

## UK Covid-19 Inquiry public hearings: module 2, week 6 (20 November - 23 November 2023)

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 is examining 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 is also assessing decision-making about non-pharmaceutical measures and the factors that contributed to their implementation.

This week the Inquiry heard from witnesses including Sir Patrick Vallance, Professor Sir Chris Whitty and Professor Sir Jonathan Van Tam. The Inquiry heard evidence on the timing of lockdowns, difficulties in getting data on NHS capacity, and the interactions between government and its scientific advisors.

Next week the Inquiry will hear from 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).

This briefing summarises the proceedings most relevant to NHS trusts, and is the sixth 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 20 November

#### Witness

Sir Patrick Vallance

#### Summary of witness evidence

Sir Patrick Vallance was the government chief scientific adviser (GCSA) from April 2018 to April 2023.

Sir Patrick said it would have been helpful if the government had set out what they were prepared to accept in terms of mortality. He asked several times for a number.

By early February the [scientific advisory group for emergencies](#) (SAGE) was considering non pharmaceutical interventions (NPIs) as one of a range of modelling options designed to reduce the spread of Covid-19. Professor Neil Ferguson concluded that a 75% reduction in contacts was needed in order to suppress the spread and others agreed. The work on modelling was shared with the Cabinet Office briefing room (COBR). There was a discussion between the then Prime Minister, Rt Hon Boris Johnson, and Professor Sir Christopher Whitty, the chief medical officer (CMO), at the end of February on lockdown options. Sir Patrick said that there wasn't a very effective operational response by the government on what needed to happen to suppress the curve.

In February it was difficult to get precise numbers on intensive care unit (ICU) beds and occupancy of other types of high-dependency beds. The NHS, unlike other countries, was running at nearly 100% capacity so the modellers knew it was likely to be very full. While Johnson first announced a lockdown on 23 March 2020, it was clear to Sir Patrick by the weekend of 14/15 March that action was needed. Data was showing that "there were many more cases, it was far more widespread and was accelerating faster than anyone had expected", he said, adding, "This was an occasion when I think it's clear that we should have gone earlier".

Asked about the CMO's wish to delay lockdown, Sir Patrick believed that as a public health expert the CMO was worried about the adverse effects of NPIs and the impact on the NHS that could also increase mortality, for example, harms due to isolating, such as mental health issues.

Sir Patrick does not believe a lockdown could have been avoided if things had been done differently. He pointed out that test, trace and isolate only works at low levels of prevalence and with high levels of capacity in the system. The virus was already seeded widely across the UK, not from China, but from Europe, and he made reference to the February 2020 half term break and a huge influx of the virus from Spain, France and Italy.

He said it was "difficult at times" to get the prime minister to fully absorb concepts central to Covid-19, such as how lockdowns can flatten infection rate curves. Johnson found it "a real struggle" to understand some graphs and the prime minister was "bamboozled" by modelling. Sir Patrick said Johnson would fail to understand ideas he had had put to him six hours earlier.

It was clear that sometimes the advice they were giving to government was not popular. SAGE was not asked to produce advice on issues such as the "Eat Out to Help Out" scheme, regional tiers and

the “rule of six<sup>1</sup>”. He didn’t know about “Eat Out to Help Out” scheme until it was announced, said it “completely reversed” earlier advice to reduce mixing between households, and that it would clearly have increased infection levels. Rt Hon Rishi Sunak MP, then chancellor and current prime minister, said in his witness statement to the Inquiry that he did not recall concerns about the scheme being expressed in discussions attended by the CMO and CSA. Sir Patrick said that risks would have been known. At an economics meeting in summer 2020, not realising that the CMO was present, Sunak said, ‘It is all about handling the scientists, not handling the virus’.

Asked whether he felt he could trust what Rt Hon Matt Hancock MP, then secretary of state for health and social care, said Vallance told the Inquiry, “I think he had a habit of saying things which he didn’t have a basis for, and he would say them too enthusiastically, too early, without the evidence to back them up, and then have to backtrack from them days later”. He went on to confirm that Hancock said things that were untrue.

When discussing the second lockdown which took place in October 2020, his diaries showed that the prime minister did not want another lockdown and reportedly thought that most people who would die had “reached their time anyway”.

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

## Tuesday 21 November

### Witnesses

Professor Sir Chris Whitty

### Summary of witness evidence

Sir Chris Whitty has been the CMO for England and head of the public health profession since 2019. He is an epidemiologist and practising NHS consultant physician at University College London Hospitals NHS Foundation Trust.

Sir Chris was concerned that the negative impact of any government decisions would be experienced more in areas of deprivation and by individuals already facing inequalities and he tried to give ministers balanced views on advantages and disadvantages.

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<sup>1</sup> The “rule of six” was a law which came into effect on 14 September 2020. It meant that, apart from a set of limited exemptions including work and education, any social gatherings of more than six people were against the law.

It was clear in the early stages of the Covid-19 pandemic that the [UK influenza pandemic preparedness strategy 2011](#) was not going to be of any particular help and the idea they had a plan for this type of pandemic was optimistic at best. The lack of plan would not have been as significant if the country had the structural capability to respond.

On 28 January 2020 Sir Chris wrote to Number 10 to inform them of the seriousness of Covid-19 and the problems the country could face. In the following days he briefed national security officials, the prime minister and other ministers. Sir Chris said that there is a systemic failure in government in understanding the magnitude of natural hazards and threats. The government often reacts differently when faced with terror or geopolitical threats than those that are natural.

Sir Chris said that Public Health England (PHE) played to its strengths in January and February 2020, but operationally it struggled to scale up testing. Other countries that scaled up testing had significant continued investment in public health infrastructure or manufacturing capacity. Sir Chris was not consulted on the disbandment of PHE.

Sir Chris believes the government's use of the phrase "following the science" was inaccurate. Policy decisions are for ministers to make, and they choose where and who they take their advice from. There was no doubt that some government officials were "cherry-picking" from SAGE advice and that some chose which science advice they wanted to hear.

By 14 February 2020 it was known that there were cases of Covid-19 in the UK and Europe. By this stage it was clear that Covid-19 was likely to become a pandemic.

On 3 March a strategic Covid-19 action plan was published. As this was a policy document it was not put before SAGE. The plan referenced actions on containment of Covid-19, which Sir Chris said was practically irrelevant by the time the plan was published as we had passed that being a viable option. The biggest issues in March 2020 were caused by a lack of data and testing capacity. He said, in hindsight, government action took place too late in the first wave.

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

## Wednesday 22 November

### Witnesses

Professor Sir Chris Whitty (continued) and Professor Sir Jonathan Van-Tam.

### Summary of witness evidence

Professor Sir Chris Whitty (continued)

In Sir Chris' continued evidence, he explained that for population herd immunity from Covid-19, 80% of the population would have needed to be infected. By the end of June 2020, less than 20% of the population had been infected in the UK. Sir Chris requested on a WhatsApp group, which included the prime minister and secretary of state for health and social care, that people stop talking about herd immunity publicly. He said communications around herd immunity were unhelpful to the public as it gave the impression the government were pursuing it as a policy, which they were not. To achieve herd immunity would have meant an extraordinarily high potential loss of life.

On 16 March 2020 the prime minister announced that non-essential contact and travel should stop as part of initial social distancing measures. Sir Chris said that in hindsight the measures should have been brought in several days earlier. When these measures were introduced, Sir Chris said that there was hope that they would work but no confidence that they would bring the R value<sup>2</sup> below one.

The first lockdown was announced on 23 March 2020 as it was evident that measures implemented before that date were not effectively reducing the R value. Sir Chris said they were confident that if the R value continued to be above 1, lots of people would die and the NHS would be under catastrophic pressure. By 23 March 2020, the government understood that if a lockdown was not imposed the NHS would no longer be able to function at a normal rate and that the intensive care system would be the first to be overwhelmed. At this point no one would have wanted to take the risk of waiting to see the effect existing measures. Over the first two years of the Covid-19 pandemic there was a pattern of introducing or increasing social distancing measures when the combination of direct and indirect mortality indicated the emergency health system was being overwhelmed.

Sir Chris said that he was not consulted on the "Eat out to help out" scheme. Johnson had said in his written statement to the Inquiry that the scheme had been discussed with both Sir Chris and Sir Patrick. Sir Chris said that neither he nor Sir Patrick can recall being involved in those conversations.

Socio-economic inequalities drove the unequal impacts of Covid-19 on ethnic minority groups. The Covid-19 pandemic spotlighted areas of the country where more public health investment is needed due to the levels of deprivation. In the early stages of the Covid-19 pandemic it was identified that there would be disadvantaged groups that would be more affected, but it was not possible to distinctly predict which groups of people that might be. Sir Chris said that once more vulnerable

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<sup>2</sup> The R value 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.

groups had been identified the most important way to support them was to get the rate of Covid-19 down in the entire community.

### **Professor Sir Jonathan Van Tam**

Professor Sir Jonathan was deputy CMO from October 2017 to March 2022 and reported to Sir Chris Whitty. He is an epidemiologist and led on health protection.

Sir Jonathan first became aware of Covid-19 through his networks at the beginning of January 2020. By mid-January he believed there was going to be a pandemic that would have a significant impact on the UK.

He believes it would have been better to implement mitigation measures seven or 14 days earlier, particularly lockdown which was introduced on 23 March. Due to the speed of transmission at that point he believes lockdown was inevitable. Without lockdown, he thought the NHS would not have been able to admit all the patients with Covid-19 and in March 2020, London was within ten days of reaching capacity.

On the cancelling of mass gatherings outdoors, such as big sporting events, Sir Jonathan said that the epidemiological effect would have been quite small. There were more risks in the activities happening around these events, such as people gathering in pubs and restaurants to watch events. Sir Jonathan said allowing these events to go ahead was unhelpful because of what it signified to the public.

On the “Eat out to help out” scheme, Sir Jonathan confirmed that he had ‘absolutely not’ been consulted and the first he heard of it was on television. He said it encouraged behaviour they had been trying to suppress and get on top of in the previous few months.

In May 2020 Sir Jonathan signed a letter to Simon Case, the then permanent secretary in Number 10, to warn that the combined effect of piecemeal and narrow easings of restrictions raised a severe risk that the reproduction number would rebuild and get a lot of momentum, running the risk of entering the next wave from a high level with less warning and more consequences. He was raising these concerns on a day-to-day basis but felt the need to put those concerns on the record. Sir Jonathan said it was clear that they were losing control of the virus in the autumn and that the tier system wasn’t working efficiently and that there were too many delays in implementing tiers.

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

## **Thursday 23 November**

### **Witnesses**

Professor Dame Angela McLean and Rt Hon Kemi Badenoch MP.

## Summary of witness evidence

### Professor Dame Angela McLean

Professor Dame Angela McLean has been the GCSA since April 2023. During the Covid-19 pandemic, Dame Angela was the CSA for the Ministry of Defence (MoD) and deputy GCSA to Sir Patrick Vallance. She attended SAGE and co-chaired the SAGE sub-committee, the scientific pandemic influenza group on modelling (SPI-M-O).

Scientific advice from SAGE was completely transparent, however economic modelling done by HM Treasury (HMT) was not shared.

In March 2020 there were significant issues with data flows coming out of the NHS and government modellers struggled to do the analysis needed. Data scientists from the MoD set up a “data haven”, whereby they cleaned the data received from the NHS and handled the non-disclosure agreements (NDA) for all those working with the data. Dame Angela said this greatly improved the data that modellers and analysts could use.

Initially there was very little data on Covid-19 outbreaks inside care homes. Outbreaks in care homes were a foreseeable issue. Concerns were raised by SAGE and SPI-M-O about the level of attention being paid to care homes and the testing capabilities in them.

At a SAGE meeting on 13 March 2020 the potential impact of the pandemic in relation to ICU capacity was discussed. She was shocked to see that government had been working under the impression that capacity was above where it was.

Dame Angela said the first lockdown on 23 March 2020 was too late and that by the 16 March they had enough data to tell them a lockdown should take place.

Neither SAGE nor SPI-M-O were consulted on the “Eat out to help out” scheme. If she had been consulted, her advice would have been that the type of mixing which the scheme encouraged should be avoided.

The second wave of the Covid-19 pandemic was foreseeable and in summer 2020 SAGE’s new “reasonable worst case scenario” indicated Covid-19 infections would rise in September. On 17 September 2020, SAGE advised the government to introduce a circuit breaker lockdown. They reiterated this advice in meetings on 21 and 24 September 2020.

On 20 September 2020, Dame Angela attended a meeting with the prime minister along with Sir Patrick Vallance and Sir Chris Whitty. All advised the government to take action immediately but this



did not happen. Dame Angela said that if there had been a circuit breaker in September the number of deaths would have been lower.

Neither SAGE nor SPI-M-O were consulted on the tier system that was introduced on 14 October 2020. On 23 October 2020, Dame Angela emailed Sir Patrick and Sir Chris projections for hospital admissions which indicated they would exceed the first wave on 21 November 2020. She hoped this would prompt action from the government. The second national lockdown was introduced on 5 November.

Dame Angela agreed that over autumn 2020 science failed to inform policy.

### **Rt Hon Kemi Badenoch MP**

Rt Hon Kemi Badenoch MP was minister for equalities during the Covid-19 pandemic, from February 2020 to July 2022. She is currently secretary of state for the department for business and trade and minister for women and equalities.

Badenoch said that it came across quickly that Covid-19 had a disproportionate impact on the elderly. She disagreed that the interests of disabled people were not given sufficient prominence. She said that they were keen to ensure that the people “who were most impacted that got the most attention, and that was roughly in order of priority: the elderly, and then disabled people”.

In May 2021 there was a large focus on increasing vaccine uptake in certain communities. On targeted support packages for ethnic minority groups or vaccine prioritisation, she said that targeting ethnic minority groups in that way, rather than targeting households and families, would have been “completely the wrong thing to do” in both clinical and economic terms. Evidence at that time showed that “being an ethnic minority was not the cause of being disproportionately impacted by Covid-19, rather it correlated with what the causes were, the comorbidities”. Badenoch said that vaccination was the most significant measure to protect ethnic minority people.

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