course I understand the impact on children,
19 I have three children of my own. And of course I --
20 you know, I shared a wish that we didn't have to do any
21 of this. But we did, and the reason we did was because
22 otherwise more people would die. I think there was
23 a robust rationale for it and I therefore listened, as
24 you can see, debated briefly with Helen, and also --
25 I don't know whether I checked with Number 10 in that

1 15 minutes in between 5.40 and 5.54 or whether I already
2 knew that they didn't want to change their position. We
3 were under significant political pressure to lift
4 certain restrictions. I thought that would have been
5 a mistake and more people would have died. There was
6 an active campaign against the restrictions at this
7 point. And, as I say, the clear advice to me was that
8 because of asymptomatic transmission of this virus,
9 unfortunately it did pass from child to child and,
10 therefore, from child -- from household to household,
11 and that's why we kept the measures as they are.
12 **LADY HALLETT:** Thank you, Mr Menon, I'm afraid that's it.
13 **MR MENON:** Can I just make one final point, it's on the same
14 theme, it will take less than a minute, my Lady.
15 Mr Hancock, to be fair to you, you need to know that
16 this Inquiry has heard evidence, in relation to what
17 Sir Patrick Vallance put in his notebooks, that at this
18 very time in October there is evidence before this
19 Inquiry that SAGE was pushing for exempting children
20 from the rule of six. I'm afraid that does contradict
21 the evidence that you've just given, doesn't it?
22 **A.** I haven't seen that evidence, all I can give you is the
23 testimony of what I was told at the time and the
24 overriding strategic objective I had to save lives.
25 **LADY HALLETT:** Thank you, Mr Menon.

1 Mr Friedman.
2 **MR MENON:** Thank you, my Lady.
3 **Questions from MR FRIEDMAN KC**
4 **MR FRIEDMAN:** Thank you, my Lady.
5 Good morning, Mr Hancock. I act for four national
6 disabled people's organisations, and can I start with
7 adult social care as of early March 2020, and we're
8 particularly concerned with the implications of the NPIs
9 for disabled people, whose care systems would likely be
10 overhauled or at best be very significantly challenged.
11 For context, two points, if I may. First, the
12 annual published NHS Digital records from October 2019
13 indicate --I hope you'll take it from me -- that there
14 were 841,850 people who received long-term adult social
15 care support in 2018-19 and that a very significant
16 number of those people were disabled people?
17 **A.** Is that of all ages or of working age?
18 **Q.** I'm going to give you an example. For those aged
19 between 18 and 64.
20 **A.** Yeah.
21 **Q.** The most common reason for support was learning
22 disabilities, and that's 45.5%, followed by physical
23 support, 29.2%, and mental health support, 20%.
24 Second point for context, and bearing in mind your
25 characterisation of the function of central government,

1 including to do what only the centre can do, we know
2 that there was no dedicated cross-departmental
3 government plan as of March 2020 to lead on the
4 shielding and non-shielding challenges that hit disabled
5 people specifically. That's been confirmed by the
6 Minister for Disabled People to the Chair in this module
7 and by Marcus Bell, the director of the Equality Hub, in
8 Module 1.
9 **A.** All I'd say is it's valuable to be more precise within
10 March, because I commissioned the shield -- what became
11 the shielding plan in early March, and so by late March
12 it was extremely well advanced.
13 **Q.** Yes, well, I'm not going to go too far into that, save
14 to say this, because I'll ask you a question, you may
15 add to it, but the shielding plan and the battleplan,
16 the battleplan in relation to --
17 **A.** Yeah.
18 **Q.** -- all of your work, of course at that stage in March
19 and how it evolved in its first incarnation, battleplan
20 version 1, was for the clinically vulnerable who needed
21 to shield --
22 **A.** Yes.
23 **Q.** -- and then we know later in May that non-shielding
24 vulnerability came into play --
25 **A.** Yes.

1 **Q.** -- Simon Case took it up.
2 **A.** Yeah.
3 **Q.** We won't have a debate about that -- that was outside
4 your immediate responsibility. But let me just ask you
5 this: as Secretary of State for both health and
6 social care, including adult social care, did you raise
7 the issue of a lack of any cross-departmental plan --
8 and I emphasise that -- for disabled people, in central
9 government at the time?
10 **A.** We discussed the importance of work to protect those who
11 were particularly vulnerable to the disease.
12 **Q.** Yes.
13 **A.** And that's -- and so I answer that way because we were
14 precise about it, in how we thought about it, which is
15 what matters is the vulnerability to this disease, and
16 therefore, disability -- one disability may leave you
17 much more vulnerable to the disease, another disability
18 may leave you no more vulnerable to the disease than
19 somebody else of your age and other characteristics.
20 **Q.** Yes, so I understand that. That's inside your
21 department --
22 **A.** Yes.
23 **Q.** -- focusing on critical issue. And my question is
24 a more general one, of the various vulnerabilities that
25 were going to arise, both the clinical vulnerable that

1 you've just focused on --
2 **A.** Yes.
3 **Q.** -- and, as it were, the non-shielding vulnerability,
4 paradigmatically determined by the nature and the harsh
5 nature --
6 **A.** Yes.
7 **Q.** -- of the lockdown measures and the like.
8 **A.** Yes.
9 **Q.** Did you raise, as it were, the absence or the
10 sufficiency of cross-departmental government planning
11 for the whole of that impact?
12 **A.** My recollection is that this was discussed at one of the
13 MIGs, the ministerial implementation groups, but I don't
14 have a date for you of that.
15 **Q.** And beyond the obvious clinical focused responsibilities
16 of your department, whose responsibility in government,
17 either personally or, let us say, departmentally or
18 institutionally, would it have been to raise the need
19 for cross-departmental planning across the range of
20 clinical and non-clinical vulnerabilities arising out of
21 the Covid response?
22 **A.** Well, the answer is that in the -- in the pandemic, that
23 is a very big question, because the issue of those who
24 are more clinically vulnerable was clearly
25 a cross-departmental one at the heart of the overall

1 response to Covid, and so the Chief Medical Officer and
2 others would have been heavily engaged on that side.
3 The consequences of the measures needed to tackle Covid
4 that particularly made life harsher and more difficult
5 for those with disabilities, including those who were no
6 more at risk from Covid than the general population,
7 those issues were considered. I think that the lead --
8 of course there's a minister for disabilities, and
9 I know that he's given evidence, but that would have
10 been more likely to have fallen within MHCLG's remit and
11 they led on the overall shielding and then the allied
12 non-shielding -- non-clinically vulnerable support. But
13 there was also a heavy Cabinet Office support for that.
14 And, as you say, Simon Case was initially brought into
15 government in order to lead on that particular piece of
16 work which was very important.
17 **Q.** Thank you.
18 Could we go to INQ000093254, page 6, and I'm turning
19 to care homes specifically, Mr Hancock.
20 **A.** Okay.
21 **Q.** These are WhatsApp messages amongst you and your staff
22 but I want to focus on the one with Jamie Njoku-Goodwin,
23 it's dated 4 April 2020, and we've seen this morning
24 that he was actually on the 6 March care homes meeting
25 that Ms Morris King's Counsel took you to.

1 **A.** Yes.
2 **Q.** So, first, you told the Chair yesterday that this was
3 your media adviser?
4 **A.** Yes.
5 **Q.** And he became a director of strategy later on in
6 Number 10 Downing Street. His statement to the Inquiry
7 indicates that he worked for you on media management and
8 also wider and political strategic issues; is that
9 addition --
10 **A.** Yes, that's a good summary.
11 **Q.** Yes. Now, yesterday, Counsel to the Inquiry asked you
12 to look at an exchange on 13 May 2020 --
13 **A.** Yeah.
14 **Q.** -- about what to say to the public about having locked
15 down the care homes?
16 **A.** Yeah.
17 **Q.** And he had warned you:
18 "Matt, we might have some issues with you telling
19 the PM we 'locked down' care homes before the rest of
20 the country."
21 Can I just read this exchange of five weeks earlier,
22 and the third JN entry on that page:
23 "On testing, do we need to have a specific
24 strand/push on testing in care homes?"
25 **A.** Yeah.

1 **Q.** "We are testing hospital admissions and clinical
2 patients at risk. Do we also need a push on testing
3 people in care?"
4 **A.** Yeah.
5 **Q.** "Or at least [we] have some sort of focused effort on
6 testing people in care. I know it is complex and the
7 people dying in care homes are often people who were
8 near the end regardless, but I worry that if a load of
9 people in care start dying, there will be front pages
10 demanding why we weren't testing people in care homes.
11 Do we need to get ahead of this now?"
12 And you say:
13 "Let's have rapid advice on this tying together all
14 the angles."
15 Of that message of 4 April 2020 --
16 **A.** Yeah.
17 **Q.** -- when replying you do not correct the misconception of
18 your adviser that those in care homes include not just
19 those "who were near the end regardless" but also
20 disabled people who were not near the end but living in
21 long-term residential care or settings from a young age.
22 Now, did you have that reality in the forefront of your
23 mind at the time, and bluntly, why not correct your
24 adviser of that serious misconception?
25 **A.** Firstly, I absolutely have that -- had that at the front

1 of my mind, and before the pandemic had done significant
2 work in trying to improve outcomes for those who were in
3 adult social care, of working age, with disabilities,
4 including trying to get more support in the community
5 for discharge where that was appropriate. So I'd done
6 work on this, and I of course knew that.
7 The response that I gave, at a time when I was
8 exceptionally busy, the fact that it doesn't state all
9 of that in no way implies that that wasn't what I was
10 thinking. And asking for advice is a device I would use
11 typically when I was brought a complex issue, I cared
12 about it, wanted to make progress on it, but I thought
13 that it was best not done over WhatsApp. And as you can
14 see two messages down, Leila was my private secretary,
15 she is on the group, and she says "I'll commission now".
16 So this is the system -- that is a typical exchange:
17 a complex issue is brought by a political adviser,
18 Jamie Njoku-Goodwin was one of the most exceptional
19 public servants and his advice to me was excellent, and
20 I respected it.
21 However, he's coming at this from a comms angle, in
22 terms of what the newspapers might say. I was
23 absolutely determined on this, as on so many other
24 issues, to be guided by the science, which is why
25 I would have wanted formal advice. After all, I can

1 tell you now, that the response -- the reason that we
2 did not at that point have as much testing in
3 care homes, as many would have wanted, was that we
4 didn't have enough tests, and the clinical
5 prioritisation of who got tests in what order was
6 absolutely something that I wouldn't have interfered
7 with, I would have taken that as read.
8 **Q.** Understood. Can we then move on to the emerging data --
9 **LADY HALLETT:** Last question, please, Mr Friedman.
10 **MR FRIEDMAN:** -- from testing in relation to disabled
11 people. And can I really then, because of the Chair's
12 intervention, crunch it down.
13 During the course of the summer, very significant
14 statistics emerged that amount to 59% of those who have
15 died from Covid between 2 March and July were disabled
16 people.
17 Now, do you recall becoming aware of those very
18 significant figures?
19 **A.** Yes.
20 **Q.** And if so, roughly, we won't hold you to an exact date,
21 but roughly, when do you think you did become aware of
22 those kind of figures?
23 **A.** I'm -- off the top of my head I don't know. We can
24 discover it in the paperwork if we -- if necessary.
25 **Q.** But given this point, what I'll call the Badenoch

1 review, very generally --
2 **A.** Yeah.
3 **Q.** -- commissioned in June, as you put it in your
4 statement:
5 "... to improve understanding of drivers for
6 disparities to inform decision-making."
7 Why, as far as you were concerned, did the Badenoch
8 review not look at disabled people as well as the very
9 important matter of ethnic minorities?
10 **A.** My initial understanding of the commission to Public
11 Health England, which ultimately became the Badenoch
12 review, because it all came from this work within Public
13 Health England, was that it was to look at disparities,
14 and I would take that to involve all protected
15 characteristics --
16 **Q.** Quite.
17 **A.** -- and that is my -- that was my approach to it. Of
18 course there is a -- there was a complication here
19 because of comorbidity --
20 **Q.** Yes.
21 **A.** -- not least because of -- the strongest correlation
22 with risk from Covid was, of course, age --
23 **Q.** Mr Hancock, in view of time, because we've heard quite
24 a lot of evidence, my only question is: what was your
25 understanding about why it focused, as it did, on ethnic

1 minorities and not disabled people? Did you have any
2 understanding about why it focused --
3 **A.** No, my initial -- my understanding, before it was passed
4 to Kemi Badenoch, was that it was a matter -- a question
5 of disparities as a whole.
6 **Q.** Yes. Just the last thing, madam, if I may --
7 **LADY HALLETT:** Mr Friedman, thank you.
8 Sorry, we have got so much to get through. I know
9 these are important issues to the people you represent,
10 in every case, including Mr Menon, but we have to get
11 on, we've got so many to get through.
12 Mr Thomas.
13 **MR FRIEDMAN:** Very well, my Lady.
14 **Questions from PROFESSOR THOMAS KC**
15 **PROFESSOR THOMAS:** Sorry about the layout.
16 **A.** I'll answer to the Chair, I'm told, so I apologise that
17 I'll be looking that way.
18 **Q.** I'll get used to seeing your back.
19 I represent the Federation of Ethnic Minority
20 Healthcare Organisations.
21 **A.** Yes.
22 **Q.** FEHMO. The very frontline workers that the public was
23 clapping every Thursday evening at about 8 pm.
24 **A.** Yes.
25 **Q.** I'm sure you remember.

1 **A.** Absolutely.
2 **Q.** I have only a small handful of questions that I wish to
3 explore with you. These can be divided into two topics.
4 Let me turn to the first topic. This morning you said,
5 Mr Hancock, that:
6 "I was particularly struck by the death of the first
7 four NHS doctors, three of whom were from an ethnic
8 minority background. I was acutely aware of the
9 disproportionate impact on those from ethnic minority
10 backgrounds, especially amongst the wider NHS
11 workforce ..."
12 **A.** Yes.
13 **Q.** Et cetera, et cetera.
14 Question: please help me with this: what steps, if
15 any, did you take to engage with the black, Asian and
16 ethnic minority leaders in healthcare about the
17 disproportionate deaths within their ranks during this
18 early period?
19 **A.** Well, I engaged with the NHS leadership on this
20 question, including people from all ethnicities, and
21 I was engaged heavily in issues around the -- firstly,
22 the evident higher risk of those from ethnic minority
23 backgrounds to the disease, but also the more
24 long-standing issue of racism within the NHS, which came
25 to light in a report that had been -- that had been

1 begun before the pandemic.
2 So this was an issue I was heavily involved in. The
3 NHS can't work without its amazing diverse workforce,
4 and it was something that I was concerned about well
5 before the pandemic.
6 **Q.** Secretary of State, or former Secretary of State, let me
7 just put this to you clearly and bluntly: did you or did
8 you not at this time specifically engage with the
9 leadership of any ethnic minority healthcare body?
10 That's the question.
11 **A.** I -- I engaged with ethnic minority leaders across the
12 NHS and indeed social care. Specifically in terms of
13 meetings, we'll have to look through the diary to
14 understand -- to see how -- you know, who. And I'm very
15 happy to do that.
16 **Q.** Okay, let me move on to the second question. What
17 concrete steps did you take as Health Secretary to
18 mitigate against the unequal impact of the pandemic on
19 black, Asian and minority ethnic healthcare workers and
20 patients?
21 **A.** Well, there were a number of things that we had to do.
22 As Professor Van-Tam set out in his evidence, making
23 sure, for instance, that there was PPE that would fit
24 people from any ethnic minority background or from
25 different ethnic minority backgrounds, was an important

1 issue that came to light and that we -- that we worked
2 on.
3 And there was a wider question of how to protect all
4 healthcare staff, because there was a disproportionate
5 impact of the virus on -- on people from ethnic minority
6 backgrounds because they were disproportionately engaged
7 in patient-facing roles in the NHS. And by
8 disproportionate I mean that in terms of the numbers,
9 the statistics. It's not -- you know, not about whether
10 that should have been the case or not, which is
11 an important question, but at this point it was about:
12 how do we protect people in those -- especially in those
13 patient-facing roles?
14 **Q.** Would you agree that part of this was as a result of
15 structural inequalities? Would you agree with that?
16 **A.** Yes, absolutely. And in fact part of the work was about
17 make -- trying to understand what is to do with
18 structural inequalities and the higher likelihood of
19 people in especially patient-facing and service roles
20 being from ethnic minority backgrounds and how much was
21 a clinical question of the higher likelihood of Covid
22 causing severe disease and death according to ethnic
23 background. And those were two overlapping and
24 incredibly important considerations that the --
25 initially PHE and then Badenoch review was intended to

1 try to get to the bottom of.
2 **Q.** Let me move on, I've used up half of my time.
3 Can we call up INQ000176785, please.
4 This is the WhatsApp exchange between you and
5 Helen Whately --
6 **A.** Yeah.
7 **Q.** -- in June 2020. Ms Whately writes to you:
8 "One more thing on the NHS workforce -- I think that
9 [black, Asian and minority ethnic] next steps proposed
10 are important but don't go far enough. There's
11 [systemic] racism in some parts of the NHS, as seen in
12 the NHSBT. Now could be a good moment to kick off
13 a proper piece of work to investigate and tackle it."
14 You respond by saying:
15 "Yes" --
16 **A.** Yes.
17 **Q.** -- "agree 100%. Can you make that happen."
18 And she confirmed that she'd be "delighted" to do
19 so. A couple of days later she messages you again and
20 raises that:
21 "No one seems to be mentioning [the NHSE risk
22 reduction framework] recognising age and ethnicity
23 as risk factor ..."
24 And she says she has flagged that with Number 10.
25 **A.** Yeah.

1 **Q.** Right. So can we agree this: you accept, do you not,
2 Ms Whately's assertions that there was systemic racism
3 in the NHS; that's correct, we can agree that, yes?
4 **A.** Yes, and in fact I'd addressed this -- exactly this
5 question even before the pandemic, given a speech on it,
6 referred to it in 2019, and there was this internal
7 report into racist behaviour in NHSBT that was published
8 on 19 June so the day before this exchange started.
9 **Q.** So we've got that response in mind and what you said
10 earlier today. But let me ask you this -- and I've seen
11 that you flagged it to Number 10 and Ms Badenoch.
12 **A.** Yeah.
13 **Q.** But let me ask you this: did you and Ms Whately take any
14 further steps regarding the recognition of ethnicity as
15 a risk factor aside from flagging it to Number 10, and
16 if not, why not?
17 **A.** Yes, well -- so she flagged it to Ed Argar, who is
18 another minister in the department responsible for the
19 NHS, whereas Helen Whately was the minister responsible
20 for social care, and Number 10. She was also had
21 responsibility for the NHS workforce, hence her interest
22 in this area.
23 Yes, what happened was that that -- this is just
24 before the Badenoch review is announced, so what
25 happened was that in order to strengthen the response in

1 this area, the department for equalities was essentially
2 brought in to do this.
3 **Q.** Okay. Was it raised within senior personnel within the
4 NHS, for example as a guidance or as a reminder?
5 **A.** Yes, especially in the context of the NHSBT report,
6 which was an important report and needed action to
7 respond to. This was something I really care about, and
8 took the action that was necessary. And you can see by
9 my immediate reaction within ten minutes, "Yes agree
10 100%".
11 **Q.** Let me move on to my last questions, I have two more
12 last questions, I want to get them done very quickly.
13 It's alleged that a chapter was removed from the Public
14 Health England report on the disparate impact on black,
15 Asian and minority ethnic groups prior to publication,
16 and media reports at the time suggest that this was at
17 your office's request. One such article states:
18 "One source with the knowledge of the review said
19 the section 'did not survive contact with Matt Hancock's
20 office' over the weekend."
21 And if you need the reference, the reference is
22 INQ000308410. I'm not asking that it be called up,
23 that's just a reference.
24 **A.** Yeah.
25 **Q.** "Exclusive: Government censored [black, Asian and

1 minority ethnic] covid-risk reviews."
2 News, Health Service Journal.
3 **A.** Yeah.
4 **Q.** Question: can you explain the circumstances surrounding
5 this paragraph's removal?
6 **A.** I don't know whether a paragraph was removed or not,
7 I can't recall that, but I do recall there being
8 a public discussion along the lines that is suggested by
9 the HSJ report. I saw Minister Badenoch's testimony to
10 this Inquiry and I agree entirely with what she said.
11 I accept that the decision to change the report into two
12 reports, one essentially reporting the evidence that had
13 been put forward and another essentially a statistical
14 and scientific report, I accept that that caused
15 a distrust in the process. Honestly, my response to the
16 paperwork that you've suggested, which you mentioned,
17 which I've read, is that if that happened, and I'm not
18 aware of whether I had any engagement with it at that
19 time, it says "Matt Hancock's office", it may have been
20 that this was the beginning of the separation of this
21 report into two separate reports, and I concur with what
22 Kemi Badenoch said.
23 **Q.** Mr Hancock, let me ask you my last question. Can we
24 agree on this, Mr Hancock: that on reflection, the
25 UK Government was not as well prepared and equipped to

1 deal with the challenges of the pandemic that were
2 experienced by black, Asian and minority ethnic
3 healthcare workers? That is, the disproportionate death
4 rates and worse adverse health outcomes. Can we agree
5 on that?
6 **A.** Well, I think that's true. It's also true of the
7 response in terms of everybody, and I think that the
8 lessons that we're learning here specifically in terms
9 of disparities and the impact -- disproportionate impact
10 on people from ethnic minority backgrounds is a very
11 important part of the lessons that we need to learn for
12 the future.
13 **Q.** I think we're agreed.
14 **A.** I think we've agreed on almost everything.
15 **PROFESSOR THOMAS:** I think we have, thank you.
16 **LADY HALLETT:** Thank you, Mr Thomas.
17 Mr Stanton.
18 **Questions from MR STANTON**
19 **MR STANTON:** Thank you, my Lady.
20 **LADY HALLETT:** Again behind you, I'm afraid, Mr Hancock.
21 **MR STANTON:** Good afternoon, Mr Hancock. I'm sorry about
22 this slightly awkward positioning. I represent the
23 British Medical Association, and I'll be asking you some
24 questions concerning the circumstances of doctors and
25 healthcare workers.

1 I'd like to highlight a couple of points of relevant
2 background before I ask you the questions. The first is
3 a piece of information I think you'll be aware of, and
4 I don't think we'll need to bring it up on the screen.
5 It's an ONS survey from July 2020 which showed that
6 healthcare workers and social care workers were at
7 six times more increased risk of infection.
8 **A.** Yes, of course.
9 **Q.** Just for the transcript, that reference is INQ000271363.
10 The second piece of information which I think will
11 be helpful, and I'd like to bring up on screen, is
12 an email from Professor Van-Tam right at the start of
13 the pandemic, on 14 January.
14 This is at INQ000151314, and hopefully you've got
15 that before you.
16 It's just the first point in the email that I'd like
17 to bring to your attention. Professor Van-Tam is
18 providing some advice to your department, right at the
19 early stages, about triggers for escalating the
20 response.
21 **A.** Yeah.
22 **Q.** And trigger 1, as you can see, is in relation to
23 infections amongst healthcare workers, and he makes the
24 point, in a style which we've become familiar with, that
25 healthcare workers are "always the canary in the

1 coalmine".
2 A. Yeah.
3 Q. By which he obviously means they're the first
4 identifiable group that will become infected and, as
5 such, they'll operate as an early warning system.
6 A. Specifically of person-to-person transmission.
7 Q. Yes, thank you.
8 So with these points about increased risk in mind,
9 and thinking about your representations throughout the
10 summer of 2020 and into the autumn --
11 A. Yeah.
12 Q. -- about the need for caution when opening up --
13 A. Yeah.
14 Q. I'd like to ask you about the extent to which you felt
15 you were able to advocate on behalf of healthcare
16 workers who had faced the traumatic experience in
17 dealing with the first wave --
18 A. Yeah.
19 Q. -- suffered high levels of infection and desperately
20 needed an opportunity to recover --
21 A. Yes.
22 Q. -- and, if possible, to avoid a second wave.
23 A. Yes, I felt that argument very deeply.
24 Q. Could you help the Inquiry with any insights about any
25 obstacles you might have faced in this regard?

1 A. Well, the obstacles are -- were described and discussed
2 in the questioning from Mr Keith, because -- you know,
3 in the same way that to tackle Long Covid you need to
4 tackle Covid, to stop healthcare workers dying from
5 Covid you need to tackle Covid.
6 Now, there are also specific actions that you can
7 take. You asked specifically about the summer, and
8 of course by the summer we did have a very significant
9 testing operation, so -- and testing in hospitals. But
10 earlier we were discussing the challenges of getting
11 testing into care homes, and in a way your question
12 demonstrates that there are other priorities too that
13 need to be considered, and so in that instance I always
14 took clinical advice on that prioritisation. But yes,
15 there was -- and the same goes for PPE, by the way,
16 where there was -- where there was this tension: where
17 do you use your PPE? And the argument that you are
18 rightly, correctly and understandably making is
19 healthcare workers are amongst those who are most highly
20 affected. It was, for instance, why we put healthcare
21 workers in the very first group to get the vaccine.
22 Q. Yes, thank you.
23 Can I move on to a connected issue, and one that
24 also concerns risk of infection. Can I ask you about
25 your understanding of airborne transmission.

1 A. Yes.
2 Q. What were you advised about this risk and when did
3 you --
4 A. Yeah.
5 Q. -- become aware that it was a significant route of
6 transmission?
7 A. So just to be totally clear, are you asking about the
8 distinction between droplet transmission and airborne
9 transmission through --
10 Q. Yes.
11 A. -- essentially, aerosols?
12 Q. Yes, I am.
13 A. Okay, so this was a really, really important point, and
14 sometimes quite complicated to describe, and also the
15 science behind it was -- was very complicated to
16 ascertain. So how the virus spread from one person to
17 another is obviously an absolutely critical part of
18 transmission, not only the rate of transmission but how,
19 and early on, based on previous coronaviruses, it was
20 largely assumed that it was droplets that made
21 transmission happen and, therefore, not being close to
22 somebody was one of the most important things. But it
23 became clear through the early summer of 2020 that in
24 fact aerosol, airborne transmission was more important,
25 so it was a bit like if you have a -- I remember the

1 very first description, which, again, was given to me by
2 Professor Van-Tam in his eloquent way: if you have
3 a smoky candle, the way that the smoke will go in the
4 whole room. The consequence of that is ventilation
5 became seen as much more important, and is more
6 important, for dealing with the transmission of Covid
7 than droplets. But that was not understood at the start
8 because it was a novel disease, and the starting point
9 was an assumption that the transmission was the same as
10 SARS-CoV-1.
11 Q. Thank you.
12 You spoke at length yesterday about your regrets in
13 relation to asymptomatic transmission. Do you think
14 there are any parallels and lessons to be learned with
15 aerosol transmission? For example, should a more
16 precautionary approach have been taken?
17 A. With hindsight, obviously, but I think at the time
18 the -- again, the science on this was really, really --
19 was unclear. But I do think, to your point, a lesson
20 for the future is that when you have a disease that
21 spreads without necessarily person-to-person touch, then
22 you should immediately assume that good ventilation
23 should be part of your infection control procedures.
24 Q. Thank you.
25 I'll move now to my last question area. You

1 mentioned earlier that during the early summer of 2020
2 airborne transmission became more important --
3 A. Yes.
4 Q. -- or it was realised that it was more significant. Can
5 I ask you about decisions taken in June, at the end of
6 June, to stop purchasing PPE. So you've told us about
7 your direction to begin purchasing, I think towards the
8 end of January.
9 A. Right at the end of January, yeah.
10 Q. And obviously that does need to come to an end at some
11 point.
12 A. Yeah.
13 Q. And at the end of June stop notices were put on
14 purchasing of PPE. Your permanent secretary,
15 Sir Christopher Wormald, addresses this in his
16 statement.
17 FFP3 masks were no longer purchased after 30 June,
18 and as you'll be aware these are the masks that provide
19 maximum protection from airborne virus.
20 Given that the awareness of the risks of airborne
21 virus were growing at this time, and given the
22 likelihood that a second wave was coming, and also given
23 the shortages of this very important piece of equipment,
24 do you think the risks of transmission, aerosol
25 transmission, were fully factored into this decision to

1 stop purchasing?
2 A. I don't know, we'd have to look at the chronology,
3 I don't know the date of my conversation that I just
4 described with Professor Van-Tam, and the first hard
5 evidence I saw on this was evidence from a Spanish
6 study, so this was clearly an international issue.
7 Having said all of that, it is absolutely clear that
8 this is an important part of the lessons learned
9 exercise, because having the right stockpile in
10 a pickable format, so that you can get it out quickly in
11 a crisis, of kit that fits everybody, no matter their
12 gender or ethnic background, is a very important lesson
13 for the future.
14 So irrespective of the chronology, which I'm happy
15 to look at in the paperwork, for the future it's not
16 just about having a PPE stockpile, it's about having
17 a PPE stockpile that is the most likely to be
18 immediately and urgently useful in the event of
19 a pandemic.
20 MR STANTON: Thank you, Mr Hancock.
21 Thank you, my Lady.
22 LADY HALLETT: Thank you, Mr Stanton, very grateful.
23 Ms Davies.
24 Ms Davies is over there, Mr Hancock.
25 **Questions from MS DAVIES KC**

1 MS DAVIES: Mr Hancock, you can see and hear me all right?
2 A. Yes.
3 Q. I ask questions on behalf of Southall Black Sisters, and
4 Solace Women's Aid and you'll know that they are part of
5 the violence against women and girls sector, dealing
6 with them --
7 A. Yes.
8 Q. -- so my topics are on domestic abuse.
9 A. Yes.
10 Q. Can I start with the regulations which, as you say, you
11 had responsibility for signing off?
12 A. Yes.
13 Q. And under the regulations that came into force on
14 26 March, as you say they weren't the first ones but
15 they were the ones for lockdown, then the requirement
16 was to stay at home, there were certain exemptions from
17 that, and two of the exemptions -- three of the
18 exemptions, in fact -- is that people could leave if
19 they had to access critical public services, including
20 services provided to victims such as victims of crime?
21 A. Yes.
22 Q. And another one, they could leave in order to avoid
23 injury or illness or escape a risk of harm.
24 A. Yes.
25 Q. Did you have in mind the need to leave domestic abuse --

1 A. Yes.
2 Q. -- when you approved those exemptions?
3 A. Yes.
4 Q. Did you ever consider a parallel provision -- and I'll
5 put the scenario to you -- in normal times, outside of
6 lockdown, outside of pandemic, then it's not unusual for
7 women, it's mainly women who have to leave as a result
8 of domestic abuse -- if they don't go to refuges, they
9 might go to their sister or mother or their best friend
10 and stay in the spare room, get some respite time while
11 they make decisions and so forth. There is nothing in
12 the regulations that allows for somebody to let somebody
13 else into her home in order to provide a refuge, a place
14 of sanctuary, a safe place to think. Did you ever
15 consider that, sort of, parallel provision: parallel to
16 the idea that you could leave, you could also go and
17 stay with a friend or a relative?
18 A. I don't recall that being brought to my attention, that
19 consideration. I had an excellent team who cared very
20 deeply about this subject, and the impact of the
21 regulations on people, as you say, mostly women, who are
22 subject to domestic abuse and violence. I also remember
23 that Theresa May raised this in Parliament and was
24 a strong advocate. But I don't recall that being
25 brought to my attention. Had it been, I'm highly

1 confident that I would have said that we should put in
2 place such a provision because the impact on the overall
3 virus would have been relatively low because, although
4 the numbers are far too big, they are, as a part of the
5 population, relatively low. And in the same way that we
6 realised that our initial regulations in terms of how
7 they impacted funerals, for example, were much firmer in
8 their interpretation on the ground than we had intended,
9 and we therefore changed them, that is the sort of thing
10 that I would have certainly been open to considering and
11 I'm pretty sure I would have been in favour of it had it
12 been brought to my attention. But I haven't seen any
13 paperwork on this question.
14 **Q.** Open to considering, that is helpful, thank you.
15 Let me move on to my next topic and that is about
16 testing key workers, and you talk about that in your
17 statement and setting up the priority scheme for testing
18 key workers.
19 Did you include, as key workers, workers in the
20 domestic abuse sector: refuge workers and so forth?
21 **A.** I took -- it was not a Department of Health decision on
22 what was a key worker, so I took the list of key workers
23 as read. I can't off the top of my head remember,
24 although there was -- who came up with the list,
25 although I'm pretty sure it had cross-government

1 sign-off because of the impact from every department,
2 and policy with respect to domestic abuse is
3 a Home Office matter, I think --
4 **Q.** Principally.
5 **A.** Principally.
6 **Q.** It's across government, but principally --
7 **A.** Exactly. So it would have been for the Home Office --
8 I'm sorry to give you a sort of bureaucratic answer --
9 but it would have been for the Home Office to put that
10 forward.
11 In -- if you like I was -- as the Health Secretary
12 I put forward key worker proposals from the areas I was
13 responsible for, health and social care workers
14 primarily, but also for instance those working on the
15 vaccine, and then I was the recipient of the
16 cross-government list.
17 **Q.** If I tell you that Priti Patel's evidence is that she
18 raised the issues of domestic abuse workers falling
19 within key workers at COBR on 18 March, does that jog
20 your memory?
21 **A.** It doesn't, but I'm not at all surprised.
22 **Q.** All right.
23 Then my last question, my Lady, is this.
24 It's about what you knew going into the autumn
25 of 2020 when you're making decisions around tiers and

1 then the second and then, finally, the third national
2 lockdown.
3 So by the summer of 2020, it was known to ministers
4 that there had been an increase in domestic abuse as
5 a result of lockdown --
6 **A.** Yes.
7 **Q.** -- wasn't it?
8 **A.** Yes.
9 **Q.** And you're also aware by June --
10 **A.** Yes.
11 **Q.** -- in your witness statement, that there is the
12 possibility of a second wave in winter and you're
13 working on preparations for that?
14 **A.** Yes.
15 **Q.** Yes. So when you are then, as you told us this morning,
16 advocating for the tier system --
17 **A.** Yes.
18 **Q.** -- in late September, early October --
19 **A.** Yes.
20 **Q.** -- did you have in mind repercussions and the
21 possibility of an additional increase in domestic abuse?
22 **A.** Yes. I had in mind that. I had in mind the impact on
23 children. I had in mind the impact -- the mental health
24 impact on the population. I had in mind the impact on
25 other health conditions. I had in mind the economic

1 impact and the knock-on consequences of damage to the
2 economy on people's health. We had all of these known
3 costs, known damage from lockdown in mind.
4 Of course I had to weigh that against the, by then,
5 known and clear damage and cost and loss of life from
6 the virus and the -- to me, as I've described earlier,
7 the balance of those two horrible outcomes was clearly
8 that we did need to take action to lock down, and so --
9 you know, I think you can see from the paperwork that
10 even ahead of the March lockdown we knew that there
11 would be consequences that were damaging of these
12 lockdowns, but this virus was killing a lot of people
13 and going to kill more and the -- you have to weigh
14 these things together, and that's what I did.
15 **Q.** And you would say the same weighing exercise happened
16 for the second national lockdown in November and then
17 the third one in January?
18 **A.** Absolutely. And we understood more of the negative
19 consequences by then because we'd seen them. Nobody
20 wanted these lockdowns, but the consequence if we hadn't
21 had them would have been far, far worse.
22 **Q.** And this is my very last question: since you did bear in
23 mind all those weighty responsibilities, turning back
24 again to domestic abuse, was there anything that you did
25 specifically about that for the decisions that you made

1 in the autumn and the winter?
2 **A.** I would have taken advice on that and I would have taken
3 that advice very seriously. I don't -- without going
4 back through the paperwork, I don't have a direct answer
5 to the question. It isn't -- I can't remember
6 specifically, but I know that it was something that we
7 considered.
8 **MS DAVIES:** Thank you, Mr Hancock.
9 Thank you, my Lady.
10 **LADY HALLETT:** Thank you, Ms Davies.
11 Mr Jacobs.
12 Mr Jacobs is also behind you, Mr Hancock, don't
13 worry about it, he's used to people's backs as well.
14 **Questions from MR JACOBS**
15 **MR JACOBS:** Mr Hancock, I ask questions on behalf of the
16 Trades Union Congress.
17 The first topic is financial support for
18 self-isolation.
19 **A.** Yes.
20 **Q.** An early step that was taken by the government on this
21 issue in March 2020 was making sick pay available from
22 day one rather than day three.
23 **A.** Yes.
24 **Q.** Do you recall?
25 **A.** I do.

1 **Q.** On 3 March 2020 -- you can see it if you need to -- you
2 sent a WhatsApp message saying that you were supportive
3 of the fix, though it only solves half the problem.
4 **A.** Yes.
5 **Q.** What was the other half of the problem that wasn't being
6 solved, to your recollection?
7 **A.** Sick pay in this country is far, far too low. It's far
8 lower than the European average. It encourages people
9 to go to work when they should be getting better.
10 Having low sick pay encourages the spread of
11 communicable diseases, it discourages -- having higher
12 sick pay -- better put it in the positive -- having
13 higher sick pay would encourage employers to do more to
14 look after the health of their employees.
15 Before the pandemic, I'd been on an internal
16 government campaign to significantly increase sick pay.
17 I'd double it if I had a magic wand.
18 So moving from three days to one day payment was
19 a small step which I -- obviously was necessary for the
20 pandemic but I enthusiastically embraced, but I would
21 have gone far, far higher. We needed isolation payments
22 from the start, we got them in the end by September, and
23 I pay tribute to the Trades Union Congress for their
24 campaigning on this issue which helped me get it over
25 the line.

1 **Q.** On that point, Mr Hancock, you may recall appearing on
2 Question Time on 19 March 2020 and accepting, in
3 response to a question from Frances O'Grady, the then
4 general secretary of the TUC, that you couldn't survive
5 on the £94 per week --
6 **A.** Yeah.
7 **Q.** -- of statutory sick pay.
8 **A.** Yeah.
9 **Q.** And in fair --
10 **A.** It should be higher. I think Frances O'Grady is
11 wonderful and gave great service to the country in the
12 role that she was in, and she made an argument that
13 I very strongly believed in. It was a --
14 **Q.** Sorry, Mr Hancock, I do have limited time.
15 **A.** I do apologise.
16 **Q.** In fairness to you --
17 **A.** You've got me now on one of my pet --
18 **Q.** The TUC may not thank me for interrupting you in
19 praising Frances O'Grady, but I'd better move on.
20 In fairness to you, in response to questions from
21 Mr Keith yesterday about Eat Out to Help Out, I think it
22 was your evidence that at the time you were campaigning
23 internally to get funding so that those who test
24 positive would isolate, which you eventually got in
25 place in September?

1 **A.** Yes, Dido Harding and I had a very strong campaign on
2 that.
3 **Q.** And who needed to be the target of that strong campaign?
4 Ie, where was the resistance?
5 **A.** Well, we needed to get cross-government agreement and
6 that is a -- you know, the government's a large beast,
7 so we had to -- there were all sorts of people we needed
8 to get on side for that.
9 **Q.** Mr Hancock, clearly you need cross-government agreement,
10 but where was the resistance, straightforwardly?
11 **A.** Well, I can't remember, you'll have to look in the
12 paperwork, but you need to have Number 10 onside,
13 Cabinet Office onside, and Treasury onside. For
14 something like that you'd also need to have the DWP
15 onside because, although this was a pandemic and
16 therefore I was driving it, it would typically be
17 something close to their hearts as well.
18 **Q.** Okay.
19 **A.** But I can't remember precisely what the dynamics of that
20 debate were.
21 **Q.** The test and trace support payment scheme came in on
22 28 September, Monday the 28th. I'm going to ask you
23 about notes made by Sir Patrick Vallance of a meeting on
24 25 September, so the Friday before that came in. Okay?
25 It's page 621 of the Inquiry's schedule of his

1 notes, INQ000273901. We can see, Mr Hancock, it says:
2 "Cases, admissions and deaths all [up]. PM obsessed
3 with testing again. 'Are people actually doing the
4 self-isolation'. I [so Sir Patrick] argued that low
5 levels of isolation is the key. They of course go
6 straight to 'enforcement'. Hancock argues that it is
7 all OK from Monday."
8 Presumably that must be a reference to the test and
9 trace payment support scheme.
10 "PM says 'we must have known this wasn't working --
11 we have been pretending it has been whereas secretly we
12 know it hasn't been'. Hancock lets out a big sigh."
13 **A.** Yeah, I feel like giving it a big sigh now.
14 **Q.** Firstly, but perhaps the question -- the answer to this
15 is obviously yes. Did you agree with that assessment of
16 the PM and is it --
17 **A.** No, I didn't, that wasn't how I felt about it.
18 **Q.** Let me ask a different -- how did you feel about it?
19 **A.** I don't think -- I hadn't been pretending to anybody,
20 and I'd been making the argument as strongly as I could
21 that we needed action such as we were taking that
22 following Monday.
23 **Q.** Hence your big sigh.
24 Do you think, though, that it's a pretty appalling
25 state of affairs that, six months after this measure of

1 self-isolation becomes a key NPI, the PM's assessment is
2 "we have been pretending it's been working whereas
3 secretly we know it hasn't been"?
4 **A.** I think the lesson for the future is that self-isolation
5 payments, rapidly delivered, are a necessity when
6 self-isolation or indeed mandatory isolation is
7 required. And my lesson -- a further lesson I would
8 take for the future from this whole debate in government
9 is that we should have higher statutory sick pay, but
10 I appreciate that's outwith the terms of reference of
11 the Inquiry.
12 **Q.** Mr Hancock, the learning lessons point is clearly
13 important. My question, straightforwardly, was: do you
14 agree with the characterisation that it's a pretty
15 appalling state of affairs to be in at that stage in the
16 pandemic?
17 **A.** I think that is unfair. There were enormous numbers of
18 pressures, and these decisions and the positions people
19 took were for good, rational reasons as far as I could
20 see on this. I'm just very glad that we got over the
21 line.
22 **Q.** Next topic is movement of staff between care homes.
23 **A.** Yes.
24 **Q.** Could we have on the screen your third statement,
25 please, page 8, INQ000273833, and in particular

1 paragraph 33. So you say, Mr Hancock:
2 "In respect of staff movement between care homes,
3 from the moment it became clear that staff movement was
4 a vector of transmission, I pushed hard to limit, and
5 then ban, staff movement. Various arguments against
6 were presented, including that staff were essential for
7 the sector, which of course they are, but I took the
8 view that the need to stop infections getting into
9 care homes was more important."
10 Mr Hancock, is that misleading in the sense that
11 whilst it may have been true of your position later in
12 the pandemic, in the first few months of the pandemic it
13 wasn't your view?
14 **A.** When I wrote this, I hadn't seen the paperwork from
15 essentially February/March which showed that some had
16 been raising this issue, and at that time the concern
17 around, as it says here, staff being essential for the
18 sector was the -- was the primary concern because the
19 vector of transmission point had not been -- had not
20 been proven, and so my position on this is now more
21 nuanced because I've seen further paperwork on this
22 matter.
23 **Q.** Well, you say, Mr Hancock, more nuanced; it's actually
24 the reverse of the actual position in the earlier months
25 of the pandemic, isn't it?

1 **A.** The critical -- no, the critical point is this: from the
2 moment it became clear that staff movement was a vector
3 or of transmission. Early on we did not know that. It
4 all tied up with the asymptomatic transmission debate,
5 and essentially when -- when it became clear from early
6 April that asymptomatic transmission was a serious
7 problem, as opposed to being a suspected problem, which
8 was the position earlier, then that has an obvious and
9 immediate consequence in terms of staff movement being
10 a vector of transmission.
11 So it's all about the confidence with which you hold
12 the different likelihoods. It comes back to the massive
13 uncertainty early on.
14 **Q.** Mr Hancock, if it's known that a workforce is
15 characterised by low income, insecure work and that
16 there's large movements between care homes, is it not
17 a rather straightforward point that that's going to be
18 a risk for transmission?
19 **A.** No, because if you think that transmission only comes
20 from symptomatic people, which was the formal scientific
21 advice to me up until the CDC evidence on 3 April, as we
22 discussed yesterday, then that does not hold so long as
23 people who feel ill, symptomatic people don't go to
24 work. So that's the distinction.
25 You see, if I may expand on that a little bit. The

1 point is that limiting staff movement has a known direct
2 negative impact and, as we've seen, for instance, from
3 Spain, could have very serious negative consequences.
4 We didn't know with certainty the, as it -- I put it
5 here, the vector of transmission. So you had a known
6 negative and an unknown negative on the other side, and
7 I was trying to balance these two things.
8 But what I do accept is that my position on this is
9 more nuanced than set out in paragraph 33, because since
10 I wrote that I've seen more documentation.
11 Q. I'm sorry, Mr Hancock, these are all matters you were
12 aware of at the time, you were in the meeting rooms
13 discussing these issues; these aren't matters that you
14 have learnt about since this Inquiry, are they?
15 A. I wrote this three years after the -- all of that, and
16 so, actually, looking at the paperwork, it's been
17 a really important part of getting to the bottom of
18 things, yes.
19 Q. Okay.
20 Before I move on to my final issue, focusing on the
21 action taken following April, when you say it became
22 clear that it was a significant issue, could we have
23 page 61 of the Vallance schedule, INQ000273901.
24 So just to orientate ourselves, Mr Hancock, it was
25 on 15 May that your department issued discretionary

1 guidance on limiting staff movement, and then 11 days
2 later on 21 May:
3 "Care homes meeting. PM is now putting real
4 pressure on them to sort things out but still they won't
5 stop people working across more than one home. This is
6 a big issue everywhere (and we raised in Feb)."
7 So actually, Mr Hancock, it's right, isn't it, that
8 even after what you say you learnt in April, there were
9 still others, it appears, including the PM, trying to
10 push your department to go further, and you weren't
11 doing so?
12 A. The situation was this: until we knew -- until we had
13 clear advice on asymptomatic transmission following the
14 CDC publication on 3 April, the advice was that, as
15 I said, that if you were symptomatic and therefore
16 didn't go to work if you were symptomatic, then that was
17 essentially enough to address the problem, compare --
18 given the known negatives of restricting the workforce.
19 Once that advice changed, because the scientific advice
20 was updated -- and remember I'd commissioned scientific
21 advice on asymptomatic transmission on 11 March, and it
22 had taken several weeks for that to come to -- finally
23 come to fruition over the, in terms of asymptomatic
24 testing on, in that case, 14 April. So there was,
25 whilst that work was going on, the initial position was

1 that stopping people with symptoms from going to work
2 was enough. We then --
3 Q. I'm sorry, Mr Hancock --
4 A. This is important, I'm answering your last question.
5 We then put in place strong guidance against working
6 in more than one care home. That had the result of
7 a 90% reduction in people working -- the number of
8 people working in more than one care home. I then
9 wanted -- to this point -- I then wanted to legally ban
10 people from working in more than one care home, and the
11 paperwork shows I pushed that and pushed that all
12 through the autumn. We got within days of announcing it
13 a number of times, it was variously blocked, and
14 eventually I dropped that proposal after it was finally
15 blocked at the start of January 2021 and we brought in
16 the third lockdown. So this was a point of great
17 frustration to me.
18 I hope that's a full explanation of the trajectory
19 of this particular policy.
20 Q. Just to remind you of the question: is it right
21 factually that, even after April, pressure was being put
22 on you, including by the PM, to go further than the
23 discretionary guidance? That never actually happened,
24 did it?
25 A. I continued to push for full legal restrictions on

1 working in one care home, and that was -- I was not
2 allowed to announce that. I couldn't get
3 cross-government agreement.
4 Q. I'm going to try and deal with the final topic in
5 one minute, Mr Hancock.
6 A. Okay.
7 Q. Decision-making in education.
8 6 August you describe attending a meeting where
9 plans for re-opening schools in September are discussed,
10 as are various contingency plans given the precarious
11 R rate at that time. So, for example, the documents you
12 exhibit talk about the possibilities of informing
13 secondary schools that they may need to rotate and
14 things of that nature.
15 Sir Patrick, in his note of that meeting, describes
16 the PM as saying:
17 "... 'Don't want to hear about plan B and C for
18 failure. I just want pupils back at school' [...]"
19 And:
20 "... 'We are no longer taking this Covid excuse
21 stuff, get back to school'."
22 Two questions. Do you recall the PM responding to
23 the scenarios and contingencies in that way? And
24 second, did that approach of having a plan A, not having
25 a plan B or C, ultimately sow the seeds for the chaos

1 that was to follow in respect of schools in subsequent
2 months?
3 A. I didn't -- I don't recall the Prime Minister saying
4 that, the then Prime Minister. And with respect to
5 schools, we did end up putting in place other -- other
6 policies that you could describe as a plan B, including
7 testing, but ultimately, you know, as I said earlier, we
8 had to pull all the levers and close schools in January.
9 Q. That's factually what happened, but was there a problem
10 of not having in advance careful contingency plans?
11 A. I'm not sure -- I don't agree with the characterisation,
12 and I think that taking one comment from a notebook
13 doesn't necessarily capture what happened, not least
14 because we did have contingencies, for instance to put
15 testing into schools once we had an enormous testing
16 capability by the autumn.
17 **LADY HALLETT:** Thank you.
18 **MR JACOBS:** I think I have probably pushed my time.
19 Thank you.
20 **LADY HALLETT:** The last questioner is Mr Metzer, Mr Hancock,
21 who is down there.
22 **Questions from MR METZER KC**
23 **MR METZER:** Mr Hancock, I ask you a small number of
24 questions on two topics on behalf of the Long Covid
25 groups.

1 You said that you agreed to put together a campaign
2 on Long Covid on 31 July 2020 at a roundtable which
3 resulted in the public campaign launched in
4 October 2020. This agreement came after Long Covid SOS
5 wrote to you in July 2020 saying they were struggling to
6 get help from the medical community for their disease
7 and felt abandoned by the government.
8 In the interim, Long Covid Support raised similar
9 concerns with Jeremy Hunt, and you responded to a letter
10 they wrote in September 2020; and in October 2020
11 Long Covid Kids also raised additional concerns in
12 relation to Long Covid in children in a public letter to
13 the British Medical Journal.
14 In January 2021, Long Covid Support wrote a letter
15 to all Members of Parliament still asking that
16 Long Covid be made of the narrative.
17 We know, and you've said, that DHSC issued a press
18 statement and just the one video on Long Covid on
19 21 October 2020. One statement, no slogans were
20 created, no public information campaigns were launched,
21 and no further videos or press statements were released.
22 You've said yourself that communication is
23 an important NPI. Why wasn't more done to communicate
24 the risk of Long Covid to the public when you had
25 Long Covid groups repeatedly raising concern about the

1 lack of communication?
2 A. Well, I'm very grateful to you for the work that you've
3 done, the group's done on this, and writing to me in
4 July was important because it made me realise that there
5 was a problem that needed to be addressed, given that
6 I knew about the impact of Long Covid personally. So
7 hence I convened that roundtable and we took the action
8 that we did, and we discussed earlier why it took
9 six weeks from then to October, mid-October to launch
10 the plan.
11 The only part of your question that I would disagree
12 with is that there was only one comment put out.
13 I repeatedly discussed Long Covid on my own -- both in
14 my own media appearances, my social media and other
15 areas. But it's absolutely true that it felt like a --
16 it was an area that I felt I needed to push.
17 Q. Do you agree and accept that insufficient was done to
18 communicate the risk of Long Covid to the public?
19 A. Well, I think that raising concerns about Long Covid was
20 an important part of explaining why it's important to
21 tackle Covid. The large swathes of the public were --
22 understood that and were onside for that. The campaign
23 against it was ranged in a relatively small part of the
24 political debate, if you like.
25 Q. Well, you raised Long Covid on your own, but why wasn't

1 it raised across government?
2 A. I don't know, you'll have to ask people across
3 government. I mean, I was ... I had my shoulder to the
4 wheel on this one.
5 Q. You said the only way to prevent Long Covid is to
6 prevent Covid. When decisions were taken to release
7 restrictions in 2021 --
8 A. Yes.
9 Q. -- wasn't it even more important to communicate the risk
10 of Long Covid to encourage people, including the young,
11 to maintain protective behaviours to avoid Long Covid?
12 A. Yes, I think that's reasonable, and the pace at which
13 the restrictions were lifted in 2021 was driven by the
14 data, with gaps wide enough to be able to see the impact
15 of each restriction. I think this was important after
16 the experience of lifting too much in 2020.
17 Q. Well, do you accept, therefore, there was a failing to
18 communicate sufficiently the risk of Long Covid in 2021,
19 particularly concerning young people?
20 A. I think that -- I haven't seen the amount of
21 cross-government communication there was on it. All
22 I can tell you is that this was something I was
23 personally concerned about and used my own
24 communications to reinforce the point.
25 Q. All right.

1 On the second topic, we know that the DHSC
2 established external ministerial roundtables on the
3 long-term effects of Covid-19, and these were chaired by
4 Lord Bethell --
5 **A.** Yes.
6 **Q.** -- October 2020.
7 **A.** Yeah.
8 **Q.** You attended one of the roundtables on 23 February 2021,
9 I don't think we don't need to go to it, INQ000060080.
10 **A.** Yeah.
11 **Q.** Patient advocates also attended the roundtables and have
12 said they couldn't see how the discussions translated
13 into policy.
14 The question is: how did insights from the
15 roundtables inform the decisions that you and other
16 decision-makers made in response to the pandemic?
17 **A.** Well, what I would say is that getting action on this
18 subject was hard, and as -- even as Secretary of State
19 and with an excellent minister, Lord Bethell, who did
20 a brilliant job during the pandemic, even with both of
21 us pushing on it, it was difficult to get the movement
22 that we needed within the NHS. You know, sometimes
23 people describe working in government as wading through
24 treacle, and Long Covid was undoubtedly an area where
25 I didn't get the responsiveness that I would have hoped

1 for and did get in some other areas.
2 **Q.** Can you explain why?
3 **A.** Erm, can I explain why government works like that?
4 I mean, crikey.
5 **Q.** No, can you explain specifically why Long Covid didn't
6 get that attention that you personally felt it deserved?
7 **A.** I think it was because it was fundamentally difficult
8 within the health system because of the very wide
9 variety of ways it presents. In fact, I'm worried today
10 that Long Covid is not getting enough support, and I've
11 heard rumours that there are some Long Covid clinics
12 that are under threat of closure. I think that would be
13 a mistake. So, you know, sometimes in government you
14 make a decision and things happen quickly, and sometimes
15 you make a decision and nothing happens at all.
16 **Q.** And this would be --
17 **A.** And this was --
18 **Q.** -- the case?
19 **A.** And this was -- it's not true to say nothing happened at
20 all. We did open Long Covid clinics, many of them are
21 still open today. As I said earlier, my mother is still
22 a patient at one of them, so I still follow this issue
23 closely. But I would just say that Long Covid was one
24 of those issues that is closer to the wading through
25 treacle than the government machine responding as

1 an orchestra does to their conductor.
2 **LADY HALLETT:** Thank you, Mr Metzer. No, sorry,
3 Mr Metzer --
4 **MR METZER:** Thank you, my Lady.
5 **LADY HALLETT:** I've been tough on everyone else.
6 **MR METZER:** Indeed.
7 **LADY HALLETT:** Does that complete the questions for today?
8 Mr Hancock, that completes your evidence today. I'm
9 terribly sorry, but I can't give you any guarantees that
10 I won't be asking you to attend again in future modules.
11 Thank you for your help over the last couple of days
12 and for your patience.
13 **THE WITNESS:** Thank you.
14 **(The witness withdrew)**
15 **LADY HALLETT:** Right, the next witness, so that people know
16 if they wish to make any plans, will be Boris Johnson,
17 the former Prime Minister. He will appear next
18 Wednesday.
19 We won't now be in a position to call Simon Case,
20 that's due to medical reasons, and if people wish to see
21 my ruling on that subject they'll find it on the
22 website.
23 So it will be 10 o'clock next Wednesday, please.
24 Thank you.
25 **(12.57 pm)**

1 **(The hearing adjourned until 10 am**
2 **on Wednesday, 6 December 2023)**
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6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 **INDEX**

2 MR MATT HANCOCK (continued) 1
3
4 Questions from LEAD COUNSEL TO THE INQUIRY ... 1
5 (continued)
6
7 Questions from MS MORRIS KC 24
8
9 Questions from MS HARRIS 40
10
11 Questions from MS MITCHELL KC 58
12
13 Questions from MR MENON KC 62
14
15 Questions from MR FRIEDMAN KC 73
16
17 Questions from PROFESSOR THOMAS KC 83
18
19 Questions from MR STANTON 91
20
21 Questions from MS DAVIES KC 98
22
23 Questions from MR JACOBS 105
24
25 Questions from MR METZER KC 117

LADY HALLETT: [24] 1/5 24/6 39/16 39/20 40/7 58/14 62/9 62/14 67/24 68/2 72/12 72/25 81/9 83/7 91/16 91/20 98/22 105/10 117/17 117/20 123/2 123/5 123/7 123/15
MR FRIEDMAN: [3] 73/4 81/10 83/13
MR JACOBS: [2] 105/15 117/18
MR KEITH: [2] 1/6 24/4
MR MENON: [4] 62/16 68/10 72/13 73/2
MR METZER: [3] 117/23 123/4 123/6
MR STANTON: [3] 91/19 91/21 98/20
MS DAVIES: [2] 99/1 105/8
MS HARRIS: [2] 40/14 58/11
MS MITCHELL: [2] 58/18 62/8
MS MORRIS: [3] 24/9 39/19 39/22
PROFESSOR THOMAS: [2] 83/15 91/15
THE WITNESS: [2] 40/12 123/13

'

'Are [1] 109/3
'did [1] 89/19
'Don't [1] 116/17
'enforcement' [1] 109/6
'It's [1] 14/22
'locked [1] 78/19
'Matt [1] 14/20
'Matt Hancock [1] 14/20
'we [2] 109/10 116/20

1

1 December [1] 15/5
1 December 2023 [1] 1/1
1 June [1] 36/6
1.6 billion [1] 48/5
10 [9] 48/9 70/23 71/25 78/6 87/24 88/11 88/15 88/20 108/12
10 am [1] 124/1
10 March [1] 36/11
10 March 2020 [1] 36/2
10 May [1] 49/20
10 o'clock [1] 123/23
10.00 am [1] 1/2
100 [2] 87/17 89/10
11 [1] 65/21
11 days [1] 114/1
11 February [1] 25/22
11 February 2020 [1] 25/13
11 March [1] 114/21
11 October [2] 69/19 71/11
11.21 am [1] 62/11
11.35 [1] 62/10
11.35 am [1] 62/13
12 [4] 64/20 65/20 68/13 69/23
12 May [1] 23/6
12 October [1] 6/10
12.57 pm [1] 123/25
13 March [2] 35/24 39/24
13 May [3] 58/9 63/15 63/20
13 May 2020 [1] 78/12
13th [1] 35/25
14 April [1] 114/24
14 January [1] 92/13
15 May [2] 47/21 113/25
15 May 2020 [1] 24/20
15 minutes [1] 72/1
15.46.59 [1] 69/19
17 [1] 3/9
17 March [3] 35/13 36/4 38/13
17 September [1] 1/16
18 [1] 73/19
18 March [2] 36/5 102/19
18 September [1] 3/9
18th [1] 36/21
19 [7] 22/17 26/23 28/2 31/2 40/16 73/15 121/3
19 June [1] 88/8
19 March [9] 24/17 25/5 25/21 32/6 36/9 36/21 37/10 38/11 48/6
19 March 2020 [1] 107/2
1948 [1] 32/4
1984 [1] 63/12

2

2 March [1] 81/15
2 October [1] 3/10
2.00.46 [1] 1/20
20 [2] 47/4 73/23
2018-19 [1] 73/15
2019 [2] 73/12 88/6
2020 [43] 1/8 3/18 13/16 21/9 21/21 24/20 25/13 27/13 36/2 41/12 41/22 42/8 44/12 44/14 51/10 63/7 65/20 65/22 66/22 67/2 73/7 74/3 77/23 78/12 79/15 87/7 92/5 93/10 95/23 97/1 102/25 103/3 105/21 106/1 107/2 118/2 118/4 118/5 118/10 118/10 118/19 120/16 121/6
2021 [15] 17/19 17/22 18/7 18/14 18/15 58/8 64/1 64/8 68/10 115/15 118/14 120/7 120/13 120/18 121/8
2023 [2] 1/1 124/2
21 May [1] 114/2
21 October 2020 [1] 118/19
23 February 2021 [1] 121/8
24 [1] 69/13
24 February [1] 26/21
24 February 2020 [1] 27/13
24 hours [1] 59/13
24,000 [1] 37/2
25 [1] 27/2
25 June [1] 18/7
25 October [1] 11/8
25 September [1] 108/24
26 February [3] 28/2 28/7 30/5
26 March [1] 99/14
26 March 2020 [1] 63/7
28 October [1] 11/11
28 September [1] 108/22
28th [1] 108/22
29.2 [1] 73/23
2A [3] 26/25 27/6 27/12
2nd [1] 30/18

3

3 April [2] 112/21 114/14
3 March 2020 [1] 106/1
3-5 days [1] 36/25
30 June [1] 97/17
30 October [6] 10/6 10/10 10/15 11/6 11/14 11/15
31 July [2] 21/23 21/24
31 July 2020 [1] 118/2
31 May [1] 23/7
33 [2] 111/1 113/9
35 [1] 1/15
37 [2] 36/12 36/23
37 outbreaks [1] 37/11
38 [1] 2/8
3rd [2] 30/22 33/20

4

4 April 2020 [2] 77/23 79/15
4 January [1] 17/2
4 March [1] 31/22
45.5 [1] 73/22
46 seconds [1] 1/20

5

5 February [2] 26/16 46/24
5 March [1] 31/19
5.25 [1] 1/16
5.40 [1] 72/1
5.54 [1] 72/1
59 [1] 81/14

6

6 August [1] 116/8
6 December 2023 [1] 124/2
6 March [4] 32/9 33/10 47/13 77/24
600 million [1] 42/2
61 [1] 113/23
621 [1] 108/25
64 [1] 73/19

7

7,000 [1] 24/13

8

8 December [1] 15/8
8 October [2] 2/8 5/13
8 pm [1] 83/23
8.47 [1] 2/8
841,850 [1] 73/14

9

9 March [4] 34/7 34/21 34/24 35/10
9 October [1] 2/14
90 [1] 115/7
94 [1] 107/5

A

Aamer [1] 58/19
Aamer Anwar [1] 58/19
abandoned [1] 118/7
abide [1] 18/20
able [5] 15/6 37/18 61/17 93/15 120/14
about [127]
above [3] 13/23 56/22 67/12
absence [1] 76/9
absolutely [17] 13/22 16/7 26/11 29/12 30/10 31/1 31/6 54/21 79/25 80/23 81/6 84/1 86/16 95/17 98/7 104/18 119/15
abuse [10] 99/8 99/25 100/8 100/22 101/20 102/2 102/18 103/4 103/21 104/24
accept [7] 7/24 88/1 90/11 90/14 113/8 119/17 120/17
accepted [2] 24/19 37/16
accepting [1] 107/2
access [1] 99/19
accord [1] 50/23
accordance [1] 50/17
according [2] 36/6 86/22
account [1] 17/24
accountability [1] 18/21
accurate [2] 4/9 30/25
acknowledge [3] 6/20 8/16 18/7
acknowledged [1] 43/1
acknowledging [1] 18/14
across [10] 20/25 49/12 51/18 61/11 76/19 85/11 102/6 114/5 120/1 120/2
act [5] 1/17 3/12 50/25 63/12 73/5
acted [1] 31/9
acting [1] 38/16
action [26] 1/25 2/13 3/18 6/3 9/12 9/23 10/2 11/4 12/3 12/4 12/7 15/12 25/10 29/18 29/19 31/10 31/24 41/22 45/5 89/6 89/8 104/8 109/21 113/21 119/7 121/17
actions [1] 94/6
active [1] 72/6
actively [1] 8/13
actual [1] 111/24
actually [13] 9/20 12/9 14/21 20/16 47/22 48/13 57/18

A

actually... [6] 77/24 109/3 111/23 113/16 114/7 115/23
acutely [3] 19/23 23/13 84/8
add [1] 74/15
added [1] 44/14
addition [1] 78/9
additional [3] 16/17 103/21 118/11
address [2] 39/22 114/17
addressed [2] 88/4 119/5
addresses [1] 97/15
addressing [1] 19/9
adequate [1] 56/16
adhere [1] 18/13
adjourned [1] 124/1
administrations [3] 40/25 42/3 50/16
administrative [1] 52/11
admissions [2] 79/1 109/2
adult [7] 25/8 26/14 46/23 73/7 73/14 75/6 80/3
adults [3] 64/24 64/24 65/5
advance [2] 49/23 117/10
advanced [1] 74/12
adverse [1] 91/4
advice [26] 11/10 37/23 38/1 38/5 40/5 53/24 66/5 66/6 67/21 67/24 68/2 72/7 79/13 80/10 80/19 80/25 92/18 94/14 105/2 105/3 112/21 114/13 114/14 114/19 114/19 114/21
advised [2] 66/14 95/2
adviser [5] 17/24 78/3 79/18 79/24 80/17
advises [1] 27/3
advocate [2] 93/15 100/24
advocates [1] 121/11
advocating [1] 103/16
aerosol [3] 95/24 96/15 97/24
aerosols [1] 95/11
affairs [2] 109/25 110/15
affected [3] 19/24 67/6 94/20
afraid [7] 39/16 39/20 40/7 40/21 72/12 72/20 91/20
after [19] 8/7 17/1 17/3 17/5 19/23 26/7 36/4 36/10 46/25 80/25 97/17 106/14 109/25 113/15 114/8 115/14 115/21 118/4 120/15
afternoon [1] 91/21
afterwards [3] 5/10 12/9 44/17
again [21] 4/4 5/10 10/14 10/17 10/17 10/23 11/13 13/15 16/8 17/7 17/10 29/18 31/18 40/21 87/19 91/20 96/1 96/18 104/24 109/3 123/10
against [14] 5/13 5/14 9/12 12/8 14/5 15/21 44/4 72/6 85/18 99/5 104/4 111/5 115/5 119/23
age [9] 64/20 64/21 65/21 73/17 75/19 79/21 80/3 82/22 87/22
aged [2] 68/12 73/18
agenda [3] 55/23 57/14 57/17
ages [1] 73/17
ago [1] 37/5
agree [17] 2/17 30/13 51/5 70/5 86/14 86/15 87/17 88/1 88/3 89/9 90/10 90/24 91/4 109/15 110/14 117/11 119/17
agreed [13] 3/8 7/21 28/15 30/8 30/11 53/20 60/8 60/25 61/10 61/11 91/13 91/14 118/1
agreement [4] 108/5 108/9 116/3 118/4
agreements [1] 60/18
ahead [5] 8/14 49/19 50/8 79/11 104/10
Aid [1] 99/4
aim [1] 53/6
airborne [6] 94/25 95/8 95/24 97/2 97/19 97/20
alarming [1] 1/22
alive [2] 19/16 19/19
all [66] 5/25 12/3 12/20 12/21 14/9 15/11 15/18 15/22 16/15 17/13 19/3 24/5 24/24 28/22 29/3 31/24 36/23 40/3 41/2 47/14 48/16 49/9 51/12 51/24 52/7 52/8 52/13 56/22 58/9 59/23 60/25 61/11 62/18 64/20 68/7 72/22 73/17 74/9 74/18 79/13 80/8 80/25 82/12 82/14 84/20 86/3 98/7 99/1 102/21 102/22 104/2 104/23 108/7 109/2 109/7 112/4 112/11 113/11 113/15 115/11 117/8 118/15 120/21 120/25 122/15 122/20
all right [4] 19/3 99/1 102/22 120/25
alleged [1] 89/13
allied [1] 77/11
allow [4] 13/23 62/20 63/16 64/3
allowed [3] 10/21 63/9 116/2
allows [1] 100/12
almost [1] 91/14
along [2] 36/2 90/8
Alpha [2] 16/18 16/22
already [7] 20/14 26/14 30/8 45/20 53/14 56/2 72/1
also [51] 3/14 5/2 5/12 16/13 19/13 20/18 23/5 23/7 23/17 28/17 28/21 30/23 31/19 35/18 37/1 40/21 41/23 41/25 42/2 43/1 44/15 47/18 50/25 55/7 55/14 55/18 57/11 67/5 68/16 70/19 71/9 71/24 77/13 78/8 79/2 79/19 84/23 88/20 91/6 94/6 94/24 95/14 97/22 100/16 100/22 102/14 103/9 105/12 108/14 118/11 121/11
although [9] 2/16 5/2 21/25 44/13 57/14 101/3 101/24 101/25 108/15
always [7] 7/7 13/25 15/2 35/21 61/21 92/25 94/13
am [7] 1/2 12/2 62/11 62/13 67/15 95/12 124/1
amazing [1] 85/3
amended [1] 63/16
amendments [1] 62/24
amongst [5] 23/15 77/21 84/10 92/23 94/19
amount [5] 20/15 21/7 65/11 81/14 120/20
Anderson [2] 8/2 8/4
angle [1] 80/21
angles [1] 79/14
animal [1] 14/16
Anne [1] 66/23
Anne Longfield [1] 66/23
announce [1] 116/2
announced [3] 6/10 6/15 88/24
announcement [3] 7/18 19/11 59/22
announcing [1] 115/12
annual [1] 73/12
another [15] 12/19 17/2 28/21 32/5 40/9 41/2 63/17 65/3 65/3 68/9 75/17 88/18 90/13 95/17 99/22
answer [9] 22/7 47/2 62/20 75/13 76/22 83/16 102/8 105/4 109/14
answering [1] 115/4
answers [1] 58/13
anticipated [2] 46/20 46/23
anticipation [1] 50/20
Anwar [1] 58/19
any [30] 6/7 6/11 14/13 15/10 16/3 17/19 26/9 26/9 37/13 37/18 40/3 57/14 61/1 63/15 68/3 68/25 71/20 75/7 83/1 84/15 85/9 85/24 88/13 90/18 93/24 93/24 96/14 101/12 123/9 123/16
anybody [3] 38/7 57/17 109/19
anything [2] 31/7 104/24
anyway [1] 59/19
apologise [2] 83/16 107/15
appalling [2] 109/24 110/15
appear [4] 40/16 49/15 58/18 123/17
appearances [1] 119/14
appearing [1] 107/1
appears [4] 19/16 59/4 59/12 114/9
appraisal [1] 56/15
appreciate [3] 39/19 63/13 110/10
appreciative [1] 55/11
approach [20] 48/11 49/10 50/3 50/13 50/14 50/20 50/22 50/24 51/2 51/25 53/17 53/22 53/23 54/11 57/23 66/15 66/15 82/17 96/16 116/24
approached [1] 9/1
appropriate [2] 55/3 80/5
approved [1] 100/2
April [11] 23/3 48/19 77/23 79/15 112/6 112/21 113/21 114/8 114/14 114/24 115/21
are [72] 2/15 5/13 5/23 21/1 23/18 24/5 24/7 24/16 26/1 26/3 27/13 29/4 33/13 33/16 35/20 36/24 36/25 37/2 39/20 40/20 44/5 44/9 44/19 44/19 48/11 53/12 53/20 62/3 62/3 62/19 65/5 65/25 67/10 67/12 67/14 69/14 69/17 69/17 70/17 72/11 76/24 77/21 79/1 79/7 83/9 87/10 92/25 94/1 94/6 94/12 94/17 94/19 94/19 95/7 96/14 97/18 99/4 99/8 100/21 101/4 101/4 103/15 110/5 111/7 113/11 113/14 116/9 116/10 116/20 122/11 122/12 122/20
area [9] 35/9 41/22 46/10 58/23 88/22 89/1 96/25 119/16 121/24
areas [4] 17/22 102/12 119/15 122/1
aren't [3] 65/19 65/22 113/13
Argar [1] 88/17
argued [2] 9/11 109/4
argues [1] 109/6
arguing [3] 5/14 6/2 12/8
argument [16] 2/10 3/12 4/8 9/1 9/8 9/10 13/20 14/13 15/19 15/20 71/14 71/17 93/23 94/17 107/12 109/20
arguments [7] 14/9 15/11 15/23 16/5 20/13 44/4 111/5
arise [1] 75/25
arising [1] 76/20
arose [1] 46/8
around [15] 11/19

A

around... [14] 21/25 24/22 30/18 31/23 32/6 33/4 33/4 33/9 33/15 42/16 48/7 84/21 102/25 111/17
arrangements [2] 33/16 40/22
article [1] 89/17
as [173] 38/10 40/3 40/6 41/25 42/14 43/13 43/14 45/21 46/6 46/7 46/18 46/21 47/4 48/24 49/2 50/9 50/12 52/13 55/22 56/24 57/1 57/2 57/10 57/24 58/6 58/23 60/24 62/10 65/16 66/1 66/21 69/12 69/18 69/19 71/11 71/16 72/6 72/17 72/23 73/10 74/18 75/9 76/12 76/25 77/6 78/12 79/2 79/5 79/23 79/25 80/7 80/21 81/2 82/8 82/13 83/23 85/8 86/11 89/16 89/16 90/18 92/6 92/12 92/14 92/18 96/7 96/12 96/17 97/5 97/9 97/10 97/13 97/21 98/2 98/15 99/16 102/19 102/21 107/22 110/15 111/16 113/12 113/16 115/15 116/11 116/18 118/2 120/12 122/15 122/19 122/22
As I say [2] 21/3 40/8
as risk [1] 87/23
asap [1] 59/10
ascertain [1] 95/16
Asian [6] 84/15 85/19 87/9 89/15 89/25 91/2
aside [1] 88/15
ask [27] 17/19 24/10 40/18 52/19 53/1 53/11 54/13 55/5 56/15 57/9 58/23 62/17 74/14 75/4 88/10 88/13 90/23 92/2 93/14 94/24 97/5 99/3 105/15 108/22 109/18 117/23 120/2
asked [8] 18/1 19/5 19/6 49/18 49/22 58/21 78/11 94/7
asking [14] 9/3 10/11 17/15 29/9 59/12 61/23 66/25 69/9 80/10 89/22 91/23 95/7 118/15 123/10
aspects [1] 45/2
assertions [2] 60/17 88/2
assessed [1] 4/23
assessment [2] 109/15 110/1
assistance [1] 19/10
Association [1] 91/23
assume [1] 96/22
assumed [2] 27/2 95/20
assumption [2] 38/6 96/9
asymptomatic [11] 37/24 38/8 39/8 67/18 72/8 96/13 112/4 112/6 114/13 114/21 114/23
at [124] 1/16 1/20 2/8 3/8 6/5 8/10 9/11 10/2 11/24 14/15 14/24 17/25 18/25 20/23 21/15 21/22 23/4 24/16 24/24 25/2 25/12 25/24 27/8 27/17 28/13 28/15 29/14 35/3 35/10 35/19 37/14 38/4 38/5 81/17 81/21 84/8 90/18 92/3 95/5 97/18 103/9 113/12
attend [1] 123/10
attended [2] 121/8 121/11
attending [1] 116/8
attends [1] 19/25
attention [9] 33/20 47/11 48/22 71/4 92/17 100/18 100/25 101/12 122/6
August [1] 116/8
authorities [8] 28/24 28/24 29/8 33/13 33/21 42/20 42/25 48/2
autumn [6] 66/21 93/10 102/24 105/1 115/12 117/16
availability [1] 28/3
available [6] 14/25 31/4 40/19 44/11 57/5 105/21
average [1] 106/8
avoid [6] 1/17 2/12 20/14 93/22 99/22 120/11
avoided [1] 3/19
avoiding [1] 4/24
aware [36] 11/6 19/23 20/4 22/15 22/19 22/22 22/23 23/13 24/1 27/22 28/10 29/25 36/12 49/1 60/20 61/15 61/20 61/23 62/6 62/7 65/19 65/23 67/3 67/4 67/5 68/16 68/16
awareness [1] 97/20
away [1] 15/12
awkward [1] 91/22

B

back [13] 26/17 32/3 32/8 36/1 47/3 52/17 54/5 83/18 104/23 105/4 112/12 116/18 116/21
background [6] 23/13 84/8 85/24 86/23 92/2 98/12
backgrounds [7] 23/15 84/10 84/23 85/25 86/6 86/20 91/10
backs [1] 105/13
bad [1] 39/1
Badenoch [9] 23/10 81/25 82/7 82/11 83/4 86/25 88/11 88/24 90/22
Badenoch's [1] 90/9
balance [3] 41/15 104/7 113/7
ban [3] 44/3 111/5 115/9
based [7] 7/6 37/23 38/1 40/5 53/24 66/5 95/19
baseline [1] 7/19
basic [1] 51/24
battleplan [3] 74/15 74/16 74/19
be [104] 2/5 2/10 2/20 3/4 3/15 4/8 7/13 7/19 7/20 8/20 10/9 10/9 10/13 10/23 11/3 11/16 12/15 12/19 13/23 13/24 13/25 14/21 15/1 15/3 15/6 15/13 15/14 15/17 17/8 19/6 23/9 25/14 25/17 26/24 27/1 27/3 27/6 27/7 27/14 27/20 28/14 32/17 33/6 33/23 34/8 35/12 35/15 36/17 37/17 38/18 38/24 46/17 47/16 49/2 51/4 53/13 55/2 58/4 58/4 58/22 60/15 61/6 61/8 61/12 64/5 65/17 72/15 73/9 73/10 74/9 79/9 80/24 83/17 84/3 87/12 87/18 87/21 89/22 91/23 92/3 92/11 94/13 95/7 96/14 96/23 97/18 98/17 104/11 106/9 107/10 108/3 108/16 109/8 110/15 112/17 118/16 119/5 120/14 122/12 122/16 123/10 123/16 123/19 123/23
bear [1] 104/22
bearing [1] 73/24
beast [1] 108/6
became [21] 5/16 20/3 22/22 44/2 45/25 46/3 47/6 51/11 57/5 62/24 63/7 74/10 78/5 82/11 95/23 96/5 97/2 111/3 112/2 112/5 113/21
because [92] 3/13 3/20 4/4 4/5 4/23 5/8 5/9 7/22 9/8 9/24 10/2 12/10 13/10 13/14 13/22 15/10 15/12 16/7 16/11 16/23 16/24 17/4 17/6 17/11 17/12 19/24 20/11 20/20 20/21 21/13 27/15 28/19 31/13 32/21 32/25 34/1 35/3 37/25 38/3 38/14 38/20 38/21 39/14 39/23 42/18 44/16 48/11 48/17 50/2 51/11 52/11 57/15 59/12 60/12 62/3 62/21 64/4 64/7 64/22 67/16 71/7 71/10 71/21 72/8 74/10 74/14 75/13 76/23 81/11 82/12 82/19 82/21 82/23 86/4 86/6 94/2 96/8 98/9 101/2 101/3 102/1 104/19 108/15 111/18 111/21 112/19 113/9 114/19 117/14 119/4 122/7 122/8
become [4] 81/21 92/24 93/4 95/5
becomes [1] 110/1
becoming [1] 81/17
beds [1] 35/14
beef [1] 8/24
been [68] 5/21 7/3 8/3 11/1 11/7 11/20 12/10 13/9 16/11 16/12 16/14 18/22 25/3 26/22 28/3 31/11 33/8 33/10 35/8 35/24 36/7 38/4 39/4 41/17 46/4 46/17 46/20 48/17 52/21 56/5 56/20 59/24 67/4 69/6 72/4 74/5 76/18 77/2 77/10 84/25 84/25 86/10 90/13 90/19 96/16 100/25 101/3 101/10 101/11 101/12 102/7 102/9 103/4 104/21 106/15 109/11 109/11 109/19 109/20 110/2 110/2 110/3 111/11 111/16 111/19 111/20 113/16 123/5
been' [1] 109/12
before [24] 17/9 19/19 22/8 23/22 26/14 33/10 55/18 58/15 59/1 59/13 72/18 78/19 80/1 83/3 85/1 85/5 88/5 88/8 88/24 92/2 92/15 106/15 108/24 113/20
begin [2] 60/7 97/7
beginning [1] 90/20
begun [1] 85/1
behalf [8] 24/10 40/16 58/19 62/17 93/15 99/3 105/15 117/24
behaviour [1] 88/7
behaviours [1] 120/11
behind [7] 5/7 5/24 24/12 24/14 91/20 95/15 105/12
being [31] 4/13 12/23 15/4 22/25 28/8 33/21 34/25 35/2 37/5 46/3 46/8 48/23 49/22 53/3 55/16 56/20 59/25 61/1 61/17 70/7 70/22 86/20 90/7 95/21 100/18 100/24 106/5 111/17 112/7 112/9 115/21
believe [1] 61/2
believed [1] 107/13
Bell [1] 74/7
below [12] 4/7 5/4 5/5 6/1 11/5 12/17 16/20 17/12 20/18 66/8 67/6 71/11
beneath [1] 29/23
bereaved [8] 24/11 24/11 24/13 24/14 40/16 40/17 58/20 58/22
best [10] 4/23 5/20 15/5 15/7 20/14 26/12 33/5 73/10 80/13 100/9
best-case [1] 15/5
Bethell [3] 32/25 121/4 121/19
better [6] 5/21 8/20 62/21 106/9 106/12 107/19
between [29] 3/13 6/8 10/4 31/14 35/13 38/25 39/10 40/22

B

between... [21] 41/6 41/15 43/23 49/7 51/3 51/6 52/1 55/22 58/24 61/17 65/23 66/6 69/14 72/1 73/19 81/15 87/4 95/8 110/22 111/2 112/16
beyond [1] 76/15
big [7] 71/1 76/23 101/4 109/12 109/13 109/23 114/6
bigger [2] 39/5 51/16
biggest [1] 26/2
billion [1] 48/5
bit [3] 51/11 95/25 112/25
black [9] 22/24 22/24 84/15 85/19 87/9 89/14 89/25 91/2 99/3
blew [1] 16/22
blocked [4] 7/3 11/1 115/13 115/15
bluntly [2] 79/23 85/7
bodies [1] 23/3
body [1] 85/9
bold [1] 36/16
border [2] 52/12 52/13
Boris [1] 123/16
Boris Johnson [1] 123/16
both [7] 3/13 57/15 67/18 75/5 75/25 119/13 121/20
bottom [6] 11/24 24/3 27/8 37/1 87/1 113/17
bought [2] 35/21 48/17
boundaries [1] 52/12
boy [1] 9/24
breached [3] 60/19 61/1 61/2
breaches [1] 18/12
break [3] 58/16 62/10 62/12
breaker [4] 4/17 4/25 5/6 5/19
breaking [2] 18/24 18/25
breaks [1] 26/9
briefed [1] 14/18
briefer [1] 62/21
briefly [2] 41/13 71/24
brilliant [1] 121/20
bring [10] 13/12 17/12 20/24 51/25 52/17 54/5 71/3 92/4 92/11 92/17
bringing [2] 12/17 47/18
British [3] 61/19 91/23 118/13
broader [2] 13/20 13/20
broadly [1] 23/17
brother [1] 64/14
brought [17] 13/1 13/12 33/20 39/10 41/21 47/10 47/11 48/22 68/17 77/14 80/11 80/17 89/2 100/18 100/25 101/12 115/15
built [1] 6/6
bullet [8] 27/9 29/20 32/12 36/17 37/1 50/5 50/9 51/21
burdens [1] 68/19
bureaucratic [1] 102/8
business [1] 58/5
business-like [1] 58/5
busy [1] 80/8
but [141]
buy [1] 28/20
buying [1] 28/17

C

Cabinet [7] 13/7 49/19 49/19 49/23 49/24 77/13 108/13
Cabinet Office [2] 77/13 108/13
calibration [1] 16/20
calibrations [1] 16/23
call [9] 2/13 49/19 50/10 51/10 56/23 57/6 81/25 87/3 123/19
called [3] 33/24 55/25 89/22
calling [3] 4/19 4/25 49/14
calls [2] 20/16 36/24
came [15] 18/6 23/25 35/14 41/25 44/23 57/13 74/24 82/12 84/24 86/1 99/13 101/24 108/21 108/24 118/4
campaign [10] 9/9 21/9 22/9 72/6 106/16 108/1 108/3 118/1 118/3 119/22
campaigning [4] 5/13 5/16 106/24 107/22
campaigns [1] 118/20
can [69] 2/25 6/2 6/20 10/23 11/2 11/16 11/21 11/25 17/18 22/12 25/6 26/19 28/6 32/3 32/10 33/3 39/13 40/11 43/10 43/17 46/4 52/1 53/22 56/15 57/8 58/15 59/1 59/3 60/17 62/4 65/2 70/12 70/12 71/1 71/24 72/13 72/22 73/6 74/1 78/21 80/13 80/25 81/8 81/11 81/23 84/3 87/3 87/17 88/1 88/3 89/8 90/4 90/23 91/4 92/22 94/6 94/23 94/24 97/4 98/10 99/1 99/10 104/9 106/1 109/1 120/22 122/2 122/3 122/5
can't [13] 2/19 3/1 57/21 63/21 64/6 68/3 85/3 90/7 101/23 105/5 108/11 108/19 123/9
canary [1] 92/25
candle [1] 96/3
capability [1] 117/16
capacity [2] 37/14 37/17
capture [1] 117/13
care [117] 5/25 10/1 12/14 13/7 13/21 24/15 24/18 24/22 25/8 25/15 26/6 26/7 26/9 26/13 26/15 27/4 27/11 27/14 27/19 27/20 28/4 28/22 28/23 29/5 29/11 30/7 30/19 31/2 31/10 31/15 31/20 31/23 32/2 32/6 32/10 32/16 33/13 33/16 35/2 35/17 35/19 35/20 36/3 36/7 36/11 36/12 36/24 37/2 37/8 37/12 37/21 39/18 39/24 40/2 40/21 41/3 41/4 41/6 41/11 41/20 42/8 42/22 43/7 43/23 44/7 44/10 44/21 45/14 45/17 46/2 46/14 46/23 48/1 48/2 48/4 48/5 48/15 48/17 48/20 51/15 54/23 62/25 69/16 73/7 73/9 73/15 75/6 75/6 77/19 77/24 78/15 78/19 78/24 79/3 79/6 79/7 79/9 79/10 79/18 79/21 80/3 81/3 85/12 88/20 89/7 92/6 94/11 102/13 110/22 111/2 111/9 112/16 114/3 115/6 115/8 115/10 116/1
care home [16] 27/19 27/20 29/11 36/7 37/12 41/4 42/8 44/10 45/14 45/17 48/1 48/2 115/6 115/8 115/10 116/1
care homes [54] 24/15 24/18 24/22 26/6 26/7 26/13 27/4 27/14 28/4 28/22 30/7 31/10 31/15 31/20 31/23 32/6 33/13 35/2 35/17 35/19 35/20 36/12 36/24 37/2 37/8 37/21 39/24 40/2 40/21 41/3 41/6 41/20 43/23 44/7 44/21 46/2 48/15 48/17 48/20 51/15 77/19 77/24 78/15 78/19 78/24 79/7 79/18 81/3 94/11 110/22 111/2 111/9 112/16 114/3
care sector [2] 30/19 31/2
cared [4] 21/3 58/1 80/11 100/19
careful [2] 61/21 117/10
case [23] 2/14 9/3 9/22 10/5 13/14 13/23 13/25 15/5 15/7 16/7 17/4 27/19 36/11 38/22 57/6 57/11 75/1 77/14 83/10 86/10 114/24 122/18 123/19
cases [13] 3/20 5/9 8/13 25/24 26/23 27/3 27/5 45/14 55/25 63/2 63/3 63/5 109/2
cast [1] 32/19
catch [1] 67/8
categorise [1] 20/23
caught [2] 38/21 39/4
caused [2] 18/8 90/14
causing [1] 86/22
caution [1] 93/12
CDC [2] 112/21 114/14
cellphone [2] 2/15 59/16
censored [1] 89/25
central [3] 37/8 73/25 75/8
centre [4] 21/5 43/10 43/17 74/1
centred [1] 24/16
certain [3] 42/16 72/4 99/16
certainly [1] 101/10
certainty [1] 113/4
cetera [2] 84/13 84/13
chair [7] 52/4 56/24 57/19 71/6 74/6 78/2 83/16
Chair's [1] 81/11
chaired [2] 57/15 121/3
challenge [2] 28/19 51/18
challenged [1] 73/10
challenges [5] 51/13 51/14 74/4 91/1 94/10
chance [1] 70/8
change [3] 38/5 72/2 90/11
changed [3] 57/18 101/9 114/19
chaos [1] 116/25
chapter [1] 89/13
characterisation [3] 73/25 110/14 117/11
characterised [1] 112/15
characteristics [3] 46/25 75/19 82/15
charities [1] 66/23
checked [1] 71/25
Chequers [1] 11/8
Chester [1] 52/15
chief [5] 31/21 32/23 65/13 65/15 77/1
child [3] 72/9 72/9 72/10
children [25] 64/20 64/23 65/1 65/4 65/6 65/20 65/21 66/2 66/13 66/24 67/1 67/11 67/17 67/18 68/11 68/12 69/10 69/23 70/22 71/10 71/18 71/19 72/19 103/23 118/12
children's [3] 62/18 66/22 69/8
choice [2] 38/25 39/9
Chris [2] 19/20 66/13
Chris Whitty [1] 19/20
Christmas [1] 16/15
Christopher [2] 43/2 97/15
chronologically [2] 32/9 36/2
chronology [3] 2/23 98/2 98/14
circle [1] 26/9
circuit [4] 4/17 4/25 5/6 5/19
circuit breaker [4] 4/17 4/25 5/6 5/19
circumstances [5] 51/1 56/22 69/1 90/4 91/24
city [2] 8/3 8/24
claim [1] 24/23
clapping [1] 83/23

C

clarify [1] 40/1
clear [27] 2/22 18/19 19/16 26/2 27/13 29/24 42/6 42/12 44/2 44/18 45/25 46/3 47/6 64/2 66/11 67/15 68/5 72/7 95/7 95/23 98/7 104/5 111/3 112/2 112/5 113/22 114/13
clearly [10] 35/8 35/11 68/5 70/5 76/24 85/7 98/6 104/7 108/9 110/12
clinic [1] 20/1
clinical [17] 12/16 15/22 22/16 37/23 38/1 40/5 53/24 66/5 66/5 75/25 76/15 76/20 76/20 79/1 81/4 86/21 94/14
clinically [5] 14/4 16/4 74/20 76/24 77/12
clinicians [6] 21/14 21/20 22/6 38/4 65/1 65/12
clinics [3] 20/25 122/11 122/20
close [8] 3/19 13/13 15/16 16/9 20/1 95/21 108/17 117/8
closely [3] 23/18 66/6 122/23
closer [1] 122/24
closure [1] 122/12
Club [1] 52/15
cluster [2] 26/23 27/4
CMO [1] 34/11
co [8] 5/15 49/7 51/2 51/3 51/6 53/19 53/19 66/6
co-operate [1] 53/19
co-operation [1] 51/3
co-ordinate [1] 53/19
co-ordinated [2] 5/15 66/6
co-ordination [2] 51/2 51/6
co-working [1] 49/7
coalmine [1] 93/1
COBR [5] 34/8 34/25 36/4 50/12 102/19
cohesive [1] 61/9
collaboration [1] 8/8
colleagues [1] 20/3
colleges [1] 9/18
combined [1] 34/12
come [14] 5/24 14/12 14/13 14/16 16/19 26/17 30/18 32/8 36/1 45/20 57/8 97/10 114/22 114/23
comes [3] 55/19 112/12 112/19
coming [3] 15/10 80/21 97/22
commend [1] 57/21
comment [4] 55/9 58/6 117/12 119/12
commented [1] 25/14
commission [3] 23/5 80/15 82/10
commissioned [6] 23/9 28/24 42/22 74/10 82/3 114/20
Commissioner [1] 66/22
Commissioner for [1] 66/22
common [1] 73/21
comms [1] 80/21
communicable [4] 45/15 45/16 52/11 106/11
communicate [8] 53/20 55/2 59/10 60/5 118/23 119/18 120/9 120/18
communicating [2] 59/13 60/1
communication [11] 2/14 10/4 51/3 51/5 60/7 60/25 61/9 61/25 118/22 119/1 120/21
communications [6] 21/11 58/24 61/12 61/16 67/3 120/24
community [2] 80/4 118/6
comorbidity [1] 82/19
Company [1] 58/19
compare [1] 114/17
compiled [1] 36/6
complain [1] 56/25
complete [2] 45/2 123/7
completes [1] 123/8
complex [3] 79/6 80/11 80/17
complexity [2] 42/16 46/9
complicated [3] 32/15 95/14 95/15
complicating [1] 16/17
complication [1] 82/18
concept [1] 50/22
concern [10] 12/15 12/15 12/22 13/19 19/20 32/20 45/21 111/16 111/18 118/25
concerned [8] 30/1 34/2 49/20 65/9 73/8 82/7 85/4 120/23
concerning [2] 91/24 120/19
concerns [12] 19/17 28/3 29/19 30/23 31/11 31/22 33/3 64/25 94/24 118/9 118/11 119/19
concluding [1] 17/18
concrete [4] 35/15 37/19 38/4 85/17
concur [1] 90/21
conditions [2] 21/1 103/25
conductor [1] 123/1
conference [1] 24/20
confidence [5] 15/11 18/10 18/25 64/4 112/11
confident [4] 14/15 15/17 38/5 101/1
confirmed [2] 74/5 87/18
confuse [1] 61/21
confusing [2] 60/5 61/12
confusion [2] 7/13 7/16
Congress [2] 105/16 106/23
connected [1] 94/23
consensus [1] 68/6
consent [1] 5/18
consequence [3] 96/4 104/20 112/9
consequences [10] 17/13 18/24 20/5 68/8 68/21 77/3 104/1 104/11 104/19 113/3
consider [4] 19/5 64/22 100/4 100/15
considerable [1] 21/7
consideration [1] 100/19
considerations [2] 15/9 86/24
considered [6] 25/17 26/11 42/8 77/7 94/13 105/7
considering [2] 101/10 101/14
constitution [1] 54/2
constructive [4] 8/7 8/12 51/20 54/2
contact [3] 23/18 67/8 89/19
containment [2] 27/5 45/11
contemporaneous [1] 12/21
contend [1] 67/20
context [8] 22/1 22/2 24/22 25/24 55/9 73/11 73/24 89/5
contingencies [2] 116/23 117/14
contingency [2] 116/10 117/10
continue [1] 36/1
continued [6] 1/3 1/4 31/19 115/25 125/2 125/5
contracted [1] 33/13
contractual [2] 31/14 33/16
contradict [1] 72/20
contrary [1] 10/12
contrast [2] 31/4 60/9
contribute [1] 23/8
contributed [2] 16/15 23/2
control [5] 17/8 17/9 44/14 66/9 96/23
controls [1] 37/20
conundrum [1] 15/15
convened [2] 21/24 119/7
convening [1] 19/13
conversation [3] 50/11 65/13 98/3
conversations [2] 12/11 65/8
coronavirus [5] 22/17 25/9 32/15 62/19 62/23
coronaviruses [1] 95/19
corralled [2] 9/15 48/23
correct [14] 3/25 4/3 7/5 15/24 25/23 27/16 28/9 33/7 42/24 64/16 70/21 79/17 79/23 88/3
correctly [1] 94/18
correlation [1] 82/21
cost [1] 104/5
costs [1] 104/3
could [44] 2/22 5/7 10/2 17/6 19/6 20/25 25/15 26/12 27/1 27/7 29/11 33/5 36/17 38/24 39/4 41/13 42/13 50/5 52/17 56/18 58/1 58/2 63/10 64/20 67/8 67/17 67/18 69/12 69/23 71/3 71/9 77/18 87/12 93/24 99/18 99/22 100/16 100/16 109/20 110/19 110/24 113/3 113/22 117/6
couldn't [4] 71/10 107/4 116/2 121/12
COUNSEL [4] 1/4 77/25 78/11 125/4
countermeasures [1] 6/8
counterparts [2] 54/15 60/10
country [8] 1/18 52/16 61/18 62/2 62/4 78/20 106/7 107/11
couple [4] 56/24 87/19 92/1 123/11
course [45] 3/24 4/11 11/6 12/13 12/18 17/20 18/14 20/11 20/14 22/10 22/22 42/6 42/21 42/25 43/6 44/5 46/13 47/2 47/4 48/20 49/2 51/18 53/7 56/23 58/2 60/21 60/24 61/5 61/8 67/13 67/15 70/12 71/18 71/19 74/18 77/8 80/6 81/13 82/18 82/22 92/8 94/8 104/4 109/5 111/7
CoV [1] 96/10
covid [75] 3/9 11/10 11/15 19/4 19/9 19/17 19/25 20/1 20/9 20/14 20/16 20/17 20/22 20/25 21/2 21/7 21/9 22/7 24/10 24/11 24/14 26/23 31/2 35/6 38/2 38/21 39/4 40/16 52/6 58/19 58/22 71/12 76/21 77/1 77/3 77/6 81/15 82/22 86/21 90/1 94/3 94/4 94/5 94/5 96/6 116/20 117/24 118/2 118/4 118/8 118/11 118/12 118/14 118/16 118/18 118/24 118/25 119/6 119/13 119/18 119/19 119/21 119/25 120/5 120/6 120/10 120/11 120/18 121/3 121/24 122/5 122/10 122/11 122/20 122/23
Covid Taskforce [1] 11/10
Covid-19 [4] 26/23 31/2 40/16 121/3
Covid-O [3] 3/9 11/15 52/6
covid-risk [1] 90/1
create [1] 27/16
created [1] 118/20
credit [2] 15/2 18/22
crikey [1] 122/4
crime [1] 99/20
crisis [3] 29/2 33/12 98/11
critical [5] 75/23 95/17 99/19 112/1 112/1

C

CROC [1] 36/16
cross [11] 74/2 75/7 76/10 76/19 76/25 101/25 102/16 108/5 108/9 116/3 120/21
cross-departmental [4] 74/2 75/7 76/10 76/19
cross-government [6] 101/25 102/16 108/5 108/9 116/3 120/21
crucial [2] 13/6 39/15
crunch [1] 81/12
curfew [1] 70/19
current [1] 54/3
currently [1] 34/18
Cymru [1] 40/17

D

Dairies [1] 64/6
damage [6] 4/10 4/12 12/18 104/1 104/3 104/5
damaged [1] 13/10
damaging [3] 14/8 18/17 104/11
dangerous [1] 9/13
data [9] 30/25 31/4 31/8 31/12 31/12 36/7 57/5 81/8 120/14
date [8] 34/20 36/9 63/21 65/9 71/14 76/14 81/20 98/3
dated [1] 77/23
dates [1] 25/1
Davies [5] 98/23 98/24 98/25 105/10 125/21
day [11] 11/6 11/17 32/7 36/3 37/10 64/15 71/13 88/8 105/22 105/22 106/18
day one [1] 105/22
day three [1] 105/22
days [9] 21/8 33/24 36/10 36/25 87/19 106/18 114/1 115/12 123/11
deal [3] 17/21 91/1 116/4
dealing [3] 93/17 96/6 99/5
dealt [3] 43/21 49/13 53/3
death [5] 23/11 65/11 84/6 86/22 91/3
deaths [8] 3/15 4/12 31/2 35/11 36/25 69/7 84/17 109/2
debate [18] 3/3 9/14 9/14 10/7 10/7 10/24 11/16 12/17 14/5 17/11 20/6 20/10 21/12 75/3 108/20 110/8 112/4 119/24
debated [2] 2/3 71/24
debates [1] 70/10
December [5] 1/1 15/5 15/8 16/15 124/2
decided [5] 9/12 10/10 21/21 35/22 56/21
decision [26] 10/17 11/2 11/19 11/21 12/6 17/1 23/8 24/17 32/3 35/19 39/9 48/7 56/3 59/24 60/7 60/14 60/22 61/10 82/6 90/11 97/25 101/21 116/7 121/16 122/14 122/15
decision-makers [1] 121/16
decision-making [4] 11/21 56/3 82/6 116/7
decisions [15] 25/4 39/7 50/17 56/2 56/19 57/3 60/11 61/11 97/5 100/11 102/25 104/25 110/18 120/6 121/15
dedicated [2] 39/18 74/2
deep [1] 29/23
deeply [2] 93/23 100/20
definition [1] 53/21
definitions [1] 54/10
degree [3] 7/12 15/11 52/1
delay [2] 6/8 7/12
delaying [1] 13/10
deleterious [1] 18/24
delighted [1] 87/18
deliver [1] 15/4
delivered [1] 110/5
delivery [1] 37/2
demanding [1] 79/10
demonstrated [1] 7/23
demonstrates [5] 13/3 31/24 32/19 33/25 94/12
demonstrating [1] 1/13
department [34] 25/3 29/10 29/25 30/7 31/15 31/25 32/24 33/2 33/15 33/25 34/24 35/16 38/14 41/10 43/6 43/16 46/14 46/17 47/16 47/22 47/22 48/4 48/24 69/16 71/7 75/21 76/16 88/18 89/1 92/18 101/21 102/1 113/25 114/10
department's [2] 31/15 47/25
departmental [7] 32/10 33/11 74/2 75/7 76/10 76/19 76/25
departmentally [1] 76/17
departments.' [1] 14/23
depended [1] 63/4
depends [1] 56/22
deputy [1] 32/23
describe [7] 7/8 16/11 43/11 95/14 116/8 117/6 121/23
described [6] 2/24 34/25 35/2 94/1 98/4 104/6
describes [1] 116/15
description [1] 96/1
descriptions [1] 62/6
deserved [1] 122/6
despair [1] 6/15
desperately [1] 93/19
despite [2] 3/7 8/8
detail [3] 8/15 39/9 49/3
detailed [1] 17/21
details [1] 68/4
determined [2] 76/4 80/23
develop [1] 19/6
device [1] 80/10
devolution [1] 54/3
devolved [12] 40/25 42/3 42/21 50/16 50/17 51/9 51/20 51/23 51/25 52/10 52/21 56/1
devolveds [1] 52/4
DFT [1] 59/12
DHSC [3] 36/8 118/17 121/1
diary [3] 8/17 8/20 85/13
dictate [1] 29/14
did [64] 4/7 6/12 9/24 11/19 13/14 17/9 20/5 20/8 20/9 22/13 23/5 23/7 28/18 47/8 47/13 47/19 48/21 51/16 61/4 64/22 66/3 66/14 66/18 66/21 68/19 71/21 71/21 72/9 75/6 76/9 79/22 81/2 81/21 82/7 82/25 83/1 84/15 85/7 85/7 85/17 88/13 94/8 95/2 99/25 100/4 100/14 101/19 103/20 104/8 104/14 104/22 104/24 109/15 109/18 112/3 115/24 116/24 117/5 117/14 119/8 121/14 121/19 122/1 122/20
didn't [28] 3/6 4/5 5/6 6/12 6/22 8/10 13/2 13/7 16/24 17/7 21/4 27/17 33/20 38/9 40/2 61/3 64/17 64/17 66/18 71/20 72/2 81/4 109/17 113/4 114/16 117/3 121/25 122/5
Dido [1] 108/1
Dido Harding [1] 108/1
die [3] 35/6 71/13 71/22
died [2] 72/5 81/15
difference [1] 70/3
differences [1] 65/23
different [12] 9/19 20/22 25/20 50/21 51/1 56/6 57/25 66/15 68/16 85/25 109/18 112/12
differently [2] 53/24 61/13
difficult [13] 8/18 10/7 15/15 20/20 20/23 23/24 31/13 39/10 60/10 68/24 77/4 121/21 122/7
difficulties [3] 30/2 61/20 61/24
dig [1] 29/23
Digital [1] 73/12
direct [4] 31/13 31/16 105/4 113/1
directed [1] 46/7
direction [4] 1/19 35/14 36/5 97/7
directive [1] 38/18
director [2] 74/7 78/5
disabilities [4] 73/22 77/5 77/8 80/3
disability [3] 75/16 75/16 75/17
disabled [11] 73/6 73/9 73/16 74/4 74/6 75/8 79/20 81/10 81/15 82/8 83/1
disagree [1] 119/11
disagreed [1] 71/4
discharge [9] 24/17 25/21 27/11 27/14 32/7 37/12 37/19 39/3 80/5
discharged [1] 38/18
discharges [2] 27/3 27/20
discourages [1] 106/11
discourse [1] 9/14
discover [1] 81/24
discovered [1] 67/17
discretionary [2] 113/25 115/23
discrimination [1] 23/23
discuss [1] 31/22
discussed [9] 37/24 71/15 75/10 76/12 94/1 112/22 116/9 119/8 119/13
discussing [2] 94/10 113/13
discussion [6] 8/8 46/5 52/7 55/12 60/23 90/8
discussions [2] 66/4 121/12
disease [14] 20/21 65/11 67/17 68/8 68/22 75/11 75/15 75/17 75/18 84/23 86/22 96/8 96/20 118/6
diseases [4] 45/15 45/16 52/11 106/11
disparate [2] 17/18 89/14
disparities [6] 22/14 22/17 82/6 82/13 83/5 91/9
disproportionate [8] 22/23 23/14 84/9 84/17 86/4 86/8 91/3 91/9
disproportionately [1] 86/6
distancing [2] 18/5 66/3
distinction [2] 95/8 112/24
distinguish [1] 61/17
distribution [1] 51/17
distrust [1] 90/15
diverse [1] 85/3
divided [1] 84/3
division [1] 42/15
do [60] 10/14 10/16 10/23 11/3 17/6 18/12 18/21 21/6 21/10 21/21 23/18 33/5 43/10 43/17 47/4 47/11 47/23 48/14 51/17 53/23 57/2 58/2 59/8 68/25 69/20 70/11 70/23 71/15 71/20 74/1 74/1 78/23 79/2 79/11 79/17 81/17 81/21 85/15 85/21 86/12 86/17 87/18 88/1 89/2 90/7 94/17 96/13 96/19 97/24 105/24 105/25 106/13 107/14 107/15 109/24 110/13 113/8 116/22 119/17 120/17
doctors [4] 23/12

D

doctors... [3] 23/16 84/7 91/24
document [11] 25/22 27/17 27/18 27/21 32/5 37/22 39/22 49/14 49/17 59/4 59/6
documentation [2] 33/14 113/10
documents [3] 46/4 68/4 116/11
does [11] 50/22 50/24 53/18 53/18 64/1 72/20 97/10 102/19 112/22 123/1 123/7
doesn't [8] 16/1 52/12 63/13 70/5 72/21 80/8 102/21 117/13
doing [7] 35/12 47/10 47/15 51/4 68/25 109/3 114/11
domestic [10] 99/8 99/25 100/8 100/22 101/20 102/2 102/18 103/4 103/21 104/24
don't [43] 3/15 4/9 5/23 5/24 8/15 9/23 9/25 10/20 12/9 29/23 33/17 38/7 52/3 52/8 53/19 53/25 54/1 65/9 68/9 68/15 70/15 70/19 71/25 76/13 81/23 87/10 90/6 92/4 98/2 98/3 100/8 100/18 100/24 105/3 105/4 105/12 109/19 112/23 117/3 117/11 120/2 121/9 121/9
done [19] 19/6 21/7 25/19 31/7 33/21 33/23 35/8 46/3 46/8 48/23 69/6 80/1 80/5 80/13 89/12 118/23 119/3 119/3 119/17
door [1] 57/24
double [1] 106/17
doubt [2] 16/3 44/20
down [15] 1/20 3/15 4/9 5/3 5/22 27/6 27/8 54/11 59/9 59/15 78/15 80/14 81/12 104/8 117/21
down' [1] 78/19
Downing [1] 78/6
Downing Street [1] 78/6
Drakeford [1] 55/20
driven [1] 120/13
drivers [1] 82/5
driving [1] 108/16
droplet [1] 95/8
droplets [2] 95/20 96/7
dropped [1] 115/14
drumbeat [1] 57/12
due [4] 32/16 35/6 37/18 123/20
during [9] 11/21 25/17 27/5 63/24 70/9 81/13 84/17 97/1 121/20
duty [2] 13/18 47/10
DWP [1] 108/14
dying [6] 23/2 68/20 71/14 79/7 79/9 94/4
dynamics [1] 108/19

E

each [4] 51/13 58/1 71/13 120/15
earlier [15] 13/13 14/7 15/19 33/14 71/15 78/21 88/10 94/10 97/1 104/6 111/24 112/8 117/7 119/8 122/21
early [30] 3/8 4/9 13/22 16/12 19/5 21/8 22/16 22/19 23/21 25/25 30/23 31/7 33/19 42/7 45/21 45/25 57/4 73/7 74/11 84/18 92/19 93/5 95/19 95/23 97/1 103/18 105/20 112/3 112/5 112/13
easier [1] 57/25
easiest [1] 49/13
East [1] 1/23
Eat [1] 107/21
economic [4] 4/10 15/23 16/5 103/25
Economically [1] 14/6
economics [1] 3/14
economy [5] 12/18 13/9 13/21 14/8 104/2
Ed [1] 88/17
Ed Argar [1] 88/17
education [2] 66/13 116/7
effect [3] 14/7 14/8 67/22
effective [2] 8/7 56/13
effectively [3] 53/6 56/10 66/2
effects [1] 121/3
efficacy [1] 34/13
effort [2] 47/7 79/5
eight [1] 3/4
either [1] 76/17
elder [1] 67/19
elderly [2] 34/19 35/1
eloquent [1] 96/2
else [3] 75/19 100/13 123/5
elsewhere [1] 6/21
email [2] 92/12 92/16
embedded [1] 16/21
embraced [1] 106/20
emerged [1] 81/14
emergence [1] 4/6
emergency [1] 53/3
emerging [2] 56/19 81/8
emphasise [1] 75/8
emphatic [1] 4/13
employees [1] 106/14
employers [1] 106/13
emptied [1] 35/15
encourage [3] 65/6 106/13 120/10
encouraged [1] 71/8
encourages [2] 106/8 106/10
end [18] 3/20 8/25 15/8 18/15 28/13 28/15 30/5 43/12 79/8 79/19 79/20 97/5 97/8 97/9 97/10 97/13 106/22 117/5
endeavouring [1] 2/4
ended [1] 8/5
engage [2] 84/15 85/8
engaged [7] 47/5 57/20 77/2 84/19 84/21 85/11 86/6
engagement [1] 90/18
England [15] 19/5 23/6 37/2 42/21 52/14 57/16 61/18 61/19 62/2 66/15 66/23 68/12 82/11 82/13 89/14
enjoyed [2] 51/7 51/7
enlarged [1] 27/1
enormous [4] 10/7 10/13 110/17 117/15
enough [27] 3/6 3/12 7/1 10/14 10/17 10/23 11/4 11/5 16/12 16/12 17/8 33/21 34/1 34/2 38/9 38/15 41/17 46/3 46/8 48/22 57/21 81/4 87/10 114/17 115/2 120/14 122/10
ensure [4] 37/20 50/12 63/10 68/23
enter [1] 25/15
enthusiastic [1] 54/1
enthusiastically [1] 106/20
entirely [2] 2/22 90/10
entitled [1] 66/17
entrance [1] 52/16
entry [4] 8/16 8/20 69/18 78/22
epidemiologically [1] 7/6
equalities [1] 89/1
Equality [1] 74/7
Equality Hub [1] 74/7
equipment [2] 29/10 97/23
equipped [1] 90/25
Er [1] 63/19
Erm [1] 122/3
errors [1] 62/6
escalating [1] 92/19
escape [1] 99/23
especially [8] 23/15 29/2 65/5 67/7 84/10 86/12 86/19 89/5
essential [4] 12/1 44/5 111/6 111/17
essentially [13] 9/11 14/2 21/13 33/1 60/14 68/6 89/1 90/12 90/13 95/11 111/15 112/5 114/17
established [1] 121/2
et [2] 84/13 84/13
et cetera [2] 84/13 84/13
ethnic [24] 22/24 23/13 23/14 82/9 82/25 83/19 84/7 84/9 84/16 84/22 85/9 85/11 85/19 85/24 85/25 86/5 86/20 86/22 87/9 89/15 90/1 91/2 91/10 98/12
ethnicities [1] 84/20
ethnicity [2] 87/22 88/14
European [1] 106/8
even [16] 13/2 13/21 20/12 20/12 39/12 57/7 57/25 68/10 69/10 88/5 104/10 114/8 115/21 120/9 121/18 121/20
evening [2] 59/11 83/23
event [3] 6/11 63/15 98/18
eventually [2] 107/24 115/14
ever [2] 100/4 100/14
every [10] 2/10 13/15 16/8 16/25 17/5 39/9 64/14 83/10 83/23 102/1
everybody [5] 9/24 9/25 57/20 91/7 98/11
everyone [3] 53/18 53/18 123/5
everything [4] 8/9 17/7 47/3 91/14
everywhere [2] 28/19 114/6
evidence [38] 12/20 12/21 13/2 14/24 17/23 24/19 26/23 27/23 28/8 28/11 29/21 35/5 38/4 41/14 42/6 43/20 44/17 45/3 54/16 55/18 56/25 66/19 71/6 71/15 72/16 72/18 72/21 72/22 77/9 82/24 85/22 90/12 98/5 98/5 102/17 107/22 112/21 123/8
evident [2] 9/6 84/22
evolved [1] 74/19
exact [2] 63/21 81/20
exactly [6] 16/24 21/15 22/7 51/4 88/4 102/7
examine [1] 25/2
example [7] 64/18 69/11 73/18 89/4 96/15 101/7 116/11
examples [2] 3/23 35/23
excellent [3] 80/19 100/19 121/19
exceptional [1] 80/18
exceptionally [1] 80/8
exceptions [1] 8/1
exchange [8] 58/8 58/9 70/25 78/12 78/21 80/16 87/4 88/8
Exclusive: [1] 89/25
Exclusive: Government [1] 89/25
excuse [1] 116/20
excuses [1] 14/3
exempt [1] 67/1
exempted [5] 65/19 65/21 68/12 68/14 70/22
exempting [2] 66/2 72/19
exemptions [4] 99/16 99/17 99/18 100/2
exercise [7] 63/18 63/24 64/3 64/9 64/19 98/9 104/15
exhibit [1] 116/12
exhibited [1] 49/17
existed [1] 61/24
existent [1] 30/19
expand [1] 112/25
expanded [1] 27/8
expected [1] 40/3
experience [5] 53/10 55/16 66/20 93/16

E

experience... [1] 120/16
experienced [1] 91/2
expert [1] 67/24
explain [6] 9/23 22/22 90/4 122/2 122/3 122/5
explained [2] 6/5 12/13
explaining [1] 119/20
explains [1] 50/6
explanation [1] 115/18
explore [1] 84/3
express [1] 71/4
expressed [1] 55/24
expressing [1] 28/3
extent [3] 20/3 20/9 93/14
external [2] 35/7 121/2
extra [1] 48/19
extremely [6] 9/13 31/13 35/4 68/7 68/24 74/12

F

faced [2] 93/16 93/25
facilities [1] 40/3
facing [5] 22/4 51/12 86/7 86/13 86/19
fact [21] 7/3 10/15 15/20 18/23 23/21 26/13 32/5 36/22 48/14 48/18 50/21 56/4 57/24 68/8 69/5 80/8 86/16 88/4 95/24 99/18 122/9
factor [3] 16/17 87/23 88/15
factored [1] 97/25
factors [1] 22/19
factually [2] 115/21 117/9
failing [2] 29/21 120/17
failure [3] 18/21 61/17 116/18
fair [4] 26/10 45/24 72/15 107/9
fairness [4] 55/9 66/12 107/16 107/20
fall [1] 15/12
fallen [1] 77/10
falling [1] 102/18
familiar [1] 92/24
families [7] 24/11 24/12 24/14 24/15 40/16 40/17 70/3
family [1] 19/24
far [19] 3/6 40/20 41/14 53/16 60/20 61/6 62/1 74/13 82/7 87/10 101/4 104/21 104/21 106/7 106/7 106/7 106/21 106/21 110/19
fast [5] 1/17 22/1 38/15 48/8 57/4
faster [3] 16/23 16/24 22/11
fatigue [1] 19/21
favour [3] 10/1 48/10 101/11
favoured [1] 15/19
fear [2] 38/25 39/1
features [1] 17/22
Feb [1] 114/6
February [15] 25/13 25/22 26/16 26/21 27/13 28/1 28/2 28/7 30/5 30/5 46/24 47/4 63/12 111/15 121/8
February 20 [1] 47/4
February/March [1] 111/15
Federation [1] 83/19
feed [1] 20/5
feel [3] 109/13 109/18 112/23
feels [1] 63/21
FEHMO [1] 83/22
felt [11] 8/13 9/8 9/9 58/9 93/14 93/23 109/17 118/7 119/15 119/16 122/6
Ferguson [1] 17/23
few [6] 12/24 41/13 67/7 68/23 70/1 111/12
fewer [2] 35/10 69/7
FFP3 [1] 97/17
fighting [1] 2/19
figures [3] 22/23 81/18 81/22
final [3] 72/13 113/20 116/4
finally [5] 17/17 22/14 103/1 114/22 115/14
financial [2] 41/25 105/17
find [4] 41/15 57/8 60/12 123/21
fine [1] 8/24
firm [1] 30/18
firmer [1] 101/7
first [47] 2/3 3/7 6/9 19/23 20/23 21/15 23/12 24/7 25/6 26/14 29/20 32/12 36/2 36/10 41/2 44/14 46/23 49/9 50/6 55/20 59/22 59/23 60/1 60/2 60/4 60/11 60/17 60/22 63/6 63/8 63/9 63/14 73/11 74/19 78/2 84/4 84/6 92/2 92/16 93/3 93/17 94/21 96/1 98/4 99/14 105/17 111/12
First Minister [5] 55/20 60/1 60/4 60/11 60/22
firstly [4] 70/25 79/25 84/21 109/14
fit [3] 39/2 58/15 85/23
fits [1] 98/11
five [2] 25/24 78/21
five weeks [1] 78/21
fix [1] 106/3
flag [2] 2/18 2/25
flagged [3] 87/24 88/11 88/17
flagging [1] 88/15
flexibility [1] 50/15
flow [1] 29/2
flu [2] 45/12 45/17
focus [2] 46/18 77/22
focused [6] 55/12 76/1 76/15 79/5 82/25 83/2
focusing [2] 75/23 113/20
follow [2] 117/1 122/22
followed [1] 73/22
following [4] 50/10 109/22 113/21 114/13
Football [1] 52/15
fora [1] 33/22
force [1] 99/13
forefront [1] 79/22
Forgive [1] 24/4
formal [8] 21/17 29/3 29/7 33/22 43/13 46/1 80/25 112/20
format [1] 98/10
former [3] 66/22 85/6 123/17
formulating [1] 5/15
forth [2] 100/11 101/20
fortnight [1] 2/21
forum [2] 2/10 56/3
forward [10] 1/14 3/24 5/20 11/7 20/24 32/9 34/7 90/13 102/10 102/12
forwarded [1] 11/10
found [5] 20/20 20/22 21/14 38/23 60/10
foundation [1] 32/4
four [26] 23/12 32/25 49/7 49/10 50/3 50/13 50/14 50/19 50/20 50/22 50/23 50/25 51/2 51/6 51/12 53/17 53/22 53/23 53/23 54/10 54/22 57/14 57/24 61/11 73/5 84/7
four nations [9] 49/7 49/10 50/14 50/20 50/25 51/6 53/23 54/22 61/11
framework [4] 6/18 53/9 53/12 87/22
Frances [3] 107/3 107/10 107/19
Frances O'Grady [3] 107/3 107/10 107/19
frank [1] 55/12
frankly [1] 51/11
free [4] 35/20 35/22 37/5 48/16
Freeman [1] 57/22
Freeman's [1] 58/6
frequent [2] 60/24 61/6
Friday [2] 1/1 108/24
Friedman [5] 73/1 73/3 81/9 83/7 125/15
friend [3] 58/20 100/9 100/17
front [3] 31/10 79/9 79/25
frontline [1] 83/22
fruition [1] 114/23
frustration [2] 60/15 115/17
full [8] 2/12 2/20 17/2 20/16 23/7 34/15 115/18 115/25
fully [1] 97/25
function [1] 73/25
fund [3] 41/23 44/14 48/1
fundamentally [1] 122/7
funded [3] 44/15 44/15 48/2
funding [4] 44/10 44/23 48/3 107/23
funds [1] 47/19
funerals [1] 101/7
further [16] 1/20 7/20 11/13 11/15 23/8 27/6 41/9 43/19 44/11 62/8 88/14 110/7 111/21 114/10 115/22 118/21
future [15] 3/16 4/14 18/19 39/15 45/7 45/9 52/9 71/13 91/12 96/20 98/13 98/15 110/4 110/8 123/10

G

gaps [1] 120/14
Gardner [1] 38/22
gathered [1] 21/1
gathering [2] 31/12 33/1
gave [4] 5/1 48/16 80/7 107/11
gender [1] 98/12
general [7] 41/3 42/13 55/21 56/5 75/24 77/6 107/4
generally [2] 42/7 82/1
get [42] 1/24 4/7 5/5 6/11 9/22 9/22 11/5 13/24 17/8 17/9 21/14 24/3 29/21 34/9 35/22 40/8 48/8 52/6 59/21 69/1 79/11 80/4 83/8 83/10 83/11 83/18 87/1 89/12 94/21 98/10 100/10 106/24 107/23 108/5 108/8 116/2 116/21 118/6 121/21 121/25 122/1 122/6
Gething [1] 57/22
Gething's [1] 52/2
getting [14] 5/25 30/2 33/25 36/24 44/7 45/22 48/15 54/25 94/10 106/9 111/8 113/17 121/17 122/10
girls [1] 99/5
give [7] 2/19 68/4 69/11 72/22 73/18 102/8 123/9
given [19] 10/15 34/23 37/17 45/16 46/10 46/18 56/17 66/19 72/21 77/9 81/25 88/5 96/1 97/20 97/21 97/22 114/18 116/10 119/5
giving [1] 109/13
glad [4] 3/5 24/2 70/13 110/20
global [1] 28/19
go [25] 3/6 8/15 17/2 22/8 28/6 44/19 47/3 50/5 52/15 57/7 70/15 74/13 77/18 87/10 96/3 100/8 100/9 100/16 106/9 109/5 112/23 114/10 114/16 115/22 121/9
goal [1] 5/5
goes [3] 48/3 70/1 94/15
going [49] 1/18 6/20 7/7 10/3 11/1 11/17 13/3 13/23 13/24 13/25 14/11 14/12 14/21 14/25 15/3 15/13 15/14 15/17 17/4 17/19 24/7 25/1 26/1 28/2 28/7 28/14 30/6 33/12 34/7 36/9 39/16 39/20 50/7 52/19 53/1 64/3 66/17

G

going... [12] 71/13 73/18 74/13 75/25 102/24 104/13 105/3 108/22 112/17 114/25 115/1 116/4
Gold [1] 1/22
gone [4] 5/3 22/11 39/6 106/21
good [11] 16/19 40/15 40/15 62/17 70/8 73/5 78/10 87/12 91/21 96/22 110/19
Goodwin [3] 59/9 77/22 80/18
got [21] 8/24 9/15 12/22 13/15 16/21 21/5 31/9 40/8 40/20 60/15 68/23 81/5 83/8 83/11 88/9 92/14 106/22 107/17 107/24 110/20 115/12
government [42] 10/7 29/2 29/4 33/12 40/22 42/19 42/23 46/1 49/12 50/6 55/25 58/25 58/25 64/17 67/1 69/9 69/10 73/25 74/3 75/9 76/10 76/16 77/15 89/25 90/25 101/25 102/6 102/16 105/20 106/16 108/5 108/9 110/8 116/3 118/7 120/1 120/3 120/21 121/23 122/3 122/13 122/25
government's [3] 61/15 61/24 108/6
governmental [1] 66/24
governments [1] 56/1
grateful [4] 27/9 48/25 98/22 119/2
great [2] 107/11 115/16
greater [4] 1/10 4/11 46/18 47/1
grip [2] 33/8 34/4
gripped [3] 32/17 33/6 33/10
grips [1] 45/22
ground [1] 101/8
group [16] 1/15 5/15 26/15 26/17 27/25 29/15 46/24 54/13 55/7 55/16 57/7 58/7 59/2 80/15 93/4 94/21
group's [1] 119/3
groups [4] 76/13 89/15 117/25 118/25
growing [2] 38/14 97/21
guarantees [1] 123/9
guidance [19] 18/16 18/25 19/11 35/18 35/24 37/11 39/23 39/25 40/1 40/5 41/21 44/11 44/11 44/23 47/18 89/4 114/1 115/5 115/23
guided [1] 80/24

H

had [103] 3/20 5/3 6/15 7/3 7/3 7/23 11/4 11/7 11/10 11/13 12/15 13/10 13/13 13/15 13/16 16/2 16/8 16/11 16/12 16/14 16/25 17/5 18/12 22/11 24/23 26/2 26/3 26/13 26/14 28/3 29/22 30/18 30/23 31/11 33/4 33/4 33/4 33/8 34/24 35/21 35/24 36/7 38/13 39/1 48/16 51/8 51/9 51/16 51/20 51/22 54/18 55/12 56/20 57/3 57/4 57/11 57/19 59/24 60/23 66/4 67/20 67/21 72/24 78/17 79/25 80/1 84/25 84/25 85/21 88/20 90/12 90/18 93/16 99/11 99/19 100/19 100/25 101/8 101/11 101/25 103/4 103/22 103/22 103/23 103/24 103/25 104/2 104/4 104/21 106/17 108/1 108/7 111/15 111/19 111/19 113/5 114/12 114/22 115/6 117/8 117/15 118/24 120/3
hadn't [6] 29/6 33/9 38/3 104/20 109/19 111/14
half [4] 35/6 87/2 106/3 106/5
HANCOCK [62] 1/3 1/7 2/1 2/9 2/16 10/6 11/24 14/20 17/17 24/5 24/10 33/8 34/21 38/7 39/22 40/1 40/15 48/25 54/4 58/11 58/18 61/15 62/14 62/17 67/10 67/25 68/10 72/15 73/5 77/19 82/23 84/5 90/23 90/24 91/20 91/21 98/20 98/24 99/1 105/8 105/12 105/15 107/1 107/14 108/9 109/1 109/6 109/12 110/12 111/1 111/10 111/23 112/14 113/11 113/24 114/7 115/3 116/5 117/20 117/23 123/8 125/2
Hancock's [2] 89/19 90/19
hand [1] 55/18
handful [1] 84/2
handle [2] 21/15 26/1
handling [1] 52/10
hands [2] 29/4 42/19
happen [8] 9/23 10/3 21/6 29/14 47/19 87/17 95/21 122/14
happened [12] 21/19 29/6 33/19 66/19 88/23 88/25 90/17 104/15 115/23 117/9 117/13 122/19
happening [3] 34/1 34/2 57/1
happens [2] 19/22 122/15
happy [2] 85/15 98/14
hard [7] 21/14 28/7 29/21 44/3 98/4 111/4 121/18
Harding [1] 108/1
harm [2] 12/19 99/23
Harries [1] 32/22
Harris [5] 40/11 40/11 40/13 58/14 125/9
harrowing [1] 17/4
harsh [1] 76/4
harsher [1] 77/4
has [14] 8/3 12/3 13/1 17/20 39/10 46/14 55/14 58/21 60/22 72/16 87/24 109/11 112/8 113/1
hasn't [2] 109/12 110/3
have [148]
haven't [4] 5/24 72/22 101/12 120/20
having [17] 8/6 16/9 22/8 41/17 41/17 52/8 78/14 98/7 98/9 98/16 98/16 106/10 106/11 106/12 116/24 116/24 117/10
he [16] 8/5 8/9 17/24 39/25 43/4 55/21 65/16 66/14 66/18 77/24 78/5 78/7 78/17 92/23 93/3 123/17
he's [4] 39/23 77/9 80/21 105/13
head [4] 39/6 65/16 81/23 101/23
heading [2] 26/25 36/16
health [52] 3/13 4/12 8/14 9/3 9/17 9/19 9/21 10/1 12/14 12/16 13/4 13/8 13/17 14/4 16/4 19/12 23/5 36/23 41/11 43/6 46/14 48/4 51/9 51/25 53/3 54/22 54/22 56/23 57/11 60/9 60/24 61/7 62/25 64/13 69/16 71/7 73/23 75/5 82/11 82/13 85/17 89/14 90/2 91/4 101/21 102/11 102/13 103/23 103/25 104/2 106/14 122/8
health secretaries [2] 51/9 51/25
Health Secretary [2] 85/17 102/11
healthcare [16] 22/25 31/5 83/20 84/16 85/9 85/19 86/4 91/3 91/25 92/6 92/23 92/25 93/15 94/4 94/19 94/20
hear [4] 66/12 70/13 99/1 116/17
heard [6] 17/23 41/8 59/20 72/16 82/23 122/11
hearing [1] 124/1
heart [2] 20/2 76/25
hearts [1] 108/17
heavily [3] 77/2 84/21 85/2
heavy [1] 77/13
held [2] 1/22 55/22
Helen [8] 30/16 33/19 69/15 69/22 71/3 71/24 87/5 88/19
Helen Whately [7] 30/16 33/19 69/15 69/22 71/3 87/5 88/19
help [7] 2/22 46/21 84/14 93/24 107/21 118/6 123/11
helped [1] 106/24
helpful [3] 37/16 92/11 101/14
hence [3] 88/21 109/23 119/7
Henderson [1] 55/15
her [3] 30/24 88/21 100/13
here [11] 5/23 14/20 28/22 37/25 39/1 42/14 60/21 82/18 91/8 111/17 113/5
hierarchical [1] 9/21
high [10] 3/21 13/15 16/8 16/10 16/16 24/16 39/3 52/1 71/1 93/19
higher [10] 7/10 32/16 84/22 86/18 86/21 106/11 106/13 106/21 107/10 110/9
highlight [8] 27/7 27/7 34/9 41/13 42/13 43/19 45/3 92/1
highlighted [4] 27/1 36/18 42/5 45/21
highly [4] 14/15 57/21 94/19 100/25
him [2] 18/1 55/24
hindsight [4] 3/17 5/21 39/12 96/17
his [12] 15/2 17/24 17/25 55/21 72/17 78/6 80/19 85/22 96/2 97/15 108/25 116/15
hit [1] 74/4
hitherto [1] 35/21
hm [3] 34/22 41/7 56/14
hold [4] 34/15 81/20 112/11 112/22
home [27] 25/15 27/19 27/20 29/11 36/3 36/7 36/11 36/20 37/12 41/4 42/8 44/10 45/14 45/17 48/1 48/2 68/13 99/16 100/13 102/3 102/7 102/9 114/5 115/6 115/8 115/10 116/1
Home Office [1] 102/7
homes [57] 24/15 24/18 24/22 25/16 26/6 26/7 26/13 27/4 27/11 27/14 28/4 28/22 30/7 31/10 31/15 31/20 31/23 32/6 33/13 35/2 35/17 35/19 35/20 36/12 36/24 37/2 37/8 37/21 39/24 40/2 40/21 41/3 41/6 41/20 43/23 44/7 44/21 46/2 48/15 48/17 48/20 51/15 77/19 77/24 78/15 78/19 78/24 79/7 79/10 79/18 81/3 94/11 110/22 111/2 111/9 112/16 114/3
honest [1] 60/15
honestly [2] 67/14 90/15
hope [4] 49/15 62/22 73/13 115/18
hoped [1] 121/25
hopefully [1] 92/14
horrible [2] 12/24 104/7
horrific [1] 68/22
hospital [9] 24/17

H

hospital... [8] 25/21 27/5 37/12 37/18 38/19 38/20 39/2 79/1
hospitalised [1] 22/25
hospitals [4] 27/4 35/14 36/5 94/9
hour [1] 70/1
hours [1] 59/13
house [1] 34/15
house-hold [1] 34/15
household [5] 63/17 63/17 65/3 72/10 72/10
how [32] 1/7 2/3 6/2 7/8 7/17 7/17 16/24 17/24 22/22 25/4 26/1 26/12 29/13 40/20 46/1 46/8 49/12 58/9 71/7 74/19 75/14 85/14 86/3 86/12 86/20 95/16 95/18 101/6 109/17 109/18 121/12 121/14
however [3] 4/16 52/8 80/21
HSJ [1] 90/9
Hub [1] 74/7
human [1] 52/13
humans [1] 14/17
Hunt [1] 118/9

I

I absolutely [1] 79/25
I accept [2] 90/11 90/14
I act [1] 73/5
I agree [1] 90/10
I agreed [1] 28/15
I already [1] 72/1
I also [4] 5/12 28/17 71/9 100/22
I always [1] 94/13
I am [2] 12/2 67/15
I answer [1] 75/13
I appear [2] 40/16 58/18
I appreciate [2] 63/13 110/10
I ask [9] 24/10 56/15 62/17 92/2 94/24 97/5 99/3 105/15 117/23
I can [7] 11/25 22/12 70/12 70/12 72/22 80/25 120/22
I can't [11] 3/1 57/21 63/21 64/6 68/3 90/7 101/23 105/5 108/11 108/19 123/9
I cared [2] 21/3 80/11
I chaired [1] 57/15
I checked [1] 71/25
I commissioned [1] 74/10
I concur [1] 90/21
I continued [1] 115/25
I convened [1] 119/7
I corralled [2] 9/15 48/23
I could [5] 41/13 42/13 52/17 109/20 110/19
I couldn't [1] 116/2
I decided [1] 9/12
I did [2] 68/19 104/14
I didn't [8] 5/6 13/2 13/7 27/17 66/18 109/17 117/3 121/25
I do [6] 90/7 96/19 105/25 107/14 107/15 113/8
I don't [24] 5/23 8/15 9/25 12/9 29/23 52/3 54/1 65/9 71/25 76/13 81/23 90/6 92/4 98/2 98/3 100/18 100/24 105/3 105/4 109/19 117/3 117/11 120/2 121/9
I dropped [1] 115/14
I emphasise [1] 75/8
I encouraged [1] 71/8
I engaged [2] 84/19 85/11
I enjoyed [2] 51/7 51/7
I enthusiastically [1] 106/20
I explain [1] 122/3
I fear [2] 38/25 39/1
I feel [1] 109/13
I felt [5] 8/13 9/9 93/23 109/17 119/16
I gave [1] 80/7
I get [1] 69/1
I had [15] 33/4 38/13 51/8 72/24 90/18 100/19 103/22 103/22 103/23 103/24 103/25 104/4 106/17 108/1 120/3
I hadn't [2] 109/19 111/14
I have [9] 39/6 40/19 57/15 60/25 62/21 71/19 84/2 89/11 117/18
I haven't [3] 72/22 101/12 120/20
I hope [4] 49/15 62/22 73/13 115/18
I instituted [1] 51/10
I just [7] 41/8 58/23 71/6 72/13 78/21 98/3 116/18
I knew [5] 7/22 9/16 21/16 38/15 119/6
I know [6] 8/3 49/1 66/5 77/9 79/6 105/6
I led [1] 13/4
I make [2] 17/18 71/6
I may [7] 39/24 41/2 54/4 56/24 73/11 83/6 112/25
I mean [7] 8/9 51/7 52/13 60/9 86/8 120/3 122/4
I might [1] 57/7
I move [2] 94/23 113/20
I needed [1] 119/16
I pay [1] 106/23
I pick [1] 60/18
I pushed [3] 44/2 111/4 115/11
I put [2] 102/12 113/4
I really [2] 81/11 89/7
I recognise [1] 54/2
I reject [1] 48/13
I remember [4] 17/1 17/3 65/8 95/25
I repeatedly [1] 119/13
I represent [3] 66/25 83/19 91/22
I resigned [1] 18/20
I respected [1] 80/20
I said [5] 9/19 9/21 114/15 117/7 122/21
I saw [4] 9/13 17/14 90/9 98/5
I say [2] 7/21 72/7
I see [2] 47/9 54/11
I shared [1] 71/20
I should [1] 66/11
I specifically [1] 65/13
I spoke [2] 9/18 9/18
I start [2] 73/6 99/10
I still [2] 52/8 122/22
I strongly [1] 51/5
I suggest [1] 30/12
I take [2] 36/14 53/16
I tell [1] 102/17
I then [2] 115/8 115/9
I therefore [2] 9/15 71/23
I think [57] 3/17 10/9 10/10 13/11 16/1 17/2 21/10 21/13 21/20 23/6 30/8 38/10 39/12 42/18 43/1 43/10 44/15 45/11 45/24 46/7 49/13 51/21 53/20 53/21 54/4 54/16 57/18 58/6 66/16 66/18 67/25 71/22 77/7 87/8 91/6 91/7 91/13 91/14 91/15 92/3 92/10 96/17 97/7 102/3 104/9 107/10 107/21 110/4 110/17 117/12 117/18 119/19 120/12 120/15 120/20 122/7 122/12
I thought [4] 5/19 52/5 72/4 80/12
I took [4] 44/6 101/21 101/22 111/7
I understand [6] 29/9 48/20 48/21 56/4 71/18 75/20
I very [1] 107/13
I want [4] 39/14 53/11 77/22 89/12
I was [44] 4/8 5/2 6/2 6/15 10/21 12/6 13/17 14/15 14/24 19/19 19/23 22/11 23/11 23/13 23/20 24/1 24/1 38/15 47/10 61/8 61/21 62/1 63/14 67/3 67/5 69/7 71/17 72/23 80/7 80/9 80/11 80/22 84/6 84/8 84/21 85/2 85/4 102/12 102/15 108/16 113/7 116/1 120/3 120/22
I wasn't [1] 27/22
I will [1] 49/5
I wish [2] 22/10 84/2
I won't [1] 123/10
I wonder [1] 59/1
I worry [1] 79/8
I would [22] 1/11 5/4 8/20 28/13 57/6 62/1 67/4 80/10 80/25 81/7 82/14 101/1 101/10 101/11 105/2 105/2 106/20 110/7 119/11 121/17 121/25 122/23
I wouldn't [2] 12/10 81/6
I wrote [3] 111/14 113/10 113/15
I'd [26] 5/22 9/11 11/1 15/3 15/4 18/18 21/24 23/21 40/18 45/3 54/5 54/13 65/17 70/25 74/9 80/5 88/4 92/1 92/11 92/16 93/14 106/15 106/17 107/19 109/20 114/20
I'll [15] 26/17 32/8 40/19 58/12 62/10 69/11 74/14 80/15 81/25 83/16 83/17 83/18 91/23 96/25 100/4
I'm [70] 3/5 4/13 5/8 6/20 10/11 17/15 17/19 18/7 25/1 27/9 27/21 28/2 28/7 28/10 29/9 30/6 36/9 39/16 39/20 40/7 40/7 40/21 48/25 52/19 53/1 54/1 58/20 60/20 61/5 61/5 61/23 62/6 62/7 65/23 66/4 66/17 68/1 68/16 68/16 70/13 70/21 72/12 72/20 73/18 74/13 77/18 81/23 83/16 83/25 85/14 89/22 90/17 91/20 91/21 98/14 100/25 101/11 101/25 102/8 102/21 108/22 110/20 113/11 115/3 115/4 116/4 117/11 119/2 122/9 123/8
I'm afraid [5] 39/16 40/7 72/12 72/20 91/20
I've [16] 8/24 13/11 40/20 56/25 58/11 60/15 62/8 66/18 87/2 88/10 90/17 104/6 111/21 113/10 122/10 123/5
I've said [1] 13/11
idea [4] 43/14 43/15 47/15 100/16
identifiable [1] 93/4
identifying [1] 43/22
Ie [1] 108/4
if [78] 3/14 3/18 4/9 5/22 9/23 13/12 13/12 13/21 15/10 15/13 18/1 26/22 26/25 27/2 27/7 28/6 28/10 31/7 33/8 36/17 38/20 39/1 39/13 39/24 41/2 41/13 42/13 44/18 44/19 50/5 52/17 53/19 54/4 56/22 56/24 57/12 58/6 59/1 59/3 59/11 59/15 59/24 60/23 62/3 62/4 62/19 62/20 67/3 69/18 70/21 73/11 79/8 81/20 81/24 81/24 83/6 84/14 88/16 89/21 90/17 93/22 95/25 96/2 99/18 100/8 102/11 102/17 104/20 106/1 106/17 112/14 112/19 112/25 114/15 114/16 119/24 123/16 123/20
ill [3] 44/16 44/19 112/23
illness [1] 99/23
imagine [1] 11/2
immediate [3] 75/4 89/9 112/9

I

immediately [2] 96/22 98/18
impact [30] 18/10 18/12 20/12 23/14 26/3 32/15 47/1 48/20 64/23 65/10 66/7 71/18 76/11 84/9 85/18 86/5 89/14 91/9 91/9 100/20 101/2 102/1 103/22 103/23 103/24 103/24 104/1 113/2 119/6 120/14
impacted [1] 101/7
imperative [1] 17/12
implementation [2] 3/9 76/13
implications [1] 73/8
implies [1] 80/9
imply [1] 51/2
importance [4] 13/8 18/23 64/8 75/10
important [47] 4/14 15/9 18/4 18/5 18/19 28/22 35/9 37/25 39/17 40/9 44/7 44/20 44/24 45/11 45/13 45/16 51/6 57/8 61/22 77/16 82/9 83/9 85/25 86/11 86/24 87/10 89/6 91/11 95/13 95/22 95/24 96/5 96/6 97/2 97/23 98/8 98/12 110/13 111/9 113/17 115/4 118/23 119/4 119/20 119/20 120/9 120/15
impose [1] 16/6
imposed [5] 10/9 14/7 15/20 16/12 63/6
imposition [4] 6/7 14/5 15/21 16/3
impression [2] 55/21 69/2
improve [2] 80/2 82/5
inability [1] 30/24
inadequate [2] 30/20 31/20
incarnation [1] 74/19
inch [2] 70/20 70/24
incidence [1] 71/12
include [2] 79/18 101/19
included [2] 16/9 41/23
including [20] 19/25 23/17 23/22 35/1 44/4 61/10 66/25 71/3 74/1 75/6 77/5 80/4 83/10 84/20 99/19 111/6 114/9 115/22 117/6 120/10
income [1] 112/15
increase [3] 103/4 103/21 106/16
increased [2] 92/7 93/8
increases [1] 45/14
incredible [1] 18/8
incredibly [2] 8/5 86/24
indeed [12] 1/13 13/10 38/9 45/9 45/20 48/5 49/22 59/18 64/6 85/12 110/6 123/6
independently [1] 68/13
INDEX [1] 124/3
indicate [1] 73/13
indicates [1] 78/7
individual [2] 34/12 34/15
individuals [4] 34/14 34/19 35/1 63/11
indoors [1] 64/5
inequalities [2] 86/15 86/18
inevitably [1] 29/1
infected [2] 25/15 93/4
infection [13] 19/18 19/19 20/5 25/20 30/11 37/20 38/22 41/23 44/13 92/7 93/19 94/24 96/23
infections [5] 27/15 44/6 45/6 92/23 111/8
inform [3] 56/1 82/6 121/15
information [4] 34/23 92/3 92/10 118/20
informed [1] 25/4
informing [1] 116/12
infrastructure [2] 54/20 56/17
ingress [1] 44/21
initial [4] 82/10 83/3 101/6 114/25
initially [2] 77/14 86/25
initiating [1] 47/18
initiative [1] 41/11
injury [1] 99/23
Innovation [1] 19/13
innovative [1] 22/2
INQ000048399 [1] 1/15
INQ000049363 [1] 25/6
INQ000049530 [1] 32/11
INQ000056219 [1] 34/8
INQ000060080 [1] 121/9
INQ000074910 [1] 26/20
INQ000093254 [1] 77/18
INQ000094320 [1] 59/2
INQ000114887 [1] 29/16
INQ000119476 [1] 36/15
INQ000129514 [1] 2/15
INQ000129555 [1] 10/4
INQ000151314 [1] 92/14
INQ000176785 [2] 69/12 87/3
INQ000233806 [1] 49/14
INQ000269372 [1] 52/3
INQ000271363 [1] 92/9
INQ000273833 [1] 110/25
INQ000273901 [2] 109/1 113/23
INQ000308410 [1] 89/22
INQUIRY [17] 1/4 1/7 13/1 17/20 17/23 55/14 55/19 66/14 72/16 72/19 78/6 78/11 90/10 93/24 110/11 113/14 125/4
Inquiry's [1] 108/25
insecure [1] 112/15
inside [1] 75/20
insights [2] 93/24 121/14
instance [15] 3/19 8/1 26/15 45/12 51/15 52/2 57/3 57/9 60/7 85/23 94/13 94/20 102/14 113/2 117/14
instead [1] 61/9
Institute [1] 19/12
instituted [1] 51/10
institutional [1] 54/19
institutionally [1] 76/18
instructed [1] 58/18
insufficient [1] 119/17
INT [1] 36/14
intended [2] 86/25 101/8
interaction [1] 52/13
interest [3] 9/17 13/8 88/21
interested [1] 13/17
interests [1] 66/11
interfered [1] 81/6
interim [1] 118/8
internal [2] 88/6 106/15
internally [2] 9/11 107/23
international [1] 98/6
interpretation [1] 101/8
interrupt [1] 5/8
interrupting [1] 107/18
intervention [5] 1/10 34/12 41/10 46/21 81/12
interventions [1] 20/7
into [38] 6/6 7/10 8/15 10/21 11/1 17/2 20/6 21/17 24/18 25/16 30/15 33/12 38/14 44/7 44/21 48/5 52/6 52/14 54/5 57/13 57/17 68/11 74/13 74/24 77/14 84/3 88/7 90/11 90/21 93/10 94/11 97/25 99/13 100/13 102/24 111/8 117/15 121/13
introduced [3] 3/3 3/5 7/13
intuitively [1] 44/18
invented [1] 48/14
investigate [1] 87/13
inviting [1] 69/3
involve [1] 82/14
involved [5] 59/3 61/6 62/1 68/24 85/2
Ireland [2] 24/12 50/12
irrespective [1] 98/14
is [242]
isn't [8] 6/2 13/17 29/24 47/17 70/4 105/5 111/25 114/7
isolate [1] 107/24
isolation [10] 34/14 34/15 40/3 105/18 106/21 109/5 110/1 110/4 110/6 110/6
isolation' [1] 109/4
issue [27] 19/9 20/9 23/4 23/24 39/18 41/14 43/21 54/5 57/13 59/25 75/7 75/23 76/23 80/11 80/17 84/24 85/2 86/1 94/23 98/6 105/21 106/24 111/16 113/20 113/22 114/6 122/22
issued [9] 35/18 35/19 36/5 37/11 38/17 39/24 40/2 113/25 118/17
issues [14] 17/18 18/4 23/22 58/3 71/4 77/7 78/8 78/18 80/24 83/9 84/21 102/18 113/13 122/24
issuing [1] 47/18
it [324]
it's [64] 1/18 2/22 8/15 9/6 9/20 13/19 18/2 18/2 25/10 26/25 27/10 27/12 28/12 29/18 29/18 29/24 30/6 32/11 34/9 36/16 37/10 39/14 43/1 44/13 44/18 45/12 47/17 47/25 48/12 49/13 49/13 50/2 50/3 53/18 58/8 66/18 68/7 72/13 74/9 77/23 86/9 89/13 91/6 92/5 92/16 98/15 98/16 100/6 100/7 102/6 102/24 106/7 108/25 109/24 110/2 110/14 111/23 112/11 112/14 113/16 114/7 119/15 119/20 122/19
items [1] 57/17
its [11] 16/3 20/6 20/21 26/2 32/3 46/19 47/1 47/23 47/25 74/19 85/3

J

Jacobs [4] 105/11 105/12 105/14 125/23
Jamie [3] 59/9 77/22 80/18
Jamie Njoku-Goodwin [3] 59/9 77/22 80/18
January [16] 3/21 13/15 17/2 28/14 28/15 42/8 64/1 64/8 68/10 92/13 97/8 97/9 104/17 115/15 117/8 118/14
January 2020 [1] 42/8
January 2021 [4] 64/1 64/8 68/10 118/14
JBC [1] 1/22
Jeane [2] 57/22 58/6
Jeane Freeman [1] 57/22
Jeane Freeman's [1] 58/6
Jenny [1] 32/22
Jenny Harries [1] 32/22
Jeremy [1] 118/9
Jeremy Hunt [1] 118/9
JN [1] 78/22

J

job [2] 48/14 121/20
Joe [2] 8/2 8/4
jog [1] 102/19
Johnson [1] 123/16
joint [1] 56/3
joke [1] 14/22
Jonathan [1] 32/22
Jonathan Van-Tam [1] 32/22
Journal [2] 90/2 118/13
July [11] 19/11 19/14 21/21 21/23 21/24 65/20 81/15 92/5 118/2 118/5 119/4
July 2020 [4] 21/21 65/20 92/5 118/5
June [15] 18/7 18/7 18/14 19/11 21/21 36/6 44/12 82/3 87/7 88/8 97/5 97/6 97/13 97/17 103/9
June 2020 [2] 44/12 87/7
June 2021 [2] 18/7 18/14
junior [2] 32/21 32/25
just [55] 1/11 1/22 2/18 2/19 2/22 5/9 6/20 6/20 6/24 13/17 17/9 17/14 17/17 17/22 21/5 23/16 36/1 36/10 39/22 40/1 41/8 41/13 42/13 43/19 45/2 46/4 50/3 50/24 52/6 52/6 53/18 58/23 61/9 71/6 72/13 72/21 75/4 76/1 78/21 79/18 83/6 85/7 88/23 89/23 92/9 92/16 95/7 98/3 98/16 110/20 113/24 115/20 116/18 118/18 122/23
Justice [3] 24/11 24/12 40/17

K

KC [15] 24/8 58/17 58/20 62/15 73/3 83/14 98/25 117/22 125/7 125/11 125/13 125/15 125/17 125/21 125/25
keep [7] 5/3 5/17 16/20 20/18 29/11 67/5 71/10
Keith [5] 1/5 30/15 58/20 94/2 107/21
Kemi [4] 23/10 24/2 83/4 90/22
Kemi Badenoch [3] 23/10 83/4 90/22
Kent [1] 4/6
kept [5] 5/4 17/4 66/8 66/9 72/11
key [12] 25/1 36/9 43/19 101/16 101/18 101/19 101/22 101/22 102/12 102/19 109/5 110/1
key worker [1] 102/12
key workers [5] 101/16 101/18 101/19 101/22 102/19
kick [1] 87/12
Kids [1] 118/11
kill [1] 104/13
killing [1] 104/12
kind [4] 19/21 57/25 60/13 81/22
King's [1] 77/25
King's Counsel [1] 77/25
kit [1] 98/11
knew [15] 6/16 7/22 9/16 21/16 21/16 26/4 26/5 38/15 38/17 72/2 80/6 102/24 104/10 114/12 119/6
knock [1] 104/1
knock-on [1] 104/1
know [65] 5/21 8/3 9/25 12/9 13/1 13/2 16/24 17/7 21/6 21/10 22/6 22/9 29/5 38/7 39/6 39/14 39/17 45/13 45/25 47/3 47/5 48/21 49/1 52/14 56/10 57/21 57/23 61/3 61/4 65/9 66/5 66/17 66/21 68/15 71/11 71/20 71/25 72/15 74/1 74/23 77/9 79/6 81/23 83/8 85/14 86/9 90/6 94/2 98/2 98/3 99/4 104/9 105/6 108/6 109/12 110/3 112/3 113/4 117/7 118/17 120/2 121/1 121/22 122/13 123/15
knowing [1] 47/3
knowledge [1] 89/18
known [15] 25/2 25/3 29/10 37/10 46/11 64/4 103/3 104/2 104/3 104/5 109/10 112/14 113/1 113/5 114/18

L

Labour [1] 8/9
lack [4] 31/8 31/13 75/7 119/1
Lady [16] 1/6 24/5 24/9 39/19 40/15 62/8 62/16 72/14 73/2 73/4 83/13 91/19 98/21 102/23 105/9 123/4
lag [1] 21/11
large [6] 17/20 19/1 28/18 108/6 112/16 119/21
largely [3] 7/23 48/18 95/20
last [12] 70/9 81/9 83/6 89/11 89/12 90/23 96/25 102/23 104/22 115/4 117/20 123/11
late [2] 74/11 103/18
later [16] 4/1 5/17 26/18 32/5 33/24 36/6 44/15 49/5 57/18 66/12 70/1 74/23 78/5 87/19 111/11 114/2
later lockdown [1] 4/1
latest [2] 2/18 2/23
launch [1] 119/9
launched [4] 21/10 44/14 118/3 118/20
law [2] 62/24 63/7
layout [1] 83/15
lead [6] 1/4 24/3 74/3 77/7 77/15 125/4
leaders [4] 9/3 50/11 84/16 85/11
leadership [7] 7/21 7/22 8/21 8/22 33/2 84/19 85/9
leads [1] 54/11
leak [1] 59/19
leaks [1] 59/20
learn [3] 39/15 58/1 91/11
learned [4] 53/13 58/20 96/14 98/8
learning [4] 4/14 73/21 91/8 110/12
learnt [2] 113/14 114/8
least [6] 19/24 31/10 35/19 79/5 82/21 117/13
leave [11] 39/16 39/20 60/6 68/13 75/16 75/18 99/18 99/22 99/25 100/7 100/16
led [3] 13/4 58/3 77/11
left [4] 38/20 39/1 57/23 58/7
legal [3] 29/7 63/11 115/25
legally [2] 28/23 115/9
legals [1] 29/4
Leila [1] 80/14
length [1] 96/12
less [3] 14/7 44/19 72/14
lesson [7] 18/18 45/7 96/19 98/12 110/4 110/7 110/7
lessons [7] 39/15 53/13 91/8 91/11 96/14 98/8 110/12
let [13] 75/4 76/17 84/4 85/6 85/16 87/2 88/10 88/13 89/11 90/23 100/12 101/15 109/18
let's [2] 29/14 79/13
lets [1] 109/12
letter [3] 118/9 118/12 118/14
level [8] 6/24 7/4 7/7 24/16 46/22 60/11 60/24 71/1
levels [2] 93/19 109/5
lever [4] 13/16 16/8 17/1 17/5
levers [3] 29/3 42/18 117/8
life [3] 18/11 77/4 104/5
lift [1] 72/3
lifted [1] 120/13
lifting [1] 120/16
light [3] 18/6 84/25 86/1
like [24] 1/11 9/9 28/6 40/18 41/8 45/3 45/17 51/11 54/5 54/13 58/5 64/22 76/7 92/1 92/11 92/16 93/14 95/25 102/11 108/14 109/13 119/15 119/24 122/3
likelihood [4] 39/3 86/18 86/21 97/22
likelihoods [1] 112/12
likely [8] 25/14 35/6 36/25 38/21 44/19 73/9 77/10 98/17
limit [2] 44/3 111/4
limited [3] 37/17 62/21 107/14
limiting [2] 113/1 114/1
line [3] 68/3 106/25 110/21
lines [1] 90/8
list [4] 32/19 101/22 101/24 102/16
listened [2] 70/9 71/23
literal [1] 62/5
literally [1] 51/7
little [2] 27/6 112/25
live [1] 11/25
lived [2] 12/12 26/6
Liverpool [4] 8/2 8/3 8/6 8/21
lives [9] 6/4 12/8 12/22 39/13 58/2 66/1 69/5 71/16 72/24
living [1] 79/20
load [1] 79/8
local [19] 1/24 4/20 7/9 7/21 7/22 28/23 28/24 29/4 29/7 33/13 33/16 33/21 33/22 42/19 42/19 42/22 42/25 48/2 57/4
lock [3] 3/15 4/9 104/8
lockdown [48] 1/17 2/12 2/21 3/16 3/24 4/1 4/5 4/10 4/24 5/14 9/2 9/4 10/8 10/18 10/24 11/11 11/18 11/20 12/19 13/11 13/13 14/6 14/7 15/12 15/19 15/21 15/22 16/2 16/6 16/11 17/3 49/21 50/8 63/8 63/14 63/24 63/25 64/2 68/11 76/7 99/15 100/6 103/2 103/5 104/3 104/10 104/16 115/16
lockdowns [3] 57/4 104/12 104/20
locked [1] 78/14
logic [1] 17/14
logical [1] 52/10
logistical [1] 29/24
long [50] 6/12 16/12 19/4 19/9 19/17 19/25 20/1 20/4 20/4 20/9 20/14 20/22 20/25 21/2 21/7 21/9 22/7 22/13 73/14 79/21 84/24 94/3 112/22 117/24 118/2 118/4 118/8 118/11 118/12 118/14 118/16 118/18 118/24 118/25 119/6 119/13 119/18 119/19 119/25 120/5 120/10 120/11 120/18 121/3 121/24 122/5 122/10 122/11 122/20 122/23
Long Covid [34] 19/4 19/9 19/25 20/9 20/14 20/22 20/25 21/2 21/7 21/9 22/7 94/3 117/24 118/2 118/12 118/16 118/18 118/24 118/25 119/6 119/13 119/18 119/19 119/25 120/5 120/10 120/11 120/18 121/24 122/5 122/10

L

Long Covid... [3] 122/11 122/20 122/23
Long Covid Kids [1] 118/11
Long Covid SOS [1] 118/4
Long Covid Support [2] 118/8 118/14
long-standing [1] 84/24
long-term [6] 19/17 20/4 20/4 73/14 79/21 121/3
longer [4] 8/4 21/18 97/17 116/20
Longfield [1] 66/23
look [12] 20/25 29/14 58/6 69/18 78/12 82/8 82/13 85/13 98/2 98/15 106/14 108/11
looked [3] 23/4 26/7 49/2
looking [4] 14/24 46/18 83/17 113/16
looks [1] 21/25
loosely [1] 21/1
loosen [1] 69/23
loosened [1] 71/9
Lord [3] 32/25 121/4 121/19
Lord Bethell [3] 32/25 121/4 121/19
losing [2] 5/10 9/8
loss [1] 104/5
lost [1] 24/15
lot [5] 21/3 21/18 40/8 82/24 104/12
Lots [1] 70/9
lovely [1] 58/8
low [6] 101/3 101/5 106/7 106/10 109/4 112/15
lower [4] 14/13 27/8 64/23 106/8

M

machine [1] 122/25
madam [1] 83/6
made [23] 7/18 11/2 15/23 17/1 18/3 25/4 27/3 35/19 42/6 44/11 53/13 56/2 57/25 60/17 60/18 77/4 95/20 104/25 107/12 108/23 118/16 119/4 121/16
magic [1] 106/17
main [1] 45/3
mainly [1] 100/7
maintain [1] 120/11
make [24] 9/3 9/22 10/17 11/19 17/18 18/20 31/9 32/2 38/23 48/10 56/13 57/20 66/11 67/6 70/3 71/6 72/13 80/12 86/17 87/17 100/11 122/14 122/15 123/16
make-up [1] 32/2
makers [1] 121/16
makes [7] 8/25 19/4 20/11 20/12 22/15 55/21 92/23
making [20] 2/4 2/10 4/8 11/21 12/6 12/22 20/13 27/13 38/5 56/3 66/4 66/8 71/17 82/6 85/22 94/18 102/25 105/21 109/20 116/7
managed [2] 13/12 13/12
management [1] 78/7
Manchester [4] 8/18 8/19 8/22 8/24
mandatory [1] 110/6
manner [1] 58/5
many [14] 20/22 20/22 20/22 24/14 24/15 39/13 55/24 58/21 67/20 68/20 80/23 81/3 83/11 122/20
March [53] 13/16 17/5 24/17 25/5 25/21 30/15 30/23 31/7 31/19 31/22 32/6 32/9 33/10 33/19 34/7 34/21 34/24 35/10 35/13 35/24 36/2 36/4 36/5 36/9 36/11 36/21 37/10 38/11 38/13 39/24 45/21 45/25 47/13 48/6 48/19 51/10 63/7 73/7 74/3 74/10 74/11 74/11 74/18 77/24 81/15 99/14 102/19 104/10 105/21 106/1 107/2 111/15 114/21
March 2020 [5] 13/16 51/10 73/7 74/3 105/21
Marcus [1] 74/7
Marcus Bell [1] 74/7
Mark [1] 55/20
masks [2] 97/17 97/18
massive [1] 112/12
MATT [6] 1/3 2/9 78/18 89/19 90/19 125/2
Matt Hancock [1] 2/9
Matt Hancock's [2] 89/19 90/19
matter [16] 8/10 18/2 18/3 37/24 39/23 41/2 56/21 59/5 59/24 63/13 66/10 82/9 83/4 98/11 102/3 111/22
mattered [1] 66/7
matters [6] 13/9 20/11 29/24 75/15 113/11 113/13
maximum [1] 97/19
may [45] 2/1 10/9 11/20 13/13 18/15 23/6 23/7 24/20 27/6 39/22 39/24 41/2 41/12 41/12 41/22 44/14 44/24 47/21 48/19 49/20 50/25 51/4 54/4 56/24 58/9 63/15 63/20 66/12 67/2 73/11 74/14 74/23 75/16 75/18 78/12 83/6 90/19 100/23 107/1 107/18 111/11 112/25 113/25 114/2 116/13
May 2020 [2] 44/14 67/2
May 2021 [1] 18/15
mayor [3] 8/2 8/2 8/9
me [44] 13/4 24/4 24/13 24/14 27/18 32/21 33/1 39/11 40/19 59/17 59/19 60/23 61/6 67/4 69/3 70/21 71/3 71/5 71/8 72/7 73/13 75/4 80/19 84/4 84/14 85/6 85/16 87/2 88/10 88/13 89/11 90/23 96/1 99/1 101/15 104/6 106/24 107/17 107/18 109/18 112/21 115/17 119/3 119/4
mean [10] 4/1 8/9 51/7 52/13 60/9 62/2 62/4 86/8 120/3 122/4
meander [1] 52/14
meaning [1] 61/19
meaningfully [1] 56/19
means [1] 93/3
meant [7] 7/12 21/15 21/16 21/17 46/2 49/10 71/12
measure [1] 109/25
measures [21] 1/8 1/9 5/2 5/4 7/20 7/20 7/25 8/6 13/22 15/12 20/15 34/18 34/24 35/7 35/16 37/19 64/22 66/7 72/11 76/7 77/3
mechanics [2] 20/6 20/10
mechanism [2] 38/2 38/3
media [5] 78/3 78/7 89/16 119/14 119/14
medical [13] 22/2 22/4 32/23 65/14 65/15 67/15 67/21 68/2 77/1 91/23 118/6 118/13 123/20
medically [1] 39/2
meet [1] 63/17
meeting [25] 10/22 11/1 11/7 11/21 21/22 25/9 32/10 32/14 33/11 33/24 34/25 36/4 36/14 47/13 49/20 49/24 57/19 59/7 60/6 77/24 108/23 113/12 114/3 116/8 116/15
meetings [11] 28/1 47/6 55/22 55/25 56/15 57/7 57/15 61/3 61/7 61/8 85/13
member [1] 13/7
members [4] 19/24 49/19 49/23 118/15
memory [1] 102/20
Menon [6] 62/14 62/15 72/12 72/25 83/10 125/13
mental [3] 64/13 73/23 103/23
mentioned [10] 6/24 21/22 27/25 35/24 39/25 41/20 42/14 51/15 90/16 97/1
mentioning [1] 87/21
Merseyside [1] 1/23
message [3] 11/20 79/15 106/2
messages [7] 1/12 55/10 59/6 69/14 77/21 80/14 87/19
messaging [1] 30/20
met [1] 31/21
methods [1] 29/10
Metzer [5] 117/20 117/22 123/2 123/3 125/25
MHCLG [2] 48/3 48/11
MHCLG's [1] 77/10
mid [4] 41/12 41/22 44/24 119/9
mid-May [2] 41/12 44/24
mid-May 2020 [1] 41/22
mid-October [1] 119/9
middle [3] 27/10 27/12 36/16
might [10] 3/19 7/13 8/20 55/2 57/7 65/6 78/18 80/22 93/25 100/9
MIGs [1] 76/13
million [1] 42/2
mind [14] 73/24 79/23 80/1 88/9 93/8 99/25 103/20 103/22 103/22 103/23 103/24 103/25 104/3 104/23
Mindful [1] 4/16
minimise [1] 25/19
minister [21] 11/3 11/11 12/6 15/2 24/2 50/7 55/20 60/1 60/4 60/11 60/22 69/15 74/6 77/8 88/18 88/19 90/9 117/3 117/4 121/19 123/17
Minister Badenoch's [1] 90/9
ministerial [2] 76/13 121/2
ministers [11] 32/21 32/25 54/22 55/22 55/24 56/20 56/23 57/12 61/7 63/5 103/3
minorities [2] 82/9 83/1
minority [20] 22/24 23/13 23/15 83/19 84/8 84/9 84/16 84/22 85/9 85/11 85/19 85/24 85/25 86/5 86/20 87/9 89/15 90/1 91/2 91/10
minute [2] 72/14 116/5
minutes [10] 25/8 26/18 29/15 30/6 34/8 36/14 47/6 70/1 72/1 89/9
misconception [2] 79/17 79/24
misleading [1] 111/10
missing [2] 54/19 56/16
mistake [4] 69/3 69/4 72/5 122/13
mistakes [1] 16/13
Mitchell [4] 58/15 58/17 62/9 125/11
mitigate [1] 85/18
Mm [3] 34/22 41/7 56/14
Mm-hm [3] 34/22 41/7 56/14
module [6] 39/18 40/10 49/5 66/13 74/6 74/8
Module 1 [1] 74/8
modules [1] 123/10
moment [7] 24/4 37/5 44/2 58/23 87/12

M

moment... [2] 111/3 112/2
moments [2] 58/3 60/4
Monday [3] 108/22 109/7 109/22
money [3] 48/8 48/15 48/19
months [6] 21/20 50/8 109/25 111/12 111/24 117/2
mooted [1] 6/10
more [72] 1/8 1/9 3/15 4/10 4/11 4/12 4/21 5/16 7/4 10/2 13/10 14/11 15/15 16/18 17/6 20/19 23/17 38/21 39/3 39/13 43/13 44/7 45/13 47/4 47/7 47/12 47/15 49/2 57/12 60/10 60/24 61/6 64/3 65/17 66/12 71/13 71/16 71/22 72/5 74/9 75/17 75/18 75/24 76/24 77/4 77/6 77/10 80/4 84/23 87/8 89/11 92/7 95/24 96/5 96/5 96/15 97/2 97/4 104/13 104/18 106/13 111/9 111/20 111/23 113/9 113/10 114/5 115/6 115/8 115/10 118/23 120/9
morning [7] 40/15 40/15 62/17 73/5 77/23 84/4 103/15
Morris [5] 24/7 24/8 39/17 77/25 125/7
mortality [1] 36/7
most [8] 35/20 42/9 48/23 73/21 80/18 94/19 95/22 98/17
mostly [1] 100/21
mother [3] 19/25 100/9 122/21
motivation [1] 13/1
move [15] 1/9 49/5 49/21 57/4 63/13 66/17 81/8 85/16 87/2 89/11 94/23 96/25 101/15 107/19 113/20
moved [1] 25/16
movement [14] 41/4 43/23 44/3 45/5 45/10 110/22 111/2 111/3 111/5 112/2 112/9 113/1 114/1 121/21
movements [1] 112/16
moving [5] 30/15 32/9 34/7 54/10 106/18
MP [1] 13/7
MPs [1] 70/9
MR [90] 1/3 1/5 1/7 2/1 2/16 10/6 11/24 17/17 24/5 24/10 30/15 33/8 34/21 38/7 39/22 40/1 40/15 48/25 54/4 55/20 58/11 58/18 58/20 61/15 62/14 62/14 62/15 62/17 67/10 67/25 68/10 72/12 72/15 72/25 73/1 73/3 73/5 77/19 81/9 82/23 83/7 83/10 83/12 84/5 90/23 90/24 91/16 91/17 91/18 91/20 91/21 94/2 98/20 98/22 98/24 99/1 105/8 105/11 105/12 105/12 105/14 105/15 107/1 107/14 107/21 108/9 109/1 110/12 111/1 111/10 111/23 112/14 113/11 113/24 114/7 115/3 116/5 117/20 117/20 117/22 117/23 123/2 123/3 123/8 125/2 125/13 125/15 125/19 125/23 125/25
Mr Friedman [2] 73/1 81/9
Mr Hancock [53] 1/7 2/1 2/16 10/6 11/24 17/17 24/5 24/10 33/8 34/21 38/7 40/1 40/15 48/25 54/4 58/11 58/18 61/15 62/14 62/17 67/10 67/25 68/10 73/5 77/19 82/23 84/5 90/23 90/24 91/20 91/21 98/20 98/24 99/1 105/8 105/15 107/1 107/14 108/9 109/1 110/12 111/1 111/10 111/23 112/14 113/11 113/24 114/7 115/3 116/5 117/20 117/23 123/8
Mr Jacobs [1] 105/11
Mr Keith [4] 1/5 30/15 94/2 107/21
Mr Keith KC [1] 58/20
Mr Mark Drakeford [1] 55/20
Mr Menon [4] 62/14 72/12 72/25 83/10
Mr Metzer [3] 117/20 123/2 123/3
Mr Stanton [2] 91/17 98/22
Mr Thomas [2] 83/12 91/16
Ms [25] 24/7 24/8 30/23 31/19 39/17 40/11 40/11 40/13 58/14 58/15 58/17 62/9 77/25 87/7 88/2 88/11 88/13 98/23 98/24 98/25 105/10 125/7 125/9 125/11 125/21
Ms Badenoch [1] 88/11
Ms Davies [3] 98/23 98/24 105/10
Ms Harris [3] 40/11 40/11 58/14
Ms Mitchell [2] 58/15 62/9
Ms Morris [3] 24/7 39/17 77/25
Ms Whately [4] 30/23 31/19 87/7 88/13
Ms Whately's [1] 88/2
much [20] 15/15 16/24 24/6 25/11 31/24 37/14 40/14 44/22 58/12 60/10 60/23 62/9 64/23 75/17 81/2 83/8 86/20 96/5 101/7 120/16
multiple [2] 30/11 36/24
must [3] 18/22 109/8 109/10
my [107] 1/6 3/7 3/12 5/5 5/23 5/25 10/15 12/20 12/21 12/25 12/25 13/5 13/18 13/18 13/19 13/20 18/21 19/24 19/25 20/1 24/5 24/9 24/16 24/22 27/17 27/20 33/20 39/6 39/19 40/15 40/19 45/20 46/7 47/10 47/11 48/22 49/5 51/24 53/10 58/20 59/23 60/9 60/9 60/21 62/8 62/16 62/19 65/16 66/19 66/19 68/5 68/22 69/5 69/5 71/2 71/4 71/14 71/19 72/14 73/2 73/4 75/23 76/12 80/1 80/14 81/23 82/10 82/17 82/17 82/24 83/3 83/3 83/13 87/2 89/9 89/11 90/15 90/23 91/19 96/25 98/3 98/21 99/8 100/18 100/25 101/12 101/15 101/23 102/23 102/23 104/22 105/9 107/17 110/7 110/13 111/20 113/8 113/20 117/18 119/13 119/14 119/14 120/3 120/23 122/21 123/4 123/21
my Lady [15] 1/6 24/5 24/9 40/15 62/8 62/16 72/14 73/2 73/4 83/13 91/19 98/21 102/23 105/9 123/4
myself [1] 13/2

N

name [1] 2/16
narrative [1] 118/16
nation [1] 4/12
national [27] 1/17 2/21 4/24 5/2 6/7 7/20 9/2 9/4 10/8 11/17 11/20 14/6 14/6 15/21 16/6 17/3 19/12 26/15 27/25 29/2 43/7 46/21 46/24 48/3 73/5 103/1 104/16
nations [21] 49/7 49/10 50/3 50/13 50/14 50/19 50/20 50/22 50/23 50/25 51/2 51/6 51/9 53/17 53/22 53/23 53/23 54/10 54/22 61/11 66/6
nature [4] 20/21 76/4 76/5 116/14
near [3] 79/8 79/19 79/20
nearly [1] 6/12
necessarily [2] 96/21 117/13
necessary [10] 6/3 6/7 9/6 12/7 20/15 52/9 57/2 81/24 89/8 106/19
necessity [1] 110/5
need [38] 1/17 1/24 2/10 3/19 6/12 13/21 16/20 21/5 29/6 29/23 32/17 44/6 46/21 48/10 55/5 67/5 72/15 76/18 78/23 79/2 79/11 89/21 91/11 92/4 93/12 94/3 94/5 94/13 97/10 99/25 104/8 106/1 108/9 108/12 108/14 111/8 116/13 121/9
needed [25] 3/12 5/17 9/16 35/11 35/11 47/7 47/11 58/4 59/11 63/11 69/5 71/10 71/15 74/20 77/3 89/6 93/20 106/21 108/3 108/5 108/7 109/21 119/5 119/16 121/22
needing [1] 41/15
needs [3] 2/5 33/6 50/15
negative [6] 38/8 104/18 113/2 113/3 113/6 113/6
negatives [1] 114/18
negotiation [3] 7/9 7/12 8/7
negotiations [1] 8/19
never [2] 15/14 115/23
nevertheless [2] 22/12 50/21
new [5] 16/24 17/7 20/21 47/18 48/14
News [1] 90/2
newspapers [1] 80/22
next [10] 26/19 36/25 49/5 57/14 87/9 101/15 110/22 123/15 123/17 123/23
next week's [1] 57/14
NHS [32] 12/23 13/24 15/4 17/9 19/5 20/20 23/12 23/15 23/23 28/8 29/17 29/22 31/16 32/4 35/13 36/4 48/6 73/12 84/7 84/10 84/19 84/24 85/3 85/12 86/7 87/8 87/11 88/3 88/19 88/21 89/4 121/22
NHS Digital [1] 73/12
NHS England [1] 19/5
NHS111 [1] 29/19
NHSBT [4] 23/25 87/12 88/7 89/5
NHSE [2] 19/10 87/21
nice [1] 15/6
Nicola [1] 60/12
Nicola Sturgeon [1] 60/12
nine [1] 36/10
nine days [1] 36/10
Njoku [3] 59/9 77/22 80/18
no [44] 3/13 6/13 8/4 8/24 10/20 10/20 10/23 13/22 14/3 14/4 15/20 16/5 17/15 27/3 27/11 27/14 27/20 33/2 47/25 60/25 61/5 62/1 62/6 62/8 62/20 63/9 70/22 74/2 75/18 77/5 80/9 83/3 87/21 97/17 98/11 109/17 112/1 112/19 116/20 118/19 118/20 118/21

N

no... [2] 122/5 123/2
No one [1] 87/21
No10 [2] 59/10 70/19
nobody [5] 39/10 68/18 68/18 68/25 104/19
nod [1] 3/24
non [11] 12/1 20/7 30/19 45/12 66/24 74/4 74/23 76/3 76/20 77/12 77/12
non-clinical [1] 76/20
non-clinically [1] 77/12
non-essential [1] 12/1
non-existent [1] 30/19
non-governmental [1] 66/24
non-pandemic [1] 45/12
non-pharmaceutical [1] 20/7
non-shielding [4] 74/4 74/23 76/3 77/12
none [1] 61/3
normal [7] 22/2 43/14 45/9 45/17 47/25 68/25 100/5
normally [3] 9/20 21/18 65/5
North [1] 1/23
Northern [2] 24/12 50/12
Northern Ireland [2] 24/12 50/12
nosocomial [1] 38/22
not [91] 2/16 2/22 6/16 7/24 8/2 8/12 10/8 10/14 10/16 10/21 10/23 11/3 12/23 13/13 16/11 16/12 17/14 17/19 19/24 23/16 28/10 30/1 31/10 34/1 34/2 41/17 46/3 46/8 47/21 47/25 48/1 48/22 50/24 51/4 52/19 54/1 55/19 61/5 61/21 62/1 62/6 64/7 65/25 66/14 67/10 67/14 68/14 70/22 70/23 74/13 79/17 79/18 79/20 79/23 80/13 81/2 82/8 82/21 83/1 85/8 86/9 86/9 86/10 88/1 88/16 88/16 89/19 89/22 90/6 90/17 90/25 95/18 95/21 96/7 98/15 100/6 101/21 102/21 107/18 111/19 111/19 112/3 112/16 112/22 116/1 116/24 117/10 117/11 117/13 122/10 122/19
note [1] 116/15
notebook [1] 117/12
notebooks [1] 72/17
noted [1] 25/12
notes [3] 59/9 108/23 109/1
nothing [5] 17/6 40/4 100/11 122/15 122/19
notice [8] 55/23 56/17 56/24 57/1 57/2 57/6 57/10 68/3
notices [1] 97/13
notification [2] 36/3 36/10
noting [1] 50/19
notwithstanding [2] 21/6 51/24
novel [2] 48/12 96/8
November [4] 4/5 16/11 63/25 104/16
now [29] 2/20 3/12 8/1 9/23 15/15 17/17 26/21 29/23 30/5 34/7 47/3 51/24 56/4 62/10 70/8 78/11 79/11 79/22 80/15 81/1 81/17 87/12 94/6 96/25 107/17 109/13 111/20 114/3 123/19
NPI [2] 110/1 118/23
NPIs [4] 16/20 20/10 20/18 73/8
nuanced [3] 111/21 111/23 113/9
number [21] 4/11 18/11 48/9 60/3 60/3 60/17 62/18 67/12 70/23 71/25 73/16 78/6 85/21 87/24 88/11 88/15 88/20 108/12 115/7 115/13 117/23
Number 10 [9] 48/9 70/23 71/25 78/6 87/24 88/11 88/15 88/20 108/12
numbers [5] 17/4 22/24 86/8 101/4 110/17
numerous [1] 66/23
nurses [1] 23/16
Nursing [1] 36/20

O

o'clock [1] 123/23
O'Grady [3] 107/3 107/10 107/19
objective [1] 72/24
obliged [1] 58/20
observations [2] 49/1 53/13
observed [1] 64/8
obsessed [1] 109/2
obstacles [2] 93/25 94/1
obtain [1] 30/24
obtaining [1] 30/12
obvious [4] 28/14 30/7 76/15 112/8
obviously [16] 10/6 12/20 13/4 13/18 18/5 22/15 41/20 51/5 64/23 68/7 93/3 95/17 96/17 97/10 106/19 109/15
October [29] 1/14 2/8 2/14 3/10 4/19 5/13 6/10 8/25 10/6 10/10 10/15 11/6 11/8 11/11 11/14 11/15 14/17 21/10 69/19 71/11 72/18 73/12 103/18 118/4 118/10 118/19 119/9 119/9 121/6
October 2019 [1] 73/12
October 2020 [3] 118/4 118/10 121/6
off [9] 3/13 21/5 50/6 65/16 81/23 87/12 99/11 101/23 102/1
offence [1] 18/8
office [6] 77/13 90/19 102/3 102/7 102/9 108/13
office' [1] 89/20
office's [1] 89/17
Officer [3] 65/14 65/16 77/1
officers [1] 32/23
official [1] 33/11
often [4] 12/3 23/18 52/6 79/7
Oh [1] 52/20
OK [1] 109/7
okay [18] 5/22 10/21 25/5 29/14 30/4 31/17 33/18 36/1 54/9 66/17 77/20 85/16 89/3 95/13 108/18 108/24 113/19 116/6
older [6] 26/3 26/7 32/17 47/1 64/24 67/7
on [272]
once [5] 10/14 17/10 48/22 114/19 117/15
one [62] 3/23 4/2 5/18 10/17 14/9 17/17 21/19 24/4 34/15 39/14 39/22 41/9 42/13 45/13 52/16 55/17 55/19 56/4 58/23 63/16 65/1 65/2 65/3 65/16 67/16 67/20 68/8 68/9 72/13 75/16 75/24 76/12 76/25 77/22 80/18 87/8 87/21 89/17 89/18 90/12 94/23 95/16 95/22 99/22 104/17 105/22 106/18 107/17 114/5 115/6 115/8 115/10 116/1 116/5 117/12 118/18 118/19 119/12 120/4 121/8 122/22 122/23
one country [1] 52/16
one day [1] 106/18
one minute [1] 116/5
ones [2] 99/14 99/15
ongoing [1] 36/23
only [23] 1/11 10/23 11/16 12/15 13/7 13/21 14/20 30/1 32/6 38/25 43/10 43/16 46/24 52/15 74/1 82/24 84/2 95/18 106/3 112/19 119/11 119/12 120/5
ONS [1] 92/5
onside [5] 108/12 108/13 108/13 108/15 119/22
onwards [2] 23/4 67/2
open [5] 32/9 101/10 101/14 122/20 122/21
opened [1] 32/14
opening [2] 93/12 116/9
operate [2] 53/19 93/5
operation [2] 51/3 94/9
operational [1] 18/3
opportunity [2] 56/18 93/20
opposed [2] 15/7 112/7
option [1] 16/6
options [2] 39/1 39/10
or [64] 2/4 2/20 3/4 3/9 4/21 6/8 10/8 17/17 17/22 18/23 18/24 20/8 21/21 22/16 24/24 25/3 26/9 27/8 30/18 30/19 32/6 35/19 38/8 38/8 41/21 43/14 51/16 51/18 52/9 53/19 54/22 55/23 56/19 57/9 59/8 64/17 67/8 67/24 70/1 72/1 73/10 73/17 76/9 76/17 76/17 79/5 79/21 85/6 85/7 85/24 86/10 89/4 90/6 97/4 98/12 99/23 99/23 100/9 100/9 100/17 110/6 112/3 116/25 118/21
orchestra [1] 123/1
order [10] 18/20 55/2 56/1 67/6 69/6 77/15 81/5 88/25 99/22 100/13
ordered [1] 32/8
ordinate [1] 53/19
ordinated [2] 5/15 66/6
ordination [2] 51/2 51/6
organisations [5] 35/21 62/18 66/24 73/6 83/20
organise [1] 57/10
orientate [2] 59/4 113/24
origins [1] 32/3
other [27] 4/6 14/13 14/22 19/22 23/3 23/17 37/19 42/13 49/23 51/8 51/13 52/18 55/17 55/18 58/1 63/5 75/19 80/23 94/12 103/25 106/5 113/6 117/5 117/5 119/14 121/15 122/1
others [9] 5/13 8/12 9/10 12/8 12/9 61/2 64/21 77/2 114/9
otherwise [1] 71/22
ought [1] 25/3
our [7] 2/13 19/20 43/11 48/14 50/13 51/13 101/6
ourselves [3] 46/6 48/24 113/24
out [28] 4/8 7/17 9/22 9/22 18/14 20/9 22/8 32/6 33/5 35/14 37/6 37/22 43/4 49/21 50/7 50/8 51/18 58/11 59/22 76/20 85/22 98/10 107/21 107/21 109/12 113/9 114/4 119/12
outbreak [3] 27/2 27/19 36/3
outbreaks [4] 36/12 36/20 36/23 37/11
outcomes [5] 13/18 41/16 80/2 91/4 104/7
outdoor [6] 63/18 63/24 64/3 64/4 64/8 64/19
outset [2] 42/12 42/14
outside [4] 47/21 75/3 100/5 100/6
outwith [1] 110/10

O

over [17] 3/2 12/3 16/15 24/13 33/15 36/25 39/6 39/6 39/9 62/14 80/13 89/20 98/24 106/24 110/20 114/23 123/11
overall [12] 5/3 5/4 14/7 18/11 18/16 66/7 66/10 66/10 69/5 76/25 77/11 101/2
overarching [1] 46/13
overhauled [1] 73/10
overlapping [1] 86/23
overriding [3] 17/11 67/5 72/24
overwhelmed [3] 12/23 13/25 17/10
own [8] 35/21 50/17 64/21 71/19 119/13 119/14 119/25 120/23
owner [2] 2/15 59/15

P

pace [1] 120/12
package [3] 8/6 44/10 66/10
packages [1] 7/13
page [21] 1/15 1/20 2/8 2/9 10/9 11/24 25/7 26/20 29/18 29/19 32/11 34/8 36/15 59/3 59/8 69/13 77/18 78/22 108/25 110/25 113/23
page 1 [1] 32/11
page 2 [4] 25/7 26/20 29/18 29/19
page 24 [1] 69/13
page 3 [2] 59/3 59/8
page 35 [1] 1/15
Page 38 [1] 2/8
page 4 [1] 36/15
page 5 [1] 34/8
page 6 [1] 77/18
page 61 [1] 113/23
page 621 [1] 108/25
page 8 [1] 110/25
pages [1] 79/9
paid [2] 29/22 30/2
pandemic [28] 22/1 23/21 23/22 25/2 26/1 43/15 45/12 45/15 64/6 76/22 80/1 85/1 85/5 85/18 88/5 91/1 92/13 98/19 100/6 106/15 106/20 108/15 110/16 111/12 111/12 111/25 121/16 121/20
pandemics [1] 45/9
paper [2] 11/13 11/15
papers [1] 55/23
paperwork [12] 48/6 81/24 90/16 98/15 101/13 104/9 105/4 108/12 111/14 111/21 113/16 115/11
paradigmatically [1] 76/4
paragraph [5] 27/10 27/12 90/6 111/1 113/9
paragraph 33 [2] 111/1 113/9
paragraph's [1] 90/5
parallel [3] 100/4 100/15 100/15
parallels [1] 96/14
paraphrase [1] 6/21
parents [1] 65/17
Parliament [3] 5/14 100/23 118/15
Parliamentary [3] 5/11 5/17 63/4
part [21] 6/7 16/10 17/20 36/8 50/14 51/19 51/20 63/7 64/14 86/14 86/16 91/11 95/17 96/23 98/8 99/4 101/4 113/17 119/11 119/20 119/23
participants [2] 55/19 56/18
particular [11] 7/10 26/6 26/8 28/2 28/6 50/15 51/22 64/24 77/15 110/25 115/19
particularly [12] 3/1 21/8 22/4 23/11 23/24 52/12 60/11 73/8 75/11 77/4 84/6 120/19
parties [2] 8/9 57/25
parts [5] 1/18 9/19 50/15 51/22 87/11
party [1] 12/10
pass [3] 67/17 67/19 72/9
passed [1] 83/3
passes [1] 68/8
past [2] 1/21 48/16
Patel's [1] 102/17
path [1] 54/11
patience [1] 123/12
patient [5] 86/7 86/13 86/19 121/11 122/22
patient-facing [3] 86/7 86/13 86/19
patients [9] 23/19 24/18 32/7 37/12 37/18 38/18 39/2 79/2 85/20
Patrick [5] 8/17 72/17 108/23 109/4 116/15
pay [10] 44/18 105/21 106/7 106/10 106/12 106/13 106/16 106/23 107/7 110/9
payment [3] 106/18 108/21 109/9
payments [3] 44/16 106/21 110/5
peak [1] 19/23
people [69] 12/24 22/24 25/16 26/7 26/13 32/17 47/1 48/23 56/25 60/1 64/3 66/1 67/7 67/7 67/9 68/19 68/20 68/23 69/10 71/8 71/13 71/22 72/5 73/9 73/14 73/16 73/16 74/5 74/6 75/8 79/3 79/6 79/7 79/7 79/9 79/10 79/20 81/11 81/16 82/8 83/1 83/9 84/20 85/24 86/5 86/12 86/19 91/10 99/18 100/21 104/12 106/8 108/7 109/3 110/18 112/20 112/23 112/23 114/5 115/1 115/7 115/8 115/10 120/2 120/10 120/19 121/23 123/15 123/20
people's [3] 73/6 104/2 105/13
per [1] 107/5
per week [1] 107/5
perennial [1] 17/11
perhaps [4] 6/6 12/15 54/4 109/14
period [2] 12/25 84/18
permanent [2] 32/24 97/14
permanent secretary [2] 32/24 97/14
person [9] 14/20 63/16 63/17 68/9 93/6 93/6 95/16 96/21 96/21
personal [1] 21/3
personally [6] 48/21 64/11 76/17 119/6 120/23 122/6
personnel [1] 89/3
pet [1] 107/17
pharmaceutical [1] 20/7
phase [4] 14/16 14/17 25/17 27/5
PHE [10] 26/21 26/24 27/3 27/13 27/21 36/6 36/11 38/5 38/14 86/25
phrase [2] 43/11 44/1
phrases [1] 61/17
physical [2] 64/13 73/22
physically [2] 10/21 51/17
pick [2] 41/9 60/18
pickable [1] 98/10
picture [1] 71/1
piece [7] 22/10 54/19 77/15 87/13 92/3 92/10 97/23
place [20] 1/25 3/10 16/14 18/16 28/1 35/16 37/13 37/20 38/24 40/4 59/7 63/10 66/8 69/4 100/13 100/14 101/2 107/25 115/5 117/5
placed [1] 7/10
places [1] 33/22
plain [5] 2/5 8/25 17/18 19/4 22/15
plan [10] 60/25 74/3 74/11 74/15 75/7 116/17 116/24 116/25 117/6 119/10
plan B [1] 116/17
planning [2] 76/10 76/19
plans [6] 19/7 30/19 116/9 116/10 117/10 123/16
play [4] 20/9 64/20 65/4 74/24
played [1] 7/17
playing [1] 65/1
please [24] 17/17 25/6 25/10 26/19 27/1 27/8 27/9 29/15 29/19 32/11 32/12 34/7 34/8 36/15 36/17 50/5 59/4 69/12 69/18 81/9 84/14 87/3 110/25 123/23
pm [13] 10/13 50/10 78/19 83/23 109/2 109/10 109/16 114/3 114/9 115/22 116/16 116/22 123/25
PM's [1] 110/1
point [60] 3/10 7/23 8/10 9/11 9/12 10/2 13/6 14/15 16/21 18/3 25/12 25/25 26/2 28/21 29/17 29/20 32/12 34/9 35/3 35/10 37/1 37/15 38/4 39/8 41/9 42/13 42/14 48/13 49/13 50/4 50/9 55/21 65/16 66/4 69/5 71/1 71/7 71/11 71/16 72/7 72/13 73/24 81/2 81/25 86/11 92/16 92/24 95/13 96/8 96/19 97/11 107/1 110/12 111/19 112/1 112/17 113/1 115/9 115/16 120/24
point 5 [1] 34/9
point 7 [1] 25/12
points [9] 27/9 36/17 41/13 43/19 50/5 51/21 73/11 92/1 93/8
police [2] 18/1 18/2
policies [1] 117/6
policy [14] 6/15 20/17 25/21 29/1 29/3 29/3 29/13 33/15 43/7 43/13 43/16 102/2 115/19 121/13
political [7] 7/24 8/21 8/22 72/3 78/8 80/17 119/24
politics [3] 8/13 57/24 58/8
population [5] 30/8 63/7 77/6 101/5 103/24
porters [1] 23/17
pose [1] 45/17
posed [1] 58/21
poses [1] 32/15
position [13] 13/24 15/18 33/11 67/16 68/6 72/2 111/11 111/20 111/24 112/8 113/8 114/25 123/19
positioning [1] 91/22
positions [1] 110/18
positive [6] 36/11 38/8 55/16 55/16 106/12 107/24
possibilities [1] 116/12
possibility [2] 103/12 103/21
possible [11] 31/25 32/18 33/6 34/5 53/6 56/11 56/13 62/20 67/7 68/24 93/22
post [1] 19/21
post-viral [1] 19/21
pot [1] 47/19
potential [3] 19/21 21/11 26/9
powers [3] 50/18 51/23 52/10
PPE [29] 28/4 28/8 28/13 28/15 28/16 28/17 28/20 29/21 30/1 30/13 31/9 31/18 31/20 32/5 35/20 35/22 35/22 37/3 37/5 48/16 48/16 51/17 85/23 94/15 94/17 97/6 97/14 98/16 98/17
practical [1] 5/23
practice [2] 5/7 5/19

P

praise [1] 54/16
praising [1] 107/19
pre [1] 43/15
pre-pandemic [1] 43/15
precarious [1] 116/10
precautionary [1] 96/16
precise [3] 68/4 74/9 75/14
precisely [2] 11/23 108/19
preparations [2] 31/23 103/13
prepared [2] 11/15 90/25
prescription [1] 20/17
present [4] 10/21 26/8 37/21 65/5
presented [4] 11/13 27/18 44/4 111/6
presenting [1] 20/21
presents [1] 122/9
press [3] 24/20 118/17 118/21
pressure [6] 7/24 10/13 11/3 72/3 114/4 115/21
pressures [1] 110/18
presumably [3] 10/25 16/4 109/8
presume [1] 2/2
presumption [1] 38/1
pretending [3] 109/11 109/19 110/2
pretty [6] 15/16 15/16 101/11 101/25 109/24 110/14
prevalence [2] 16/10 16/16
prevent [2] 120/5 120/6
preventing [1] 20/17
prevention [1] 41/23
previous [3] 46/5 46/5 95/19
primarily [2] 44/15 102/14
primary [7] 12/15 12/21 12/25 13/18 13/19 13/19 111/18
Prime [9] 11/3 11/11 12/6 15/2 24/2 50/7 117/3 117/4 123/17
Prime Minister [9] 11/3 11/11 12/6 15/2 24/2 50/7 117/3 117/4 123/17
principally [3] 102/4 102/5 102/6
principle [2] 12/7 15/22
prior [1] 89/15
priorities [1] 94/12
prioritisation [2] 81/5 94/14
priority [1] 101/17
Priti [1] 102/17
Priti Patel's [1] 102/17
private [4] 35/20 48/18 57/9 80/14
privately [1] 67/4
probably [1] 117/18
probe [1] 24/23
problem [20] 2/11 5/16 26/4 28/14 28/25 32/21 38/15 38/17 39/4 39/11 46/6 48/24 51/16 106/3 106/5 112/7 112/7 114/17 117/9 119/5
problems [5] 22/3 30/12 32/1 32/16 61/16
procedure [1] 63/4
procedures [1] 96/23
process [4] 1/9 1/14 23/3 90/15
processes [1] 46/1
professional [3] 21/4 58/5 71/5
professionalism [1] 71/2
Professor [9] 17/23 55/15 83/14 85/22 92/12 92/17 96/2 98/4 125/17
Professor Ferguson [1] 17/23
Professor Henderson [1] 55/15
Professor Van-Tam [5] 85/22 92/12 92/17 96/2 98/4
programme [1] 35/4
progress [1] 80/12
progressed [1] 6/2
promulgation [1] 19/10
pronto [1] 1/25
propensity [1] 18/13
proper [3] 4/20 14/5 87/13
proposal [14] 2/3 2/18 2/23 3/7 4/17 5/6 5/20 5/25 6/9 7/19 26/24 48/9 48/13 115/14
proposals [4] 3/2 49/20 49/24 102/12
propose [2] 6/1 52/3
proposed [3] 26/22 59/25 87/9
prosecute [1] 18/1
protect [4] 26/13 75/10 86/3 86/12
protected [1] 82/14
protection [2] 36/23 97/19
protective [4] 24/21 33/9 35/16 120/11
protocol [1] 21/18
proven [1] 111/20
provide [3] 56/16 97/18 100/13
provided [3] 49/18 49/21 99/20
providers [1] 29/21
providing [1] 92/18
provision [4] 31/20 100/4 100/15 101/2
public [36] 5/10 5/18 7/16 8/14 9/13 9/17 12/16 14/4 16/4 18/10 18/11 18/25 18/25 21/9 22/4 23/5 53/3 58/24 60/6 61/10 61/16 67/3 78/14 80/19 82/10 82/12 83/22 89/13 90/8 99/19 118/3 118/12 118/20 118/24 119/18 119/21
public's [1] 18/13
public-facing [1] 22/4
publication [2] 89/15 114/14
publicly [1] 14/25
published [4] 37/23 40/6 73/12 88/7
pull [4] 13/15 16/8 16/25 117/8
pulled [1] 17/5
pupils [1] 116/18
purchased [1] 97/17
purchasing [4] 97/6 97/7 97/14 98/1
purpose [1] 59/1
purposes [1] 63/18
push [5] 78/24 79/2 114/10 115/25 119/16
pushed [5] 44/2 111/4 115/11 115/11 117/18
pushing [4] 22/11 70/9 72/19 121/21
put [45] 8/13 8/13 16/14 21/20 21/24 26/19 28/10 35/16 37/19 39/13 42/18 47/7 48/5 48/7 48/18 52/3 54/18 57/13 57/16 57/17 58/22 60/13 61/13 63/10 64/6 66/1 68/19 69/4 72/17 82/3 85/7 90/13 94/20 97/13 100/5 101/1 102/9 102/12 106/12 113/4 115/5 115/21 117/14 118/1 119/12
putting [5] 13/5 35/3 56/4 114/3 117/5

Q

quarantine [2] 59/8 63/11
question [44] 10/15 12/1 17/15 22/7 25/19 26/22 34/23 45/20 46/7 47/2 49/6 52/17 58/15 59/23 74/14 75/23 76/23 81/9 82/24 83/4 84/14 84/20 85/10 85/16 86/3 86/11 86/21 88/5 90/4 90/23 94/11 96/25 101/13 102/23 104/22 105/5 107/2 107/3 109/14 110/13 115/4 115/20 119/11 121/14
Question Time [1] 107/2
questioner [1] 117/20
questioning [2] 68/3 94/2
questions [49] 1/4 17/19 24/5 24/8 24/10 24/16 24/22 29/1 40/8 40/13 40/18 40/20 58/17 58/21 62/8 62/15 62/17 62/19 62/20 69/1 71/8 73/3 83/14 84/2 89/11 89/12 91/18 91/24 92/2 98/25 99/3 105/14 105/15 107/20 116/22 117/22 117/24 123/7 125/4 125/7 125/9 125/11 125/13 125/15 125/17 125/19 125/21 125/23 125/25
quickly [3] 89/12 98/10 122/14
quite [10] 2/5 16/19 18/3 20/20 20/23 43/21 46/20 82/16 82/23 95/14
quote [1] 14/18

R

R number [1] 67/12
R rate [1] 116/11
racism [3] 84/24 87/11 88/2
racist [1] 88/7
raise [4] 71/8 75/6 76/9 76/18
raised [12] 19/20 31/11 39/23 64/25 89/3 100/23 102/18 114/6 118/8 118/11 119/25 120/1
raises [1] 87/20
raising [4] 23/22 111/16 118/25 119/19
ran [1] 71/7
range [3] 20/25 23/25 76/19
ranged [1] 119/23
ranks [1] 84/17
rapid [2] 23/6 79/13
rapidly [1] 110/5
rate [4] 13/15 16/16 95/18 116/11
rates [4] 13/24 16/7 16/10 91/4
rather [4] 48/4 56/2 105/22 112/17
rational [2] 38/23 110/19
rationale [4] 70/4 70/7 70/22 71/23
re [1] 116/9
re-opening [1] 116/9
reached [3] 15/18 19/19 68/6
reaction [1] 89/9
read [6] 11/21 70/12 78/21 81/7 90/17 101/23
reading [2] 27/17 27/21
ready [1] 15/4
real [5] 15/20 16/3 16/13 30/12 114/3
realise [1] 119/4
realised [2] 97/4 101/6
reality [2] 51/22 79/22
really [15] 8/10 24/3 28/22 39/17 46/7 46/20 63/14 70/8 81/11 89/7 95/13 95/13 96/18 96/18 113/17
rearguard [2] 12/2 12/4
reason [4] 10/11 71/21 73/21 81/1
reasonable [5] 15/5 15/7 15/7 38/23 120/12
reasons [11] 5/1 5/19 5/23 15/18 16/5 21/4 21/4 22/12 68/17 110/19 123/20
recall [12] 2/25 3/1 11/14 81/17 90/7 90/7 100/18 100/24 105/24 107/1 116/22 117/3

R

receive [1] 35/20
received [2] 67/21 73/14
recipient [1] 102/15
recognise [1] 54/2
recognising [1] 87/22
recognition [1] 88/14
recollection [3] 61/1 76/12 106/6
recommendation [1] 28/16
recommendations [1] 41/21
record [1] 55/15
records [1] 73/12
recover [1] 93/20
recreation [1] 64/19
rectify [1] 31/7
reduce [1] 20/15
reduced [1] 45/6
reducing [1] 44/20
reduction [2] 87/22 115/7
refer [2] 43/22 44/9
reference [18] 2/1 2/2 5/12 8/18 10/16 10/24 11/16 11/25 12/4 15/23 60/21 65/15 89/21 89/21 89/23 92/9 109/8 110/10
references [1] 50/19
referred [4] 41/15 41/16 41/16 88/6
referring [3] 2/24 12/5 12/6
reflect [1] 51/21
reflection [3] 3/17 18/22 90/24
reform [1] 29/6
reforms [1] 29/6
refuge [2] 100/13 101/20
refuges [1] 100/8
regard [2] 41/4 93/25
regarding [1] 88/14
regardless [3] 40/20 79/8 79/19
regards [3] 41/9 49/9 49/24
Region [1] 8/3
regionally [1] 2/20
regions [1] 7/9
regrets [1] 96/12
regrettable [1] 61/14
regulated [1] 4/20
regulations [24] 16/14 18/16 62/19 62/23 62/24 63/6 63/9 63/15 63/23 64/18 65/20 65/22 65/23 66/3 67/2 68/12 68/16 68/17 68/18 99/10 99/13 100/12 100/21 101/6
reinforce [1] 120/24
reinforced [1] 20/13
reject [1] 48/13
relating [1] 41/2
relation [23] 8/19 16/2 16/14 22/14 46/14 47/23 49/6 59/5 59/7 59/23 61/2 61/18 63/23 63/25 64/13 64/19 67/11 72/16 74/16 81/10 92/22 96/13 118/12
relations [1] 40/22
relationship [7] 31/14 31/14 31/16 46/2 51/8 51/21 52/5
relative [1] 100/17
relatively [3] 101/3 101/5 119/23
relatives [2] 67/8 67/19
relax [2] 64/18 69/9
relaxation [1] 20/8
relaxed [1] 63/23
relaxing [1] 67/11
release [2] 28/16 120/6
released [1] 118/21
relevant [2] 42/2 92/1
remarkably [1] 9/21
remember [13] 17/1 17/3 63/21 65/8 65/13 83/25 95/25 100/22 101/23 105/5 108/11 108/19 114/20
remind [1] 115/20
reminder [1] 89/4
remit [1] 77/10
removal [1] 90/5
removed [2] 89/13 90/6
repeatedly [3] 11/4 118/25 119/13
repercussions [1] 103/20
replying [1] 79/17
report [13] 33/17 36/6 55/14 55/15 84/25 88/7 89/5 89/6 89/14 90/9 90/11 90/14 90/21
reported [2] 36/7 71/3
reporting [1] 90/12
reports [4] 23/9 89/16 90/12 90/21
represent [5] 24/13 66/25 83/9 83/19 91/22
representations [1] 93/9
representing [1] 40/17
request [1] 89/17
requested [1] 28/17
require [1] 25/20
required [2] 20/19 110/7
requirement [1] 99/15
requires [2] 17/14 20/19
requisition [1] 29/18
requisitioned [2] 28/8 29/22
research [4] 19/12 19/12 20/19 35/7
residential [3] 27/11 27/14 79/21
residents [3] 29/11 42/9 45/17
resignation [1] 17/25
resigned [2] 17/24 18/20
resilience [1] 33/22
resistance [2] 108/4 108/10
resisting [1] 15/12
resolved [2] 58/4 58/5
resources [1] 37/8
respect [7] 51/14 69/9 71/5 102/2 111/2 117/1 117/4
respected [1] 80/20
respects [1] 44/24
respite [1] 100/10
respond [4] 50/15 56/19 87/14 89/7
responded [1] 118/9
responding [3] 31/11 116/22 122/25
response [21] 22/2 22/5 25/17 26/21 50/13 52/22 56/13 61/13 70/25 76/21 77/1 80/7 81/1 88/9 88/25 90/15 91/7 92/20 107/3 107/20 121/16
responsibilities [5] 42/15 57/16 60/22 76/15 104/23
responsibility [12] 13/19 29/1 29/7 38/13 43/12 43/13 43/15 68/23 75/4 76/16 88/21 99/11
responsible [7] 28/23 43/7 47/12 47/16 88/18 88/19 102/13
responsiveness [1] 121/25
rest [1] 78/19
restrict [1] 45/5
restricting [1] 114/18
restriction [1] 120/15
restrictions [9] 20/8 63/6 63/9 69/4 72/4 72/6 115/25 120/7 120/13
result [5] 36/25 86/14 100/7 103/5 115/6
resulted [2] 39/12 118/3
retail [1] 12/1
retired [1] 58/7
return [2] 40/9 62/10
revelation [1] 18/9
reverse [1] 111/24
review [8] 23/6 23/7 82/1 82/8 82/12 86/25 88/24 89/18
reviews [1] 90/1
right [27] 8/11 8/16 8/23 15/25 19/3 24/20 24/24 42/25 46/17 47/17 53/15 63/1 63/22 64/1 69/16 70/24 88/1 92/12 92/18 97/9 98/9 99/1 102/22 114/7 115/20 120/25 123/15
rightly [4] 18/2 18/4 43/12 94/18
rights [1] 62/18
ring [3] 24/21 26/9 33/9
rises [1] 1/23
Rishi [1] 10/12
rising [1] 71/12
risk [25] 5/10 22/19 26/5 27/15 32/17 45/15 66/1 77/6 79/2 82/22 84/22 87/21 87/23 88/15 90/1 92/7 93/8 94/24 95/2 99/23 112/18 118/24 119/18 120/9 120/18
risks [4] 38/22 45/16 97/20 97/24
roadmap [2] 50/7 50/8
roads [1] 52/14
Robin [1] 57/22
Robin Swann [1] 57/22
robust [3] 70/4 70/7 71/23
role [8] 20/8 33/15 46/13 47/21 47/23 47/25 47/25 107/12
roles [3] 86/7 86/13 86/19
roll [1] 51/18
roll-out [1] 51/18
room [3] 10/12 96/4 100/10
rooms [1] 113/12
rotate [1] 116/13
rotating [1] 57/19
roughly [2] 81/20 81/21
round [2] 13/14 14/3
roundtable [4] 19/13 21/22 118/2 119/7
roundtables [4] 121/2 121/8 121/11 121/15
route [4] 48/7 50/21 51/1 95/5
routes [1] 25/20
royal [1] 9/18
rule [8] 3/3 3/4 3/4 3/5 18/24 69/24 70/23 72/20
rules [8] 10/13 10/19 10/20 18/5 18/13 18/20 67/11 69/9
ruling [1] 123/21
rumours [1] 122/11
run [2] 58/11 64/14
running [1] 14/22

S

sadly [2] 4/8 7/17
safe [2] 29/11 100/14
safeguard [2] 34/19 34/25
safer [1] 64/5
safest [1] 38/24
SAGE [3] 17/24 23/3 72/19
said [30] 2/2 4/16 5/22 9/19 9/21 13/11 14/21 18/1 24/20 31/18 34/11 35/18 48/9 52/8 53/16 84/4 88/9 89/18 90/10 90/22 98/7 101/1 114/15 117/7 118/1 118/17 118/22 120/5 121/12 122/21
salient [1] 17/21
same [21] 6/5 11/17 16/5 20/16 32/7 38/2 38/10 41/3 48/15 51/4 53/18 53/19 53/24 60/14 62/3 72/13 94/3 94/15 96/9 101/5 104/15
sample [1] 1/12
sanctuary [1] 100/14
SARS [2] 38/3 96/10
SARS-CoV-1 [1] 96/10
sat [1] 5/22
save [7] 6/3 12/7 39/7 58/2 71/16 72/24 74/13
saved [2] 39/13 69/4

S

saving [1] 12/22
saw [5] 9/13 17/12 17/14 90/9 98/5
say [49] 4/1 6/14 6/21 7/21 8/20 10/5 10/11 10/16 11/24 14/3 18/18 21/3 22/8 26/10 28/13 34/4 40/8 44/1 45/3 49/23 53/22 57/7 59/18 64/20 66/18 69/3 70/2 70/14 70/18 70/25 72/7 74/9 74/14 76/17 77/14 78/14 79/12 80/22 99/10 99/14 100/21 104/15 111/1 111/23 113/21 114/8 121/17 122/19 122/23
saying [13] 14/19 44/13 61/5 61/6 67/21 67/24 70/21 70/23 87/14 106/2 116/16 117/3 118/5
says [18] 25/12 27/2 29/20 30/3 30/23 33/6 50/2 59/9 59/15 65/16 69/22 70/16 80/15 87/24 90/19 109/1 109/10 111/17
scale [1] 28/18
scenario [2] 15/6 100/5
scenarios [2] 15/8 116/23
schedule [2] 108/25 113/23
scheme [3] 101/17 108/21 109/9
school' [2] 116/18 116/21
schools [12] 3/20 4/4 4/6 12/2 13/14 16/9 116/9 116/13 117/1 117/5 117/8 117/15
science [4] 5/7 80/24 95/15 96/18
scientific [4] 90/14 112/20 114/19 114/20
scientists [1] 5/22
Scotland [9] 50/11 51/16 60/2 60/4 62/5 65/19 65/25 66/16 68/14
Scots [1] 59/21
Scottish [4] 58/19 58/22 58/25 62/4
Scottish Government [1] 58/25
screen [11] 25/6 26/19 32/11 49/15 52/3 64/7 69/12 69/20 92/4 92/11 110/24
screwed [1] 12/3
script [2] 49/18 49/22
second [24] 6/8 9/3 10/8 10/9 12/17 13/14 14/3 14/5 14/6 15/21 26/25 50/9 63/24 65/4 73/24 85/16 92/10 93/22 97/22 103/1 103/12 104/16 116/24 121/1
secondary [2] 12/1 116/13
Secondly [1] 7/6
seconds [1] 1/20
secretaries [4] 51/9 51/25 54/23 55/17
secretary [14] 12/14 32/14 32/24 57/10 62/25 75/5 80/14 85/6 85/6 85/17 97/14 102/11 107/4 121/18
secretly [2] 109/11 110/3
section [2] 27/6 89/19
section there [1] 27/6
sector [21] 29/5 30/19 31/2 31/12 32/16 42/15 44/5 45/22 46/10 46/15 46/18 47/5 47/24 48/1 48/2 48/18 69/8 99/5 101/20 111/7 111/18
see [33] 5/7 6/3 10/2 27/17 32/5 33/3 33/14 37/1 40/11 46/4 47/9 48/6 50/6 52/1 54/11 59/8 70/11 70/12 71/1 71/24 80/14 85/14 89/8 92/22 99/1 104/9 106/1 109/1 110/20 112/25 120/14 121/12 123/20
seeds [1] 116/25
seeing [1] 83/18
seeking [1] 11/10
seemed [1] 14/8
seems [1] 87/21
seen [20] 2/18 12/20 14/16 47/5 54/17 55/14 56/25 68/21 72/22 77/23 87/11 88/10 96/5 101/12 104/19 111/14 111/21 113/2 113/10 120/20
self [7] 9/6 34/14 105/18 109/4 110/1 110/4 110/6
self-evident [1] 9/6
self-isolation [4] 105/18 110/1 110/4 110/6
self-isolation' [1] 109/4
senior [2] 48/23 89/3
sense [1] 111/10
sent [4] 1/12 32/6 37/6 106/2
separate [1] 90/21
separation [1] 90/20
September [20] 1/8 1/13 1/16 2/4 3/2 3/8 3/9 3/18 4/17 4/19 5/1 6/9 65/22 103/18 106/22 107/25 108/22 108/24 116/9 118/10
September 2020 [2] 65/22 118/10
sequelae [2] 19/17 20/4
series [2] 3/1 34/18
serious [3] 79/24 112/6 113/3
seriously [1] 105/3
seriousness [1] 32/20
servants [1] 80/19
service [3] 86/19 90/2 107/11
services [2] 99/19 99/20
session [1] 51/11
set [13] 5/3 15/3 29/13 30/6 32/15 34/8 36/14 37/22 50/7 54/13 55/9 85/22 113/9
sets [1] 43/4
setting [2] 31/5 101/17
settings [2] 37/12 79/21
settlement [1] 54/3
several [1] 114/22
severe [1] 86/22
shared [1] 71/20
Sharp [1] 1/23
she [24] 30/20 30/21 30/23 31/21 31/21 33/20 58/7 58/7 70/1 70/5 70/16 70/21 80/15 80/15 87/18 87/19 87/24 87/24 88/17 88/20 90/10 102/17 107/12 107/12
she'd [1] 87/18
shield [2] 74/10 74/21
shielded [1] 35/6
shielding [10] 35/4 35/7 74/4 74/4 74/11 74/15 74/23 76/3 77/11 77/12
shift [2] 70/20 70/24
shifting [1] 7/6
shoot [1] 5/9
shores [1] 19/20
short [11] 5/8 5/9 49/13 50/4 55/22 56/24 57/1 57/2 57/6 57/10 62/12
shortages [1] 97/23
shortly [1] 46/24
should [26] 3/4 6/1 10/8 18/1 25/17 27/14 27/20 28/16 29/14 35/14 35/20 35/22 46/20 52/5 52/6 52/21 56/5 66/11 86/10 96/15 96/22 96/23 101/1 106/9 107/10 110/9
shoulder [1] 120/3
show [2] 1/11 70/8
showed [2] 92/5 111/15
showing [3] 22/23 28/11 59/6
shown [1] 46/5
shows [2] 4/7 115/11
shut [2] 4/4 4/5
sick [8] 105/21 106/7 106/10 106/12 106/13 106/16 107/7 110/9
side [7] 12/16 21/11 22/4 56/4 77/2 108/8 113/6
sigh [3] 109/12 109/13 109/23
sign [2] 21/5 102/1
sign-off [2] 21/5 102/1
signed [2] 62/25 63/5
significant [13] 7/24 26/5 51/12 61/16 72/3 73/15 80/1 81/13 81/18 94/8 95/5 97/4 113/22
significantly [5] 34/17 45/6 45/14 73/10 106/16
signify [1] 50/24
signing [1] 99/11
similar [2] 50/10 118/8
similarly [2] 63/23 68/14
Simon [7] 2/14 10/5 19/6 20/24 75/1 77/14 123/19
Simon Case [5] 2/14 10/5 75/1 77/14 123/19
Simon Stevens [2] 19/6 20/24
simply [5] 14/4 56/20 56/21 66/18 69/8
since [4] 35/8 104/22 113/9 113/14
single [1] 9/25
Sir [8] 8/17 43/2 66/13 72/17 97/15 108/23 109/4 116/15
Sir Chris Whitty [1] 66/13
Sir Christopher Wormald [2] 43/2 97/15
Sir Patrick [2] 109/4 116/15
Sir Patrick Vallance [2] 72/17 108/23
Sir Patrick Vallance's [1] 8/17
sister [1] 100/9
Sisters [1] 99/3
sit [2] 24/12 24/14
sitrep [1] 36/8
situation [1] 114/12
six [9] 3/3 3/4 3/5 21/25 70/23 72/20 92/7 109/25 119/9
six months [1] 109/25
six times [1] 92/7
six weeks [2] 21/25 119/9
size [1] 28/18
slightly [1] 91/22
slogans [1] 118/19
slow [1] 22/1
small [7] 1/12 17/22 37/14 84/2 106/19 117/23 119/23
smoke [1] 96/3
smoky [1] 96/3
so [161]
social [32] 10/1 12/14 18/4 25/8 26/15 28/23 29/5 31/22 32/2 32/10 32/16 33/16 41/11 43/6 46/14 46/23 48/4 48/5 54/23 62/25 66/2 69/16 73/7 73/14 75/6 75/6 80/3 85/12 88/20 92/6 102/13 119/14
social care [12] 12/14 28/23 32/2 32/10 32/16 33/16 48/5 69/16 75/6 85/12 88/20 92/6
social media [1] 119/14
societal [1] 12/18
Solace [1] 99/4
solution [1] 39/11
solve [1] 31/25
solved [1] 106/6
solves [1] 106/3
some [30] 1/11 8/12 19/21 21/19 25/1 26/17 33/14 35/7 40/18 42/9 45/14 46/21 46/21 53/13

S

some... [16] 54/15 57/3 60/13 63/2 63/3 63/5 78/18 79/5 87/11 91/23 92/18 97/10 100/10 111/15 122/1 122/11
somebody [4] 75/19 95/22 100/12 100/12
something [13] 12/11 23/20 56/20 57/8 57/10 65/8 81/6 85/4 89/7 105/6 108/14 108/17 120/22
Sometime [1] 60/20
sometimes [13] 55/23 56/23 57/1 57/3 57/6 60/6 60/13 62/2 62/2 95/14 121/22 122/13 122/14
somewhere [1] 14/18
soon [3] 32/17 33/6 34/4
sooner [4] 3/18 14/12 60/7 69/6
sorry [12] 5/8 40/7 68/1 83/8 83/15 91/21 102/8 107/14 113/11 115/3 123/2 123/9
sort [6] 5/23 79/5 100/15 101/9 102/8 114/4
sort of [3] 79/5 100/15 101/9
sorted [2] 1/24 2/5
sorts [1] 108/7
SOS [1] 118/4
sound [1] 64/1
source [2] 14/22 89/18
sources [1] 30/11
Southall [1] 99/3
sow [1] 116/25
Spain [2] 59/8 113/3
Spanish [1] 98/5
spare [1] 100/10
specific [3] 26/5 78/23 94/6
specifically [19] 4/25 29/17 35/17 41/3 43/22 44/9 55/10 65/13 67/1 74/5 77/19 85/8 85/12 91/8 93/6 94/7 104/25 105/6 122/5
speech [1] 88/5
spin [1] 60/13
spirit [1] 8/8
spoke [3] 9/18 9/18 96/12
spotted [1] 54/18
spread [2] 95/16 106/10
spreads [1] 96/21
stadium [1] 52/18
staff [23] 23/17 25/16 41/18 43/23 44/3 44/4 44/16 44/18 45/5 45/10 45/13 77/21 86/4 110/22 111/2 111/3 111/5 111/6 111/17 112/2 112/9 113/1 114/1
stage [9] 5/12 5/14 6/11 16/7 19/5 22/16 22/20 74/18 110/15
stages [2] 34/11 92/19
stakeholders [1] 29/25
standing [1] 84/24
Stanton [4] 91/17 91/18 98/22 125/19
stark [1] 31/4
start [14] 24/1 24/21 24/24 25/2 33/9 43/13 43/14 73/6 79/9 92/12 96/7 99/10 106/22 115/15
started [7] 15/8 26/14 28/17 29/5 32/1 43/12 88/8
starting [2] 37/3 96/8
state [16] 12/14 32/14 33/2 40/2 42/7 54/23 55/17 62/25 69/15 75/5 80/8 85/6 85/6 109/25 110/15 121/18
stated [1] 43/1
statement [22] 6/14 6/21 8/25 14/2 16/1 19/4 22/15 30/24 31/18 42/5 43/2 43/21 45/4 54/19 78/6 82/4 97/16 101/17 103/11 110/24 118/18 118/19
statements [2] 17/21 118/21
states [1] 89/17
stating [3] 32/14 35/14 55/10
statistical [1] 90/13
statistics [2] 81/14 86/9
statutory [2] 107/7 110/9
stay [3] 99/16 100/10 100/17
steering [5] 26/15 26/17 27/25 29/15 46/24
step [3] 9/2 105/20 106/19
steps [7] 24/24 35/15 64/17 84/14 85/17 87/9 88/14
Stevens [2] 19/6 20/24
still [11] 3/10 19/25 38/17 52/8 65/2 114/4 114/9 118/15 122/21 122/21 122/22
stock [1] 28/8
stockpile [4] 28/16 98/9 98/16 98/17
stop [15] 2/20 20/16 40/19 44/6 52/12 58/12 68/19 68/20 71/16 94/4 97/6 97/13 98/1 111/8 114/5
stopping [1] 115/1
straight [1] 109/6
straightforward [1] 112/17
straightforwardly [2] 108/10 110/13
strain [1] 17/7
strand [1] 78/24
strand/push [1] 78/24
strategic [2] 72/24 78/8
strategy [2] 11/7 78/5
straying [1] 54/4
Street [1] 78/6
strengthen [1] 88/25
stretching [1] 53/21
strict [1] 35/16
stringent [4] 1/9 4/21 7/4 37/20
strong [6] 3/11 7/1 100/24 108/1 108/3 115/5
strongest [1] 82/21
strongly [6] 6/3 12/8 15/19 51/5 107/13 109/20
struck [2] 23/11 84/6
structural [6] 28/21 28/25 32/2 46/9 86/15 86/18
structurally [1] 56/6
structures [1] 43/4
struggling [1] 118/5
stuck [1] 33/25
study [1] 98/6
stuff [1] 116/21
stupid [3] 10/12 10/19 10/20
Sturgeon [1] 60/12
style [1] 92/24
subject [7] 40/9 49/2 49/6 100/20 100/22 121/18 123/21
subsequent [1] 117/1
subsequently [1] 20/7
substantive [1] 58/3
substantively [1] 60/14
successful [1] 35/5
such [6] 70/3 89/17 93/5 99/20 101/2 109/21
suddenly [1] 28/19
suffered [2] 61/16 93/19
suffering [1] 21/16
sufficiency [1] 76/10
sufficient [1] 56/17
sufficiently [1] 120/18
suggest [8] 7/4 16/2 28/2 28/7 30/6 30/12 36/9 89/16
suggested [3] 3/8 90/8 90/16
suggesting [4] 54/17 65/25 67/10 67/14
summarises [1] 58/9
summary [1] 78/10
summer [9] 21/8 66/21 81/13 93/10 94/7 94/8 95/23 97/1 103/3
support [23] 5/11 5/18 9/16 20/19 26/12 41/25 42/2 44/10 44/10 44/16 73/15 73/21 73/23 73/23 77/12 77/13 80/4 105/17 108/21 109/9 118/8 118/14 122/10
supported [1] 5/5
supportive [4] 5/2 8/5 48/11 106/2
supposed [2] 33/23 47/23
sure [13] 12/22 18/7 31/9 38/23 48/10 57/20 66/8 67/6 83/25 85/23 101/11 101/25 117/11
surprised [1] 102/21
surrounding [1] 90/4
survey [1] 92/5
survive [2] 89/19 107/4
suspected [1] 112/7
Swann [1] 57/22
swathes [1] 119/21
symptomatic [6] 34/14 34/16 112/20 112/23 114/15 114/16
symptoms [2] 68/9 115/1
syndrome [1] 19/21
system [22] 2/5 3/11 4/20 4/21 6/6 6/7 6/22 7/1 7/6 9/19 9/20 9/21 10/1 13/4 16/22 51/19 54/8 64/7 80/16 93/5 103/16 122/8
systemic [2] 87/11 88/2
systems [1] 73/9

T

tackle [6] 77/3 87/13 94/3 94/4 94/5 119/21
tail [1] 18/15
tail end [1] 18/15
take [27] 6/12 9/23 12/7 13/22 15/13 18/21 20/15 25/1 34/4 36/14 50/16 50/21 51/1 53/16 57/3 59/15 64/17 66/14 72/14 73/13 82/14 84/15 85/17 88/13 94/7 104/8 110/8
taken [19] 3/18 11/4 21/18 24/23 35/15 38/13 41/22 59/24 66/16 67/12 81/7 96/16 97/5 105/2 105/2 105/20 113/21 114/22 120/6
taking [4] 59/6 109/21 116/20 117/12
talk [4] 15/6 51/13 101/16 116/12
talked [1] 3/14
talking [2] 36/21 63/14
Tam [6] 32/22 85/22 92/12 92/17 96/2 98/4
target [1] 108/3
tasked [2] 15/4 24/2
Taskforce [1] 11/10
team [2] 36/24 100/19
technically [2] 47/12 47/16
tell [4] 66/14 81/1 102/17 120/22
telling [2] 56/21 78/18
temporary [1] 15/13
ten [1] 89/9
ten minutes [1] 89/9
tension [1] 94/16
tensions [1] 58/4
term [10] 19/17 20/4 20/4 21/1 21/15 61/19 62/1 73/14 79/21 121/3
terms [26] 10/5 14/4 16/4 18/10 20/17 26/12 27/7 29/13 29/24 31/12 33/3 39/23 47/15 47/17 61/22 62/3 62/5 80/22 85/12 86/8 91/7 91/8 101/6 110/10 112/9 114/23
terrible [3] 12/16

T

terrible... [2] 17/13 22/23
terribly [1] 123/9
test [4] 37/18 107/23 108/21 109/8
testimony [5] 52/2 52/4 68/21 72/23 90/9
testing [24] 37/13 37/14 37/17 38/7 38/13 51/19 78/23 78/24 79/1 79/2 79/6 79/10 81/2 81/10 94/9 94/9 94/11 101/16 101/17 109/3 114/24 117/7 117/15 117/15
tests [3] 38/9 81/4 81/5
text [1] 59/6
than [31] 4/6 13/20 15/20 35/10 43/13 45/13 47/12 47/15 48/4 51/16 53/17 56/2 60/8 64/5 64/24 66/15 71/13 72/14 75/18 77/6 96/7 101/8 105/22 106/8 113/9 114/5 115/6 115/8 115/10 115/22 122/25
thank [57] 1/6 1/16 24/6 24/9 25/10 25/10 25/11 27/1 27/24 30/4 32/13 34/10 36/18 40/14 42/4 42/22 43/18 44/22 45/1 45/19 47/15 48/25 49/16 58/11 58/12 58/14 62/9 62/16 70/12 72/12 72/25 73/2 73/4 77/17 83/7 91/15 91/16 91/19 93/7 94/22 96/11 96/24 98/20 98/21 98/22 101/14 105/8 105/9 105/10 107/18 117/17 117/19 123/2 123/4 123/11 123/13 123/24
thank you [49] 1/6 1/16 24/9 25/10 25/11 27/1 27/24 30/4 32/13 34/10 36/18 42/4 42/22 43/18 45/1 45/19 47/15 48/25 49/16 58/11 58/14 62/16 70/12 72/12 72/25 73/2 73/4 77/17 91/15 91/16 91/19 93/7 94/22 96/11 96/24 98/20 98/21 98/22 101/14 105/8 105/9 105/10 117/17 117/19 123/2 123/4 123/11 123/13 123/24
thankfully [1] 17/8
that [735]
that's [49] 2/2 3/22 3/23 4/4 6/18 10/15 11/25 15/9 26/22 27/20 30/3 30/5 35/7 35/8 37/16 38/20 40/7 42/21 44/1 45/24 47/13 47/13 47/21 53/1 59/17 61/5 64/16 69/7 69/17 71/17 72/11 72/12 73/22 74/5 75/13 75/20 78/10 85/10 88/3 89/23 91/6 104/14 110/10 112/17 112/24 115/18 117/9 120/12 123/20
their [23] 35/21 50/17 50/17 51/22 59/21 64/21 65/20 65/22 66/1 66/2 67/3 67/8 72/2 84/17 98/11 100/9 100/9 101/8 106/14 106/23 108/17 118/6 123/1
them [19] 18/20 26/22 28/6 38/20 51/3 52/6 56/1 56/21 63/1 63/5 89/12 99/6 101/9 104/19 104/21 106/22 114/4 122/20 122/22
theme [2] 41/3 72/14
themselves [1] 48/17
then [66] 1/20 3/18 4/8 4/9 7/14 7/20 11/14 12/8 15/11 15/14 16/19 19/23 20/7 21/25 23/7 23/7 27/19 29/13 29/20 41/22 43/19 43/20 44/3 44/9 44/14 44/19 47/6 47/11 50/9 54/10 60/10 61/12 64/4 67/19 69/15 70/1 70/14 70/18 74/23 77/11 81/8 81/11 86/25 96/21 99/15 100/6 102/15 102/23 103/1 103/1 103/15 104/4 104/16 104/19 107/3 111/5 112/8 112/22 114/1 114/16 115/2 115/5 115/8 115/9 117/4 119/9
therapy [1] 51/11
there [149]
there's [20] 3/13 5/12 8/17 13/22 15/14 26/22 28/21 28/25 30/1 35/23 37/11 48/3 57/8 58/8 60/21 62/6 70/22 77/8 87/10 112/16
therefore [18] 9/2 9/15 16/19 16/25 20/18 33/23 65/3 65/6 65/11 66/9 71/23 72/10 75/16 95/21 101/9 108/16 114/15 120/17
Theresa [1] 100/23
Theresa May [1] 100/23
these [32] 15/9 18/4 25/16 26/8 26/11 32/1 36/24 39/15 43/4 51/21 55/25 61/22 68/18 68/19 69/14 69/17 69/17 77/21 83/9 84/3 93/8 97/18 104/2 104/11 104/14 104/20 110/18 113/7 113/11 113/13 113/13 121/3
they [64] 5/15 5/15 7/23 9/24 11/13 17/5 20/22 22/8 28/1 29/21 35/22 36/17 38/20 38/24 38/24 40/2 44/5 44/18 44/19 46/20 48/9 50/25 51/3 53/19 53/19 56/2 56/8 56/8 56/16 56/18 57/23 63/16 66/3 67/3 67/18 68/14 70/15 70/17 70/19 71/4 72/2 72/11 77/11 86/6 99/4 99/14 99/15 99/19 99/22 100/8 100/8 100/11 101/4 101/7 106/9 109/5 111/7 113/14 114/4 116/13 118/5 118/10 121/12 123/16
they'd [2] 16/15 58/4
they'll [2] 93/5 123/21
they're [6] 1/11 30/1 36/21 38/8 48/18 93/3
they've [1] 30/2
thing [5] 5/24 51/4 83/6 87/8 101/9
things [19] 21/19 43/10 43/16 53/23 56/5 56/24 57/1 57/2 67/16 67/20 68/25 85/21 95/22 104/14 113/7 113/18 114/4 116/14 122/14
think [77] 3/17 5/6 5/23 10/9 10/10 13/11 15/10 15/14 16/1 17/2 18/12 21/10 21/13 21/20 23/6 30/8 33/20 38/10 39/12 42/18 43/1 43/10 44/15 45/11 45/24 46/7 49/13 51/21 52/9 53/20 53/21 54/1 54/4 54/16 57/18 58/6 66/16 66/18 67/25 69/2 71/6 71/22 77/7 81/21 87/8 91/6 91/7 91/13 91/14 91/15 92/3 92/4 92/10 96/13 96/17 96/19 97/7 97/24 100/14 102/3 104/9 107/10 107/21 109/19 109/24 110/4 110/17 112/19 117/12 117/18 119/19 120/12 120/15 120/20 121/9 122/7 122/12
thinking [3] 25/25 80/10 93/9
thinks [1] 14/20
third [14] 3/24 4/1 6/9 16/2 16/6 43/20 63/25 64/2 68/11 78/22 103/1 104/17 110/24 115/16
thirdly [1] 7/8
this [233]
Thomas [4] 83/12 83/14 91/16 125/17
those [69] 5/14 9/12 12/10 15/16 15/18 16/23 18/12 18/19 21/16 21/19 23/14 24/5 24/18 24/23 25/19 26/3 26/6 26/17 27/8 29/14 35/1 35/5 36/17 37/18 38/18 39/1 39/2 40/20 44/9 44/24 48/25 49/24 51/1 56/15 61/1 61/20 61/21 62/3 62/24 63/11 64/18 66/25 68/17 71/2 73/16 73/18 75/10 76/23 77/5 77/5 77/7 79/18 79/19 80/2 81/14 81/17 81/22 84/9 84/22 86/12 86/12 86/23 94/19 100/2 102/14 104/7 104/23 107/23 122/24
though [3] 47/17 106/3 109/24
thought [9] 5/19 14/11 14/12 15/2 16/13 52/5 72/4 75/14 80/12
thousands [1] 32/7
threat [1] 122/12
three [17] 17/22 23/12 25/14 25/20 26/8 26/8 32/21 33/24 34/11 51/8 59/9 71/19 84/7 99/17 105/22 106/18 113/15
three days [2] 33/24 106/18
three years [1] 113/15
threw [2] 46/6 48/24
through [18] 12/23 23/5 23/9 25/1 33/21 40/8 41/11 48/3 48/7 83/8 83/11 85/13 95/9 95/23 105/4 115/12 121/23 122/24
throughout [5] 1/13 12/25 21/8 26/12 93/9
throw [2] 24/21 33/9
Thursday [1] 83/23
tied [1] 112/4
tier [10] 3/11 4/21 6/9 6/18 6/22 6/24 7/1 7/19 69/24 103/16
tier 1 [1] 69/24
Tier 3 [2] 6/24 7/19
tiering [5] 1/24 2/1 2/3 2/6 3/11
tiers [7] 3/7 5/25 7/7 7/10 7/10 16/22 102/25
time [38] 3/2 6/6 6/11 11/19 13/14 14/3 17/25 27/17 38/10 40/6 40/18 42/1 47/4 48/16 57/8 58/11 62/21 66/21 72/18 72/23 75/9 79/23 80/7 82/23 85/8 87/2 89/16 90/19 96/17 97/21 100/10 107/2 107/14 107/22 111/16 113/12 116/11 117/18
time's [1] 40/19
timely [1] 30/24
times [10] 43/14 45/10 45/12 45/15 45/17 48/1 56/25 92/7 100/5 115/13
timing [2] 41/9 60/18
today [7] 37/3 57/9 88/10 122/9 122/21 123/7 123/8
together [16] 6/1 20/24 21/20 21/24 24/13 29/15 33/2 35/3 52/7 54/25 58/2 65/2 65/4 79/13 104/14 118/1
told [9] 1/7 30/15 49/22 56/20 72/23 78/2 83/16 97/6 103/15
tone [1] 69/1
too [17] 5/8 5/9 12/3 13/9 29/23 37/14 37/17 45/18 59/19 65/5 67/5 68/13 74/13 94/12 101/4 106/7

T
too... [1] 120/16
took [23] 6/10 9/2 21/19 22/12 28/1 31/10 32/20 39/7 43/12 44/6 45/5 48/9 57/23 75/1 77/25 89/8 94/14 101/21 101/22 110/19 111/7 119/7 119/8
top [7] 2/8 3/11 29/18 31/25 65/16 81/23 101/23
topic [6] 84/4 101/15 105/17 110/22 116/4 121/1
topics [3] 84/3 99/8 117/24
totally [1] 95/7
touch [2] 41/2 96/21
touched [1] 37/5
Touching [1] 31/18
touchline [1] 65/18
tough [2] 20/18 123/5
tougher [5] 1/24 3/16 4/10 4/20 13/11
towards [2] 60/9 97/7
trace [3] 32/3 108/21 109/9
trade [1] 3/13
trade-off [1] 3/13
Trades [2] 105/16 106/23
Trades Union [2] 105/16 106/23
trajectory [1] 115/18
transcript [1] 92/9
transgressed [1] 18/6
transgression [1] 17/25
transgressions [1] 18/11
translated [1] 121/12
transmissible [1] 16/18
transmission [36] 37/25 38/2 38/3 39/8 43/24 65/2 65/6 65/10 72/8 93/6 94/25 95/6 95/8 95/9 95/18 95/18 95/21 95/24 96/6 96/9 96/13 96/15 97/2 97/24 97/25 111/4 111/19 112/3 112/4 112/6 112/10 112/18 112/19 113/5 114/13 114/21
transmitted [1] 16/23
traumatic [1] 93/16
treacle [2] 121/24 122/25
Treasury [2] 48/10 108/13
trials [2] 14/17 14/17
tribute [1] 106/23
tried [2] 7/3 24/21
trigger [1] 92/22
trigger 1 [1] 92/22
triggers [1] 92/19
true [6] 14/10 91/6 91/6 111/11 119/15 122/19
trust [1] 52/1
try [6] 31/9 31/25 59/21 61/21 87/1 116/4
trying [10] 1/9 9/14 28/20 33/8 34/4 80/2 80/4 86/17 113/7 114/9
TUC [2] 107/4 107/18
turn [1] 84/4
turned [1] 4/8
turning [3] 21/17 77/18 104/23
two [24] 17/3 17/17 17/22 28/1 32/22 35/10 35/23 41/16 44/24 44/25 59/8 64/25 73/11 80/14 84/3 86/23 89/11 90/11 90/21 99/17 104/7 113/7 116/22 117/24
two weeks [1] 17/3
tying [1] 79/13
typical [1] 80/16
typically [3] 57/12 80/11 108/16

U
UK [22] 19/12 24/11 25/24 26/23 35/11 40/22 50/16 51/18 51/20 51/22 55/25 57/15 58/24 61/10 61/11 61/13 61/15 61/18 61/24 62/3 62/5 90/25
UK Government [1] 90/25
ultimately [7] 23/2 23/9 32/1 35/4 82/11 116/25 117/7
un [1] 8/12
uncertain [1] 33/3
uncertainty [1] 112/13
unclear [1] 96/19
under [22] 7/19 7/24 10/13 11/3 17/8 17/9 21/1 23/24 25/24 26/25 29/20 36/16 63/12 64/20 65/20 65/21 66/9 68/11 69/23 72/3 99/13 122/12
under 12 [1] 65/20
under way [1] 23/24
underlying [1] 26/3
undermined [1] 61/13
understand [11] 22/12 29/9 46/9 48/20 48/21 56/4 62/22 71/18 75/20 85/14 86/17
understandably [4] 21/14 22/6 67/16 94/18
understanding [12] 20/5 49/9 50/3 50/23 53/17 68/5 82/5 82/10 82/25 83/2 83/3 94/25
understood [8] 18/23 46/25 49/12 68/5 81/8 96/7 104/18 119/22
undetermined [2] 34/18 35/2
undoubtedly [1] 121/24
unequal [1] 85/18
unfair [1] 110/17
unfortunate [1] 68/7
unfortunately [4] 8/4 16/9 16/22 72/9
unhelpful [2] 8/13 60/5
uniform [1] 50/25
Union [2] 105/16 106/23
unknown [1] 113/6
unlike [1] 31/15
unpalatable [1] 41/16
unprecedented [2] 46/19 48/8
untested [1] 24/17
until [7] 13/23 14/1 21/10 112/21 114/12 114/12 124/1
unusual [1] 100/6
up [32] 2/19 5/10 7/7 7/23 8/5 9/10 15/4 17/4 23/25 28/10 32/2 40/19 41/9 49/14 54/13 57/8 57/13 60/11 60/18 75/1 87/2 87/3 89/22 92/4 92/11 93/12 101/17 101/24 109/2 112/4 112/21 117/5
updated [1] 114/20
upon [2] 18/12 37/5
upset [1] 18/8
upward [1] 65/10
urgently [1] 98/18
urging [2] 1/8 1/14
us [15] 2/22 5/13 5/25 8/5 12/3 33/17 51/12 52/1 54/11 59/1 59/4 76/17 97/6 103/15 121/21
use [4] 28/8 62/1 80/10 94/17
used [6] 43/11 64/13 83/18 87/2 105/13 120/23
useful [2] 50/2 98/18
using [4] 9/10 9/13 48/11 61/19

V
vaccine [12] 14/1 14/11 14/12 14/16 15/1 15/3 15/5 15/10 15/14 15/17 94/21 102/15
vaccine,' [1] 14/21
vaccines [1] 51/19
validity [1] 14/13
Vallance [3] 72/17 108/23 113/23
Vallance's [1] 8/17
valuable [1] 74/9
Van [6] 32/22 85/22 92/12 92/17 96/2 98/4
variant [4] 4/7 16/18 16/22 16/25
variety [1] 122/9
various [5] 44/3 62/23 75/24 111/5 116/10
variously [1] 115/13
varying [1] 34/12
Vaughan [2] 52/2 57/22
Vaughan Gething [1] 57/22
Vaughan Gething's [1] 52/2
vector [6] 43/23 111/4 111/19 112/2 112/10 113/5
ventilation [2] 96/4 96/22
version [1] 74/20
version 1 [1] 74/20
very [69] 1/12 1/22 6/3 8/7 8/18 9/20 10/7 11/17 12/2 16/13 17/20 18/19 19/16 20/1 21/8 22/16 22/19 23/18 24/2 24/6 25/11 25/25 30/18 31/21 32/25 35/8 40/9 40/14 42/6 42/7 44/17 44/22 48/21 51/12 51/20 58/12 61/21 62/9 72/18 73/10 73/15 76/23 77/16 81/13 81/17 82/1 82/8 83/13 83/22 85/14 89/12 91/10 93/23 94/8 94/21 95/15 96/1 97/23 98/12 98/22 100/19 104/22 105/3 107/13 108/1 110/20 113/3 119/2 122/8
via [1] 48/5
victim [1] 12/24
victims [2] 99/20 99/20
video [1] 118/18
videos [1] 118/21
view [7] 30/18 44/6 56/5 59/10 82/23 111/8 111/13
views [3] 52/19 55/24 59/20
violence [2] 99/5 100/22
viral [1] 19/21
virus [23] 2/19 12/24 20/11 20/12 25/15 26/2 42/10 44/21 46/25 64/23 66/9 67/6 68/20 68/22 71/16 72/8 86/5 95/16 97/19 97/21 101/3 104/6 104/12
viruses [1] 19/22
visitors [1] 25/16
vital [3] 23/18 45/7 45/15
voice [2] 9/25 13/5
voices [1] 9/15
vulnerabilities [4] 22/16 26/4 75/24 76/20
vulnerability [4] 46/10 74/24 75/15 76/3
vulnerable [11] 30/8 34/19 35/1 42/9 74/20 75/11 75/17 75/18 75/25 76/24 77/12

W
wading [2] 121/23 122/24
waiting [1] 59/7
Wales [8] 40/17 50/11 52/14 55/20 65/21 66/1 66/16 68/15
wand [1] 106/17
want [15] 2/12 8/15 28/10 39/14 53/11 58/23 68/19 68/25 70/15 70/19 72/2 77/22 89/12 116/17 116/18
wanted [10] 22/6 56/10 68/18 68/18 80/12 80/25 81/3 104/20 115/9 115/9
warmth [2] 52/5 60/9
warn [1] 31/19

W

warned [1] 78/17
warning [1] 93/5
was [432]
wasn't [23] 3/10 3/11 5/20 7/1 10/1 11/4 21/9 27/22 30/21 38/14 47/7 69/3 69/8 69/10 80/9 103/7 106/5 109/10 109/17 111/13 118/23 119/25 120/9
wave [5] 12/17 93/17 93/22 97/22 103/12
way [36] 4/23 5/20 7/8 11/22 13/23 14/9 14/14 14/24 20/6 20/14 23/24 42/18 44/20 46/19 48/15 50/25 53/4 54/18 55/3 60/5 62/4 64/14 65/7 71/2 71/5 75/13 80/9 83/17 94/3 94/11 94/15 96/2 96/3 101/5 116/23 120/5
ways [6] 20/22 25/15 26/8 44/25 48/14 122/9
we [266]
we'd [17] 3/18 10/10 12/12 12/12 13/12 13/12 13/16 14/16 16/19 16/21 17/1 17/5 21/21 38/20 56/23 98/2 104/19
we'll [5] 36/1 62/10 63/13 85/13 92/4
we're [7] 13/23 22/8 39/16 48/10 73/7 91/8 91/13
we've [11] 24/21 40/8 68/21 71/14 77/23 82/23 83/11 88/9 91/14 92/24 113/2
weak [1] 3/2
website [1] 123/22
Wednesday [3] 123/18 123/23 124/2
week [2] 6/9 107/5
week's [1] 57/14
weekend [1] 89/20
weekly [3] 51/10 57/12 57/19
weeks [5] 17/3 21/25 78/21 114/22 119/9
weeks' [1] 70/10
weigh [2] 104/4 104/13
weighing [1] 104/15
weighty [1] 104/23
well [56] 4/11 4/20 6/12 10/11 10/19 11/19 12/20 15/3 16/17 18/18 19/22 20/11 21/4 23/16 31/9 31/22 33/1 35/18 37/14 37/22 38/20 40/5 42/14 51/5 53/12 54/17 54/18 55/7 55/11 57/1 57/20 60/3 64/22 66/11 74/12 74/13 76/22 82/8 83/13 84/19 85/4 85/21 88/17 90/25 91/6 94/1 105/13 108/5 108/11 108/17 111/23 119/2 119/19 119/25 120/17 121/17
Welsh [3] 52/12 52/13 55/24
went [4] 8/19 39/8 60/11 68/10
were [171]
weren't [7] 4/24 9/1 16/1 63/16 79/10 99/14 114/10
what [98] 2/2 2/23 4/16 4/19 4/23 6/1 6/21 7/13 8/16 9/16 9/23 10/2 12/4 12/4 16/20 18/18 19/5 20/3 20/8 20/9 21/15 21/16 21/17 22/7 25/2 25/19 26/23 28/13 29/9 29/9 29/13 30/2 30/3 31/7 31/24 32/19 33/5 33/19 34/20 35/15 37/19 39/7 41/15 46/7 46/19 47/13 47/13 47/19 47/22 49/10 49/22 49/24 50/2 53/1 53/16 55/2 56/8 58/1 58/1 59/25 60/13 61/5 61/5 66/7 66/19 69/7 69/17 70/25 72/16 72/23 74/1 74/10 75/15 78/14 80/9 80/22 81/5 81/25 82/24 84/14 85/16 86/17 88/9 88/23 88/24 90/10 90/21 95/2 101/22 102/24 104/14 106/5 108/19 113/8 114/8 117/9 117/13 121/17
Whately [11] 30/16 30/23 31/19 33/19 69/15 69/22 71/3 87/5 87/7 88/13 88/19
Whately's [1] 88/2
WhatsApp [12] 1/15 10/4 55/7 55/10 57/7 58/7 59/2 69/14 77/21 80/13 87/4 106/2
WhatsApps [2] 65/15 69/17
wheel [1] 120/4
when [54] 4/1 4/4 6/9 6/10 7/3 7/18 7/21 10/16 20/3 24/2 34/9 35/13 37/10 40/19 44/18 45/25 46/2 48/3 48/9 49/18 50/24 50/25 57/4 58/3 58/7 59/24 60/4 60/10 60/21 60/23 62/24 65/1 65/4 68/9 68/10 68/11 79/17 80/7 80/11 81/21 93/12 95/2 96/20 100/2 102/25 103/15 106/9 110/5 111/14 112/5 112/5 113/21 118/24 120/6
where [24] 1/18 13/24 16/21 29/6 29/7 33/23 34/15 43/4 43/11 48/16 51/15 51/17 52/15 55/21 59/15 61/8 80/5 94/16 94/16 94/16 108/4 108/10 116/8 121/24
whereas [4] 9/10 88/19 109/11 110/2
whether [14] 3/4 10/8 17/7 38/8 51/14 51/16 52/21 53/12 53/12 71/25 72/1 86/9 90/6 90/18
which [83] 2/24 3/20 4/9 7/8 7/9 9/13 9/20 11/16 14/25 15/23 16/8 16/14 16/17 16/18 17/21 19/22 19/22 21/24 23/3 28/18 28/21 28/22 28/25 32/1 32/2 32/15 32/20 33/22 35/4 37/23 37/25 39/8 41/21 41/23 44/5 46/1 46/11 47/19 48/7 49/2 49/17 49/18 49/20 51/15 51/19 54/11 54/15 54/16 54/22 55/14 55/19 58/9 60/19 60/23 65/12 71/2 75/14 77/16 80/24 82/11 84/24 86/10 89/6 90/16 90/17 92/5 92/10 92/24 93/3 93/14 96/1 98/14 99/10 106/19 106/24 107/24 111/7 111/15 112/7 112/11 112/20 118/2 120/12
while [1] 100/10
whilst [5] 27/4 51/3 67/18 111/11 114/25
white [2] 2/18 2/24
Whitehall [2] 14/19 14/22
Whitty [2] 19/20 66/13
who [47] 8/3 9/12 10/1 11/2 12/9 14/20 18/19 19/25 20/20 23/17 24/12 24/14 26/3 26/6 35/5 39/2 44/16 58/21 63/11 66/25 67/7 68/13 71/2 73/14 74/20 75/10 76/23 77/5 79/7 79/19 79/20 80/2 81/5 81/14 85/14 88/17 93/16 94/19 100/7 100/19 100/21 101/24 107/23 108/3 112/23 117/21 121/19
who's [1] 32/22
whole [7] 12/25 13/4 61/14 76/11 83/5 96/4 110/8
wholly [1] 71/5
whom [3] 23/12 24/15 84/7
whose [2] 73/9 76/16
why [25] 4/13 6/22 14/2 21/6 21/10 33/9 34/23 64/17 64/17 72/11 79/10 79/23 80/24 82/7 82/25 83/2 88/16 94/20 118/23 119/8 119/20 119/25 122/2 122/3 122/5
wide [3] 23/25 120/14 122/8
wider [7] 23/15 53/17 54/5 54/11 78/8 84/10 86/3
will [28] 2/20 3/15 3/15 5/24 9/23 10/13 11/14 15/13 32/5 33/14 39/18 40/9 49/2 49/5 49/15 50/6 50/10 50/16 59/19 59/21 72/14 79/9 92/10 93/4 96/3 123/16 123/17 123/23
win [2] 9/10 9/14
winning [1] 9/1
winter [2] 103/12 105/1
wisdom [1] 16/3
wish [7] 22/10 69/23 70/24 71/20 84/2 123/16 123/20
wished [2] 58/22 71/9
withdrew [1] 123/14
within [20] 3/11 16/21 23/23 40/18 42/21 50/22 53/9 69/10 74/9 77/10 82/12 84/17 84/24 89/3 89/3 89/9 102/19 115/12 121/22 122/8
without [8] 37/13 38/7 55/23 68/1 68/3 85/3 96/21 105/3
witness [14] 6/14 8/4 14/2 17/21 22/14 42/5 43/2 43/20 43/20 45/4 54/19 103/11 123/14 123/15
women [4] 99/5 100/7 100/7 100/21
Women's [1] 99/4
won't [5] 75/3 81/20 114/4 123/10 123/19
wonder [1] 59/1
wonderful [1] 107/11
words [3] 30/20 44/9 55/11
work [37] 5/6 5/24 6/16 6/22 7/22 13/3 21/7 22/10 23/5 23/8 23/18 23/24 24/1 26/13 33/5 35/12 44/19 46/2 53/6 56/10 64/14 74/18 75/10 77/16 80/2 80/6 82/12 85/3 86/16 87/13 106/9 112/15 112/24 114/16 114/25 115/1 119/2
worked [8] 20/24 23/21 53/12 54/17 54/17 55/11 78/7 86/1
worker [3] 31/22 101/22 102/12
workers [23] 22/25 41/4 83/22 85/19 91/3 91/25 92/6 92/6 92/23 92/25 93/16 94/4 94/19 94/21 101/16 101/18 101/19 101/19 101/20 101/22 102/13 102/18 102/19
workforce [7] 23/16 84/11 85/3 87/8 88/21 112/14 114/18
working [19] 35/9 45/13 49/7 54/6 66/24 69/7 73/17 80/3 102/14 103/13 109/10 110/2 114/5 115/5 115/7 115/8 115/10 116/1 121/23
workings [1] 53/11
works [1] 122/3
world [1] 28/20
Wormald [2] 43/2 97/15
worried [5] 12/2 23/20 31/21 65/17 122/9
worries [1] 41/17
worry [3] 10/20 79/8 105/13

W

worse [4] 20/12 20/12 91/4 104/21
worst [2] 15/7 18/15
worst-case [1] 15/7
worth [1] 44/13
would [86] 1/11 5/4 5/4 5/6 5/9 5/10 5/21 6/16 7/19 7/20 8/20 9/16 11/3 12/19 13/9 13/9 14/7 14/16 17/8 21/18 22/8 26/24 27/15 28/13 30/13 39/3 39/12 41/8 46/21 47/3 47/16 50/21 51/2 51/13 57/6 57/13 57/16 57/17 60/4 60/6 60/12 61/8 61/12 62/1 65/10 67/4 67/11 68/25 70/3 71/22 72/4 72/5 73/9 76/18 77/2 77/9 80/10 80/25 81/3 81/7 82/14 85/23 86/14 86/15 101/1 101/3 101/10 101/11 102/7 102/9 104/11 104/15 104/21 105/2 105/2 106/13 106/20 107/24 108/16 110/7 119/11 121/17 121/25 122/12 122/16 122/23
wouldn't [5] 5/20 7/22 12/10 46/17 81/6
writes [1] 87/7
writing [1] 119/3
written [3] 8/21 35/13 36/4
wrong [2] 1/18 70/21
wrote [7] 67/4 111/14 113/10 113/15 118/5 118/10 118/14
wrought [1] 12/19

Y

yeah [48] 6/23 9/7 11/1 11/9 11/12 17/14 30/10 43/5 44/25 45/11 47/20 54/7 54/9 54/12 56/7 56/9 56/12 59/14 69/21 69/25 70/6 73/20 74/17 75/2 78/13 78/16 78/25 79/4 79/16 82/2 87/6 87/25 88/12 89/24 90/3 92/21 93/2 93/11 93/13 93/18 95/4 97/9 97/12 107/6 107/8 109/13 121/7 121/10
years [1] 113/15
Yep [1] 31/3
yes [170]
yesterday [21] 1/7 2/2 3/14 4/16 5/1 6/5 12/13 24/19 30/15 36/20 37/16 37/24 39/9 41/8 41/14 59/20 78/2 78/11 96/12 107/21 112/22
yesterday's [1] 71/6
yet [1] 39/10
you [462]
you know [18] 13/1 22/6 22/9 29/5 39/6 45/25 48/21 52/14 57/21 57/23 71/20 85/14 86/9 94/2 104/9 108/6 117/7 122/13
you'd [2] 28/6 108/14
you'll [8] 48/6 71/11 73/13 92/3 97/18 99/4 108/11 120/2
you're [22] 2/4 2/4 11/6 15/13 34/2 34/4 49/1 54/4 59/7 62/4 65/19 65/25 66/16 67/10 67/14 67/21 67/24 69/2 70/23 102/25 103/9 103/12
you've [25] 6/24 12/20 15/23 27/18 27/25 30/8 30/11 31/18 37/16 42/6 43/21 47/5 53/13 53/16 54/16 60/17 72/21 76/1 90/16 92/14 97/6 107/17 118/17 118/22 119/2
young [5] 64/20 68/13 79/21 120/10 120/19
younger [3] 65/5 67/8 67/9
your [90] 2/16 5/23 6/14 6/21 8/25 12/14 12/15 14/2 16/1 17/20 18/22 19/4 19/10 19/13 20/3 22/14 24/23 25/3 29/10 29/13 30/7 30/20 31/18 34/24 41/11 42/5 42/6 43/20 43/20 44/1 44/9 45/2 45/3 47/2 49/15 50/23 52/19 54/15 54/18 56/5 56/15 58/12 58/15 59/20 64/6 64/14 69/20 73/24 74/18 75/4 75/19 75/20 76/16 77/21 78/3 79/18 79/22 79/23 82/3 82/24 83/18 89/17 92/17 92/18 93/9 94/11 94/17 94/25 96/12 96/19 96/23 97/7 97/14 101/16 102/20 103/11 106/6 107/22 109/23 110/24 111/11 111/13 113/25 114/10 115/4 119/11 119/25 123/8 123/11 123/12
yourself [4] 10/5 18/6 36/8 118/22
yup [1] 55/13