

UK Covid-19 Inquiry public hearings: module 1, week 2 (19-22 June 2023)

The [UK Covid-19 Inquiry](#) (the Inquiry) public hearings for [module 1](#) commenced on 13 June 2023 and will conclude on 21 July.¹

In a week when [BBC analysis](#) revealed the UK had one of the worst increases in death rates of major European economies during the pandemic, the Inquiry heard evidence from witnesses including David Cameron, Jeremy Hunt and Professor Sir Chris Whitty.

Next week the Inquiry will continue to hear evidence from key political and public figures including former health and social care secretary Matt Hancock, chief executive of UK Health Security Agency (UKHSA) and former deputy chief medical officer (DCMO) Dame Jenny Harries, and former chief executive of Public Health England (PHE), Duncan Selbie.

This briefing summarises the proceedings most relevant to NHS trusts, and is the second in the series of weekly briefings on the Inquiry's public hearings. You can see our earlier briefings on the preliminary hearings, [weekly briefings on our website](#), and a set of [frequently asked questions on rule 9 requests](#) we prepared with our legal partners.

Monday 19 June

Witnesses

Evidence was heard from: David Cameron, Sir Chris Wormald and Clara Swinson.

Summary of witnesses' evidence

Rt Hon David Cameron

¹ Module 1 is investigating government planning and preparedness and will examine the period between June 2009 (when the World Health Organisation [WHO] announced that scientific criteria for an influenza pandemic had been met) and 21 January 2020 (when the WHO issued the first situation report on what would become the Covid-19 pandemic). The Inquiry has been considering evidence on this module since on 21 July 2022 gathered through rule 9 requests under [The Inquiry Rules 2006](#) and three preliminary hearings.

David Cameron, Prime Minister of the UK from 2010 to 2016, was questioned on the architecture that was in place to deal with large-scale emergencies and the state of pandemic preparedness.

He explained the role of the National Security Council (NSC) and its subdivisions in assessing and anticipating the most likely risks. The NSC identified that the risk of a future pandemic was prioritised as a tier one risk whilst he was in office. Tier one risks were judged to be the highest priorities for UK national security, taking into account both likelihood and impact. This pandemic was initially identified as an influenza pandemic. The NSC ministerial subcommittee on threats, hazards, resilience and contingencies (NSC[THRC]) and the horizon scanning committee were set up by the Prime Minister and led by his “resilience minister”, Oliver Letwin. Counsel to the Inquiry (Counsel) referred to Oliver Letwin’s written evidence which stated he was not involved in pandemic planning from 2011-2016 as he had been informed by Cabinet Office officials that there had already been an “unusually large amount of attention” dedicated to this body of work and that the government was already “well prepared”.

Cameron recognised that there were failures to follow through the recommendations of Exercise Alice², a tabletop exercise conducted in February 2016. Exercise Alice recommended planning for civil isolation and an antibodies procedure to include a plan to scale-up. Cameron did not agree with statements saying that the health budgets during his time in office were inadequate. He stated that he and the then Chancellor, George Osborne, made the decision to protect health budgets at a time when others were being cut. He said that economic capacity was highly important in combating the effects of the pandemic and economic resilience will be essential in mitigating the impact of future pandemics. He did not recall ever being informed of **Exercise Cygnus**, a cross-government exercise conducted soon after he left office in 2016, but stated that he hoped the government would have implemented its recommendations by January 2020. On the creation of Public Health England (PHE), he argued that this body increased investment in public health and that the merging of public bodies was often a positive move.

He did not accept that health inequalities increased during his time in office as set out in the **evidence** of expert witnesses to the Inquiry, Professor Sir Michael Marmot and Professor Clare Bambra. He stated that the number of children and people living in absolute poverty went down between 2010 and 2016, and that Professors Marmot and Bambra had “leapt to conclusions” with some of their

² The Exercise Alice Public Health England (PHE) report was obtained by Moosa Qureshi, an NHS doctor, in October 2021 through a freedom of information request. The redacted report is currently available on Mr Qureshi’s website <https://cygnusreports.org/wp-content/uploads/2021/10/Report-Exercise-Alice-Middle-East-Respiratory-Syndrome-15-Feb-2016.pdf>

evidence. He agreed that future preparedness planning could be improved with more consideration for the effect of catastrophic events on vulnerable groups.

Asked to comment on excerpts from the written evidence submitted by Jeremy Hunt, secretary of state for health and social care from 2012 to 2018, Cameron agreed that there is more work to be done in future workforce planning.

Sir Chris Wormald

Sir Chris Wormald has been permanent secretary of the Department of Health and Social Care (DHSC) since 2016.

He was asked questions by Counsel on the department's role in planning and preparedness. Sir Chris confirmed that DHSC is considered a category 1 responder in [the Civil Contingencies Act 2004 \(the Act\)](#), and therefore the department is under an extensive list of legal obligations including responsibility for assessing and planning for risks. The Pandemic Influenza Preparedness Programme (PIPP) board, which had been set up in response to [Exercise Cygnus](#), had noted that a pandemic would overwhelm the health system and that there would be "significant issues" if mass quarantining or population tracking was needed. Prior to 2020 there had been no debate about the mass quarantining or isolation of the population in the context of a pandemic. PIPP board members had also raised concern about the secretary of state's "continuing lack of engagement" with pandemic preparedness. Sir Chris said that he cannot recall if he raised these concerns with the then secretary of state, Jeremy Hunt.

Sir Chris discussed how DHSC had a "ready for flu, ready for anything" mindset, whereby in the planning for an influenza pandemic, they felt they would be prepared for other types of health emergencies. The department was confident that it would be able to adapt the 2011 flu plan for other pandemic events. It is now evident that the government was over reliant on the capabilities of its flu plan. Some capabilities which resulted from the flu plan were able to be applied to the Covid-19 pandemic, such as public communications and surge capacity planning in the NHS. The stockpile of personal protective equipment (PPE) was not sufficient, although Sir Chris claimed the UK never ran out nationally. The Chair of the Inquiry argued that those working in health and social care would be likely to disagree with him. When questioned on whether inequalities were considered in planning, Sir Chris said that no work was done on health inequalities in the context of a pandemic.

In terms of the impact of [Operation Yellowhammer](#)³ on pandemic preparedness, Sir Chris confirmed that by June 2020, 14 of the 22 workstreams that resulted from Exercise Cygnus had not been completed. He also stated that 70 civil servants in DHSC were re-allocated to Operation Yellowhammer workstreams.

Clara Swinson

Clara Swinson has been director general for global health in DHSC since 2016 and is chair of the PIPP board.

She was asked about the [UK influenza pandemic preparedness strategy 2011](#) and confirmed that the strategy had been largely untouched since its creation. This was the only pandemic-scale plan that was in place before 2020. She agreed that knowing what she does now there would have been good reason to update the strategy between 2011 and when the pandemic hit. The strategy did not include any possibility of a lockdown and the working assumption was that there would not be mass restrictions, apart from some short-term school closures and restrictions on large scale gatherings.

There was a notable gap in 2019 when the PIPP produced no risk register. She suggested that the absence of the register that year may have been due to lack of capacity as a result of Operation Yellowhammer.

When asked on stockpiles of PPE and the lack of diversity in PPE available to medical staff, she confirmed that one of the main problems pre pandemic was a lack of data on the different types of PPE needed and the procurement options available. Swinson agreed that there is a need for diverse PPE to be available in both business-as-usual stocks and stockpiles.

The department is undergoing a "lessons learned review" to understand the variables in responding to a health emergency. It will also be assessing which countermeasures that were brought in during the pandemic it wishes to keep on a long-term basis.

The full transcript of the day's proceedings is available [here](#).

³ Operation Yellowhammer was the name given for the cross-government civil contingency planning for the possibility of Brexit without a withdrawal agreement (a no-deal Brexit).

Tuesday 20 June

Witnesses

Evidence was heard from: Sir Oliver Letwin, George Osborne and Professor Dame Sally Davies.

Summary of witnesses' evidence

Rt Hon Sir Oliver Letwin

Sir Oliver (former minister for government policy 2010 to 2016 and chancellor of the duchy of Lancaster between July 2014 and July 2016) explained that his role in government was wide ranging and unusual. He drafted the programme for government, worked with the Liberal Democrats as coalition partners to resolve issues, sat on all cabinet committees and held the resilience portfolio from 2011 to 2016. He told the Inquiry that resilience was a relatively small part of his role at the time and that he believes there should be a minister devoted solely to this in future. He believes it was an error to have no minister with responsibility for emergency preparedness. He highlighted the importance of having somebody who works closely with the prime minister so that they can make things happen. He said that he had slipped into resilience and became more and more involved in it over time.

When asked about a possible influenza pandemic and whether he had looked at this in his role, he said that he was advised it was under control and that he had made a mistake in not looking at it. He had wanted to conduct a systematic review into a possible flu pandemic but was advised against that because there was going to be a full exercise, that the chief medical officer (CMO) was giving this a lot of attention, and that it was a risk "owned" by DHSC.

Counsel suggested that there had been a number of strategic flaws in pandemic preparedness and that there appeared to be a failure to consider multiple different scenarios. Sir Oliver said that the most likely scenario was pandemic flu so people thought they should be focussing on that. He said there was a certain element of group think.

He talked about the importance of working relationships which he said are as important as plans and policies. He was asked about his working relationships with regional bodies and devolved administrations. He explained that the Government Offices (GO) for the Regions had been abolished in 2011 but that he worked with devolved administrations, although not on resilience planning specifically as this was an England only exercise. He had involvement with the devolved nations and they regularly attended the Civil Contingencies Committee (also known as COBR, named after a briefing room in the Cabinet Office). This committee is convened to handle matters of national emergency or major disruption.

Counsel highlighted that in his written evidence Sir Oliver said that, with the benefit of hindsight, the UK government should “regularise the practice of simulating responses to a variety of whole-system emergencies by carrying out at least two such large-scale simulations in each Parliament – in other words, once every two years”.

On Exercise Alice, Sir Oliver noted that it looked at the question of scaling of testing (or lack of ability to scale testing) and the question of the roll-out of tracking data. He suggested that the results of Exercise Alice might have been implemented “or perhaps not very well implemented”. Counsel suggested that recommendations and actions which flow from an exercise appear to be left to the government of the day and ministers to give effect to. Sir Oliver strongly agreed that a process should be put in place so that people can be assured recommendations are implemented and lessons learned and suggested that regular reporting to parliament should happen in future.

Sir Oliver said that individual government departments can deal with certain sectoral issues, for example an airline collapsing and getting citizens back home. But it is clear that whole system risks can’t be described by department and therefore they need to be attended to by a central government department.

Rt Hon George Osborne

George Osborne (Chancellor of the Exchequer, 2010-2016) made an opening statement where he extended his sympathy to all of those who lost a loved one during the pandemic and to those who felt that things could have been done differently. When asked if HM Treasury (HMT) had had a plan for the pandemic, he said that the way in which he ran the HMT allowed the government to fund many of the initiatives they rolled out during the pandemic. He explained that there are some crises for which HMT would be the lead department (for example, a banking crisis) but when it comes to others, HMT is a contributor. In the case of pandemics, the responsibility would lie with DHSC.

Asked if he agreed that there appeared to have been no planning for external shocks, he said that the UK had an influenza plan and that HMT did some work on possible impacts at the time. He did say that no work had been done by HMT to look at the impact of a lockdown. He said that if someone had suggested that the government should have been preparing for a lockdown lasting for months, HMT would have developed the schemes that it subsequently did.

Counsel suggested that there had been no attempt to identify any economic effect of a mitigation action (such as self-isolation or the Covid Business Interruption Loans). Osborne said that it was right to say that the UK did not make these plans but neither did other western countries. When asked whose fault it was that there was no prior thinking, he said that the scientific community did not elevate the possibility that there would be a pandemic with this level of contagion or that it could be

spread asymptotically. He said that if government and the expert community had anticipated that there could be a pandemic that was not influenza, then they would have planned differently. For example, if HMT had been asked to provide a budget for stockpiling PPE, it would have done it. He confirmed that government had not planned for a lockdown and stressed that there is a “massive difference” between an influenza pandemic and what happened during the Covid-19 pandemic. He said he was not sure that, had the government done a table-top exercise, it would have come to the conclusion that a lockdown would be necessary. He suggested that the Chinese lockdown gave rise to the idea of lockdowns elsewhere.

Counsel highlighted that the Office for Budget Responsibility (OBR) produced a statement in 2017 which said that one-off events might need one-off health spending and asked why a pandemic did not appear as a fiscal risk. Mr Osborne said that would be a question for the OBR.

Osborne rejected the suggestion that by the time the pandemic hit, the consequence of austerity was rising inequality and a depleted health and care system. He said that public finances were impaired because of the 2008/2009 financial crash. He suggested that had the government not taken action at that time, public finances would have been in a worse position to cope with the pandemic. When asked about the declining state of social care after 2010, he said he did not think that was the case but accepted there are rising pressures driven by an ageing population.

Osborne did not recognise the picture set out in an Institute for Government (IFG) report which highlighted problems with public services before the pandemic hit, including longer waiting times, reduced access, and GPs and hospitals missing routine targets. The report also noted that there had been historic underinvestment in buildings and equipment with government using capital budgets to cover holes in day-to-day budgets. He said that there were more doctors, nurses and that public satisfaction in the NHS had remained steady throughout his time in government.

When asked about cuts to public funding in 2015 and in subsequent years, as well as a reduction in the public health grant, Osborne said that the public health budget had gone up when he was in office and said that local government could raise its own taxes. He also said that money is not the way forward for all public health solutions.

He rejected evidence from expert witnesses to the Inquiry, Professors Marmot and Bambra, who told the Inquiry that changes in the social determinants of health because of austerity since 2010 were likely to be the causes of the adverse changes in health and health inequalities in the UK.

Professor Dame Sally Davies

The Inquiry heard evidence from Professor Dame Sally Davies (CMO for England, 2010-2019). She said she worked mostly with DHSC but also with Cabinet Office, Number 10 and other government departments.

Dame Sally said she did not recall having input into the national security risk assessment, which had been approved in July 2019 but that many documents were passed to her on a regular basis. The Cabinet Office had said in its evidence to the Inquiry, that the risk assessment process was subject to a considerable degree of external validation and checking and would have been examined by the chief scientific adviser (CSA) as well as others. She did not recall if she had been included but said that if the CSA had been there, she would not have felt the need to examine it as she trusted him. Sir Chris Whitty was the CSA at the time. She agreed that there could be a case for involving the CMO to challenge and probe, but that would very much depend on who the CMO and CSA were.

Counsel asked about a long-standing bias towards influenza-like illnesses in the risk assessment process and suggested that other diseases (zoonotic and novel) had been underestimated. Asked why this bias occurred, Dame Sally said that there was a certain amount of group think and the system needed more challenge, and that she had asked unofficially about the possibility of doing a severe acute respiratory syndrome (SARS) review and was told "it won't come here". She also said the national risk assessment from January 2016 said that SARS, Middle East respiratory syndrome (MERS) and Ebola were unlikely to present a wider threat through sustained spread. She asked for a MERS practice and the government conducted Exercise Alice. She said that she did put some challenge to the system, but more could have been done and she apologised to the relatives who had lost loved ones during the pandemic.

Dame Sally went on to say that the public health system had been disinvested in and that in terms of NHS resilience, by comparator data to similar countries, the UK was at the bottom of the table for number of doctors, nurses, beds, ITUs and ventilators. She also said that resilience in social care was lacking.

Dame Sally said she was sorry lockdowns had not been planned for, but it hadn't been recognised that something could get to that stage. She said they also didn't plan for an illness which was unremitting, instead looking at flu which has peaks that go from 12 to 16 weeks.

She provided details about Exercise Alice, the exercise looking at how the UK would deal with a MERS outbreak. Asked if the recommendations on contact tracing and quarantines were put in place, Dame Sally said that it "appears they weren't".

The full transcript of the day's proceedings is available [here](#).

Wednesday 21 June

Witnesses

Evidence was heard from: Sir Mark Walport, Oliver Dowden MP and Jeremy Hunt MP.

Sir Mark Walport

Sir Mark Walport, Chief Scientific Adviser (CSA) from April 2013 to September 2017, was questioned on the role that CSAs, science advisory groups and boards played in the identification and preparedness against risks. He said the strength of the UK system is that there is a hardwired mechanism to use scientific advice where applicable. He said the role of a CSA is to transmit scientific information to the government through its departments, although policy making is ultimately down to the government and its ministers. He stated that the government often looks through three policy making lenses: the scientific evidence lens, the lens of policy deliverability, and the lens of their political values.

Counsel displayed to the Inquiry three letters, dated between 2013 and 2014, in which Sir Mark expressed his concerns to the Prime Minister, David Cameron, and other Cabinet Office officials that there was not sufficient work being done in the prevention and mitigation of hazardous events. He also highlighted issues with the national risk assessment being a highly classified document and fears that the appropriate people couldn't access it. Sir Mark had also suggested that a behavioural science viewpoint would enhance the national risk assessment, as it would be able to build scenarios around people's reactions to response or mitigation measures. It was clear from Sir Mark's evidence that he felt his concerns had not been appropriately addressed.

Sir Mark highlighted how the UK's insufficient resilience in coping with catastrophic events lies in part with the public health of the nation. He said there is no question that the vulnerability of UK citizens is dependent on their social circumstances, level of deprivation and ethnic background. He added that resilience is about providing excellent public health coverage to reduce that vulnerability. He suggested the creation of a community workforce intended for public health screening, vaccination and testing, which could also be used within an emergency event. Sir Mark stated that it is important the government and the Inquiry recognise the need for resilience to be embedded in the functions of government and that risks need to be assessed through the lens of the resilience of our public health and wellbeing. He argued that historically and currently, the decision of whether to invest in resilience is a political one, but that should not be the case.

Rt Hon Oliver Dowden MP

Oliver Dowden MP is the current deputy prime minister and former parliamentary secretary for the Cabinet Office (2018-2019) and cabinet minister (2019-2020). He was questioned on his role within the Cabinet Office and who took responsibility for preparedness.

Dowden confirmed that the ministerial responsibility for resilience falls within that of the chancellor of the duchy of Lancaster and cross cutting areas of resilience lie with the Cabinet Office. In the context of the lead government department model for responding to emergencies, the role of the Cabinet Office was to coordinate and facilitate the response of different departments and offices. When a risk has been identified, the planning and preparedness for that risk remains with the lead government department associated with it, and then when cross government response is needed, the Cabinet Office will step in. Dowden stated that he was reassured on several occasions that the UK was in a strong state of resilience and prepared for a pandemic.

Dowden was questioned about the extent to which he was aware there were risks associated with not taking forward the pandemic flu readiness programme because of Operation Yellowhammer. He stated that he was advised that the two key areas of the programme, planning for excess deaths and the [Pandemic Influenza Draft Bill](#), would continue. He said that reprioritisation is a constant within the workings of government and the shift of focus to Operation Yellowhammer was the most necessary at the time. He stated that Operation Yellowhammer created structures which enabled departments to collaborate more effectively and led to an additional 15,000 civil servants being employed. In his view, this operation led to the government being better prepared to deal with the Covid-19 response. In response to questions regarding [Exercise Cygnus](#), Dowden said the recommendations that came from the exercise would have been allocated to different government departments, and in this case the majority would have been assigned to DHSC.

Dowden said that the Cabinet Office has appointed a new head of resilience, Mary Jones, and this role focuses on how to prevent hazardous events happening and mitigating their risk. He said that he welcomes external challenge and a diversity of views in preparedness and planning, as that makes for more robust decision making.

Rt Hon Jeremy Hunt MP

Jeremy Hunt MP was secretary of state for health and social care (2012-2018) and is the current Chancellor of the Exchequer.

He was asked to recall his participation in Exercise Cygnus and he stated that over the course of the exercise he was asked to hypothetically sanction the emptying of intensive care beds across the

country as the nursing requirements were too large. He said he refused to make that judgement call and it was a controversial moment for participants. New protocols were developed as a result of that exercise which ensured that no secretary of state would have to make those decisions, named 'population triage', in real life. He added that he believed it is inappropriate to take away those hugely impactful decisions from frontline staff. When asked on the general outcome of Exercise Cygnus, he pointed out that it was not an exercise in preparedness, but rather how the UK would cope when an influenza pandemic had already taken hold and there were a high number of deaths. It was therefore an exercise in how the system works under extreme pressure. He did not recall being informed of the report's insights before it had been published.

After [Exercise Cygnus](#), Hunt had given an update to the NSC(THRC) where he stated that contrary to what was being said in the media, the NHS was extremely good at responding to emergencies. Mr Hunt told Counsel that prior to the Covid-19 pandemic there was an assumption, both in the UK and internationally, that the NHS and the UK were well prepared for a pandemic and pressure on the health service. He said that there was a "group think" mentality where the focus was on one type of pandemic and there was little thought or question given to the idea of an alternative pandemic emergency. He said the biggest failures were: a persistent focus on pandemic influenza, the failure to ask searching questions about the worst-case scenario doctrine, and failure to learn from countries such as South Korea in pandemic response.

Hunt had not been informed about Exercise Alice at the time it took place, but pointed out to the Inquiry that it is the only document which references quarantining. He confirmed that the quarantine options paper which resulted from Exercise Alice had been deprioritised by DHSC in November 2016. He also confirmed statements by previous witnesses which said work on updating the primary pandemic strategy document, the [2011 UK influenza pandemic preparedness strategy](#), had been paused due to Operation Yellowhammer.

Hunt was questioned on capacity within the NHS, and said he became aware of capacity issues as he was dealing with a winter crisis year on year. He stated that he had negotiated with the Prime Minister in 2018 for increased funding, for which he is incredibly proud. Hunt would not agree that there had been disinvestment in the NHS. He had recognised the fragility of the NHS and social care but did not think that appropriate funding would have existed before 2018 due to the finances of the country. He said in the context of a pandemic he doesn't think any healthcare system could plan for the number of staff you would need in an extreme situation, but that the focus needs to be on long term workforce planning. He said that because of the time it takes to train a doctor in the UK, long term funding never becomes a priority for government departments. He argued for the need to ensure long term workforce funding is always a priority, even within changing governments.

Hunt said he had wanted to implement a long-term plan in social care before he left the department. He thinks there could be learning implemented from Hong Kong and Taiwan where there is a named person for pandemic planning in each care home, a permanent supply of PPE, and procedure on stopping external visits.

The full transcript of the day's proceedings is available [here](#).

Thursday 21 June

Witnesses

Evidence was heard from: Roger Hargreaves, Professor Sir Chris Whitty, Sir Patrick Vallance and Dr Jim McMenamin.

Summary of witnesses' evidence

Roger Hargreaves

Roger Hargreaves is the director of the COBR unit, a directorate within the Cabinet Office, and he was previously director of the Civil Contingencies Secretariat (CCS) where he took over from Katherine Hammond in October 2022. Hammond [gave evidence on 16 June](#).

He was asked to explain why the CCS was split into two units shortly after his appointment. He said that this was to separate the crisis management system, the COBR unit, from the general policy and supervisory work of the entire civil contingencies structure which was moved into a newly created resilience directorate. This was done because there needed to be a tighter focus on crisis management delivery following the experience of the pandemic and other factors such as Brexit.

Asked to comment on how well the COBR unit performed during the early days of the pandemic, he emphasised that the unit was designed to deal with short term emergencies. It was replaced by other structures as the pandemic took hold because a different kind of management was required. The COBR functions eventually transitioned to the Covid-19 taskforce, although he conceded that this wasn't a smooth transition.

Hargreaves led the team who drafted the [Civil Contingencies Act 2004](#) (the Act) which imposes a duty on category 1 and category 2 responders to plan for emergencies. He said that there had been discussions about the merits of extending the duty to central government. However, the view was that secretaries of state were able to determine their own priorities and it wasn't necessary to have a statutory duty. He said that view is changing and that there is a case for having a legal duty on government departments, particularly on cross-cutting government issues. He accepted that the

government's post-implementation review of the Act in 2022 did not recommend introducing such a duty. Hargreaves does not personally disagree with the recommendation in the independent review of the Act by [National Preparedness Commission](#) which said that the full suite of duties currently imposed on category 1 responders under the Act should be placed on the UK government. He thought there is a case for government to take civil contingency planning more seriously.

On current arrangements, he said that they plan to improve and increase the use of experts, citing the [Scientific Advisory Group for Emergencies](#) (SAGE) as something that worked well. He agreed that there is no commitment to increase future resourcing within the [Resilience Framework](#) published in December 2022, only a commitment to consider options for future resourcing.

Questioned about the fact that there was very little regard paid to vulnerable or marginalised groups in pre-pandemic civil contingencies planning, with Counsel citing the Cabinet Office's legal obligations under the [public sector equality duty](#), Hargreaves said that these considerations would be part of business as usual for public bodies and they would be expected to have taken them into account in their planning.

Professor Sir Chris Whitty

Sir Chris is an epidemiologist and has been CMO for England since 2 October 2019. Professor Sir Jonathan Van-Tam and Professor Dame Jenny Harries acted as his deputy at different times. He was CSA for DHSC between 2016 and 2021. During the pandemic he co-chaired SAGE with Sir Patrick Vallance. He is one of the authors of the [technical report on the Covid-19 pandemic in the UK](#) published in December 2022. He also did a 12-week rota on the wards during the pandemic.

On the difference between bodies that provide scientific advice on a permanent basis and those that deal with civil emergencies, Sir Chris expressed the view that the apparatus for major emergencies, such as SAGE, works well at coordinating scientific advice but it is less well co-ordinated between emergencies which can cause problems.

When asked about the continuing involvement of experts in various advisory groups, Sir Chris said that the abuse and threats experts were subjected to was extremely concerning. He was confident that the various government advisory groups were effectively identifying risk and that the government is receiving the advice it needs. He highlighted one weakness with the [New Emerging Respiratory Viral Threats Advisory Group](#) (NERVTAG) in that it only considers respiratory viruses so it doesn't consider other means of transmission. He thinks potentially the big weakness is how do you inject radicalism into the system, rather than how do you respond to expertise. Radicalism is needed in order challenge group think effectively.

Sir Chris accepted that Exercise Alice flagged many of the issues in 2012 that arose during the pandemic, based on what was learned from SARS and MERS, but it wasn't aimed at a pandemic problem.

He accepted that there was not enough diversity of experts in SAGE but he felt there was a reasonable balance in the context of the pandemic. He highlighted the fact that the chair is the only permanent member with experts drawn in when they are needed. The role of SAGE is to provide a central expert position of science at a point in time. He said that members of SAGE did not have competencies on economics, apart from health economics, which were central to the debates at the time. He felt that would have to be done separately.

He said the 2011 [Influenza Preparedness Strategy](#) needed a complete overhaul but even if that had been done before the Covid-19 pandemic it would not have made any material difference. What was needed was a separate non influenza pandemic strategy. He said that there was thinking beyond influenza, although that was not reflected in the documents or plans, but having plans and documents of this sort is not generally the most useful way to deal with it.

Sir Chris believes that the most important thing to get right is to have flexible capabilities in place, properly resourced and with the ability to scale them up, with people who know how to operate them and have the mandate to do so. Asked to identify the strategic flaws in planning, he said that the one they should have taken much more seriously was the capability to scale up which is useful in virtually everything. For example, the ability to diagnose. The UK had a very good capacity to do a very small amount of diagnosis quickly but did not have the ability to scale up, and that was repeated across multiple other domains. People assume you need to have a plan for every eventuality, but the problem is what nature is going to give you is going to be completely different every time. What you need are the building blocks of lots of different capabilities and the ability to make a full spectrum response to a variety of different effects. Sir Chris didn't think we gave sufficient thought to what we could do to stop a pandemic on the scale of Covid-19 in its tracks or indeed any other pathogen that could realistically go there. You also need to explain clearly to political leaders that there is a choice in terms of resource and how much it's going to cost.

He believes that pre pandemic we should have done more to learn from approaches that are not the standard European or north American approach, and we should be communicating as much as we can with other countries, including with south east Asia and east Asia, which have outstandingly good scientists and who often come at things with a very different perspective. He believes that the UK scientific response, particularly on research was very strong by international standards, and it is essential that we maintain international standards.

Asked why data and the provision of data is so important to preparedness, Sir Chris said that if you don't have that data and you don't have it from around the country with a representative group of the population, you're essentially driving in the dark, which makes it very difficult to work out what the right decisions are. This caused some significant problems in the first part of the pandemic response.

On health inequalities, Sir Chris said that it is striking, and repeated in every pandemic, that people living in areas with health disparities suffer the most. He believes the best way to reduce that risk is to get on top of the pandemic.

Sir Patrick Vallance

Sir Patrick was the CSA (April 2018 and March 2023). He wanted to improve science capability across government and to improve the system and to that end he conducted a science capability review [Realising our ambition through science](#), which was published in 2019. Asked about the UK [Influenza Pandemic Preparedness Strategy 2011](#), he agreed that it would have been good practice to have a date for when it should have been reviewed.

He sees the role of the CSA as giving the science advice that has been requested and the advice that needs to be given. Otherwise you run the risk of assuming that the people asking know what the science advice needs to be. You also have to be aware of the way that evidence changes. Sir Patrick thinks that it is often forgotten that science can be used to monitor the effects of policy choices. The policy choice is not the end of the process, it should then be monitored to see whether it is having the effect that you thought it might have. He agreed with Sir Mark Walport, who told the Inquiry that there hasn't been an appetite among scientists to raise matters which have not been requested by the government department. The code of practice for science advisory committees, says clearly that it should be a mix of response mode, i.e. things that the department wishes to know, and things that the experts wish to say or wish to look at.

Sir Patrick favours a high level of transparency and thinks that scientific reports and outputs should be made public. He thinks that this benefits everyone as it provides opportunity for scrutiny, comment and challenge. Prior to the pandemic the minutes and output from SAGE were only published at the end of the process of SAGE activation. SAGE tried to get papers out as soon as possible but it took longer than it should have and that is something he regrets. He does not think that this will be a problem in the future as new procedures have now been put in place.

On the issue of data and pandemic planning, he thinks that for every risk on the national security risk register the government should ask: what is the data you know you're going to need? Who owns that data? How might they flow somewhere in the state of an emergency and where do they flow? How do you make them interoperable and who is going to analyse them? That can be done in advance

and identify blocks that can be unblocked during non-emergency times. Sir Patrick is an enthusiastic supporter of the idea of creating a properly funded, well-structured centre for pandemic preparedness which would bring together a critical mass of people concerned with the same problem. He thinks this would bring challenge, independence and foresight into the system. He also believes that behaviour and social science should be an “absolutely integral” part of it.

He agreed that that there is less attention paid to the prior stage of prevention during the creation of the national risk assessment, although he could not say if that was a problem with the reasonable worst-case scenario system. The system encourages people to look at the situation once that reasonable worst-case scenario has happened and ignores the prior stage of prevention.

Once the likelihood and the impact of a future event has been assessed, it is a ministerial decision as to what you do about those risks and how much effort and money you allocate to it. On plans, he agreed with the point that Sir Chris Whitty made, that this is about capabilities, it's not about trying to end up with highly specific responses ready for every single eventuality. Involving industry is vital and he said that at the beginning of the pandemic the industrial vaccine base in the UK was non-existent. He echoed Sir Chris' comments on the need to be able to scale up. He highlighted the fact that we do not have a diagnostics industry of any scale in the UK, which made scaling up of diagnostics much more difficult. Germany has a big diagnostics industry and did much better. The more the NHS uses routine patient rapid diagnostics, the more you have an industry and the more you're able to scale that for pandemic preparedness. When asked about the vaccine taskforce which has been stood down, he said the mode he set up in 2020 is not necessarily what you need now but there absolutely needs to be a focus on vaccines.

On health inequalities, Sir Patrick said all pandemics feed off inequality and drive inequality, and “that is a tragedy that needs to be understood and is relevant, of course, to the many people who suffered during Covid-19”. That needs to be built into the thinking right at the outset.

Sir Patrick agreed with the representative for the Covid Bereaved Families for Justice that basic data wasn't available at the beginning of the pandemic, such as data on the number of people in hospital and how many people were in intensive care, and that good data was necessary to understand the spread of the disease and to evaluate which individuals might be most at risk. He also agreed that a data strategy wasn't in place before the pandemic.

Dr Jim McMenamin

Dr McMenamin is the head of Infections Service and the strategic incident director for Covid-19 at Public Health Scotland (PHS) which became operational in April 2020. He gave evidence on pandemic planning in Scotland and the role of PHS.

The full transcript of the day's proceedings is available [here](#)