

Thursday, 14 December 2023

(10.00 am)

LADY HALLETT: Good morning, everyone.

Mr Thomas.

Submissions on behalf of the Federation of Ethnic Minority

Healthcare Organisations by PROFESSOR THOMAS KC

PROFESSOR THOMAS: Good morning, my Lady.

My Lady, I would like to start by reflecting back on some of what was said by Ade Adeyemi on behalf of FEMHO in the first week of the hearing:

"... the system can pick up signals and noise and disruption in other areas, but when there's noise and disruption of black, Asian ethnic minority workers, it's not heard, and it's not responded to immediately.

"... when we did say ... things, and when systemically it's happening across the NHS system, across the country, it's not being immediately believed, it's not being immediately responded to, it creates that understanding or perception that there is an institutional systemic response to one set of problems, and for our members, black and Asian ethnic minority workers, there is a different systemic response ..."

That was said on Day 4.

My Lady, the pandemic was more than just a medical

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Now, my Lady, allow me to repeat some of the facts that we've heard during the module about mortality, which paint a dire picture of the unequal impact of Covid-19 on ethnic minority healthcare workers.

You will remember, because it was much quoted, that Guardian newspaper article of 10 April 2020. You know, the one that reports that the first ten doctors who died from Covid-19 were doctors of colour.

This devastating fact is not merely a statistic, but it also represents the tragic loss of skilled workers, skilled individuals who put their lives on the line for the care and protection of others.

Within the NHS, a beacon of healthcare excellence globally, 1.2 to 1.5 million workers are from ethnic minority backgrounds. This is a testament to the rich diversity that makes our healthcare system resilient and renowned. Yet these very same individuals faced disproportionate risks and burdens during the pandemic, exposing a deep-seated issue that demands public attention.

The gravity of the situation becomes even more pronounced when we further examine the mortality rates.

My Lady, did you know in intensive care units, where life hung in the balance, 30% to 35% of the patients were from ethnic minority backgrounds? Staggeringly,

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challenge, it was also a political, social and economic event. It was a human rights crisis. It magnified, we say, human-made inequalities where policy reasons or a lack thereof had profound consequences on the lives of black, Asian and minority ethnic people.

As a matter of public health, societal factors, and in particular socioeconomic factors, combined to produce adverse, discriminatory outcomes. This is a reflection of structural inequality. Properly put, in the context of black, Asian and minority ethnic people, it's structural racism. As Ade Adeyemi put it, and I'm sure you'll remember this quote, my Lady, "If it quacks like a duck and it walks like a duck, [then] it's a duck". These facts, as a result of the evidence heard in this module, are now firmly at the forefront of public thinking about the pandemic.

FEMHO advocates for the rights of healthcare workers on the broader principle that the government's action, or inaction, affects every individual within the wider communities. The decisions made within the corridors of power, in central government, or failures to make appropriate strategic decisions during the Covid-19 crisis, have driven and exacerbated long-standing inequalities within the black, Asian and minority ethnic healthcare workforce and communities.

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black males were found to be 4.2 times more likely to die from Covid-19-related deaths than their white counterparts, while black females faced a 4.3 times higher risk. These numbers reflect the harsh reality of a healthcare system that perpetuates inequality. Behind each number lies a human story, a life lost, a family forever changed. These figures demand more than just our acknowledgement; they demand swift and decisive action to reflect the structural issues that led to such disparities.

Now, the big question, the why. Let's delve into that question of why black, Asian and minority ethnic healthcare workers were disproportionately affected during the pandemic. Professor Nazroo defined structural racism as follows:

"Historical and ongoing structural racism means that ethnicity remains strongly associated with social location, status and power, leading to inequalities in access to key economic, physical, political, social and cultural resources."

That's INQ000280057_0015, paragraph 42 for the reference.

Structural racism meant that during the pandemic people from ethnic minority backgrounds were at a disadvantage in their access to resources for

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1 prevention against and treatment and care for Covid-19.
 2 For FEMHO's members, the pervasiveness of structural
 3 racism left them severely exposed and without proper
 4 support they desperately needed. Ade Adeyemi poignantly
 5 stated in his evidence that ethnic minority groups were
 6 left floundering within the NHS, desperately urging the
 7 powers that be to recognise and address the issues they
 8 face.

9 The questions that echo in FEHMO's collective
 10 consciousness are these: why didn't our leaders have
 11 measures in place to mitigate against the predictably
 12 harsher impact of a pandemic on black, Asian and
 13 minority ethnic people? Secondly, why were there
 14 disproportionate death rates amongst ethnic minority
 15 healthcare workers? Why was it paid so little attention
 16 in real time without appropriate strategic response from
 17 the government?

18 My Lady, this Inquiry has heard incontrovertible
 19 evidence of failures that marred the government's
 20 response to the pandemic. From FEHMO's point of view,
 21 it's a tale of incompetence, negligence and a tragic
 22 dance that has cost lives, a dance that cannot be
 23 ignored or forgotten. The government's emergency
 24 planning and pandemic resilience efforts should have
 25 anticipated that health inequalities, exacerbated by

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1 considerations. The clarity of Sir Patrick's evidence
 2 is to be preferred to the colour blind approach
 3 encouraged by the former Equalities Minister,
 4 Ms Kemi Badenoch. The so-called "colour blindness" is
 5 not a virtue. Instead, it's a dangerous denial. To
 6 reduce the risk for everyone while failing to
 7 acknowledge that, because of structural racism, some
 8 people are at higher risk, is not just a misstep, it's
 9 a refusal to confront the truth.

10 FEHMO particularly commends to you the evidence of
 11 Mayor Sadiq Khan, which highlights the failures in
 12 government decision-making in respect of black, Asian
 13 and minority ethnic communities. He told of the lack of
 14 understanding at the highest level, including Cabinet
 15 ministers, of the unique challenges faced by black,
 16 Asian and minority ethnic people. He stated the
 17 importance of understanding multigenerational households
 18 and the varying prevalence of diseases.

19 Mr Khan spoke of structural inequality and
 20 structural racism, revealing the systemic disparities
 21 that plagued our response to the pandemic. He also made
 22 observations about the need for representation at the
 23 highest levels, particularly noting the absence of
 24 black, Asian and minority ethnic voices within COBR
 25 meetings, where critical decisions were being made about

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1 structural racism and broader issues like austerity,
 2 would have intensified vulnerabilities leading to
 3 disproportionate, adverse health outcomes for the BAME
 4 community and BAME healthcare workers.

5 This perspective aligns with the reality that
 6 certain ethnic and racial groups are at higher risk of
 7 susceptible to respiratory diseases. Moreover, the
 8 substantial representation of black, Asian and minority
 9 ethnic people at a higher risk of exposure due to
 10 increased likelihood of working -- and my Lady, get
 11 this -- in public-facing roles, being on the frontline,
 12 underscores the necessity for government decision-making
 13 to have incorporated focused considerations of race and
 14 ethnicity during the pandemic.

15 Don't forget, my Lady, and I'm going off script
 16 here, when the former Prime Minister gave his evidence
 17 the other Thursday, he said that they knew this very
 18 early on. That was his evidence.

19 Chief Scientific Adviser Sir Patrick Vallance said
 20 on Day 22 he unequivocally acknowledged the
 21 foreseeability of disparities in health outcomes,
 22 including death rates based on ethnicity. These
 23 disparities, rooted in pre-existing structural health
 24 inequalities, were deemed by him as matters of public
 25 health considerations, as distinct from political

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1 the pandemic. He cited that an acuity with issues
 2 affecting black, Asian and minority ethnic communities
 3 within decision-making spaces might -- and I put it no
 4 higher than that -- might have made a difference in
 5 developing appropriate strategic responses.

6 The Inquiry was told about the failure to
 7 acknowledge ethnicity as a risk factor within the NHS,
 8 and FEHMO's Ade Adeyemi's evidence revealed that 64% of
 9 black, Asian and minority ethnic doctors were feeling
 10 pressured to work in settings with inadequate PPE
 11 compared to 33% of their white counterparts.
 12 Shockingly, my Lady, PPE was not even fit tested for
 13 individuals with religious headwear, exposing
 14 a dangerous failure in the government's duty to protect
 15 its frontline workers.

16 The disregard for essential information continues
 17 with ethnicity not being recorded on death certificates,
 18 and you heard some evidence in relation to that and
 19 submissions in relation to that yesterday afternoon. We
 20 say this omission perpetuates the invisibility of the
 21 true impact of health inequalities on ethnic minority
 22 communities, hindering effective policy responses. If
 23 you don't gather the data, you won't know how big
 24 a problem it is. It's as simple as that.

25 My Lady, do you remember the evidence about the

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1 plight of Filipino healthcare workers who feared the
2 visa consequences if they refused to work in unsafe
3 conditions that Mayor Khan was telling us about? This
4 further exposures a lack of a clear messaging. Witness
5 after witness lamented the absence of a proper
6 functioning system of data collection. There was almost
7 a complete blackout in data capture for black, Asian and
8 minority ethnic communities during the early stages of
9 the pandemic. And because of this absence there was
10 a disaggregation based on race and ethnicity.

11 Computer modelling did not even include ethnicity
12 because there was simply no capacity to do this work,
13 both because of an absence of data and due to the fact
14 that models could not be built to include ethnic
15 considerations.

16 On the issue of messaging and communication, FEHMO
17 is of the view that there was not just a flaw in
18 government decision-making, there was a deadly barrier
19 that perpetuated disparities faced by ethnic minority
20 communities.

21 Professor Chris Whitty acknowledged in his evidence
22 that Covid guidance only reached some ethnic minority
23 people through the efforts of groups like FEHMO, and
24 you'll remember how he praised the efforts of those who
25 I represent in trying to get the message out. Rather

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1 planning system". And he said that on Day 15.

2 Number three, Mr Johnson's government then
3 flip-flopped, with lockdown only implemented at the
4 eleventh hour, that being in March 2020, when there was
5 an imminent risk of the NHS being overwhelmed. In the
6 wasted months leading up to March, there was no measures
7 in place to mitigate the predictable, harsh compact that
8 the pandemic would have on black, Asian and minority
9 ethnic communities.

10 Four, there was no real-time response to the
11 alarming disparity in death rates in the BAME
12 communities. Dominic Raab, deputising for Mr Johnson,
13 claimed that the phenomenon of disproportionate deaths
14 was not understood within Number 10 or there was no
15 consensus that reached the threshold for actionable
16 policymaking. He said that on Day 28.

17 Nothing meaningful, my Lady, was done in terms of
18 a strategic response because of this supposed
19 uncertainty. The absence of any strategic response from
20 government is made even more egregious when there was
21 little or no evidence of an attempt to engage with
22 black, Asian and minority ethnic healthcare leaders
23 during those early, scary days of the pandemic. Some of
24 the first risk assessments based on ethnicity were done
25 by FEHMO's own membership, filling the void of

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1 than just being hard to reach, ethnic minority
2 communities were failed by formal systems and instead
3 had to rely on their own community leaders to pick up
4 the slack, including the dissemination of essential
5 information in community languages.

6 So let me come to some submissions which I hope may
7 be of assistance to you when you retire to consider
8 everything that you've heard.

9 Number one, senior decision-makers knew or ought to
10 have known that in a pandemic there would be variability
11 in outcome based on ethnicity. It was well known that
12 structural health inequalities would have driven
13 vulnerability within the -- I'm going to say BAME,
14 I hate that word, but just because of time -- BAME
15 communities. This is not an assertion of left wing
16 politics, but it's a well appreciated understanding
17 within public health. So that's number one.

18 Number two, pandemic pre-planning was
19 catastrophically inadequate, and was characterised by,
20 and note this, my Lady, successive governments' --
21 successive governments' -- lack of engagement, and the
22 absence of strategic planning response to a foreseeable
23 pandemic.

24 As Mr Cummings put it, vulnerable groups were
25 "almost entirely appallingly neglected by the entire

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1 government inaction.

2 Fifthly, FEHMO submits that the failure to
3 anticipate and respond to disproportionate death rates
4 was a failure of the government's duty to protect life
5 enshrined by Article 2 of the ECHR and to protect
6 health.

7 So let me come to my conclusions.

8 Then Prime Minister Boris Johnson, in
9 characteristically unserious manner, referred to the
10 strategic engagement with ethnic and faith groups around
11 Covid as "all that jazz". But, my Lady, far beyond
12 these idiosyncrasies of one individual leader, this
13 jarring gallows-like humour was presented over deathly
14 inaction that successive governments, culminating in
15 Boris Johnson's government, exposed FEMHO's members to,
16 by failing to properly plan for the pandemic of this
17 kind. There was a clear failure to act.

18 This represented, we say, a dereliction of the
19 government's duty to protect the life and health of
20 black, Asian and minority ethnic healthcare workers and
21 their communities during the early stages of the
22 pandemic. We cannot afford to ignore these realities.
23 We must confront the truth, acknowledge the existence of
24 structural racism, and work collectively to dismantle
25 the barriers that perpetuate inequality.

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1 We say, my Lady, and we say it respectfully, the
2 time for denial is over and this Inquiry should say so
3 when spelling out what went wrong and why.

4 Audre Lorde said:

5 "It is not our differences that divide us. It is
6 our inability to recognise, accept, and celebrate those
7 differences."

8 You see, in recognising the structural inequalities
9 that plague our society, we acknowledge the undeniable
10 truth that unity arises not from uniformity but
11 embracing the richness of our diversity.

12 Can I say something positive: we commend the Inquiry
13 for undertaking the investigation of the role of
14 structural inequalities and structural racism in the
15 pandemic, and we submit that the evidence is clear that
16 the disproportionalities experienced by the black, Asian
17 and minority ethnic people were not only entirely
18 foreseeable but were as a result of government failure
19 to take proper action to anticipate and mitigate the
20 impact of the pandemic.

21 I've got 40 seconds left. Let me use my 40 seconds
22 saying this: in the powerful words of Ade Adeyemi, taken
23 from his witness statement on behalf of FEHMO, we say
24 this encapsulates the essence and impact of this stark
25 conclusion:

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1 closing submissions which will address some of the
2 detail of the evidence, and the brief observations
3 I make this morning are intended to address in outline
4 a handful of the key themes of the evidence most
5 directly concerned with the provision of scientific
6 advice to decision-makers.

7 As I observed in our opening submissions, and as
8 I hope you have found, the task of identifying what
9 scientific advice was given, when it was given, and the
10 terms in which it was delivered, has been one of the
11 easier tasks faced by this Inquiry. There is a clear,
12 contemporaneous and publicly available record of that
13 advice in the SAGE minutes and the papers discussed.
14 That advice was distilled and communicated to ministers
15 by the GCSA and the CMO, and there has been a striking
16 consistency in the evidence of all ministers from whom
17 you have heard that this was done accurately and it was
18 done well. In any event, the minutes themselves were
19 available to any minister who wished to refer to them
20 from the outset.

21 It is the view of GO-Science, both the present and
22 the former GCSAs, that it is important to maintain the
23 transparency and the integrity of that approach. It was
24 and should be clear what science advice is being given
25 by SAGE, and clear what that science advice is based

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1 "Throughout the course of this pandemic, the
2 disheartening experience of minority ethnic [healthcare
3 workers] have underscored the systemic oversights and
4 lapses in our health and governance systems. The
5 poignant accounts of our members, and the stark data
6 supporting them, reflect not just individual tragedies,
7 but an overarching narrative of neglect."

8 Thank you, my Lady.

9 **LADY HALLETT:** Thank you very much indeed, Mr Thomas.
10 Now I think it's Mr Sheldon.

11 **Submissions on behalf of the Government Office for Science
12 by MR SHELDON KC**

13 **MR SHELDON:** My Lady, the Government Office for Science,
14 which I represent, remains acutely conscious of its
15 responsibilities to those affected by the Covid-19
16 pandemic, to those who will be affected by future
17 pandemics when they inevitably occur, and to your
18 Inquiry.

19 It has sought to discharge those responsibilities
20 through the detailed and reflective evidence of
21 Sir Patrick Vallance, Dame Angela McLean, And
22 Dr Stuart Wainwright, as well as through the provision
23 of a large volume of documentary material. We hope you
24 have found that evidence helpful.

25 We intend to provide you with a set of written

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1 upon. Challenge and debate were and should be
2 encouraged, and you have heard from a number of
3 attendees how valuable they found that process to be.

4 Providing useful science advice to decision-makers
5 is best achieved, we submit, by assembling scientists
6 with relevant expertise, debating the issue and
7 producing a consensus or central view of the state of
8 current scientific understanding on that issue,
9 including the level of certainty with which that
10 understanding can be expressed and the understanding
11 that advice will and should change as new data emerge.

12 To the extent that there was some misunderstanding
13 as to what consensus means in that context, and whether
14 it implies the suppression of dissent, we trust that
15 that has been resolved by the evidence you've heard.

16 So, we would submit that the evidence shows that the
17 structure for the provision of scientific advice during
18 an emergency such as a pandemic is fundamentally sound.
19 The model necessarily depends on eminent scientists
20 being prepared to contribute time and personal resources
21 to the process, but they did so, for the two years and
22 105 meetings that SAGE was in operation, for which we
23 can all be grateful.

24 In particular, we would invite the Inquiry to treat
25 with caution suggestions of changes to the approach to

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1 SAGE minutes, which were produced quickly and circulated
2 widely, or to the composition of SAGE, or to the way in
3 which its advice is communicated to central government.

4 SAGE evolved and improved its processes during the
5 pandemic as lessons were learned through experience.
6 The SAGE development programme has identified further
7 areas for improvement, but the essential framework is
8 sound. It is well respected internationally, and it
9 showed itself capable of delivering large volumes of
10 high quality scientific advice under intense time
11 pressure throughout the pandemic.

12 There has been an intense focus on the timing of the
13 first lockdown and the decision-making leading up to it.
14 Witnesses have expressed the view that, in hindsight, it
15 would have been better had the 23 March full lockdown
16 commenced a week or so earlier. Sir Patrick was one of
17 those witnesses, and we would commend that view to you.

18 We do not consider that the evidence supports the
19 proposition that a lockdown at the very start of March
20 was realistic, a time, you will recall, when the
21 Prime Minister decided against advising people to stop
22 shaking hands. And you will also be aware of the very
23 limited data available at that stage to be deployed in
24 support of such extreme action, as well, of course, as
25 the reluctance to order a second lockdown in

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1 a balanced and objective view of the available
2 information.

3 The data was sparse and inadequate, but it was
4 difficult to assess how inadequate it was or how much
5 reliance could be placed upon what was available. There
6 was very little testing and tracing capacity, and it was
7 simply not possible in the early part of 2020 to get
8 an accurate picture of the prevalence of the virus
9 across the country. Several independent scientists have
10 told you that it was not until around 13 March that the
11 data allowed for scientifically coherent advice that
12 urgent and extensive action was required. When that
13 picture became clear, that advice was given promptly.

14 It is also important to keep in mind, as we're sure
15 you will, my Lady, that a pandemic is not a single event
16 requiring a single and immediate response. It runs
17 a course. The question of whether to order a lockdown
18 or any other significant non-pharmaceutical intervention
19 inevitably incorporates the questions of: what damage
20 will it do? And what happens next?

21 As I said, it is likely on balance that the first
22 lockdown a week or so earlier would have had some
23 long-term beneficial effects, but what the effects of
24 a lockdown even earlier than that would have been is far
25 less apparent, and would require those who propound that

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1 autumn 2020, even when the data, including the number of
2 deaths, was far more compelling.

3 Nor does the evidence support, we would suggest, the
4 viability of achieving the necessary 75% reduction in
5 contacts through voluntary action alone.

6 In the event, the peak of the first wave occurred in
7 April, and it was earlier and lower than it would have
8 been if lockdown had been further delayed. Lockdown
9 a week or so earlier is likely to have resulted in
10 a somewhat earlier and lower peak than we in fact
11 experienced, and it is on that basis that we consider
12 that it would probably have been beneficial.

13 The ultimate lesson from the timing of the first
14 lockdown is simply that, as Sir Patrick has put it to
15 you, you have to go earlier than you would like, harder
16 than you would like, and more geographically broad than
17 you would like, with the necessary interventions. You
18 cannot expect to be able to predict the right time with
19 any real accuracy, and if you wait until the data has
20 reached the point at which you are comfortable that the
21 measure is obviously required, you have almost certainly
22 waited too long, at least for this type of pandemic.

23 Now, that may seem obvious now, with the knowledge
24 and experience of the whole pandemic, but it was far
25 from obvious at the time to anyone seeking to take

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1 theory to grapple with the "What damage?" and "What
2 next?" questions, which we would suggest have yet to be
3 convincingly answered.

4 What can be said with confidence, though, is that in
5 all eventualities a more scaled and effective test,
6 trace and isolate system, available to be applied early,
7 would have helped suppress the virus.

8 There has been some inaccurate and ill-informed
9 suggestion that there was a significant divergence of
10 view between the GCSA and the CMO as to the timing of
11 the first lockdown. That is not so. The advice of
12 SAGE, including its assessment of the progress of the
13 pandemic and the effect of NPIs, is in the minutes and
14 was communicated to decision-makers by the GCSA and the
15 CMO as co-chairs of SAGE. That is all a matter of
16 record.

17 However, Sir Chris, as the Chief Medical Officer for
18 England with overall accountability for public health,
19 had a responsibility to identify to ministers the wider
20 health impacts of a measure as extreme as a lockdown:
21 the deaths that would be caused by other agents than the
22 virus; the conditions that would go untreated; the
23 diagnoses that would be missed; the mental health impact
24 on the vulnerable and the isolated. Discharging that
25 responsibility did not put Sir Chris at odds with

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1 Sir Patrick in March 2020 or at any other point. On the
2 contrary, it was essential that decision-makers were
3 made aware of both strands of advice, and lest there be
4 any doubt about it, Sir Patrick holds Sir Chris in the
5 highest possible regard, as he did for the entirety of
6 the time they worked together, day in and day out,
7 throughout the pandemic.

8 Whilst on the subject of Sir Patrick's personal
9 views, can I deal briefly with what have been referred
10 to as the evening notes.

11 Sir Patrick explained in both his written and oral
12 evidence how those notes came to be written and how they
13 were never intended to be read by anyone else for any
14 purpose. It has been said that he provided them to
15 the Inquiry willingly, and to the extent that it was not
16 necessary for you, my Lady, to exercise your powers of
17 compulsion to enforce the request that he submit all his
18 written and electronic notes, that is of course true.
19 But that does not mean, as you know, that he provided
20 them enthusiastically. He hopes it is now clear to
21 everyone that they reflected unedited thoughts scribbled
22 down in the most challenging circumstances, and if
23 anyone wishes to know his true and considered opinion
24 about the decisions taken and those who made them, they
25 are in his witness statement and in the transcript of

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1 3 February, and by SAGE 10, 25 February, a package of
2 measures had been identified as representing a realistic
3 means of reducing the spread of the virus. The specific
4 phrase "lockdown" was not used at the outset, as you
5 have seen, and it did not become part of the vernacular
6 until some weeks later, but very significant, indeed
7 unprecedented, restrictions were being expressly
8 considered by SAGE and reflected in its advice
9 throughout February, including the percentage reduction
10 in contacts that would be needed to be effective.

11 It was of course for government departments and
12 agencies to plan how such measures would be put into
13 effect, and for ministers to decide which ones should be
14 implemented and when, but the fact that these measures
15 were being considered and advised upon by SAGE from
16 a very early stage is clear, we submit.

17 Second, in the absence of any available
18 alternatives, early references to the pandemic flu
19 reasonable worst-case scenario of 800,000 deaths were
20 useful in communicating the potential scale of the
21 emergency and the need for action. The essential
22 message, which is reflected in the COBR documentation
23 from February 2020 onwards, was that there was
24 a significant chance of a very bad outcome. It cannot
25 realistically be suggested that references to this

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1 his evidence to you.

2 The shorthand that has perhaps understandably crept
3 into some of the questions to the effect that, by
4 reference to his evening notes, "Sir Patrick said that"
5 or "accused" someone of something, is therefore
6 inaccurate and, we would respectfully suggest,
7 unhelpful.

8 In general terms, and as reflected in his statement,
9 Sir Patrick considers that those with the heavy
10 responsibility of core decision-making during the
11 pandemic took care to listen to and understand the
12 scientific advice provided by SAGE. Everyone,
13 particularly in the early months, was operating in the
14 fog of war and under acute pressure of time, and it is
15 inevitable that recollections on some matters vary and
16 misunderstandings may have arisen. No criticism of
17 anyone is intended by this short list of issues in
18 respect there has been some variation in the evidence
19 but where the contemporaneous documentation makes the
20 position clear such that, we submit, the Inquiry can
21 reach a confident conclusion.

22 First, SAGE began to consider and advise upon the
23 need for and effectiveness of multiple NPIs from early
24 February 2020, having convened for its first meeting on
25 22 January. The first paper on NPIs was produced on

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1 worst-case scenario were in any way reassuring to
2 anybody, and the reduction in the RWCS to 525,000 deaths
3 in late February 2020 plainly made no difference in that
4 regard. Indeed, the fact that this figure was
5 calculated with greater information about the nature of
6 SARS-CoV-2 may have made it still more worrying.

7 The Inquiry has heard evidence on how the RWCS could
8 be augmented and improved, and that must be considered
9 carefully, of course, but it must be remembered that in
10 early 2020 it was the established approach used by the
11 Civil Contingencies Secretariat.

12 Third, the possibility of asymptomatic transmission,
13 as distinct from asymptomatic infection, which, as you
14 know, my Lady, is a different concept, was identified by
15 SAGE at an early point. Sir Patrick noted that it
16 appeared to be occurring in correspondence on
17 1 February. It was identified as a possibility by SAGE
18 on 4 February, and it was referred to in the COBR
19 documentation shortly thereafter, including an early
20 COBR meeting chaired by the Secretary of State for
21 Health.

22 Fourth, neither SAGE nor Sir Patrick ever advised
23 the adoption of a strategy of pursuing herd immunity
24 other than through vaccination. As the extent that the
25 virus had become seeded in the population became clearer

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1 during March 2020, it was acknowledged that significant
2 numbers of people would inevitably become infected and
3 a degree of immunity would be generated as a result.
4 This was a factor that needed to be taken into account
5 when considering the future course of the pandemic and
6 assessing the effect of different interventions. The
7 evidence of the key witnesses has been clear on this
8 point and we would submit there is no longer any doubt
9 about it.

10 Fifth, the list of attendees and invitees to SAGE
11 meetings is a matter of record, and the contemporaneous
12 documentation demonstrates the extent to which the
13 devolved administrations were engaged in the SAGE
14 process. We'll return to this issue in our written
15 submissions, but in light of what was said yesterday,
16 can I briefly deal with the position in respect of
17 Northern Ireland, whose CMO was invited to SAGE from as
18 early as 11 February 2020.

19 You may feel, my Lady, that it was for the
20 Northern Ireland Executive and departments, in common
21 with their colleagues from other devolved
22 administrations, to decide how and when they chose to
23 attend SAGE meetings to which they were most certainly
24 invited.

25 Sixth, the contemporaneous documentation, including
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1 the government chose to adopt, and Sir Patrick made
2 clear in correspondence with the Cabinet Secretary in
3 early October 2020 that those measures would not be
4 sufficient to keep R below 1. In the event, the policy
5 decision was to proceed with the tiered approach in the
6 first instance, just as the policy decision was taken to
7 reduce the 2-metre rule to 1 metre, notwithstanding the
8 scientific advice, again recorded in the SAGE minutes,
9 that this would increase the risk of transmission.

10 But these are reflections of the different roles of
11 scientific advisers and political decision-makers. It's
12 for elected decision-makers to take the difficult policy
13 decisions, balancing the full range of relevant
14 considerations. SAGE sometimes took the initiative to
15 consider certain issues, but its essential function is
16 to respond to requests for advice from decision-makers,
17 and it is a matter for them to decide what issue they
18 wish to be advised upon and how to act in light of the
19 advice they receive.

20 It is also recognised that science cannot provide
21 a clear answer to every question, and answers change
22 over time as evidence changes.

23 By the time we get to the relaxing of the third
24 lockdown, it is clear how better understanding of the
25 virus, better data and a more developed test and trace

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1 SAGE minutes, established that neither SAGE nor the GCSA
2 was asked for advice on the impact of the Eat Out to
3 Help Out policy. Whether they should have been, and
4 whether there were good reasons for not doing so, are
5 matters for you. But the factual position is clear. It
6 is also clear that around that time the science advice
7 was that more openings would be associated with higher
8 infection rates. The merits of the policy, to the
9 extent that they may be relevant, are for you and we
10 take no position, nor have we ever suggested that the
11 policy was responsible for the second wave.

12 Finally, my Lady, for the purposes of this list, the
13 events of autumn 2020 and the advice given in the
14 lead-up to the second lockdown. Here again, the
15 contemporaneous documentation is clear. The science
16 advice when lockdown measures were eased in May and
17 June 2020 was that there was a significant risk of
18 R going back above 1. It duly did so, in part as
19 further measures were eased over the summer.

20 As we moved into the autumn, it was made equally
21 clear that significant measures would be required to
22 prevent the number of cases growing exponentially, and
23 the SAGE minutes clearly record the measures that were
24 discussed and the assessment of their likely effect.
25 SAGE was not consulted on the three-tier approach that

26

1 capability enabled a far more informed approach to be
2 taken. As the quality of the data improved, so did the
3 precision of the science advice and the ability of
4 decision-makers to take sophisticated decisions in light
5 of that advice.

6 That is why, we would suggest, my Lady, the Module 2
7 evidence has been valuable in illustrating the
8 importance of the potential recommendations discussed in
9 Module 1 about preparedness for a future pandemic. More
10 developed test and tracing capacity, improved
11 diagnostics and therapeutics, more collaborative
12 research, and greater vaccine manufacturing
13 capabilities, will all contribute to better advice,
14 a wider set of options beyond the inevitably crude tool
15 of lockdown, and better, more informed decision-making.

16 So we anticipate, my Lady, that you will have well
17 in mind the need to ensure that any assessment of the
18 core decision-making in the pandemic takes account of
19 the course of the pandemic as a whole, and that the
20 successes of the later period are just as important in
21 identifying valuable lessons for the future as any
22 deficiencies you may identify in the early period.

23 My Lady, that concludes my submissions for today.
24 The Government Office for Science looks forward to
25 assisting you with future modules of your Inquiry.

28

1 **LADY HALLETT:** Thank you very much indeed, Mr Sheldon.

2 Mr Block? Ah, right at the back.

3 **Submissions on behalf of HM Treasury by MR BLOCK KC**

4 **MR BLOCK:** Good morning, my Lady.

5 I appear together with Steven Gray, instructed by
6 Robyn Smith of the Government Legal Department, on
7 behalf of His Majesty's Treasury.

8 My Lady, these closing submissions will be expanded
9 in our written submissions. For the purposes of this
10 module, HMT has supplied two detailed corporate witness
11 statements, as well as statements from Sam Beckett, the
12 current Chief Economic Adviser and second
13 permanent secretary since May of this year, her
14 predecessor, Clare Lombardelli, and from
15 Sir Thomas Scholar, the permanent secretary from 2016 to
16 2022.

17 The Treasury has also worked with and supported the
18 current Prime Minister, Rishi Sunak, who was Chancellor
19 of the Exchequer from 13 February 2020 to 5 July 2022,
20 to facilitate the Inquiry receiving detailed written and
21 oral evidence from him.

22 My Lady, the roles of HMT and the Chancellor in
23 overview. In very brief summary, HMT is the
24 government's economic and finance ministry, responsible
25 for maintaining sound public finances, delivering

29

1 Prime Minister and by Cabinet where appropriate,
2 together with all other relevant evidence such as the
3 SAGE minutes and reports.

4 Ministers would put forward the key considerations
5 relevant to their individual departments for the
6 Prime Minister to balance these in order to reach
7 a decision as to how to proceed. Arguments would be
8 tested and challenged and alternative options explored.
9 In that process, the Chancellor had a specific
10 responsibility of tailoring economic advice, policy and
11 decision-making to the context of an international
12 pandemic.

13 That responsibility, in the context of HMT's and the
14 Chancellor's broader roles and responsibilities,
15 necessarily required HMT and the Chancellor to ensure
16 that the often grave economic consequences of the policy
17 decisions under consideration were properly factored
18 into decision-making. This is especially because
19 economic consequences are not academic or theoretical
20 concepts, they carry with them far-reaching and
21 potentially damaging socioeconomic implications which
22 have real impacts on people's lives.

23 In this context, HMT rejects in the strongest terms
24 possible the unfair and irresponsible characterisation
25 of its work as "pro death".

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1 sustainable economic growth and maintaining
2 macroeconomic and financial stability. The Chancellor
3 is the government's chief financial minister and has
4 overall responsibility for HMT and for economic and
5 fiscal policy and the financial services sector.

6 The Chancellor is involved in collective
7 Cabinet-level decision-making with a focus, as he
8 explained, on representing economic and fiscal
9 considerations in the decision-making process.

10 Throughout the pandemic, HMT officials worked to
11 inform and advise the Chancellor and departmental
12 ministers in order to respond to ministerial requests
13 for briefing analysis and advice as necessary and
14 overall to support Cabinet-level decision-making.

15 HMT officials used the information shared at
16 scientific committees, including in read-outs from HMT
17 officials who observed these meetings, to inform this
18 briefing and advice and to inform internal policy
19 development.

20 The Chancellor's ministerial responsibility during
21 this period, supported by HMT, was to provide economic
22 and fiscal evidence, analysis and advice in relation to
23 decisions and interventions in the context of the
24 pandemic that would impact those areas for which the
25 Treasury was responsible. This was considered by the

30

1 Whilst some have suggested that supporting the
2 economy and protecting lives were competing objectives,
3 HMT did not see it this way. Throughout the response,
4 HMT were clear that the best thing for the economy was
5 to control the virus.

6 I turn now to look briefly at the roles of HMT and
7 the Chancellor in the government's core pandemic
8 decision-making.

9 As an overview, prior to the Prime Minister's
10 announcement on 16 March 2020 of the first social
11 distancing measures, HMT ministers and officials
12 contributed to cross-government decision-making through
13 analysis of the possible economic impacts, and in
14 particular the potential impacts on the UK economy of
15 the proposed measures.

16 This analysis was focused on the ability of people
17 and the economy to keep providing the goods and services
18 which the population needs, the ability of businesses to
19 stay open, and for people to do their jobs and continue
20 to receive an income.

21 It's important to recognise that this was a novel
22 situation, with the pandemic developing very rapidly.
23 There was limited data and there were a large number of
24 variables. Nevertheless, HMT was nimble and quick to
25 respond. Indeed, the spring 2020 budget announced on

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1 11 March 2020, so before the 16 March announcement,
2 included a £12 billion plan to provide support for
3 public services, individuals and businesses whose
4 finances were affected by Covid-19, which included
5 extending statutory sick pay (SSP) for those advised to
6 self-isolate, and for those caring for others who were
7 required to self-isolate and support through the welfare
8 system for those who could not claim SSP. This was
9 an extensive package that responded to the pandemic as
10 it was understood at that point in time.

11 Subsequently, from March 2020, when restrictions
12 were in place, much of HMT's focus was on the design,
13 financing and implementation of economic support
14 measures. These measures supported the public health
15 strategy by mitigating the economic impacts of the virus
16 and the measures necessary to control it, on jobs,
17 incomes, businesses and the UK economy. Without these
18 economic interventions, which were unprecedented in
19 scale and speed of introduction, it would have been very
20 difficult for individuals to adhere to the conditions of
21 the lockdown without serious risk to their livelihoods.

22 Over the next weeks and months, HMT introduced more
23 economic support as the impacts of the virus and the
24 restrictions on firms and people became more apparent,
25 and continued to tailor the measures so as to support

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1 impacts or create unintended consequences; five, the
2 relationship between the epidemiological and economic
3 outlooks, noting that controlling the virus was
4 essential to a healthy economy; and, six, how the
5 government's response, including on NPIs, compared to
6 other countries' responses.

7 HMT worked closely and constructively with other
8 parts of government, in particular Number 10, the
9 Cabinet Office and DHSC, throughout the pandemic. Given
10 the unprecedented economic impacts of the pandemic, HMT
11 seconded at least ten policy and economist officials to
12 the Cabinet Office to provide further expertise in
13 integrating economic inputs into decision-making and to
14 provide additional strategic capability.

15 HMT and the Cabinet Office jointly ran the
16 Prime Minister's weekly economy update meetings to
17 provide senior ministers and wider government with
18 a clear picture of how the economy was being affected by
19 the virus. The Chancellor was a member of Covid-O and
20 Covid-S from late May 2020, when they were established,
21 as well as smaller ministerial groups within Cabinet,
22 such as the Quad and E-MIG, which the Chancellor
23 chaired.

24 HMT officials had regular meetings with
25 Cabinet Office counterparts -- anything from weekly to

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1 the non-pharmaceutical interventions, the NPIs, and
2 respond to the path of the virus as it evolved.

3 HMT was also heavily involved in the development of
4 key policy at that time, contributing analysis on the
5 economic impacts of different options, for example, the
6 move from 2 metres to 1 metre plus, and the focus on
7 smarter NPIs in 2020.

8 From late 2020 onwards, and in particular during and
9 following the third national lockdown in early 2021,
10 pharmaceutical interventions, for example testing and
11 of course vaccines, were increasingly deployed to manage
12 the virus. This gradually reduced the need for NPIs to
13 be used to manage the virus, a gradual but significant
14 shift in the way in which the government collectively
15 managed the response.

16 In terms of HMT's output, using a broad range of
17 data and analytical techniques, as well as engagement
18 with and challenge from external experts, HMT officials
19 provided advice on: one, the economic support measures
20 required to soften the impacts of the virus and NPIs on
21 households and businesses; two, how the pandemic and
22 proposed NPIs were affecting and how any changes might
23 affect the economy; three, how economic activity might
24 affect the progress of the virus; four, how government
25 support and wider policy responses might offset these

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1 daily, depending on the issues under consideration --
2 and regularly met with officials from other departments.
3 They attended SAGE in an observer capacity from
4 March 2020 and sent read-outs of these meetings to
5 relevant colleagues at HMT including members of the
6 Chancellor's private office.

7 HMT also routinely attended the Joint Biosecurity
8 Centre, JBC, gold meetings. It actively participated in
9 cross-government initiatives to strengthen
10 decision-making structures and processes as the response
11 to the pandemic evolved, for example the establishment
12 of the Covid-19 Taskforce.

13 Any generalised suggestion that HMT was aloof,
14 removed from the core decision-making structures or
15 reluctant to accept external advice or input, is wrong.

16 If I may, we wish to highlight some aspects of HMT's
17 work which have been touched on in the Module 2 oral
18 evidence.

19 Data analysis and modelling. To inform ministers in
20 HMT and the centre of government of the impact on the
21 virus on the economy and to assist those responsible for
22 the core decision-making under consideration in this
23 module, HMT produced a wide range of economic analysis
24 and utilised a broad suite of analytical techniques and
25 models. This included analysis and data of both what

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1 was happening in the UK and abroad. Traditional
2 economic data was supplemented with additional data from
3 sources such as Citymapper and OpenTable. These issues
4 were canvassed at considerable length and, I'm afraid,
5 in minute detail in the witness statements produced by
6 and facilitated by HMT.

7 HMT also worked closely with other organisations,
8 such as the Office for National Statistics, the Office
9 for Budget Responsibility, the Bank of England and other
10 bodies, to inform senior decision-makers on the impact
11 of the pandemic.

12 Data analysis and modelling were highly
13 interdependent throughout the pandemic. Modelling was
14 used to understand and interpret the data and to help
15 identify which data would be most useful. HMT drew on
16 its own internal economic modelling and also used that
17 of other public sector bodies and international
18 institutions, for example the International Monetary
19 Fund and the OECD, and also academic modellers. It put
20 substantial effort into adapting and continually
21 refining its modelling techniques, given the
22 exceptionally high levels of uncertainty around the
23 virus and its economic impact.

24 However, that uncertainty meant it was not possible
25 to rely exclusively on economic models, and HMT's

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1 academic and financial market institutions. He also
2 regularly spoke to foreign finance ministers from around
3 the world. In developing its analytical tools, HMT
4 engaged with academics and external bodies such as the
5 Royal Economic Society, think tanks and business groups.

6 Sharing of data and analysis. Given the response to
7 Covid-19 was a cross-government effort, HMT shared its
8 analysis and developed economic understanding across
9 Whitehall as appropriate, such as with the
10 Covid-19 Taskforce following its inception. It also
11 engaged widely with other departments to access
12 expertise and to make best use of data. Regard was
13 always had to the scientific advice when formulating
14 policy, although it was understandably not always
15 settled, as was the case with regard to the Omicron
16 variant, as Mr Sunak explains in his witness statement
17 at paragraphs 502 to 540.

18 HMT developed cross-Whitehall assessments for
19 ministers of the economic impacts of the virus,
20 restrictions and policy responses. Beginning in early
21 April 2020, Charles Roxburgh, the then second
22 permanent secretary at the HMT, chaired a regular
23 cross-government meeting of permanent secretaries and
24 directors general from economic departments. HMT
25 officials worked closely with the Cabinet Office to

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1 approach therefore sought to include assessment of all
2 available data and evidence.

3 In addition to its more standard economic tools, HMT
4 explored novel techniques to analyse the unprecedented
5 policy choices faced by ministers. The increasing data
6 available as the pandemic progressed enabled it to
7 develop a range of modelling and scenario-based
8 approaches. It developed its own epi-macro analytical
9 capabilities seeking to combine epidemiological and
10 economic relationships to estimate how characteristics
11 of the virus and control policies affected both
12 transmission and economic activity.

13 Significant cross-government work was done in this
14 respect, to which HMT contributed with a view to
15 minimising longer-term economic and fiscal impact.
16 Examples include the review of the 2-metre social
17 distancing guidance which reported in June 2020, the
18 2021 roadmap, the 2021 social distancing review, and the
19 January 2022 travel review.

20 External input. Throughout the pandemic, HMT and
21 the Chancellor had regular contact with a wide range of
22 external economic experts so as best to inform HMT's
23 work. The Chancellor had regular contact with the
24 governor of the Bank of England, the chair of the OBR,
25 and spoke to a range of external economists from

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1 support their synthesis of relevant advice and analysis
2 and to support informed decision-making.

3 HMT's focus during the pandemic was on undertaking
4 comprehensive economic analysis that best informed
5 decision-making in the fast changing circumstances. It
6 is the OBR's responsibility to publish independent
7 economic forecasts. You'll recall the reference to "the
8 Treasury doesn't mark its own homework".

9 HMT analysis was published during the pandemic, but
10 there are sensitivities around much of HMT's analysis
11 which do not pertain to scientific analysis. Much of
12 HMT's policy advice related to the economic and fiscal
13 outlook which can be market sensitive.

14 My Lady, I'm going to turn to look at two further
15 matters. The first is an economic SAGE. Is that a good
16 alternative? I start by saying HMT welcomes an open
17 debate as to how to improve the way it operates,
18 particularly in a crisis. However, it has significant
19 reservations about the headline suggestion that
20 an economic equivalent of SAGE should be established
21 essentially for the same reasons that Mr Sunak gave in
22 his evidence.

23 First, HMT already performs this function and the
24 previous Prime Minister also confirmed that. In
25 contrast to DHSC, HMT has the expertise to provide

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1 expert economic advice to assist government
2 decision-making. It already brings together statistics,
3 forecasts, modelling and analysis by the ONS, OBR, and
4 Bank of England, independent institutions which in turn
5 engage with the wider economic community. It also
6 engages with other expert bodies when beneficial to do
7 so. The principal issue faced by HMT during the
8 pandemic was not a lack of expertise, but rather the
9 huge and unprecedented uncertainty which attached to any
10 analysis.

11 Secondly, whilst HMT recognises there is
12 a legitimate debate to be had about how much economic
13 analysis HMT can or should publish, which will
14 ultimately be a matter for the Chancellor; the
15 sensitivities around HMT data and projections limit the
16 extent to which they can freely be shared.

17 We do say with hindsight that HMT could have
18 benefitted from a more systematic approach to external
19 engagement. Indeed, the Economic Advisory Council
20 established by the Chancellor and in place between
21 October last year and November this year to advise the
22 government in an independent capacity on UK and
23 international economies and financial markets, is
24 an example of a more systematic approach since the
25 pandemic.

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1 economy during the pandemic.

2 The scheme is addressed in detail in the HMT
3 corporate witness evidence and the witness statement
4 from Mr Sunak. Mr Sunak also provided very clear and
5 detailed oral evidence on this subject. However, given
6 the focus on Eat Out to Help Out during this module,
7 often we say without appropriate context, HMT highlights
8 the following points in relation to it.

9 One, consumption is the largest component of GDP in
10 the UK economy and vital to the performance of the
11 macroeconomy. The hospitality and leisure sectors in
12 particular are very employment-intensive, with employees
13 tending to be younger, on lower incomes, and extremely
14 vulnerable to unemployment. As a result of the first
15 2020 lockdown, the viability of many such businesses was
16 threatened. 75% were not trading by June 2020, and
17 there was, of course, no working from home option
18 available in that sector. 83% of workers had been
19 furloughed by June 2020.

20 On 10 May 2020, this is the second point, the
21 Prime Minister announced a timetable for the easing of
22 NPIs imposed in England. Under that roadmap, which was
23 the subject of detailed scientific and public health
24 advice, pubs and restaurants were to re-open on
25 4 July 2020. It was in that context that the HMT

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1 I turn now to briefly look at core decision-making
2 regarding economic policy during the pandemic, including
3 the Eat Out to Help Out scheme.

4 My Lady, the government's specific business and
5 financial responses to the pandemic is a substantial
6 topic and will be the subject of detailed consideration
7 in a future module. An unprecedented set of
8 comprehensive policies and schemes was devised by HMT
9 during the course of the pandemic to seek to protect
10 individuals, businesses and the UK economy at large.
11 CJRS (the furlough scheme), SEISS (the Self-Employment
12 Income Support Scheme), business rates relief, business
13 grants, increases in Universal Credit, tax deferrals,
14 VAT cuts, various loans schemes on general terms for
15 individuals and businesses, and protection from eviction
16 schemes, are just some examples.

17 As Mr Sunak explained, in response to questions from
18 the non-state core participants, proper regard was had
19 to the need to support those required to self-isolate,
20 and significant steps were taken to do so at various
21 stages during the pandemic.

22 My Lady, there has been particular focus placed
23 during this module, hearings, on the Eat Out to Help Out
24 scheme, albeit that the scheme represents only a small
25 part of the work HMT undertook to seek to protect the

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1 focused significantly on how best, within that framework
2 of safe opening, to support the economy and stimulate
3 consumption, including by reference to international
4 comparisons. A huge amount of HMT work went into
5 analysing how to stimulate consumption, and the
6 development of the Eat Out to Help Out scheme was
7 intended to achieve that. The formulation of the policy
8 also incorporated a detailed public sector equalities
9 assessment.

10 Third, on 8 July 2020 the Chancellor announced the
11 Plan for Jobs economic aid package, that package was
12 developed in consultation with the Prime Minister before
13 being presented to the Cabinet by the Chancellor. That
14 briefing included the Eat Out to Help Out scheme
15 specifically. The purpose of the package was to provide
16 targeted temporary support to employment as the country
17 sought to recover from the initial lockdown and to
18 minimise structural damage to the economy and public
19 finances.

20 Fourth, the Plan for Jobs emphasised the importance
21 of the work that had been done to support businesses to
22 re-open safely, such as in connection with cleaning,
23 social distancing, which of course itself meant reduced
24 customer numbers, and recording customers and visitors
25 for the purposes of contact tracing.

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1 Regarding how businesses could re-open in a Covid
2 secure way that reduced the risk of transmission of the
3 virus, various government departments had significant
4 engagement with their sectors, and Mr Sunak also
5 described the very detailed sector-specific written
6 guidance that related to hospitality re-opening.

7 Fifth, it was in that context, the assessment by
8 broader government having received scientific advice
9 that NPIs could be eased safely, that the Eat Out to
10 Help Out policy was formulated. It was a scheme, as
11 with all policy measures at that time, designed to
12 operate within the boundaries of what was deemed safe at
13 that time. HMT did not set the Covid-secure guidelines
14 for hospitality businesses to operate safely, it
15 designed economic policy that could be implemented
16 within the parameters of that guidance.

17 Sixth, within this economic support package, Eat Out
18 to Help Out was in fact a relatively small, if novel and
19 eye-catching, measure. It ran for only 13 days in
20 total, Mondays, Tuesdays and Wednesdays between 3 and
21 31 August 2020, at an estimated cost of £500 million.
22 The overall estimate of fiscal support of this kind
23 provided via the package was up to £30 billion, to put
24 it into context.

25 During the Module 2 oral evidence hearings,
45

1 reached a similar conclusion.

2 HMT invites the Inquiry to have regard to those
3 findings, which were not considered by a single
4 scientific witness who has given evidence, and have not
5 so far been referred to during closing submissions.

6 Finally in relation to the Eat Out to Help Out
7 policy, the Inquiry explored with Mr Sunak whether
8 concerns about rising cases informed the judgement not
9 to extend the scheme. As set out in his evidence, this
10 was not the case. The policy was always designed to be
11 short term.

12 My Lady, may I just briefly return to lessons
13 learned?

14 **LADY HALLETT:** Provided you're very swift.

15 **MR BLOCK:** My Lady, it's, I hope, swift. Thank you.

16 HMT is keen to learn from its experiences in the
17 pandemic, and it continues to seek to improve its ways
18 of working to discharge its functions and ensuring the
19 stability of the macroeconomic environment and financial
20 system, including in the event of any future health
21 and/or major crisis.

22 Different crises will demand different policy
23 responses, but HMT has already started to build on its
24 experience during the pandemic, to improve its ways of
25 working. For example, it's continued to develop its

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1 the Inquiry has explored with a number of witnesses,
2 principally scientists, what they knew of the Eat Out to
3 Help Out policy before its implementation, and adduced
4 evidence that their reaction would have been one of
5 concern regarding increased risk of transmission if they
6 had been consulted on the detail of the policy.

7 However, this was a policy which operated within the
8 Covid secure guidance in place at the relevant time. In
9 any event, it appears that, as Mr Sunak explained,
10 concerns were not raised with him between the
11 announcement of the scheme on 8 July and its
12 commencement on 3 August 2020.

13 I have two more points on Eat Out to Help Out.

14 Eight, as the Inquiry knows from evidence already
15 submitted, following the end of the scheme, HMRC, who
16 administered the scheme, examined available data to try
17 to ascertain whether any relationship existed between
18 the use of the scheme and increased cases of Covid-19.

19 The conclusion in that report, dated
20 15 December 2020, was that there is "little evidence to
21 support the claim that Eat Out to Help Out scheme
22 directly led to an increase in Covid-19 cases on
23 a UK-wide level. Generally correlations are either weak
24 or not statistically significant". And further analysis
25 was carried out by HMRC in the following months which

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1 analytical capabilities, it's deepened its engagement
2 with the ONS and the newly established Joint Data and
3 Analysis Centre in the Cabinet Office, and continues to
4 build its modelling capabilities supported by academic
5 engagement. It's also expanded its data science
6 capabilities, establishing a data science team. And,
7 my Lady, it's increased analysis of economic risks,
8 including establishing a new horizon scanning workstream
9 within the Economic Risk Group to more systemically
10 monitor and assess future risks to the economy, and this
11 included creating the economics group risk monitor,
12 which reflects risks in the National Risk Register and
13 draws on the expertise of relevant teams across
14 government.

15 My Lady, we look forward to considering any
16 additional recommendations which the Inquiry makes that
17 can improve HMT's discharge of its function and
18 responsibilities, and will of course seek to assist
19 the Inquiry in any further way we can.

20 Thank you for indulging me with the time.

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

22 Very well, we'll break now. I shall return
23 at 11.25.

24 **(11.10 am)**

25

(A short break)

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1 (11.25 am)

2 LADY HALLETT: Mr Howells.

3 Submissions on behalf of the Welsh Government by MR HOWELLS

4 MR HOWELLS: My Lady, as the Welsh Government submitted in
5 opening, in responding to the pandemic, the four
6 governments had, for the most part, their own powers and
7 responsibilities. Using those powers, they made
8 decisions that they considered to be in their nation's
9 best interests. If we understand your Ladyship
10 correctly, the Inquiry will investigate how each
11 government made decisions on behalf of the people they
12 served and their effectiveness, rather than how and why
13 their decisions diverged from those of
14 the UK Government. How well the governments worked with
15 each other, the effectiveness of those relationships,
16 and in particular their impact on the ability of the
17 devolved governments to respond to the pandemic is part
18 of that wider question.

19 When describing the actions taken by the governments
20 of the United Kingdom, use of the term "divergence" is
21 misleading, as it implies a default position, namely
22 that taken by the UK Government.

23 The UK Government chose to use the Public Health
24 (Control of Disease) Act 1984 as the legal basis of the
25 response to the pandemic, in the full knowledge that

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1 had the practical consequence of ending the
2 First Ministers' attendance at COBR. In their place,
3 the UK Government implemented Covid-S and Covid-O. When
4 those meetings were adopted, the then Prime Minister
5 accepted he should continue to work with the devolved
6 governments through joint ministerial committee
7 meetings. That did not happen.

8 It does not matter whether the meetings with the
9 First Ministers were in COBR, joint ministerial
10 committee meetings or otherwise. What mattered was the
11 need for a regime of regular meetings attended by the
12 Prime Minister and the First Ministers in which the
13 heads of the four governments in this country were able
14 to raise, discuss and decide matters of mutual interest
15 and concern. That is what the First Minister of Wales
16 regularly called for. When the United Kingdom is facing
17 the greatest peacetime threat since 1945, the rationale
18 for such meetings is so obvious that it does not and
19 should not need to be spelt out.

20 Notwithstanding the clear and pressing need, there
21 were no meetings between the heads of government between
22 May and October 2020. On any view, it is profoundly
23 unfortunate that no such meetings were convened by the
24 then Prime Minister, with whom the institutional
25 initiative lay to organise them. No good reason has

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1 executive power under that Act had been transferred to
2 the Welsh Government.

3 Part 2A of the 1984 Act, the relevant part for
4 present purposes, was inserted by the Health and Social
5 Care Act 2008. So when those changes were made by
6 Parliament, it was already known that executive
7 functions under that part had been transferred to the
8 Welsh Government.

9 As reflected in part 2A of that Act, the principle
10 of subsidiarity in the context of infectious disease has
11 Parliamentary approval.

12 In Module 2B, the Inquiry will hear evidence about
13 the Welsh Government's decision-making about
14 non-pharmaceutical interventions, and so the impact of
15 intergovernmental relations on decision-making in Wales
16 can be better assessed then. At this stage, it is
17 useful to review the evidence of ministers, officials
18 and experts on intergovernmental relations heard in
19 Module 2, in order to put that evidence into context
20 before the Inquiry examines the decision-making of the
21 devolved governments.

22 Until May 2020, the Prime Minister engaged with the
23 First Ministers of the devolved governments in COBR.
24 However, in May, the UK Government unilaterally decided
25 to reorganise its Cabinet committee structures, which

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1 been given for not organising those meetings.

2 Thereafter, the First Ministers were invited only to
3 Covid-O meetings, chaired by Michael Gove MP, the then
4 Chancellor of the Duchy of Lancaster. Meanwhile, as
5 Lord Sedwill has explained, the big decisions were taken
6 by the Prime Minister in Covid-S. By contrast, the
7 second order decisions, that could be made by lower
8 ranking ministers, were made at Covid-O. Put
9 differently, the devolved governments were invited to
10 the forum that dealt with implementation, but not to the
11 forum that set the strategic direction.

12 The First Minister of Wales believes that better
13 co-operation would have led to better outcomes. In that
14 regard, it should be noted that Professor Henderson said
15 that the UK Government's position on intergovernmental
16 relations was not necessarily driven by what would be
17 best to be able to respond to an epidemiological event.

18 Michael Gove said that there was no perfect solution
19 to the problem whether to include the devolved
20 governments in UK Government decision-making structures
21 or to invite them on an ad hoc basis. That answer
22 ignores the basic point that the devolved governments
23 were asking for a regular pattern of meetings,
24 particularly between the heads of government. They were
25 not asking to be included within UK Government

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1 decision-making structures, COBR aside, and they were
2 not seeking a particular form for those meetings. The
3 compelling and obvious need was for arrangements that
4 allowed for effective and efficient participation by the
5 heads of the devolved governments in strategic
6 consideration of how best to respond to the pandemic.

7 Boris Johnson was more forthcoming about the reason
8 why he did not regularly meet with the First Ministers
9 for long periods of time. In short, he wanted to avoid
10 creating the impression that the United Kingdom was
11 a federal state, an apprehension shared by the
12 territorial secretaries of state, who described regular
13 meetings between the Prime Minister and the
14 First Ministers as a "potential federalist Trojan
15 horse".

16 Mr Johnson's concern with appearances did not
17 recognise and so did not meet the scale of the events
18 confronting the four nations, nor did it recognise the
19 practical reality, which was that the relevant powers to
20 impose non-pharmaceutical interventions, as was
21 appropriate, were devolved. As a reflection of the
22 UK Government's attitude to the need for close and
23 effective co-ordination between the heads of the four
24 governments, Mr Johnson's evidence is telling.

25 Also, current and former ministers of the
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1 advantage of the freedom that resulted.

2 However, he accepted that the devolved governments
3 have the perfect right to pursue more cautious policies.
4 Michael Gove acknowledged in May 2020 that the UK
5 Government accepted that measures needed to change in
6 different ways at different times in different parts of
7 the United Kingdom. Mr Gove also conceded that the
8 purpose of devolution is to allow different parts of the
9 United Kingdom to tailor decisions according to local
10 need, and that it was reasonable for the devolved
11 governments to take the decisions they considered
12 necessary for the different circumstances in their
13 countries.

14 In oral evidence, he accepted the suggestion that
15 different parts of the UK would approach the same
16 problem in different ways because of differences in the
17 epidemiological position and available healthcare
18 facilities, so there were bound to be difficulties in
19 terms of an absolutely common approach, which was
20 unrealistic.

21 Finally, Dominic Raab MP was not persuaded that
22 decision-making should be centralised, because there
23 were benefits in the devolved governments taking
24 difficult decisions and working with the UK Government.
25 Mr Raab felt the devolved governments worked effectively

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1 UK Government recognised that differences in approach,
2 pace and emphasis between the four nations were
3 reasonable and in accordance with the principle of
4 subsidiarity. For instance, Boris Johnson stated that
5 the interests of the devolved governments did not always
6 align with those of England, and that was an inevitable
7 part of a devolved system. He also said that he
8 understood why, given that the incidence of the virus
9 was rising in Wales and tiering had not worked well, the
10 Welsh Government had imposed a firebreak. On
11 28 May 2020, he told the First Ministers that he fully
12 appreciated the different ways in which the devolved
13 governments were responding based on different
14 transmission rates, and that he would communicate that
15 clearly.

16 In oral evidence Mr Johnson accepted that the
17 UK Government had excellent relations with the devolved
18 governments and overwhelmingly things worked well across
19 the United Kingdom. He also stated that there was
20 a greater degree of caution in Wales and Scotland than
21 there was in the UK Government, and that went with the
22 grain of public opinion in those countries.

23 He rationalised the less cautious approach of the
24 UK Government on the basis that there was no point
25 getting R below 1 if you were not going to take

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1 with the UK Government and there were strong examples of
2 teamwork. He did not consider the case had been made
3 for more centralised power in similar circumstances in
4 the future.

5 My Lady, the weight of the evidence is that the
6 principle of subsidiarity overwhelmingly worked well, to
7 borrow Boris Johnson's language. The blunt truth is
8 that those who have suggested that responsibility for
9 a future response should be centralised have not
10 established a case for doing so.

11 These matters will be considered in our written
12 closing statement for this module, and examined in
13 Module 2B. However, two examples demonstrate how
14 intergovernmental relations affected the response to the
15 pandemic.

16 Firstly, the UK Government's refusal to co-ordinate
17 communication with the devolved governments was
18 reflected in its routine failure to make it clear that
19 the UK Government's rules and messaging applied only to
20 England.

21 Secondly, the lack of any arrangements to address
22 the financial implications of any decisions taken other
23 than those taken for England.

24 The Treasury's unresponsiveness to the needs and
25 public health requirements of the devolved governments

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1 meant that it treated the needs and public health
2 requirements of England more favourably than the other
3 nations of the United Kingdom.

4 These and other matters are directly relevant not
5 only to the subject matter of this module, but also your
6 consideration of the Welsh Government's decision-making
7 in Module 2B.

8 My Lady, those are my submissions, unless I can
9 assist further.

10 **LADY HALLETT:** Very grateful, thank you very much,
11 Mr Howells.

12 Now I think it's Ms Drysdale.

13 **Submissions on behalf of Scottish Ministers by**
14 **MS DRYSDALE KC**

15 **MS DRYSDALE:** Thank you. I appear on behalf of the Scottish
16 Government with Kenneth McGuire, Julie McKinlay, and
17 Michael Way.

18 The Scottish Government has listened carefully to
19 all the evidence that has been led and wishes to
20 acknowledge once again the loss and harm suffered by
21 those in Scotland and the rest of the United Kingdom
22 during the pandemic.

23 The central place of the bereaved and all those
24 affected by the pandemic in this Inquiry is of the utmost
25 importance to the Scottish Government.

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1 and economic harm.

2 The Scottish Government took practical steps to
3 embed these principles in its decision-making process,
4 and consideration of these was a question of judgement
5 for the elected representatives of the people of
6 Scotland, not the scientists.

7 Decisions of the Scottish Government during the
8 pandemic were generally made in meetings of Cabinet or
9 in response to policy submissions, and decisions were
10 recorded. There has not been discussion of these
11 documents in the Module 2 hearings, but the
12 Scottish Government looks forward to these being
13 considered fully in Module 2A.

14 So turning to my first theme, my Lady, devolution.

15 Devolution is the context for UK decision-making
16 during the pandemic and is thus relevant to Module 2,
17 but the merits of devolution do not form part of the
18 terms of reference of the Inquiry, rather it's the
19 response of government to the pandemic within a devolved
20 framework that is in issue. The ability to make use of
21 the devolved powers to respond to the pandemic in
22 Scotland made a significant and positive difference.
23 Scotland's geography, demography and many of its
24 institutions have never been the same as those of
25 England.

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1 The Inquiry will hear from Scottish Government
2 witnesses about the strategic and overarching issues
3 from the perspective of Scotland during Module 2A
4 hearings in January in Edinburgh, and the
5 Scottish Government is committed to assisting you with
6 that.

7 In its opening statement to the Inquiry, the
8 Scottish Government addressed you on five key themes.
9 They were devolution, intergovernmental relations, the
10 role of data in decision-making, public health
11 communications, and inequalities. This closing
12 statement will revisit those themes in light of the
13 evidence.

14 Before doing so, however, the Scottish Government
15 wishes to make some introductory remarks on its
16 framework for decision-making.

17 The Scottish Government published its framework for
18 decision-making in April 2020. A key part of that was
19 the four harms approach which provided a mechanism to
20 ensure that a balanced approach was taken, as far as
21 possible, and that due consideration was given to
22 vulnerable and at-risk groups as part of the
23 decision-making process.

24 The four harms were direct Covid-19 health harm,
25 other health harm caused by the pandemic, societal harm,

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1 The NHS in Scotland is a distinct healthcare system
2 and public health legislation differs across the UK.
3 These differences pre-date devolution. Devolution
4 reflects the will of the Scottish people in the
5 referendum of 1997, subsequently enacted in the Scotland
6 Acts, and the intention of devolution is to allow the
7 people of Scotland to elect representatives that reflect
8 their priorities. The Scotland Acts create an equality
9 of responsibilities between the Scottish and
10 United Kingdom governments in their respective spheres.

11 Health and public health are devolved matters. This
12 meant that many aspects of the responsibility in
13 responding to the pandemic fell to the
14 Scottish Government. Public health is intimately
15 connected to Scotland's distinctive systems of
16 healthcare, justice, policing, education and local
17 government, and to the Scottish Government's
18 responsibilities for economic development and most
19 public services. Public health is also a devolved
20 matter in Wales and Northern Ireland.

21 Devolution is now a fundamental pillar in the
22 constitution of the UK, and the effect of devolution is
23 that each of the four nations can take decisions having
24 regard to the facts and circumstances within their
25 respective areas of responsibility. Each has the option

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1 to align with others or to pursue different policies if
 2 it considers those best meet the needs of its people.
 3 Each starts from its distinct position in terms of its
 4 responsibilities and the characteristics of its
 5 jurisdiction.

6 Broadly speaking, and compared to England, people in
 7 Scotland are less healthy. Devolved control was
 8 essential to the effective public health response in
 9 Scotland. Such control should be maintained and indeed
 10 strengthened for a future public health crisis. The use
 11 by the UK Government of any powers to impose solutions
 12 in devolved areas' responsibility would not be
 13 appropriate, particularly where the administrative and
 14 policy expertise and established relationships with
 15 relevant Scottish bodies all lie with the
 16 Scottish Government.

17 The clear democratic accountability of the
 18 Scottish Ministers to the Scottish Parliament for their
 19 response to public health crises in Scotland was
 20 a crucial part of good government in this area and
 21 should not be muddled by superimposing a layer of
 22 UK Government control.

23 The Scottish Government, by acting under its own
 24 powers, was able to map a distinct course to protect the
 25 people of Scotland, and by doing so, or having the

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1 the UK Government acting.

2 The Scottish and the United Kingdom governments
 3 worked together to use the Coronavirus Act 2020 as the
 4 legislative vehicle to put in place powers for
 5 Scottish Ministers to make regulations to implement
 6 NPIs. The 2020 Act was used as a rapid legislative
 7 vehicle, building on earlier work between the four
 8 governments on draft legislation for a flu pandemic. It
 9 was suggested by some, including Mr Johnson, that the
 10 Civil Contingencies Act should have been used, but he
 11 accepted on reflection that it was not a viable
 12 approach.

13 That accords with what the Scottish Government
 14 understood of the UK Government's position at the time.
 15 The Scottish Government's view is that it was right for
 16 public health legislation to be used. There was
 17 a particularly significant interaction between devolved
 18 decisions on public health measures affecting businesses
 19 and workplaces and reserved decisions in relation to
 20 public expenditure and borrowing. In effect, this meant
 21 that the Scottish Government could not deploy certain
 22 measures, even if it considered them to be justified by
 23 the state of the pandemic, without financial support
 24 from the UK Government, and such support was, in
 25 practice, only available when similar measures were

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1 potential to do so, on some occasions helped to steer
 2 the UK Government away from some policies which were not
 3 well thought through. The Scottish Government was not
 4 simply reacting to UK Government policies and proposals;
 5 Scottish Government policies helped shape the pandemic
 6 response across the UK, and it was better because of
 7 that.

8 The position of the Scottish Government is that this
 9 Inquiry should not make a recommendation that would mean
 10 that the powers and responsibilities of the
 11 Scottish Government under the devolution settlement
 12 would be restricted in a response to a future pandemic.
 13 There is simply no credible basis for such
 14 a recommendation. The devolution settlement allows the
 15 Scottish Government to take decisions in the best
 16 interests of the people of Scotland, even if that
 17 results in a slightly different position from the UK
 18 Government.

19 The Scottish Government was justified in assessing
 20 decisions independently. A good example of this is that
 21 Scotland's NPI strategy from autumn 2020 differed
 22 fundamentally from that of England. The Scottish
 23 Government took a significantly different approach to
 24 extending NPIs in September and October 2020 at a time
 25 when it is suggested that there was a delay in

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1 deployed for England.

2 The Scottish Government was reliant on UK Government
 3 funding for measures that would likely involve
 4 significant costs, for example the furlough scheme, high
 5 volumes of PPE, testing and vaccines. For measures such
 6 as the use of face coverings, hand hygiene and
 7 ventilation, it was less dependent on UK Government
 8 funding, as they could be achieved through guidance,
 9 messaging and legislation without prohibitive financial
 10 outlay. Each of the four UK governments was responsible
 11 for deciding on NPIs within its own jurisdiction, but
 12 only one of the four had the ability to make funding
 13 decisions to support these interventions. This
 14 asymmetry if not addressed will affect the response to
 15 any future emergency.

16 Turning to my second theme, my Lady,
 17 intergovernmental relations, the issue of
 18 intergovernmental relations is closely related to that
 19 of devolution. Devolution allows all four
 20 United Kingdom governments to make decisions having
 21 regard to the facts and circumstances within its areas
 22 of responsibility. The four governments reached
 23 agreement on key elements of their strategy at several
 24 points in the pandemic, for example the *Coronavirus:*
 25 *action plan* of March 2020, the joint decision on the

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1 so-called lockdown from 23 March 2020, and a joint
2 statement, prepared at the suggestion of Ms Sturgeon and
3 published on 25 September 2020, setting out their shared
4 commitment to suppressing the virus to the lowest
5 possible level and keeping it there.

6 The four governments also worked together on many
7 aspects of the response to the pandemic, such as
8 vaccination and testing, but they took varying
9 approaches to NPIs. Despite the deficiencies in
10 intergovernmental relations, the Scottish Government
11 managed to work effectively with the UK Government in
12 the difficult context of the health emergency.

13 During this Inquiry, there has been an inevitable
14 focus on differences much view which masks the fact that
15 day-to-day co-operation on multiple levels and on
16 a multitude of issues was constructive and effective.

17 The UK Government's approach for England was not the
18 orthodox or correct approach from which other parts of
19 the UK diverged. The Inquiry has heard comments
20 questioning the necessity and motivation of the devolved
21 governments taking different approaches from those in
22 England on some issues.

23 On a range of matters through the pandemic, the
24 positions of the three DAs were similar if not
25 identical, with the UK Government being the outlier, and

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1 mechanisms that played essential roles.

2 The Scottish Government is grateful to the wide
3 range of people across the three other governments that
4 worked with it at a strategic, policy and operational
5 level in the pandemic.

6 There were at times significant gaps in
7 the UK Government's engagement with the devolved
8 governments. For example, on 4 April 2020, the heads of
9 the three devolved governments wrote jointly to the
10 Prime Minister to seek a COBR meeting to allow for
11 proper individual and joint analysis at heads of
12 government level, review of restrictions, and
13 a transparent and collaborative approach to analysis and
14 options appraisal. Ministerial COBR meetings were held
15 in April and May. There was frequent contact between
16 officials, and four nations calls were convened by
17 Mr Gove. But the transparent and collaborative process
18 sought by the devolved heads of government did not
19 happen for that or subsequent reviews, and the next COBR
20 meeting between the Prime Minister and the heads of the
21 devolved governments was on 22 September.

22 The Inquiry has heard evidence about whether the UK
23 acted too late in imposing greater restrictions in the
24 autumn and winter of 2020. There was engagement between
25 the four governments including in three ministerial COBR

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1 yet the UK Government suggested that the DAs were
2 diverging.

3 There is no hierarchy in devolved matters, and the
4 UK Government was not the senior partner in the
5 four nations context.

6 Mr Johnson has suggested that there should be one
7 uniform UK response to a pandemic. This suggestion
8 should be rejected. It does not take account of the
9 practical application of devolution. The
10 Scottish Government's response was based on its
11 judgement of what was the correct approach for the
12 people of Scotland, based on a rational, documented
13 approach to decision-making, rather than being different
14 for the sake of it. The Scottish and the other devolved
15 governments did, however, consistently and repeatedly
16 seek timely engagement from the UK Government on
17 co-ordinated, though not necessarily identical, action
18 and such engagement was not always forthcoming.

19 If the view of some in the UK Government was that
20 the devolved governments required to be managed, that is
21 a matter of great concern. The overall experience of
22 the Scottish Government of intergovernmental working was
23 a wide range of close, effective relationships and
24 collaboration at both ministerial and official level.

25 There was a wide range of intergovernmental engagement

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1 meetings in September, October and November. On
2 23 September the First Minister wrote to the
3 Prime Minister to seek urgent four nations discussion
4 and agreement on necessary actions to bring the R number
5 below 1 and on support for affected sectors. She asked
6 that if agreement was not possible on measures to reduce
7 R below 1, there should be funding flexible to allow the
8 devolved governments to take essential public health
9 decisions. A fully satisfactory resolution to the
10 furlough issue was not reached though the UK Government
11 did extend the scheme when England went into its autumn
12 lockdown.

13 The Inquiry has heard evidence on the professional
14 relationship between Ms Sturgeon and Mr Johnson. In
15 a time of crisis the best relationships are tested, and
16 it is inevitable that there were differences of opinion.
17 While Ms Sturgeon has made clear that she found the
18 meetings with Mr Gove valuable, we have heard that there
19 was a reluctance by Mr Johnson to engage with her and
20 the other heads of the devolved governments.

21 It has been suggested that the Scottish Government's
22 approach was politically motivated, but such suggestions
23 are unsubstantiated. Ultimately decisions involved
24 judgement by ministers informed by scientific and other
25 considerations, including through the Scottish four

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1 harms process. This was the norm in democratic
2 countries. The Scottish Government reaffirms the
3 position that its actions were evidence-based, founded
4 on a rational documented approach to decision-making,
5 and guided by a desire to protect the health and
6 wellbeing of the people of Scotland.

7 One of the criticisms levelled at the UK Government
8 has been a lack of diversity amongst decision-makers and
9 in SAGE and its subgroups which adopted a consensus
10 approach. We have heard evidence about how a lack of
11 diversity and of life experience can impact
12 decision-making.

13 The Scottish Government recognises the value that
14 greater diversity and lived experience can bring to
15 policy.

16 Turning to my third theme now, my Lady, the role of
17 data in decision-making. The UK is in a unique position
18 to realise the potential of health data, thanks to the
19 NHS and its cradle to the grave records. At the start
20 of the pandemic there was a need for up-to-date data.
21 This requires systems that can track pandemic activity
22 in real time. Important progress on this was made
23 during the pandemic throughout the UK. In Scotland the
24 development of the vaccination management tool provided
25 real-time data on vaccination, including ethnicity.

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1 clearer communication by the UK Government on the
2 geographical extent of the measures it was announcing
3 for England.

4 Mr Johnson stated in his evidence that he considered
5 that in a future pandemic a unified approach should be
6 taken to public messaging for reasons of clarity. This
7 is an example of the UK Government considering that its
8 approach was the orthodox approach and that a uniform
9 approach was preferred. Decisions on NPIs in Scotland
10 were not within the remit of the UK Government, because
11 health is a devolved matter. Much if not all of the
12 confusion on public messaging resulted from
13 the UK Government and its repeated failure to clarify
14 when the NPIs it was announcing applied only to England.

15 By contrast, the First Minister explained in clear
16 and straightforward terms the public health conditions
17 and restrictions that applied in Scotland and
18 communicated decisions to the public as quickly as
19 possible.

20 On 10 May 2020 the UK Government changed the Stay at
21 Home slogan to Stay Alert, without providing advance
22 notice to the Scottish Government, which did not adopt
23 this message. As health was devolved, it was
24 inappropriate for the UK Government to communicate
25 public health messages for another nation of the UK in

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1 Data sharing requires collaboration, and evidence
2 has been heard as to the EAVE II study, which was
3 an excellent example in Scotland of this collaboration.
4 It was the first national real-time multidimensional
5 surveillance platform in the world, with data from all
6 people resident in Scotland, and it was praised by
7 Sir Patrick Vallance. Sir Chris Whitty recognised the
8 quality of the data from Scotland, and that any
9 difficulty accessing data at the start of the pandemic
10 was not unique to Scotland.

11 Nevertheless, the sharing of data has been
12 a significant issue for many years, one recognised by
13 the Scottish Government. The Scottish Government's
14 Standing Committee on Pandemic Preparedness has
15 recommended building on Scotland's existing data and
16 analytic strengths to advance the development of these
17 as core infrastructure for future pandemics. The
18 Scottish Government will pay careful attention to any
19 recommendations by the committee and the Inquiry.

20 Moving on to my fourth theme, my Lady, public health
21 communications, the Scottish Government believes that in
22 some matters differences of approach between the
23 four nations of the UK could have been more effectively
24 handled by the UK Government. On a number of occasions
25 during the pandemic, the Scottish Government sought

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1 Scotland. It was reasonable for Scotland not to use the
2 Stay Alert message. Dr David Halpern called it the
3 worst of all worlds, because it told the public to worry
4 but not what to do.

5 This example reflects use of the term "UK" to
6 describe decisions relating to England only, something
7 which Mr Johnson did when giving evidence.

8 Scotland was not alone in taking a different
9 approach to England. The Welsh and Northern Irish
10 declined to use the Stay Alert message too, and like
11 Scotland retained Stay at Home.

12 Professor Henderson observed that the Scottish and
13 Welsh electorates trusted the devolved administrations
14 more, which may be due to differences in communication.
15 The Scottish Government was seen as trustworthy by most
16 of its electorate and the First Minister was perceived
17 to provide steady leadership through her daily press
18 conferences. The Scottish Government used British Sign
19 Language in these to support accessibility, an approach
20 that the UK Government later adopted.

21 Which brings me to my final theme, my Lady, of
22 inequalities. The Scottish Government has listened
23 carefully to the evidence of expert witnesses in respect
24 to structural inequalities and to the ways in which the
25 pandemic and government response affected at-risk and

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1 vulnerable groups. It welcomes the Inquiry's commitment
2 to ensuring such evidence is fully considered and is
3 committed to learning lessons for the future.

4 The Scottish Government has been committed to the
5 eradication of inequalities in health and social care
6 over a number of years, and it considers the Inquiry to
7 be an opportunity to make changes to address them.

8 The Scottish Government acknowledges that there
9 remains work to be done. During the pandemic,
10 consideration of inequalities was an integral part of
11 the four harms decision-making approach and the
12 framework for decision-making recognised that harms
13 caused by the pandemic do not impact everyone equally.

14 The first set of NPI regulations were necessarily
15 developed quickly, but with consideration of equalities
16 and human rights. Thereafter consideration of
17 equalities was included in the framework for
18 decision-making, the roadmap, the strategic framework,
19 and the four harms decision-making process.

20 The Scottish Government considered equality impact
21 assessments which were fundamental to the design of the
22 NPI regulations and guidance. When taking strategic
23 decisions in the pandemic, the Scottish Government was
24 mindful of section 1 of the Equality Act 2010 to have
25 due regard to reducing inequalities of outcome resulting

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1 future, it is vital to examine the decisions that have
2 been the focus of this module and the structures in
3 which those decision were made. We hope that the
4 breadth of views expressed in the evidence of the
5 witnesses supported by the Cabinet Office and Number 10
6 demonstrates our commitment to engage with the Inquiry
7 as transparently as possible.

8 The Inquiry will need to consider the evidence in
9 this module in the context of a novel global threat
10 where all governments, not just the United Kingdom, were
11 working in an environment of significant uncertainty
12 about both the characteristics of the virus and the path
13 of the pandemic.

14 As the threat from the virus became clearer, the
15 government had to balance its wide range of possible
16 impacts to protect lives and livelihoods in ways that
17 were unprecedented in peacetime. There were different,
18 strongly held opinions on the right responses to take.
19 Cabinet government was required to harness the full
20 range of perspectives across departments based upon the
21 evidence available at the time in order to take into
22 account the impacts of the virus on health, on the
23 economy, and on society.

24 The hearings in this module have largely focused
25 on 2020, particularly in its early months. As we noted

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1 from socioeconomic disadvantage. The duty came into
2 force in Scotland in April 2018, but is not yet in force
3 in England.

4 **LADY HALLETT:** I have to ask you to bring it to a close,
5 I'm afraid.

6 **MS DRYSDALE:** I'm moving on to my closing, my Lady.

7 The Scottish Government will consider closely the
8 findings and recommendations that the Inquiry makes in
9 relation to Module 2. In closing, it understands that
10 the most meaningful way to recognise the loss, hurt and
11 suffering of the people of Scotland and of the wider UK
12 population during the pandemic is to learn from the
13 evidence and to make improvements to core
14 decision-making for the UK. To that end, the
15 Scottish Government considers that in a future pandemic
16 response the governments of the four nations must play
17 an integral role in decision-making with full engagement
18 and co-operation between them, in a structure which
19 ensures parity of status for the DAs within their
20 spheres of competence.

21 Thank you.

22 **LADY HALLETT:** Thank you, Ms Drysdale.

23 Finally, Ms Studd.

24 **Submissions on behalf of the Cabinet Office by MS STUDD KC**

25 **MS STUDD:** My Lady, in order to learn lessons for the

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1 in our opening statement, the United Kingdom response,
2 having started in a climate of acute uncertainty,
3 evolved over time as the virus was better understood, as
4 more tools were developed to combat it, and as lessons
5 were learned.

6 We would emphasise, my Lady, that the government has
7 instigated significant and material evolutions to the
8 way in which it handles crises and is making rapid
9 progress against a longer-term programme to build a more
10 resilient UK.

11 Over and above the many practical improvements
12 already in place, the Resilience Framework published in
13 December 2022 is a foundation upon which ongoing action
14 and future lessons will be layered. This will include
15 the careful considerations of recommendations made by
16 this Inquiry.

17 As you may be aware, my Lady, the Deputy
18 Prime Minister made the first annual statement to
19 Parliament on risk and resilience on 4 December 2023,
20 and this forms part of the commitment to raise awareness
21 on resilience and to be more transparent and accountable
22 so that there is an opportunity for scrutiny.

23 The government set wholly exceptional terms of
24 reference for this Inquiry. Documents that would not
25 normally be disclosed for many years have therefore been

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1 made available to you. As such, this module represents
2 an unprecedented moment of transparency. You are
3 of course aware that the Cabinet Office has provided the
4 Inquiry with 30 individual or corporate Rule 9
5 statements and over 8,000 documents, to provide vital
6 context for the decisions that were made.

7 The Cabinet Office invites you to look at the past
8 through the lens of the future, so that this country can
9 be better prepared. To learn lessons and identify what
10 needs to be done differently, my Lady will want to
11 understand not just whether the judgements turned out
12 with hindsight to be wrong, but whether they were
13 reasonable in the light of what was known at the time
14 and the options that were available.

15 In this short closing statement, my Lady, I will
16 address a number of points that have been heard in
17 evidence before turning to the ways in which crisis and
18 resilience structures are improving. We will also
19 provide a more extended written closing statement.

20 I want first of all to deal with culture at the
21 centre. Evidence has been heard in particular about the
22 tone and content of private communications between
23 colleagues which, the Cabinet Office accepts, was
24 clearly not always of the standard that the public would
25 expect. This should be considered both in the context

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1 at the centre of government, as structures evolved with
2 the path of the virus. Its sheer scale, pace and
3 breadth meant that individuals and teams in the
4 Cabinet Office, including Number 10, were seeking to
5 manage a large volume of daily decisions. Any
6 structures would have faced challenges with
7 implementation.

8 As the initial acute phase of the crisis passed, new
9 and clearer structures were produced for the prolonged
10 challenge that followed, including the Covid Strategy
11 Committee (Covid-S), Covid Operations Committee
12 (Covid-O), and the Covid-19 Taskforce.

13 Throughout this evolution, these structures ensured
14 that ministers were able to make formal decisions in
15 appropriate fora, supported by the evidence that was
16 available at the time.

17 I'm going to turn to deal with collective agreement.
18 Under Cabinet collective responsibility, Cabinet and
19 Cabinet committees such as Covid-S, Covid-O and COBR,
20 took decisions which were binding on all members of
21 government. Collective responsibility allows ministers
22 to express their views frankly and put forward their
23 arguments freely, in private, while maintaining a united
24 front when decisions have been reached.

25 This in turn requires the privacy of opinions

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1 of the nature of the communication, largely informal
2 messaging that was intended to be private, and the
3 prevailing circumstances, a fast-paced, uncertain and
4 high pressure environment, where staff were facing
5 stress both in the workplace and in their personal
6 lives.

7 The Cabinet Office takes very seriously the broader
8 evidence that's been heard about certain elements of the
9 culture at the centre of government in this period. In
10 any workplace, even in a crisis, colleagues should be
11 respectful to each other. In 2022 the Cabinet Office
12 launched a significant programme, A Better
13 Cabinet Office, in order to effect lasting change to the
14 employee experience. The programme has six core themes,
15 including one on leadership, respect and inclusion.

16 I will turn now to deal with the decision-making
17 structures. My Lady, given the magnitude of the crisis
18 that was facing not only the UK but also countries
19 around the world, it was exceptionally difficult to
20 balance the huge impacts of the pandemic across health,
21 the economy and society. There were countless
22 trade-offs, and no good options. Cabinet, the ultimate
23 decision-making body of government, met and discussed
24 Covid-19 throughout the relevant period. The early
25 months of the pandemic were an exceptionally fluid time

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1 expressed in Cabinet and ministerial committees,
2 including in correspondence, should be maintained. This
3 is obviously to be encouraged and provides the best
4 opportunity to obtain consensus and facilitate good
5 decision-making.

6 Having now heard the ministerial witnesses,
7 the Inquiry will appreciate that it is reasonable and
8 expected for the Chancellor of the Exchequer to have
9 regard for the economy, just as it is for the Justice
10 Secretary to have regard for those in prison, and for
11 the Secretary of State for Education to have regard for
12 schools. It should not be expected to be any other way.

13 There was typically an iterative process by which
14 relevant ministers had the opportunity in a range of
15 fora to provide relevant advice and information from
16 their departmental perspectives before decisions were
17 ultimately made in a formal decision-making meeting.

18 It is a strength of our system that it ensures that
19 the full range of objectives and issues are raised,
20 understood and taken into account in the collective
21 decision-making process.

22 The Inquiry has raised an issue as to whether
23 decision-making sufficiently engaged Cabinet and its
24 committees, particularly in the early part of the
25 crisis. Lord Sedwill's answer to that was:

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1 "Actually, in terms of the formal procedures, the
2 key decisions were taken either in Cabinet or in the
3 UK COBR with the devolved First Ministers and their
4 teams in attendance. So I think in terms of formal
5 decisions, the constitutional position, we sought to
6 follow it."

7 Lord Sedwill was also asked about the views of
8 others in relation to the specific criticisms of whether
9 Cabinet and its committees were adequately involved. He
10 explained that in the early months of the pandemic it
11 was a very challenging period. The Prime Minister with
12 his officials and advisers had to determine his view,
13 balancing the range of impacts and taking into account
14 fluid and evolving data and scientific advice.
15 Structures were put in place to ensure decisions were
16 formally taken in a proper collective way.

17 Professor Sir Chris Whitty's recollection accords
18 with that of Lord Sedwill, when he told you that he
19 formed the view that almost all major decisions that
20 needed to be taken by elected political leaders were
21 taken via formal process.

22 This evidence, from those who were closely involved
23 in the constitutional process, and perhaps viewing the
24 position from a slightly more independent standpoint,
25 indicates that collective decision-making was indeed

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1 the Secretary of State for Health, as would be usual
2 under the lead government department model during
3 a health-related crisis. COBR agreed actions, focused
4 on monitoring the emerging risk and joining up with the
5 devolved administrations, and made decisions on the
6 triggers for reassessing the UK response, confirming
7 that the Chief Medical Officer would advise on whether
8 or not they had been met.

9 On 27 January, CCS formally stood up a policy cell
10 and an operations cell to co-ordinate its response to
11 the novel virus. The crisis machinery provided for full
12 and regular collective consideration and
13 decision-making. The chronology demonstrates that there
14 were 14 ministerial COBR meetings between 24 January and
15 26 March, and eight further Cabinet meetings where
16 Covid-19 was discussed between those dates. At each of
17 them, there was input from SAGE, and at each CCS
18 continued to work on the recommendations from SAGE.

19 Professor Chris Whitty commented on the invitation
20 for him to attend Cabinet on 14 February 2020, saying:

21 "... it's extremely rare, in fact, that the Chief
22 Medical Officer is invited to Cabinet under ordinary
23 circumstances. This reflects the fact, I think, that
24 government was acknowledging that this was a substantial
25 threat."

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1 maintained.

2 WhatsApp was used to communicate, perhaps not
3 surprisingly given the pace and the remote nature of
4 much of the work, but the evidence does not demonstrate
5 that decisions were made on WhatsApp or that it had
6 a significant influence on the decision-making systems
7 and structures.

8 In recognition of the increasing use of instant
9 messaging, in March 2023 the Cabinet Office published
10 stronger guidance on the use of non-corporate
11 communication channels, which updated the guidance on
12 use of tools such as WhatsApp, SMS and private email.

13 I want to turn to the response of the centre to the
14 emerging pandemic. In order for lessons to be learned,
15 the Inquiry has to look at decision-making whilst fully
16 recognising the advantages of hindsight. In examination
17 of this issue, the key question is what was known
18 contemporaneously.

19 In a written statement from Katharine Hammond,
20 formerly the director of the Civil Contingencies
21 Secretariat, CCS, a witness who you heard from in
22 Module 1 but not in this module, sets out the work done
23 by her team from early January 2020 in response to the
24 risk posed by the virus.

25 The COBR meeting on 24 January 2020 was chaired by

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1 Professor Sir Chris Whitty, when asked about this
2 period, also said:

3 "You know, I think it's very important we don't look
4 back and say, 'Well, of course you can see this is what
5 would have happened' ..."

6 He went on:

7 "... I'm just pointing out that the international
8 evidence on this at the time is relatively clear. It
9 was uncertain at this stage."

10 The WHO of course only declared a pandemic on
11 11 March 2020.

12 What is clear, with hindsight, is that the virus was
13 moving through the population quicker than anyone,
14 including SAGE, had appreciated. Once this was
15 understood, government advice was updated and the
16 strategy to tackle the virus adapted.

17 In evidence, Sir Patrick Vallance explained how:

18 "The data that came in during the week leading up to
19 14th and 15th [March] showed clearly that we were much
20 further ahead, [lockdown] was much more likely to be
21 needed urgently than anyone had realised. That's a data
22 problem, but it was also, I think, a scientific problem,
23 in that you can't manage this with the precision that
24 you think you can, and therefore you have to take
25 different actions."

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1 Therefore, on examination of the contemporaneous
2 evidence, the Cabinet Office rebuts the suggestion that
3 it was not taking the virus seriously from an early
4 stage. As to the decisions as to whether and when the
5 mandatory stay-at-home order be implemented, and other
6 decisions in this early period, the Inquiry will want to
7 examine all of the factors in the round and consider the
8 learning for the future.

9 I turn to deal with devolved administrations. The
10 response to the pandemic was a UK-wide effort,
11 underpinned by UK-wide collaboration. The
12 Cabinet Office sought to involve the devolved
13 administrations in decision-making throughout the
14 pandemic. Given the national scale of the crisis, the
15 devolved administrations were invited to COBR meetings
16 from January 2020. First Ministers were invited to the
17 meetings, although in practice they delegated to their
18 health ministers for the first few meetings, in
19 accordance with the lead government department model.

20 As central governance structures evolved, the
21 devolved administrations remained involved, attending
22 MIG meetings and, subsequently, Covid-O meetings, where
23 a UK-wide approach was needed. At ministerial level,
24 Michael Gove, as Chancellor of the Duchy of Lancaster,
25 chaired regular calls with First Ministers of the

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1 other disproportionately impacted groups. The
2 government responded quickly to the emerging data on
3 ethnic disparities in Covid-19 infections and deaths.
4 Following a rapid review by Public Health England, on
5 4 June 2020 the then Minister for Equalities was
6 appointed by the Prime Minister and Health Secretary to
7 lead cross-government work to understand why Covid-19
8 had such a disproportionate impact on ethnic minority
9 groups, and to review and inform the government's
10 response.

11 His Majesty's Treasury was also commissioned to
12 consider the disproportionate impact of restrictions on
13 lower income and ethnic minorities.

14 The Minister for Equalities published four quarterly
15 reports on the progress of this work. This made
16 a number of recommendations which helped improve the
17 quality of data and to identify with more precision
18 which groups were adversely affected and for what
19 reason.

20 They also recommended specific changes such as
21 recording ethnicity on death certificates and the
22 incorporation of lessons learned from the vaccination
23 roll-out to improve take-up in future vaccination
24 schemes.

25 The Disability Unit worked across government

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1 devolved administrations. At official level, the
2 Cabinet Office's UK governance group supported a UK-wide
3 response by helping departments to ensure the response
4 fully considered the devolution perspective and UK-wide
5 impacts.

6 The virus, of course, did not respect borders. The
7 evidence in this module has shown that while the first
8 lockdown was delivered uniformly across the UK, there
9 was some divergence of approach later in the period. As
10 the former Prime Minister, Boris Johnson, notes in his
11 statement, this risked considerable public confusion and
12 frustration when clarity of message was crucial.

13 The Cabinet Office invites the Inquiry to consider
14 how different legislative options available to the UK
15 Government might, in future, support a more uniform
16 UK-wide response to a future pandemic or equivalent
17 emergency.

18 You will, of course, want to reflect not only on the
19 evidence that you've heard in this module, but also on
20 the evidence that you will hear in the course of
21 Modules 2A, B and C.

22 I'm going to deal with equalities. The Equality Hub
23 provided multiple inputs across Cabinet Office and other
24 government departments, including on the impact of
25 Covid-19 on ethnic minority groups, disabled people and

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1 departments to identify risks affecting disabled people,
2 and to support departments to mitigate these. This
3 included ensuring processes and guidance better
4 reflected the needs of disabled people, promoting
5 accessible communications, co-ordinating across
6 government departments to ensure the needs of disabled
7 people were better considered in policy development and
8 delivery, building a broader evidence base on disability
9 and Covid impacts, and working closely with disabled
10 people's organisations and disability stakeholders to
11 hear and amplify the voices of disabled people.

12 The government also established a disproportionately
13 impacted groups workstream led by Dr Emran Mian to
14 consider the Covid-19 impacts more widely, with which
15 Cabinet officials in the Equality Hub and the
16 Covid-19 Taskforce worked very closely.

17 The Inquiry has heard much evidence in relation to
18 data, and in particular the lack of data at the start of
19 the pandemic. This was in part an inevitable
20 consequence of seeking to keep pace with the development
21 of a novel virus and its implications. The evidence
22 that you heard from Simon Ridley set out the issues with
23 data at the early stage of the pandemic and the
24 difficulties with obtaining data from different
25 departments and across government.

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1 To understand how data was provided to
2 decision-makers, in particular in the early stages of
3 the pandemic, the Inquiry will benefit from considering
4 the full range of evidence that has been provided,
5 particularly the Cabinet Office's written statements and
6 the improvements that have been made.

7 The Inquiry's data expert produced his statement
8 without reference to the evidence submitted by the
9 Cabinet Office, citing time constraints. There have
10 been other criticisms of capability and capacity within
11 government on analytics, science and software
12 engineering, and barriers to data sharing. These are
13 challenges which the creation of the National Situation
14 Centre has helped resolve.

15 The CCS provided ministers and officials attending
16 COBR with critical data, including during that early
17 phase of the pandemic. 27 commonly recognised
18 information pictures, or CRIPS, and 40 situation
19 reports, or sitreps, were circulated between 24 January
20 and 16 March. From 16 March, the cross-department
21 sitrep was replaced by a specific Covid-19 dashboard.
22 On 24 March the CCS launched the interactive version of
23 the Covid-19 dashboard, which was available across
24 government and used to brief the Prime Minister and
25 senior members of Cabinet.

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1 service to the government decision-makers in a crisis
2 which would be well above and beyond the experience of
3 senior leaders in early 2020.

4 As was explored in Module 1, the government has
5 carried out formal exercises to determine learnings from
6 the pandemic. Within the Cabinet Office this has
7 included the significant enhancement of the dedicated
8 crisis response and crisis management excellence
9 function in the COBR unit. This is in place to horizon
10 scan immediate risks and respond to crises that emerge,
11 including those of the character of the Covid-19
12 pandemic.

13 A new Resilience Directorate, overseen by the new
14 head of resilience, is ensuring focus on preparing for,
15 preventing and mitigating the risks in the medium and
16 long term.

17 In December 2022, the Prime Minister, Rishi Sunak,
18 created the National Security Council (Resilience),
19 a new subcommittee which brings together
20 cross-government efforts on risk and resilience. This
21 committee is chaired by the Deputy Prime Minister.

22 The COBR unit has made meaningful and practical
23 improvements to the crisis management facilities. This
24 includes the opening of a major extension of the COBR
25 complex to allow more flexible and effective working and

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1 Enhancement to the structures supporting the
2 dashboard and the broader work building a data analysis
3 capability through the summer and early autumn of 2020
4 meant that by October 2020 a workforce of around 100
5 were focused on the provision of data and information to
6 provide decision-makers with the most up-to-date picture
7 across the economy, society, the NHS and direct Covid-19
8 impacts.

9 In the autumn of 2020, the data brought together by
10 the Covid-19 Taskforce was supplemented by insights from
11 the International Comparators Joint Unit, which was
12 a partnership between the Joint Intelligence
13 Organisation and the Cabinet Office and the Foreign,
14 Commonwealth and Development Office.

15 The National Situation Centre provides routine
16 reporting on 160 key performance indicators. In
17 addition to curated open source intelligence on its data
18 analysis and situational awareness hub, which is
19 available to use across government, in addition to
20 preparing for all risks, the National Situation Centre
21 is developing a biothreats radar which will provide near
22 real-time monitoring of emerging biological threats that
23 may impact the UK, and will be fully operational by
24 2025. It is widely recognised, and internationally, as
25 world leading and provides a wholly materially improved

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1 decision-making, including the latest technology, data
2 and video teleconferencing capabilities.

3 With regard to the longer term resilience
4 structures, as you are aware, the government has
5 published an ambitious UK Government Resilience
6 Framework which sets out how the government will
7 strengthen the systems, structures and capabilities
8 which underpin the UK resilience to all risks and
9 hazards, including those which are yet to emerge.

10 The government has reviewed and materially changed
11 the way it assesses the most serious risks facing the
12 UK, inviting wider external challenge, to strengthen the
13 National Security Risk Assessment and to consider
14 multiple scenarios in which risk can manifest, rather
15 than a single reasonable worst-case scenario.

16 It has moved to a dynamic process of risk
17 assessment, and published the most transparent ever
18 National Risk Register in August of this year. And in
19 line with the principle of prevention rather than cure,
20 the Cabinet Office published a new Biological Security
21 Strategy this year, setting out how it is protecting the
22 UK and its interests from significant biological risks,
23 including future infectious disease outbreaks. The
24 programme is underpinned by £1.5 billion of annual
25 investment.

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1 The Cabinet Office acknowledges that our entire
2 system -- government, health and social care, our
3 scientific and medical infrastructure, local
4 authorities -- took historic decisions in 2020 to 2021
5 unlike any others in peacetime, and it's vital for
6 future pandemics and future generations that any
7 improvements continue to be incorporated into the new
8 resilience system.

9 By way of conclusion, as part of identifying
10 lessons, the Inquiry should also reflect on what worked
11 well. It is clear from the evidence prepared for this
12 module that the government got some big decisions right
13 at a very early stage.

14 Initial funding for the Oxford vaccine came from
15 a research call launched on 4 February 2020, and the
16 vaccine technology was re-purposed from work on a MERS
17 vaccine which had been funded back in 2016.

18 The UK led the world's first successful clinical
19 trial for a treatment for Covid-19, RECOVERY.
20 It identified dexamethasone, an inexpensive and widely
21 available steroid, as an effective treatment for
22 Covid-19, saving many lives.

23 The Prime Minister launched the ventilator
24 challenge, a call to arms, in which 14,000 ventilators
25 were produced in around three months.

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1 the whole period and the international context.
2 Estimating excess mortality is complicated, and factors
3 such as how the baseline is chosen can have a material
4 effect on the estimate.

5 A joint report by the Government Office for Science
6 and the Office of National Statistics looked at a range
7 of different studies and found that the United Kingdom
8 placed around the middle of the rankings for excess
9 mortality, regardless of which measure is used.

10 Taking into account all of its recent revisions, the
11 ONS estimated last month that the UK GDP was 1.8% above
12 pre-pandemic levels in the quarter 2, April to
13 June 2023, ahead of France and Germany.

14 My Lady, the Prime Minister reminded us, at the
15 start of this week, of all the various ways that people
16 suffered through the pandemic, including of course those
17 who lost loved ones. The Inquiry has also heard from
18 and about very many talented and hard working
19 individuals who rose to the challenge that the pandemic
20 posed and worked tirelessly for the good of the country.

21 They should be commended for their public service.

22 Thank you.

23 **LADY HALLETT:** Thank you very much, Ms Studd.

24 Does that complete everything, Mr Keith?

25 **MR KEITH:** My Lady, I believe it does.

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1 The evacuation of British nationals from overseas
2 was completed efficiently and without delay at the early
3 part of the pandemic.

4 The system for shielding, which the Inquiry has
5 heard was a huge and rapid cross-departmental effort.

6 The Nightingale hospitals were constructed in record
7 time.

8 The government's economic support through furlough,
9 business loans and Universal Credit was one of the most
10 comprehensive in the world.

11 As is to be expected over the whole period with
12 which this module is concerned, the level of uncertainty
13 reduced and the response evolved over time. The various
14 strands of information could be brought together into
15 a whole picture as the virus was better understood by
16 the scientists, the data picture improved, the uneven
17 impacts of lockdown became better understood, the early
18 investments for example in vaccines provided new
19 interventions, and lessons were learned about the
20 management of a prolonged whole-of-government response.

21 Countries across the world took different steps at
22 different times as the prevalence of the virus varied
23 over the period of the pandemic. Ultimately every death
24 is a tragedy for each family, but the United Kingdom's
25 performance can only be understood fully by reference to

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Closing remarks

1 **LADY HALLETT:** Thank you all very much indeed.

2 We have now completed the oral hearings for 2023 for
3 both Module 1, preparedness for the pandemic, and
4 Module 2, core UK decision-making.

5 Several other modules and investigations are
6 under way covering the extremely wide range of issues
7 set out in our terms of reference. Just to give people
8 some idea of what everyone's been doing: to date -- and
9 this is for Modules 1 and 2 alone -- over 210,000
10 documents have been obtained and analysed; over 73,000
11 documents have been disclosed, and therefore analysed by
12 those to whom they were disclosed; many hundreds of
13 Rule 9 questionnaires and witness statements have been
14 obtained and analysed; dozens of witnesses have had
15 their accounts and their actions and opinions tested in
16 these public oral hearings.

17 It is an extraordinary achievement, given
18 the Inquiry only started formally in June 2022. It's
19 taken a huge amount of dedication and industry by
20 the Inquiry team, the material providers and by the
21 teams representing the core participants to get us this
22 far, and I am extremely grateful to them all.

23 The Inquiry is already working hard on producing
24 a report for Module 1, and as soon as this is ready it
25

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1 will be published. We hope that will be by the summer, 1 (12.30 pm)
 2 early summer of 2024. 2
 3 The Inquiry will also now start work on preparing 3
 4 a report for Module 2, considering -- and I emphasise it 4
 5 again -- all the relevant material, both oral and 5
 6 written, that we have obtained. There has been 6
 7 considerable focus in some quarters of the WhatsApp 7
 8 material, but they are just a part, a relatively small 8
 9 part of all the material that I will be considering with 9
 10 the assistance of the Inquiry team. 10
 11 I have expressed the hope that the Module 2 report 11
 12 will be published in 2024, albeit towards the end of the 12
 13 year, given the amount of work that has to be done. 13
 14 However, until I've heard the evidence in Modules 2A, 2B 14
 15 and 2C next year, I'll be unable to work out if it is 15
 16 going to be possible, but we will do our very best. 16
 17 All the module teams are well aware of my desire, 17
 18 and I consider it a need, to publish reports as speedily 18
 19 as we can, but obviously it cannot be at the expense of 19
 20 thoroughness. 20
 21 So the next oral hearings for this Inquiry will be 21
 22 for Module 2A, and they will begin in Edinburgh on 22
 23 16 January 2024. 23
 24 Thank you all very much indeed, and I hope you have 24
 25 as happy a Christmas as you can. Thank you. 25

(The hearing concluded)

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