

UK Covid-19 Inquiry public hearings: module 2, week 7 (27 November - 1 December)

The UK Covid-19 Inquiry (the Inquiry) public hearings for module 2 began on 3 October 2023 and will conclude on 14 December 2023.

Module 2 is focused on core political and administrative governance and decision-making for the UK. It will examine the initial response, central government decision making, political and civil service performance as well as the effectiveness of relationships with governments in the devolved administrations and local and voluntary sectors. It will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation.

This week the Inquiry heard from witnesses including the Rt Hon Matt Hancock MP, former secretary of state for health and social care, Rt Hon Michael Gove MP, now secretary of state for levelling up, housing and communities, and Professor Dame Jenny Harries, former deputy chief medical officer and now chief executive of the UK Health Security Agency (UKHSA).

Next week the Inquiry will hear from Rt Hon Boris Johnson, the former prime minister of the UK on 6 and 7 December.

This briefing summarises the proceedings most relevant to NHS trusts and is the seventh in the series of weekly briefings on the Inquiry's public hearings on module 2. You can see our earlier briefings on the preliminary hearings and other public hearings on [our website](#), as well as a set of [frequently asked questions on rule 9 requests](#) we prepared with our legal partners.

Monday 27 November

Witnesses

Sadiq Khan, Andy Burnham and Steve Rotherham.

Summary of witness evidence

Sadiq Khan

Sadiq Khan has been the Mayor of London since 2016.

The mayor's office had no communication from government and were not invited to any Cabinet Office briefing room (COBR) meetings in January or February 2020.

More than nine million people live in London and, during a normal working day, more than 10 million come to London. The mayor has a statutory duty to address health inequalities, and Khan has a statutory health adviser. Khan questioned how many attendees at the COBR meetings in January and February understood issues around diversity, comorbidity, intergenerational households and overcrowded accommodation. Khan believes lives could have been saved if the government had involved them earlier.

At a meeting on 11 March Professor Sir Chris Whitty, the chief medical officer (CMO), confirmed Khan's suspicion that London was ahead of the rest of the country because of population density, and the number of airports, hospitals and international visitors. At the time Sir Chris thought between five and ten thousand Londoners already had the virus.

The mayor did not agree that the government followed the science when it came to guidance on the wearing of face coverings because the [scientific advisory group for emergencies](#) (SAGE) concluded on 21 April that wearing them would make a difference. The use of face coverings on public transport only became mandatory in June, in shops in late July and in other venues in August 2020.

Khan wrote to Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP, on 7 May 2020 and to the home secretary on 26 May, urging them to introduce routine ethnic data collection within death registrations in England. Without that information they could not know what percentage of those who died were from ethnic minority groups. The government announced that it would be mandating the recording of ethnicity on death certificates in October 2020. The ethnicity of people is still not recorded on the death certificate in England or Wales.

Andy Burnham

Andy Burnham was elected Mayor of Greater Manchester in 2017. He was an MP between 2001 and 2017. He was Labour's health secretary during the swine flu pandemic in 2009. In 2017 the government devolved £6bn of health and social care spending to Greater Manchester.

The Manchester resilience forum set up the Covid-19 the strategic co-ordinating group (SCG) on 1 March in response to the first case in Greater Manchester. They weren't getting any guidance from central government at the time. On 20 March the SCG declared a major incident.

The mayor was not invited to any COBR meetings despite repeated requests. The government did not brief his office ahead of the announcement of the national lockdown on 23 March. Burnham believes that COBR meetings provide a structured environment where serious issues can be properly raised which is more effective than ad hoc meetings with ministers. Outside of COBR he and the

mayor of the Liverpool City Region repeatedly raised the need for financial support for people on the lowest incomes and in insecure work, to self-isolate if asked to do so. They never got a response.

On 10 May, there was an announcement regarding the easing of lockdowns with no prior consultation even though Manchester was experiencing a higher case rate compared to other parts of the country. Burnham believes they continued to have a high case rate throughout the rest of 2020 because of this decision.

On 1 May 2020 the nine metro mayors, five Labour and four Conservative, who represented 40% of the population of England, met with the prime minister. They asked for a monthly call between the mayors, prime minister and chancellor to help align their efforts. This did not happen.

In June the new test and trace system said it didn't have to give them data on people who had tested positive, and ministers agreed. They had to explain that Covid-19 had been added to the list of notifiable diseases and had to be reported. Burnham arranged for the Greater Manchester fire and rescue service to create a team to carry out local contact tracing.

From July 2020 Greater Manchester went through variations of the tier system of lockdowns. A Tier 3¹ lockdown was imposed despite SAGE and others advising the government that it would not work. At the time people in Greater Manchester only received 67% of their wages in furlough compared to 80% in other parts of the country.

Following the swine flu pandemic Burnham set up the [Hine Review](#). It concluded that a future pandemic should be handled in a much more delegated, devolved way, with much greater subsidiarity. It would appear that that had not been taken on board.

Steve Rotherham

Steve Rotherham has been Mayor of Liverpool City Region since 2017. Liverpool City Region, with a population of 1.6 million, rising to 3.2 million when you include people working in the region, is not a Category 1 or Category 2 responder under the [Civil Contingencies Act 2004](#) because the Act predates the creation of metro mayors in 2017.

The mayor is a member of the Merseyside resilience forum (MRF) that is responsible for preparedness, response and recovery for major incidents within the region. The MRF relied on national news for updates. He was only invited to one COBR meeting in October 2020.

¹ Tier 3 represented "very high alert" restrictions. It included no mixing of households indoors, a rule of six outdoors and the closure of the hospitality sector.

At the beginning of the pandemic travellers from Wuhan were sent to a hospital in the area and neither they nor the local authority were informed.

By October 2020 the Merseyside area had the third highest R rate² in Europe and there were concerns that the NHS was reaching capacity. He said one of the reasons for the high infection rate was the high number of low paid workers who couldn't afford to take time off if they were sick. A Tier 3 lockdown was imposed by the government without agreement being reached on furlough rates and public messaging. The police put in place 24-hour security for the mayor following death threats he received after the announcement.

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

Tuesday 28 November

Witnesses

Rt Hon Michael Gove MP and Professor Dame Jenny Harries.

Summary of witness evidence

Rt Hon Michael Gove MP

Rt Hon Michael Gove MP is the secretary of state for levelling up, housing and communities. He was chancellor of the Duchy of Lancaster from July 2019 to September 2021, and minister for the Cabinet Office from February 2020 to September 2021.

Gove said that the structure of the Cabinet Office was flawed and not fit for purpose. He apologised for the mistakes the government made during that time.

Gove believed that Rt Hon Matt Hancock MP was competent as secretary of state for health and social care, but that too much was asked of the Department of Health and Social Care (DHSC) in terms of response to Covid-19 and other parts of government should have taken some responsibility. Gove agreed that at times Hancock failed to inform the government of the reality of workings in DHSC, but he believed that came from a desire to "rise to the occasion and not evade responsibility".

Lockdown was an unprecedented measure and the burden of advice received by government in early March was that a lockdown policy decision should be introduced with care. By 9 March 2020, Gove

² The R rate is a way of rating coronavirus or any disease's ability to spread. R is the number of people that one infected person will pass on a virus to, on average.

had concerns about the level of action the government was taking and the danger of “underreacting”. He gathered external advice from friends and reports from other countries to share with colleagues to prompt action. On 12 March 2020, Gove sent Dominic Cummings, key adviser to the prime minister, an article titled [Coronavirus: act today or people will die](#) in an effort to persuade colleagues that the government needed to act. In his view it would have been appropriate to impose a lockdown when other non-pharmaceutical interventions (NPI) were introduced on 16 and 20 March 2020.

Gove said that the Prime Minister, Rt Hon Boris Johnson, found decisions on restricting public freedoms difficult. He believed that this was a reluctance to make those types of decisions rather than an inability to make a decision.

The tiering system introduced in November 2020 was flawed and Gove was sceptical about its efficacy and he advocated for an England-wide approach. He said arguably other restrictions should have been considered earlier and that he was clear on the need for a second lockdown.

Professor Dame Jenny Harries (*day one of two*)

Professor Dame Jenny Harries has been chief executive of the UKHSA since May 2021. From June 2019 to May 2021, she was DCMO, serving under Professor Sir Chris Whitty.

Dame Jenny saw her role in press conferences as an adviser and to support the public in their understanding of the virus. On 20 March 2020, Dame Jenny said that problems with PPE were resolved. She told the Inquiry her information at the time was that they had a national supply and that a new system for evenly distributing it had been put in place. She realised this was a mistake and apologised at a later press conference.

The UK had been judged to have been an “international exemplar in preparedness” by the World Health Organisation (WHO) and the [John Hopkins global health security index](#) but Dame Jenny acknowledged that was not the UK’s position in April 2020.

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

Wednesday 29 November

Witnesses

Professor Dame Jenny Harries, Rt Hon Sajid Javid MP and Rt Hon Dominic Raab MP.

Summary of witness evidence

Professor Dame Jenny Harries (*day two of two*)

On 16 March 2020 a senior official at DHSC emailed to ask what the approach should be in terms of allowing patients to be discharged into residential care settings who were symptomatic of Covid-19. The official suggested that there their working assumption was that they would need to allow discharge to happen, albeit with strict infection control – otherwise the NHS would get clogged up. Harries responded saying, “Whilst the prospect is perhaps what none of us would wish to plan for I believe the reality will be that we will need to discharge Covid-19 positive patients into residential care settings” and it would be “entirely clinically appropriate, because the NHS will triage those to retain in acute settings who can benefit from [NHS] care”.

Dame Jenny said that this was a high-level view and not an invitation to be discharging Covid-19 patients, but it did reflect “a reality that says if hospitals overflow those who can benefit from treatment will be there”. She added that a critical point of this email was that there would need to be strict infection prevention and control in place. Counsel pointed out that guidance around that time said that care homes would not be expected to have isolation facilities but should implement precautions in the same way as if someone had flu.

On the use of face coverings, her initial position was that outside of healthcare settings, they were unlikely to have a significant impact. As transmission became better understood, there was more emphasis on their use as a precautionary tool.

The UKHSA is linked to a number of universities with their own pandemic institutes and the universities are linked to one another. UKHSA has its own Centre for Pandemic Preparedness, which is designed as the building block to link with academia. It is not funded long term but she prioritised trying to put it together.

Rt Hon Sajid Javid MP

Rt Hon Sajid Javid MP was secretary of state for health and social care between June 2021 and July 2022, and chancellor of the exchequer from July 2019 to February 2020.

Decision making as secretary of state for health and social care was intense and there was still a huge amount of pressure and concern about Covid-19 in June 2021, with no crisis management training available to ministers in DHSC.

He said the style of decision making in early 2020 was different in that central decision making was done between the prime minister and his key adviser, Dominic Cummings. That led to some cabinet ministers being excluded. There were lots of requests and demands for work coming directly from Dominic Cummings and this was unusual. The prime minister told Javid he was sacking him because Dominic Cummings had told him to.

When he returned to government in June 2021 as secretary of state for health and social care, decisions were sometimes taken very last minute, mentioning the specific example of travel restrictions. Papers were circulated very late before some key meetings to prevent other decisions being taken.

DHSC was preparing for winter when he joined in June 2021 and there were concerns that there could be a resurgence of flu due because of decreased immunity. He described DHSC staff as committed and professional and the permanent secretary as exceptional.

He was very concerned about the severity of the Omicron variant in 2021 and how well the vaccines would work. He has only recently found out that there were meetings in December about Omicron that he was not invited to (this was documented in Sir Patrick Vallance's diaries).

On future pandemics and what should be done to address disparities, he said that within months of arriving at the DHSC he had commissioned a white paper on health disparities, but this was never published.

Rt. Hon Dominic Raab MP

Rt Hon Dominic Raab MP was the foreign secretary and first secretary of state between July 2019 and September 2021. From 6 to 25 April 2020 he stood in for the prime minister while he unwell with Covid-19.

He said contingency planning was underway in February 2020 and that they tried to move decisively at the point when the evidence was compelling. He did not know if the March lockdown should have come earlier and would need to examine the data – he said that there was so much that was fluid at that time.

When he commenced deputising for the prime minister in April 2020 there was no manual or guidance for him to refer to and this needs to be in place for future pandemics.

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

Thursday 30 November

Summary of witness evidence

Rt Hon Matt Hancock MP (day one of two)

Rt Hon Matt Hancock MP was secretary of state for health and social care from 2018 to June 2021.

The former health secretary said at the beginning of 2020, DHSC did not have an adequate plan to respond to a pandemic. The only plan was the [UK influenza pandemic preparedness strategy 2011](#).

Hancock disputed that in the early months DHSC failed to tell central government how bad it was or that DHSC was too focused on hospitals.

He said from the middle of January, DHSC was trying to raise the alarm on the scale of the problem and that the response should have been led by the centre of government earlier. On 23 January the CMO told him that there was a 50/50 chance that the Wuhan quarantine would not work and there was a 50/50 chance that there would be a global outbreak. From early March it became a whole government effort. He said this did not mean that there had been avoidable delays in responding.

In February Hancock participated in a ministerial and advisory tabletop exercise called [Operation Nimbus](#), which focused on the likely impact on the NHS. The exercise concluded that there was no way they could allow the NHS to become overwhelmed. The exercise did not consider lockdowns or NPIs because the exercise was based on the [UK influenza pandemic preparedness strategy 2011](#), which was based on the wrong doctrine: that the government's job in a pandemic is to manage the consequences of a pandemic, not to stop it happening.

He understood by February that the test, trace and isolate system was never going to be able to cope with the unprecedented demands of an infection fatality rate (IFR) of 1%. He accepted Professor Sir Chris Whitty's assessment that the investment in public health, for the purposes of dealing with a pandemic was suboptimal, and there were realistically few levers of power at the disposal of the government to be able to control the spread of an infection, short of the measures which ultimately came to be applied.

On 18 February 2020, Hancock was told by Public Health England (PHE) that the country's approach to tracing all contacts was unsustainable.

Hancock said his single greatest regret was not pushing harder for asymptomatic transmission to be the baseline assumption. He said knowing earlier would have made a difference as to how infection prevention and control (IPC) was done within health and care settings. The Inquiry produced several pieces of evidence dating back to January 2020 pointing to the possibility of asymptomatic transmission. Hancock insisted that there was no scientific evidence of asymptomatic transmission until the [American Centers for Disease Control and Prevention](#) (CDC) produced evidence on 2 April which led to PHE official guidance being changed on 3 April. He said SAGE minutes before then had been uncertain, saying only that there may be, or was likely to be, some asymptomatic transmission which he referred to as "unproven anecdote". He rejected the notion that he was over reliant on the advice of PHE.

Hancock said that with hindsight, the government should have taken action and prepared to impose a lockdown on 2 March 2020. He said this could have meant 90% fewer deaths in the first wave.

On 12 March 2020 it had been announced that community testing and contact tracing would be stopped. Hancock said he was sceptical about whether they should be stopped and by 14 March he had the confidence to say they needed to keep driving them. He took responsibility for testing from PHE into DHSC. Hancock said that PHE did a superb job in scientific research and the development of a test in a short period of time but that its capacity to scale up was not there.

Hancock said by 16 March the trajectory they were on was predicted and his primary task was to ensure no one went without NHS provision and that required a significant reduction in the R rate and so he was fully in support of lockdown.

Hancock acknowledged error in the phrase in which he claimed the government had “thrown a protective ring around the care sector”. He said he was trying to summarise at that time that action had been taken in the sector. He agreed that an unbreakable circle had not been formed around the care sector.

Hancock was not aware of the “Eat out to help out” scheme until the cabinet meeting on the morning of its announcement. He argued against the extension of the scheme in August 2020.

In September 2020 infection rates were going up and they were seeing a similar scenario as they had faced in February 2020. Hancock’s position at that time was that tough local lockdowns should be imposed with a strong tier system.

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

Friday 1 December

Summary of witness evidence

Rt Hon Matt Hancock MP (day two of two)

In September 2020 Hancock repeatedly urged for more stringent intervention measures. He informed the prime minister and other senior advisors that they needed to get a tiering system into effect and undertake other local actions. He said on reflection the tier system was not effective and that the highest tier did not impose tough enough measures.

In October 2020, Hancock asked health leaders to make the case publicly for a second national lockdown, as it was in the public health interest. He applauded health leaders and the royal colleges for publicly supporting a second lockdown.

By 4 January 2021 there was no option but to impose a third national lockdown as the case rates were too high. Hancock reflected that the second lockdown was not long enough and had not been imposed early enough. He said the two weeks after 4 January 2021 were “harrowing” as the case

numbers continued to increase and as it was a new strain they did not know if their measures would be enough. The NPIs managed to reduce the R rate just before the NHS would have become overwhelmed.

Hancock was asked further questions by representatives of the [Core Participants](#) for module 2. He was shown a DHSC departmental steering group note from 26 February 2020 which said PPE ordered by the care sector was being requisitioned for the NHS. He said that by 5 March 2020 his minister for social care was concerned that PPE in care homes was inadequate and issued a notice on 13 March 2020 that care homes should receive free PPE.

On issuing the directive for patients to be discharged from hospital into care settings in March 2020 even though there was a shortage of testing, Hancock said that every decision made was a choice between difficult options. He said he feared that if they had left patients who were medically fit in hospital, more of them would have got Covid-19 and the problem would have been larger.

Hancock said he was aware of the discrimination ethnic minority healthcare workers faced prior to the Covid-19 pandemic and that he has engaged with ethnic minority leaders across the NHS and social care sector. During the Covid-19 pandemic he commissioned work to understand how much of the impact of Covid-19 on ethnic minority staff was because of structural inequalities within the NHS and how much of it was because of clinical vulnerabilities. Hancock agreed that there is systemic racism in some parts of the NHS and that it existed before the Covid-19 pandemic.

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