

Public Administration and Constitutional Affairs Committee

Oral evidence: The work of the Cabinet Office, HC 118

Wednesday 29 April 2020

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Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Chris Evans; Rachel Hopkins; Mr David Jones; David Mundell; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

Questions 172 - 286

Witness

I: Rt Hon Michael Gove MP, Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office.

Examination of witness

Witness: Rt Hon Michael Gove MP.

[This evidence was taken by video conference]

Q172 **Chair:** Good afternoon and welcome to another virtual public meeting of the Public Administration and Constitutional Affairs Committee. I am in a Committee Room at Portcullis House with a small number of staff required to facilitate the meeting, suitably socially distanced from one another, and my other colleagues and the witness are at their homes and offices across the country.

The Committee is grateful to the Chancellor of the Duchy of Lancaster for making time to appear before us today. At the beginning of the Parliament it is usual for Committees to see their departmental Secretary of State to consider the work programme and priorities for the year ahead. However, we find ourselves in exceptional times and therefore today we will concentrate our questions on the ongoing coronavirus pandemic and the Cabinet Office's response to it. We will postpone other questions on areas of responsibility for other weeks in the future. Members have agreed their questions. I will be starting and then I will be handing over to Ronnie Cowan.

Welcome, Michael. If I could begin, please, with a very broad question: how has the response to the Covid-19 pandemic been organised within



Government?

Michael Gove: Thank you very much, William, and congratulations again on your election to the Chair of the Committee.

As I think many are aware, the Government were reorganised in order to deal specifically with the challenges posed by the coronavirus pandemic. The Prime Minister set up four ministerial implementation groups: one led by the Health Secretary that co-ordinates the work of the NHS and the social care sector; one chaired by the Chancellor that looks at what is an appropriate business and economic response; one chaired by the Foreign Secretary and First Secretary of State that co-ordinates international work on, for example, keeping trade links open for vital things like PPE and supervising the repatriation of UK citizens; and the group I chair looks at the resilience of the public sector and support for public sector workers overall.

Specifically, my group covers everything from making sure, for example, that we manage the outbreak of the pandemic in our prisons, that we look at the resilience of our food supply and that we consider what might be done in order to support children's education. We also look at some—for want of a better word—cross-cutting issues, such as Government procurement and what is going right and what is not going right.

Q173 **Chair:** Thank you, Michael. You mentioned the sub-committee that you are chairing. Can I ask you further about the Cabinet Office's role in co-ordinating those sub-committees and the response more broadly across Government?

Michael Gove: The Cabinet Office provides the secretariat for those committees. There is a director general, who is the lead official responsible for the work of each committee, and in every case they are Cabinet Office officials. In my committee it is a director general called Jess Glover. In Matthew Hancock's committee it is a director general called Simon Ridley. It is also the case that the Cabinet Office, as you know, because it provides cross-cutting functions that work across Government—the Government Digital Service, the Crown Commercial Service and so on—supports Government Departments. Various officials from the Crown Commercial Service have been seconded to the Department of Health and Social Care to help them with the procurement required during the crisis.

Q174 **Chair:** What would you say your top priorities are in dealing with this pandemic?

Michael Gove: Priority number one is making sure that we can continue to have the public services that people increasingly need at a time of vulnerability and a time of challenge. My principal aim is to make sure, whether it is the administration of the welfare system, support for children who are missing out on their education or making sure the prison, probation and court system works, all the arms of the state are as resilient and as supported as possible. It is also the case that, alongside other Ministers, we are reviewing what steps we may be able to take in the future



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to ease some of the current restrictions, but that is a collective exercise rather than a Cabinet Office-specific matter.

Q175 **Chair:** What in particular is different at the moment to what would ordinarily be the role of the Cabinet Office outside of this emergency?

Michael Gove: Some other activities have been either deprioritised or have had staff moved. Before the pandemic, the Prime Minister's brief to me was clear: one of the responsibilities of the Cabinet Office is to make the work of Government overall more efficient, so we had a programme of public service and civil service reform. I am sure we can go into that in greater detail later. We are learning in real time about some of the amazing adaptability and innovation that exists within the public sector and the civil service, but we are also learning about some aspects where things have not always gone as well as they might have done, which we can learn how to do better.

There are two other principal areas. One is preparation for life after we have exited the transition period. That work goes on, but some of the officials who have been working on that have been seconded to the Covid-19 response. The third area is making sure that, as a United Kingdom, every part of the engineering of our constitution is working well and, again, we are learning in real time. One of the things that has been instructive to me is to see the way in which the devolved Administrations have gelled with the UK Government in their response to the coronavirus. If you will forgive my making a political point, it has only reinforced my sense that the United Kingdom provides strengths for all its members, which make them stronger together than they would be apart.

Q176 **Chair:** We will come on to that later, as you say. Could you briefly describe the regular reporting procedures that are feeding back to the Cabinet Office from all arms of Government?

Michael Gove: The Cabinet Office's Civil Contingencies Secretariat, a superb team, are responsible for compiling information, which means there is a daily dashboard that the Prime Minister and the First Secretary of State have in front of them at a meeting at 9.15 am every day. That daily dashboard records everything from the sad news of hospital and other deaths through to evidence of the compliance with social distancing measures and evidence of how well different parts of the state and public sector are doing, such as prisons. That dashboard is compiled by the Cabinet Office for the Prime Minister and his team to review progress.

Q177 **Chair:** How much influence does that secretariat have on decision making?

Michael Gove: Ultimately, the decision making is driven by the Prime Minister and the First Secretary of State. The daily dashboard is primarily there to provide information and the Cabinet Office always exists to make sure that the Prime Minister's wishes are carried out effectively, but it is the Prime Minister and his team in No. 10 who set the agenda and drive performance.



Q178 **Chair:** Is that dashboard available for public viewing?

Michael Gove: It is not at the moment. Some of the slides in that dashboard are shared at the press briefings that occur on weekdays at 5 pm and on the weekend at 4 pm. Some of the other information is sensitive because, as you will appreciate, some of the intelligence that the Government have about the potential challenges, threats and risks we may face is necessarily confidential. But it is the case that that dashboard is shared with representatives of the devolved Administrations when we have our ministerial implementation groups. It is not unique to the UK Government; it is shared on a basis of trust with other Governments and others involved in the response.

Q179 **Chair:** Without breaching any security issues, are you able to give us a broad indication of what areas are on that dashboard that currently are not shared at the evening briefing?

Michael Gove: Most of the information in the dashboard is shared. Most of it is information that is publicly available on death rates in particular settings. However, some of the social distancing compliance measures are not shared because the means by which we gather that information involves some quite sensitive relationships. When it comes to the management of prisons, one of the things we do not want to do is to prejudice the effective operation of the criminal justice system, but I will talk to the Civil Contingencies Secretariat to see if we can have the most transparent approach possible because, obviously, the Government are committed to making sure that the public understand the range of decisions that we have to make so that they can appreciate and appropriately challenge the way in which the Government have chosen to operate.

Q180 **Chair:** Does it, for example, have a description of the stocks of PPE?

Michael Gove: Yes, it does. Again, we seek to share information on PPE. For example, every 24 hours we have an update on where we stand in terms of PPE distribution and it is also the case that there are judgments that are consistently revised about the resilience of the stock that we have. One of the experiences recorded not just by the UK Government but by some of the devolved Administrations is that the rate of use of PPE in some areas of equipment has been faster than might have been anticipated. That is why the effort to source more PPE, and indeed to make more, has been pursued so energetically by the Department of Health and others.

Q181 **Chair:** Just to be clear, and a final question on that, does it show PPE available set against demand and, therefore, any possible shortfalls that there might be in the sector?

Michael Gove: Yes, it does. It seeks to anticipate what the likely level of demand is, looks at what the existing stock is and makes a judgment about which particular areas need to be prioritised for procurement.

Q182 **Chair:** Sorry to break what I have just said. Would that solely be shared



among Government agencies and those in the devolved nations and no one else?

Michael Gove: I will check on that. I think some of that information will be available to people within the NHS and within local resilience fora, but I will confirm. As I say, the dashboard as a tool is shared with the UK Government and devolved Administrations, but some of the material within it may well have a wider circulation. I will come back and let the Committee know exactly which bits of information are in the public domain, which are shared beyond Government and which are restricted, for the reasons I mentioned with respect to social distance.

Q183 **Ronnie Cowan:** I am developing a mild obsession with how we got into this mess we are currently in. I am curious: if all this planning was done upfront before any crisis came along, were we ever considering the fact that we could face this particular crisis? Or had it never been on the radar?

Michael Gove: It is a very good question. The Cabinet Office and the emergency planners, the Civil Contingencies Secretariat, maintain a dossier of threats to the country's resilience. An enormous amount of work was done to anticipate a flu pandemic, and work was also done to anticipate a SARS-style outbreak, but what was not anticipated—and I think this is true worldwide—was the impact of a virus quite like Covid-19, which combines elements of a flu pandemic and obviously has a relationship with a SARS-style outbreak.

Q184 **Ronnie Cowan:** I am surprised you are bringing SARS into this. Taiwan learned very much from the SARS outbreak and, because of what they learned during that outbreak, they took a completely different approach to attacking Covid-19. They went for track and trace and contain from day one very aggressively and shut it down at source. On 23 January this year, Matt Hancock said in the House of Commons, "The public can be assured that the whole of the UK is always well prepared for these types of outbreaks". I am sorry, I just cannot see that panning out from there to where we are now.

Michael Gove: There are two things. The first is that different countries have approached the pandemic in different ways, but there is a significant amount of overlap in how countries have approached it. We have a fantastic contact tracing facility and capacity in the UK and we were contact tracing at the beginning, but we had to change our approach as the nature of the virus changed. This is a new virus. We have only known about it for four months, and the world and the world's scientists are learning about it.

With respect to preparation for a pandemic, we had a stockpile of PPE and we had legislation ready to go as a result of the work that had already been done. The Coronavirus Bill—or Act now—was agreed across all four Governments, and the fact that those legislative provisions were in place was because of work that had been done by the Cabinet Office, the Department of Health and others to put us in a strong position. The stockpiles for a flu pandemic have helped, but there were additional



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requirements because of the specific nature of the virus which, following scientific advice from the NERVTAG advisory committee, we sought to source to complement the pandemic stockpile.

Q185 Ronnie Cowan: The mere fact that we were stockpiling equipment and PPE says to me that we decided the battleground, if I can use that language, was going to be in the ICUs and the care homes rather than taking the fight to it and fighting it at the airports and the seaports. Why did we not do that? On 3 March I asked the CMO and Matt Hancock, "What are you doing about seaports and airports?" On 3 March they did not have an answer, and today I still do not see that answer.

Michael Gove: Again, it is a fair challenge. Different countries that have had restrictions, for example, on flights have had a similar or even greater incidence to countries that have had fewer restrictions on flights. It is the case that the science and the evidence is accumulating at the moment and all of us are learning as we go. The work that was done in Exercise Cygnus and in other exercises undertaken by the UK Government was designed to anticipate what might happen in a flu pandemic, as we discussed earlier. The precise nature of this virus meant that that response had to be recalibrated, but that work was clearly helpful in preparation for this.

If we look across the globe, and in particular if we look at other European countries, we can see that they have faced similar challenges. They have faced particular pressures on their health services and on ICU capacity. France, Germany, Italy and Spain have all faced a similar scale of threat and we are learning from those countries, as they are learning from our own experience, what have been the most effective and best targeted responses.

Q186 Ronnie Cowan: Yet New Zealand, a small island nation with a population of 5 million people, seems to have done it a whole lot better.

Michael Gove: New Zealand has a specific geography that has provided it with a different set of challenges. But if we look at the United Kingdom there are factors that are important to bear in mind, although they are not definitive, when we think about the spread of the disease. One of the things we know about the disease is that it spreads, as we have become aware, through social mixing and it appears to have spread faster in cities. If you have an open, dynamic, multicultural, multinational, free-trading nation like the United Kingdom and you also have significant cities of the size of London, Birmingham, Manchester and Glasgow, it is the case that you are likely, on the basis of what we know so far, to have a faster rate of reinfection than in other countries.

It is perfectly legitimate, and indeed necessary, for people to ask questions and to challenge, but this is a developing picture. I think it is important that all of us have a degree of what a philosopher might call epistemic modesty in making sure that we do not overclaim for our ability to determine exactly how the virus is going to respond to interventions in the future.



Chair: As well as epistemic modesty, could we perhaps have briefer answers?

Q187 **David Mundell:** Devolution is one of your other responsibilities, to which the Committee will be returning to discuss in due course once we are through this crisis. How have the three devolved Governments and the UK Government been working together during this crisis? The outcome of the 2009 swine flu epidemic was that the Governments had worked well together. What is your assessment of how the Governments have worked this time, and how does the working together manifest itself on a day-to-day basis?

Michael Gove: It is the case that all the devolved Administrations are represented on the committees that are dealing with this challenge. If I take my own committee as an example, it had its 31st meeting today and we had a representative from the Scottish Government, Ivan McKee, and Lesley Griffiths and Lee Waters from the Welsh Government, and they take part in those conversations as equals. Everyone who participates is participating as a responsible Minister seeking to do their very best in order to fight this pandemic. With respect to the Scottish Government, whether it has been Humza Yousaf on justice matters or John Swinney on education matters, their approach has been collaborative and constructive and it has shown the devolution settlement working well.

Q188 **David Mundell:** But obviously within the devolution settlements there is scope for divergence, so where do you think the balance lies between divergence and the need for a uniform message? I am slightly confused at the moment because here in Scotland I am being recommended to cover my face if I am in certain shops and on public transport, yet if I travel to London, where I might deem that more necessary because of the points you made in your previous answer, I do not have to do that. Where does the balance lie between having one message and the ability to devolve? Specifically on the face-covering issue, do you think that is something likely to be recommended by the UK Government in due course?

Michael Gove: On the point about divergence, obviously it is the case—because we respect the devolution settlement—that different policy approaches can be floated or proposed by the devolved Administrations, but I think it is better if we work as one. The point that you have just made about masks is one example where, overall, if there is a consistent message across all parts of the United Kingdom it makes it easier for people to understand, appreciate and comply—clarity and consistency helps. One of the challenges that the Federal Republic of Germany has had, for example, is that some of the Länder there have been more determined to press ahead with, in this case, easing lockdown measures and that has made the challenge for the federal Chancellor more difficult.

On the specific issue of face coverings, the scientific evidence so far is that face coverings can have an effect in preventing an individual from spreading the disease to others if they have it and they are asymptomatic, but there is also a worry that some people may think that wearing a mask



protects themselves, as distinct from protecting others, and therefore they may behave in a manner that is slightly more cavalier. It is a finely balanced judgment.

Q189 David Mundell: Are the UK Government going to make that judgment in due course?

Michael Gove: That judgment is made collectively by the Cabinet with respect to an analysis of the science, and I know it is a situation that is under review.

Q190 Mr David Jones: Continuing the same points, Michael, you will probably be aware that people in Wales, for example, take most of their news from the main BBC evening news. They are probably all watching the 5 pm Downing Street press conferences where messages are being relayed that they assume is policy that is going to be implemented in Wales, yet we see divergences, we see delays in adoption of policy. Take the example of the policy of NHS responder volunteers. That was tremendously successful and attracted, I think, 750,000 volunteers. Everybody in Wales assumed that was going to apply in Wales and yet we heard subsequently that the Welsh Government were not going to do that, and in fact there is no such scheme in Wales. Isn't this adding to confusion? Could the position not have been agreed before the announcement was made?

Michael Gove: It is a very fair challenge, David. We have to respect, as I mentioned earlier, the devolved nature of the settlement, and Wales has its own Health Minister, Vaughan Gething. When it comes to the delivery of certain aspects of policy, Matt Hancock can share information and ideas, but not direct. However, all four Health Ministers talk at least weekly in order to co-ordinate their response. Like you, I think that wherever possible in dealing with this pandemic, we should be entirely as one. That is my personal preference, but I also regard it as my responsibility to make sure that we can work with those devolved Administrations even if they do take a slightly different approach and respect that, even if it might not have been the decision that I would have taken, and then get on with working well together wherever possible.

Q191 Mr David Jones: But do you not observe some fissures starting to develop? For example, the Welsh First Minister announced the continuation of lockdown after the first three weeks before the United Kingdom Government. He has also now published, as you are probably aware, proposals for relaxing the restrictions of lockdown. In fact, he has come up with a traffic light system that is, again, peculiar to Wales and is not prevailing in the rest of the country. Do you not think that that is causing some confusion?

Michael Gove: My own strong preference is that there should be unified communication, but I respect the right of the First Minister of Wales to communicate the Welsh Government's approach in his own way. The thing about the document that the Welsh Government produced was that it was not that different in overall tone and detail from what the UK Government



had said. But people like yourself and others will draw their own conclusions about the appropriateness of the way in which it was communicated.

Q192 Mr David Jones: The Army's role is becoming increasingly prominent in this crisis. If one of the devolved Administrations seeks the assistance of the Army—I think there have been six requests from the Welsh Government for Army assistance—how is that arranged and how is it authorised?

Michael Gove: It is the case that any request for military assistance to the civil Administration has been expedited. It goes to the MoD, who are only too happy to help. On the one hand, it is the case that members of the military are currently in the Department of Health helping to coordinate the delivery of testing. It is also the case that it is members of the military who are responsible for ensuring that the various mobile testing centres that we have around the country can visit care homes and ensure that people are tested in numbers. That would not have been possible without the British Army, the Royal Navy, the Royal Air Force and their personnel. Like you, my respect for the armed forces has only increased. Their capacity to manage logistics, to think around corners and to deliver is peerless, and we are very lucky to have them.

Q193 Jackie Doyle-Price: One of my bugbears is London-centric policymaking. As you mentioned earlier in your evidence, clearly the disease has spread far more quickly in densely occupied urban areas like London and Birmingham in particular. To what extent was it considered, in implementing the lockdown, whether it should be done on a more regional basis, bearing in mind there will be some communities where the incidence is very small and we have hospitals in the north of England that are now full of empty beds?

Michael Gove: At the beginning of the discussion about the lockdown one or two people put forward the idea that it should be London-specific, for all the reasons that we know, but the point was made that it will be difficult to police. If you say that someone has to observe social distancing rules and cannot go to the pub in Kingston, what happens if they go over the River Thames and go to the pub in Surrey? It becomes difficult to manage. It was felt that it was appropriate to do it on a nationwide basis, and I think it has been effective because we have seen the virus spread and there have been flashpoints and outbreaks across the United Kingdom that have been worrying and concerning. But I do agree with you that it is often the case, because of where our politics take place and where our media are, that we sometimes have London-centric policy thinking.

One area where we may be able to explore having the lockdown eased more would be in island communities. Bob Seely, the MP for the Isle of Wight, has suggested that we may trial contact tracing on the Isle of Wight before it is rolled out nationwide. If we do that, we might be able to use the Isle of Wight as an opportunity to see how we can relax those measures. I think similar suggestions have been made by some of the



island communities in Scotland, but obviously that is a matter for the Scottish Government.

Q194 **Jackie Doyle-Price:** There is an issue here as well with regard to messaging, and it is similar to the ones that my colleagues representing Scotland and Wales have raised. Clearly the lockdown applied to, "If you can work from home, please do, but you can still go out to work". At the same time the Mayor of London was becoming very agitated about construction workers still travelling to work and using the public transport system, but clearly from an economic perspective we still need that activity to go on. Do you see a tension also with the leaders of devolved local government in ensuring consistency of messaging?

Michael Gove: I do not see that tension yet, but I think you make a fair point. Outside London, and certainly outside major metropolitan areas, the overwhelming number of journeys to work are done by car and van, not by public transport. I think sometimes that is forgotten in some of the discussions. It may be the case that, just because MPs or national media journalists are using public transport in London, they assume that that is normal for everyone, and it is not. When we have been looking at ways in which we might potentially ease the lockdown, the point has been very forcefully made that it is important to think hard about public transport in London and in the West Midlands and elsewhere, but it is also important to recognise that most people in the rest of the country do not use public transport to get to work and that we should think about policy in that way as well.

Q195 **Jackie Doyle-Price:** I am glad to hear that because it is abundantly clear that probably the worst place to enforce social distancing is the public transport system, and the dependence in London is quite unique. But obviously the most important thing looking ahead is to make sure that we do get the economy back on track as soon as possible. My plea to you is that when we come to look at easing the lockdown, can we have real attention paid to public transport and real attention paid to making sure that those people who can work are getting that message loud and clear and that it is tolerated by everyone else? I do not know about you, but I am getting rather frustrated by my neighbours who tut-tut about people getting in their white vans to go to work every morning but are quite happy to take their latest delivery from Amazon. There needs to be a bit more understanding by the middle classes of the policy and of what the workers have to do to earn a living.

Michael Gove: I agree 100%.

Jackie Doyle-Price: Marvellous.

Q196 **David Mundell:** I would like to return to the issue of potential regional or national variations in the lockdown. I know that you are a keen follower of the Scottish social media scene, and there has been quite a lot of excitement in that environment about the potential for regional or national variations in lifting the lockdown. If the scientific evidence promoted such



a view and was the basis for easing out of the lockdown, it is obvious to me that is something that could be contemplated. I want to be clear where the UK Government stand on that issue, of contemplating such a regional variation. I was pleased to hear the First Secretary of State describe the Scottish Government's paper, which they produced last week, as sensible, because indeed that is what it was. Like the Welsh comparison you made, it was almost entirely predicated on the UK Government's five tests. Could you confirm that you would contemplate that there be some form of regional or national lifting of the lockdown?

Michael Gove: I agree with you and the First Secretary that the Scottish Government's document was sensible, and I read it with interest. You are absolutely right; it broadly reflected the policy that the UK Government have been following.

On the question of regional variation, this is something they are talking about in France at the moment as well. My own personal view is that it is preferable if we do it as one United Kingdom, but there is a specific scientific justification for saying that island communities can be areas where you could pilot some measures, contact tracing in particular, and combine that with relaxing measures at a progressively greater rate, and that can help you judge what is right for the country overall. Different European countries are adopting regional variation. My belief is that, overall, it is better if we do it as one United Kingdom, but there are specific opportunities in island communities to conduct trials.

Q197 **David Mundell:** It certainly would be better, as you would appreciate, to have a one United Kingdom approach for my constituency, which is on the border, and people are still travelling to Carlisle, for example, to work in the NHS. It would seem ludicrous to have different rules applying to them at home compared with their place of work.

Michael Gove: Yes, it would be odd if the political editor of Border TV had to observe different rules depending on whether he was reporting from Langholm or from Carlisle, exactly.

Q198 **John Stevenson:** Michael, at the beginning you said that all aspects of the constitution are working well together. One part of our constitutional system is local government. How have local government leaders been involved in decisions about the UK response to Covid-19?

Michael Gove: The Secretary of State in MHCLG, Robert Jenrick, and his junior Ministers, Chris Pincher and Simon Clarke, are regularly in touch with local government leaders in order to make sure they understand the strains and pressures that they have. The role of local resilience forums has become even more important in dealing with this crisis, and they are in regular touch, as is the Cabinet Office, with the people involved in manning and operating local resilience forums. Simon Clarke has asked all Government Departments for recommendations on areas where there are currently burdens on local authorities that we can lift in order to allow them to concentrate on the particular challenges of the emergency.



Q199 **John Stevenson:** It is interesting that the devolved Administrations have been involved with the national Government quite regularly, as has the Mayor of London. Do you think other metro Mayors, and possibly some sort of representation from the rural parts of England, should also have had greater representation?

Michael Gove: It is a fair point. I think you are right that metro Mayors, Andy Street, Andy Burnham and Ben Houchen, have a very important role to play, and I know that the MHCLG team has been in touch with them. I was able to talk to Andy Street a couple of weeks ago about a specific issue where I hoped we would be able to help. You are also right to raise some of the particular questions that face rural communities, and those concerns are reflected by different Ministers. I will talk to both George Eustice and Robert Jenrick about how we can make sure that, when we are thinking things through, we are properly rural proofing our response.

Q200 **John Stevenson:** In addition, what mechanisms are in place to ensure that the various local authorities have access to the scientific advice they need to fulfil their role in emergency planning, dealing with the pandemic and providing social services? What advice are they getting, and how easy is it for them?

Michael Gove: The Civil Contingencies Secretariat has a good relationship with local resilience forums and shares material with them. That should ensure that the gold commander for any local resilience forum, and his or her partners, has access to the best contemporary evidence. When it comes to some of the services that local government are providing at the moment, we are discussing with them everything from what might be a safe way for schools to return to what might be some of the additional PPE requirements of people delivering public services.

Q201 **John Stevenson:** Do you think that is a two-way process? Quite clearly local government will have their own experiences. There are clear regional variations and they will be feeding back into central Government. The response from central Government to that feedback of information, et cetera, is that working?

Michael Gove: I think it is. Let me take one very challenging area. One of the concerns that people have had throughout the pandemic is that the increased number of deaths would place particular strain on funeral management and everything associated with that. We have been talking to local authorities about that issue, and their responses have informed everything we are doing. There is a dashboard of the local capacity that local authorities and local resilience fora have, and that helps us because local authorities feed back information about particular areas where central Government can help them to discharge their responsibilities.

Q202 **John Stevenson:** During this pandemic there are quite clearly a number of organisations who are involved and have responsibility. Do you think it is clear who has responsibility for what between central Government, the devolved Administrations, Public Health England, NHS England and local



authorities? Is that clear, transparent and obvious?

Michael Gove: I think it is, but if it is the case that you, your constituents or others feel that there is any uncertainty, we want to respond to that. All of us as MPs know that sometimes there can be, in the minds of some of our residents, uncertainty about whether something is the responsibility of the borough council or the county council. It may well be the case that for people leading busy lives the distinction between Public Health England and the NHS is one that they would not ordinarily want to scrutinise closely, but in a pandemic situation of course it becomes critical that we know who is delivering what. I think that is clear, but if for any reason people are encountering any difficulties, the more we know the clearer we can be in reinforcing those lines of accountability.

Q203 **John Stevenson:** On that, where do you think issues have arisen?

Michael Gove: In terms of potential confusion?

John Stevenson: Yes, and lines of responsibility. Where have issues arisen?

Michael Gove: I am trying to think where that might have been. Quite a lot of planning went in originally, as I mentioned earlier in the context of the flu pandemic, to areas like the management of more deaths than might have been anticipated, so the role of the local authority, the local resilience forum, central Government, funeral directors and others was worked out beforehand. I do not want to appear complacent at all, but I am not sure where any uncertainty may have arisen. Uncertainties may have been generated, going back to some of the earlier questions, with people asking, "If the Mayor of London says this but central Government says that, which is right?" I think it has been more a fact of different views from different people in different parts of the United Kingdom rather than a lack of clarity about who is delivering what. As I say, we are not complacent and if there are examples that people want to bring to me, we will respond.

Q204 **Chair:** Mr Gove, just intervening on that point, in answer to Mr Stevenson you mentioned that the Civil Contingencies Secretariat has good relationships. Good relationships are all very well but, at a time of national emergency, what teeth does that secretariat have?

Michael Gove: The Coronavirus Act gives central Government powers, but the Civil Contingencies Secretariat is, as much as anything, about collating and sharing information and then drawing up plans so that central Government and others can be in a strong position. It is also the case that as well as the Civil Contingencies Secretariat being part of the broader resilience community, which includes local resilience forums, military planners have been despatched to every local resilience forum to help them with their delivery of particular services.

Q205 **Chair:** Are those military planners able to cut through the bureaucracy? Is that why they have been sent there?

Michael Gove: Yes.



Q206 Lloyd Russell-Moyle: The local resilience forums have been used, which is outlined in the Civil Contingencies Act, but of course we have not followed the Civil Contingencies Act in some of the other areas and have followed a new Act, which is understandable. The local resilience forums are mapped on policing areas rather than, say, local health strategic partnership areas or wider partnerships of CCGs. Luckily that is coterminous for us in Sussex, but is there any thinking about whether—particularly in the future, but considering what we know now—those areas were the right coterminous areas to use?

Secondly, the makeup of the local resilience forums is of the civil service leaders rather than elected politicians. That makes perfect sense when you have a short-term crisis—an aeroplane crash, for example, when we last used the Sussex resilience forum—but does there need to be some thinking, particularly when these crises go on for longer, about including local politicians, and I do not just mean directly elected mayors but leaders of councils, in some of those deliberations?

Michael Gove: I think those are very good points. On the first point about the geography, the fact that they are coterminous with policing areas flows from the fact that local resilience fora will often rely on the blue light services—police, fire and rescue and, of course, ambulance as well—when dealing with particular issues. But when, as we all hope, the effect of the pandemic has subsided, I am sure one of the things we will all want to do is look at the architecture of local resilience forums to make sure that we have things right. You are also right that we continually need to think hard about making sure that we involve local politicians and not just metro Mayors. That is managed through MHCLG, and MHCLG Ministers are always very sensitive to the needs of people in local government.

Those are two very good areas for reflection for the future. As is so often the case when you are dealing with a crisis, you just need to crack on with dealing with the immediate, as you point out, but then you can learn certain things from it about how better to prepare for the future.

Q207 Lloyd Russell-Moyle: Did local resilience forums have enough autonomy to hit the ground running, particularly in things like buying PPE? I know my one said at the beginning that it was not sure whether it had the mandate to go out and just get the stuff that was needed or whether its mandate was to co-ordinate. Is there a role in giving them a clearer, more robust mandate to do things rather than just to co-ordinate things?

Michael Gove: Again, that is a very fair point. Some local resilience fora, and indeed some other arms of government like the prison service, went out early to secure their own supplies of PPE. There has been a broader problem, as we all know, with PPE globally, and we can discuss some of the challenges there, but I think you are right that encouraging people who are professionals to exercise their own initiative is a good thing, absolutely.

Q208 Karin Smyth: Following on from those points—and I declare my bias, as I was an emergency planner at the NHS in 2014—I am a bit surprised to



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hear you say, Mr Gove, that you are not really aware of some of those local versus national issues. We picked up last week the difference between strategic planning and operational planning locally. The different ways in which the different bodies have had to access, for example, PPE surely does stem from disclarity within local resilience forums and what exists on the ground.

Michael Gove: I hope that we are not complacent in Government and that we are always determined to learn from any examples of areas where people on the frontline feel they have not been getting the support they need. Just to take one step back on the PPE question, we had a big national stockpile of PPE to deal with a flu pandemic. As I mentioned very briefly earlier, we had to revise our approach because of the emerging nature and the new science that gave us a better understanding of how coronavirus itself affected people. We are also considering at this moment what the best scientific advice is on the sorts of PPE that might be required for people who are not in health or social care settings. We touched on that when David Mundell and I were discussing face covering.

Q209 **Karin Smyth:** My point on this is not that the Government have been complacent. My point is the disconnect between the operational planning in a local area—be that what was a strategic health authority before the Health and Social Care Act or the local resilience forums—and the responsibility of Public Health England particularly within that and local government. The learning from that has been known over the last few years. You say you are learning as a Government, but how have you learned from the way that local resilience forums have been operating in the last two or three years to inform this pandemic?

Michael Gove: As you will know, local resilience fora have had to deal with some real challenges, particularly but not exclusively flooding events. Local resilience fora were also very deeply involved in the preparation for what might have occurred if we had left the European Union without a deal and some of the challenges that that might have thrown up. The conversation that local resilience fora and their leaders have with the Civil Contingencies Secretariat has informed our approach. The Civil Contingencies Secretariat has often updated me on areas where it thinks that, on the basis of its conversations with people at the frontline locally, central Government's expectations need to be recalibrated.

Q210 **Mr David Jones:** What is the line of reporting for local resilience fora in Wales? Given that they comprise both devolved and non-devolved entities, do they report to the Welsh Government or do they report directly to Whitehall?

Michael Gove: Principally to the Welsh Government, and it is the same with the different resilience model in Scotland, but it is the case of course that the Civil Contingencies Secretariat in the Cabinet Office has relationships with people involved in the work of resilience across the whole United Kingdom.



Q211 **Mr David Jones:** There is a direct relationship there?

Michael Gove: Yes.

Q212 **Ronnie Cowan:** I have short, sharp questions for you because we are up against the clock, but I am curious. What was the need for the Coronavirus Act when we already had the Civil Contingencies Act in place?

Michael Gove: Two things. The Civil Contingencies Act is designed to be used for something that is unforeseen. It is designed to be used in a range of situations where there is no time for preparation and forethought. The Coronavirus Act grew out of some of the learnings—I hate the word “learnings”, but you know what I mean—from the Exercise Cygnus operation. The fact that we were able to introduce the legislation so quickly was a result of having thought through what might be required in a pandemic.

Q213 **Ronnie Cowan:** But there is a problem with scrutiny, is there not? The Civil Contingencies Act was there for scrutiny; the Coronavirus Act is not.

Michael Gove: It is up to Parliament to have any debates that it likes on the Coronavirus Act, and there are appropriate staging posts in the legislation for review.

Q214 **Ronnie Cowan:** But using primary legislation meant powers came into force some time after they could have under the CCA. Did the Government consider introducing short-term regulations under the CCA and then allowing Parliament more time to consider the primary legislation?

Michael Gove: We did consider whether or not the CCA was appropriate. There is a risk—the rule of law applies throughout—that using the CCA would have been and could have been challenged on the basis that its use was inappropriate in circumstances where some of the requirements for dealing with the coronavirus were foreseen in advance.

Q215 **Chair:** Could I intervene on that? Ronnie, forgive me. The Civil Contingencies Act exists for contingencies. If this is not an occasion on which that would be necessary, when would be?

Michael Gove: The sort of things that would be totally unexpected, such as if the country were to face—and one would not want to get into lurid speculation—a military attack, for example.

Q216 **Chair:** But the Civil Contingencies Act does not just exist for a preemptive nuclear strike on this country, does it?

Michael Gove: No, but the powers that it confers upon Government are sweeping and it is specifically designed—and this was the clear advice—to be used when you have an unexpected bolt from the blue rather than when you have something that is, as we saw, a developing threat. The legislation was in place in order to ensure that the Government were able to respond appropriately. We could have a discussion about whether or not the Government have done everything right but, on the legislative easements required, no one, to my knowledge, has said that there is anything that we



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should be doing that we don't have the legal power to do, so I think the Coronavirus Act was the legally appropriate thing to do. The use of the Civil Contingencies Act would have been open to challenge because it is not a bolt from the blue.

Q217 **Chair:** But it does cover epidemics, does it not?

Michael Gove: It can be used in a variety of different areas. It is the case that the specific requirements of the Civil Contingencies Act mean that, if we had used it, we would have been open to challenge.

Q218 **Chair:** This epidemic was not quick enough? Is that basically what we are saying for why we did not use that Act?

Michael Gove: No. I think it is the case that the Coronavirus Act has the legislative easements that you need to deal with a pandemic. The fact that we were able to bring it on to the statute book so quickly is because the Department of Health had used the evidence, wisdom and experience gleaned from thinking about pandemic threats in the past to have legislation prepared that could be tweaked.

Q219 **Chair:** Would you be willing to share the legal advice, Mr Gove, that determined that the Coronavirus Act was necessary?

Michael Gove: We never share legal advice.

Q220 **Ronnie Cowan:** I am staggered to hear that this is not a bolt out of the blue. Given the speed with which this virus has ripped through the United Kingdom, and has killed over 20,000 people, are we saying we were not surprised? If we were not surprised by it, why were we not better prepared? But my real concern here is the scrutiny that the Government do or do not allow themselves to be put under in these times. Under the Civil Contingencies Act, regulations have to be renewed every 30 days and can be annulled or amended through a resolution of the Commons and the Lords. The lockdown regulations were made under the Public Health (Control of Disease) Act 1984, which contains far less stringent scrutiny. Surely you can understand why, at a time like this, people want to hold the Government up to scrutiny.

Michael Gove: I do, and I am sorry that you are at variance with your colleagues in the Scottish Government. The Coronavirus Act was agreed across all four nations and the Scottish Government Ministers, like the Welsh Government Ministers, thought it was the right thing to do. But of course we are open to scrutiny at every point. If there are any examples of either the UK Government or any other Government abusing its powers under this Act, please do bring them to my attention, otherwise some people might think this was a synthetic display of anger from someone who is at variance with politicians from their own party who exercised Executive power.

Ronnie Cowan: Are you accusing me of a synthetic display of anger?

Chair: If I could intervene and insist that we will have no synthetic displays



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of anger whatsoever, only genuine ones, please. On that note, if you have finished, Mr Cowan, perhaps I could ask Rachel Hopkins to join us.

Q221 Rachel Hopkins: Mr Gove, the National Risk Register should be produced by the Cabinet Office every two years. Where is the 2019 version, and how much variation was there from the 2017 version?

Michael Gove: The National Risk Register is published as a result of the work that is undertaken by the Civil Contingencies Secretariat. I cannot give you chapter and verse on the variation between 2017 and 2019, but the National Risk Register is a publicly available document that reflects the broader work that is done, which the Cabinet Office necessarily keeps confidential.

Q222 Chair: I do beg your pardon, Rachel. I saw a copy of it in *The Observer*, Mr Gove. Is that the public domain where the document is?

Michael Gove: I cannot remember completely whether it was *The Guardian* or *The Observer* but at the weekend either one of them had details from a leaked document. Governments do not tend to comment on leaked documents, but one of the points there is that the National Risk Register is the public version, the sort of edited version of a broader document. That broader document is the Government's own manual for dealing with a range of risks. By definition, you would, quite rightly, want to share with the public what some of the risks are that we are seeking to mitigate, but you would not want to publish every aspect of your attempts to deal with risk because there are bad actors out there, whether state actors or non-state actors, who if you laid bare the nature of your resilience planning might be able to exploit it for their own advantage.

Q223 Chair: Rachel, do forgive me for interrupting at this juncture. Mr Gove, where therefore is the executive summary that you allude to? I cannot find it in the public domain.

Michael Gove: That is the National Risk Register, which is shared in the public domain, yes.

Q224 Rachel Hopkins: So it can be shared with us then. Reflecting on the Risk Register, it was assessed that the risk of a flu pandemic was the most disruptive crisis facing the UK and deemed the threat of other pandemics less serious. How different has the response to Covid-19 needed to be from the planned response for a flu pandemic?

Michael Gove: It is a very important point. There are significant areas of overlap. As we mentioned earlier, many of the items that we stockpiled in order to deal with any potential flu pandemic have been of critical use in dealing with the coronavirus pandemic, but the nature of the coronavirus is different from seasonal flu. As a result it has required, in some cases, additional elements of PPE. I mentioned briefly earlier that the Government's scientific advisory group, NERVTAG, has specified what those additional requirements would be.



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However, many of the things that one would prepare for in a flu pandemic, such as the legislation that we have just been discussing and the plan to move non-essential cases out of hospitals in order to free up capacity, would be the same whether it were a flu pandemic or in response to the coronavirus pandemic. Because it is a new virus, we are learning, all of us, in real time about the specific symptoms and the specific responses required. We are also learning that there are treatments that might work against flu that will not work against corona.

Q225 Rachel Hopkins: Reflecting on what you have said, at what point did the Government deviate away from a flu pandemic response?

Michael Gove: We responded on the basis of the scientific advice as we discovered more about the nature of this virus. To go back to the example of NERVTAG, as it knew more about this particular disease, its advice allowed us to refine the approach that we were taking towards advice on PPE, for example.

Q226 Rachel Hopkins: The Risk Register emphasises the availability of PPE for first responders, but how was it not foreseen that, in a global pandemic, global supplies of PPE would be in short supply?

Michael Gove: We had stocks for dealing with a flu pandemic, but the nature of this particular virus has meant that there has been a need for additional PPE that would not necessarily have been the case in a standard flu pandemic. You are right there has been a global demand for it. One of the things that many of us will reflect on is whether or not the sources of supply for PPE are too concentrated in a geographically limited number of countries. That is definitely a lesson to be learned.

Q227 Rachel Hopkins: Can I have one more question on the Risk Register and how any embedded assessment of equalities was considered? I reflect on this pandemic having particular issues for older people and, as we are beginning to see, people from BAME backgrounds.

Michael Gove: It is the case that all of the work of the Government is done through the prism of equalities, and the Equality Act places responsibilities on all Ministers to think about those things. You are right that there is emerging evidence that the virus has a particular impact on people from black and minority ethnic backgrounds. We do not know what the full epidemiological lessons are to be learned, but the leading indicators are worrying in that area. That is why the Government have commissioned extra scientific work into this and also asked Trevor Phillips to look at some of the questions that the emerging evidence raises.

Q228 Rachel Hopkins: On the Risk Register, which you say has been published, will we see an explicit equality impact assessment of some of those risks as well?

Michael Gove: There is a difference between equality impact assessments that are carried out before certain policies are instituted or before certain Bills are introduced and looking at things through an equality lens overall.



One of the things that we did not know about the coronavirus and that has become apparent is the evidence that you quite rightly alluded to about what appears to be its disproportionate impact on minority communities. However, I want to stress that, while it is a worry and we are responding to it, it is difficult to make hard and fast conclusions about the nature of the variable impact of the virus because we are still learning about it.

We know, for example, that it tends to be more lethal among people who have certain comorbidities, and that tends to be, as you know, diabetes, heart disease and so on. It is looking at all of this evidence and seeing what the real risk factors are and which vulnerable communities are particularly in need of support.

Q229 **Karin Smyth:** Did the Cabinet Office monitor whether various Departments and agencies completed the mitigations in that Risk Register?

Michael Gove: It is the case that, depending on the Government Department responsible, we seek to ensure that Government Departments have plans that are ready to deal with the threats that have been identified. For example, it is the case that BEIS develops plans if there is any interruption to the operation of the national grid and that DEFRA prepares plans in the event of an animal disease outbreak that threatens the food supply and so on. It is the responsibility of the Government Departments to do that. One of the things that we seek to do is to make sure those plans are as robust as possible and are renewed and refreshed in the face of a different assessment of threats.

Q230 **Karin Smyth:** Therefore, you and the Cabinet Office, in your co-ordinating role, did assess if those Departments had fulfilled those mitigations in their risk registers?

Michael Gove: It is our responsibility to do that, yes.

Q231 **Karin Smyth:** Good. If I can come back to the unexpected nature of this particular virus, I accept that we are learning all the time, but Public Health England, in its pandemic flu strategic framework in 2014—some six years ago now—had a key principle of first preparing for the worst. It also in its planning assumptions recognised that a novel virus would hit the UK very quickly and that a vaccine would not be available for up to six months, so much of this has been known within the community for some time. This is not as unexpected, the way that this virus would react, as perhaps you are indicating. What lessons have you been learning from those organisations, from the Risk Register, over the last five years?

Michael Gove: I would say two things. One of the things is that we identified learning—I hate that word. We identified evidence from both how a SARS-style virus had operated and also from what a global flu pandemic might do. The evidence, certainly from previous SARS outbreaks, reflected the fact that the incidence of them and the lethality of them in the UK and in Europe was less than a flu pandemic might be. That was on the basis of the evidence that we had. We are now revising that, of course, because of the nature of this outbreak.



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As you quite rightly acknowledge, it is a novel virus that combines the lethality, to a greater extent than before, of coronaviruses and the ease of infection and spread of seasonal flu, so it poses a unique set of threats. We are, like everyone, seeking to find out what treatments might be appropriate in order to ensure that those who are infected do not develop the worst form of the disease, and also, as you say, seeking to develop a vaccine as well. We are taking part in a global initiative.

Q232 **Karin Smyth:** So a novel virus has been long expected?

Michael Gove: One of the things I would say is that, if we look across the world, we find that every country has responded in different ways but there has been an overlap, as I mentioned earlier, in their response. Every country and every scientist would say it is vital to share that information and learning, but it was not the case that anyone anticipated precisely the type of virus that we face now.

Karin Smyth: No, but a novel virus was expected for some time now.

Michael Gove: It is the case that we have always been aware that there could be a particular threat of the kind that SARS posed but, on the evidence we had at the time, we anticipated that it might operate in a different way.

Q233 **Chair:** Mr Gove, you are always very precise—and quite rightly so—in your use of language, in that you said that the Cabinet Office has the responsibility to check that different Departments have robust plans for contingency. Did they do that?

Michael Gove: I believe the Cabinet Office has. It may be, for the sake of argument, that there is a particular threat in a particular Government Department where we have not been as assiduous as we might have been in assessing it. However, with respect to flu, it was the case that, following on from Exercise Cygnus, the National Security Council sub-committee on threats, hazards and resilience looked explicitly at the lessons to be learned and made recommendations to DHSC and other Government Departments about what was required.

For the sake of argument, there might be an element of the Risk Register where the Cabinet Office will need to go back to the relevant Department to make sure that its plans are absolutely as robust as they should be but, on all the evidence that I have of the work of the Civil Contingencies Secretariat, the plans are robust and have been, and are, regularly reviewed.

Q234 **Chair:** Would you undertake to write to this Committee to confirm, or otherwise, that in fact the Cabinet Office did undertake that responsibility properly?

Michael Gove: Absolutely.

Q235 **Chair:** You preempt my further question regarding Exercise Cygnus, an exercise that is shrouded in mystery it seems—only several references to



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it in local authority minutes and a board paper from NHS England. I presume you have read the report issued following that exercise?

Michael Gove: Yes.

Chair: Can you confirm it therefore exists?

Michael Gove: Yes.

Q236 **Chair:** Would it be possible to put that in the public domain?

Michael Gove: I do not think I can make that decision; I will talk to my colleagues. One of the things, again, I would say is that the purpose of Exercise Cygnus was to model a scenario for a flu pandemic. It was conducted in 2016 with a different Prime Minister. That Prime Minister then authorised, as I mentioned, the National Security Council to look at the work that was required. It was because of that that we were able to introduce the coronavirus legislation, because of that that we had a pandemic stockpile and because of that that some other steps were taken by DHSC.

Q237 **Chair:** If not a full version, might you be able to provide a redacted version?

Michael Gove: Let me consider that, yes. I would obviously want to share as much as possible with the Committee. It may well be the case that members of the Committee could come into the Cabinet Office to read it or that we could share a redacted version. I will reflect with my colleagues on what is the right approach. One of the things again that you will know as a Committee is that, while Ministers have wide discretion, I have to take account of precedents and I would have to ask the Propriety and Ethics Team here in the Cabinet Office, because sometimes I am anxious to share things but the point is made to me that this is advice that has been offered in confidence by civil servants and that we have to respect their duty of candour and the safe space in which advice is offered. I will talk to the Propriety and Ethics Team, take its advice and write back with what I can and cannot share. My general disposition is to share as much as possible.

Q238 **Chair:** When did you read it?

Michael Gove: I read it last week.

Q239 **Chair:** Was it not given to you perhaps earlier on in your role? Might it not have been appropriate to receive it perhaps in January?

Michael Gove: Some of the product that flowed from that report I had read beforehand, yes.

Q240 **Chair:** What aspects of the product, as you say?

Michael Gove: The specific set of responses that had flowed from that, such as the need for a particular set of specialist legislation, the approach that was taken by DHSC to deprioritising non-urgent operations in order to clear space, as it were. It is the case that the Cabinet Office team runs



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exercises all the time, and those exercises then inform the threat assessment and the risk register that it draws up and the work that is then done as a result. The fact that that exercise had taken place helped us to shape and frame our response subsequently.

Q241 **Chair:** In helping to shape the response, what lessons did you, the Cabinet Office and other Ministers learn from that exercise?

Michael Gove: The first thing, and this is a point that was made right at the very beginning, is that unless you take rapid action at the right time there is a risk of a virus—and in this case it was a flu virus—spreading at such a rate that the resources of the NHS can be overwhelmed. Therefore the principal lessons were, first, make sure that you increase NHS capacity, particularly ICU capacity, by repurposing the way in which hospitals operate and by removing those patients who have non-urgent conditions, and also, at the same time, make sure that you have the legislative power or the appropriate support to bring in the social distancing and other lockdown measures required in order to stop the spread of infection.

Q242 **Chair:** What about the more practical aspects? Did the exercise reveal that there would be a lack of PPE across the health and care sector?

Michael Gove: No, and this is an important point. The exercise led, *inter alia*, to the development of a pandemic flu stockpile. What has caused a particular challenge is that the novel coronavirus, because it is novel—it is new—required a recalibration of our approach towards PPE. That recalibration was recommended by NERVTAG, the scientific advisory body with particular expertise in respiratory diseases.

Q243 **Chair:** In essence you are saying that the planning for this eventuality was on the assumption that this novel coronavirus, or any pandemic, would be akin to an influenza pandemic, requiring a certain stock and quantity of PPE. Is that what you are saying?

Michael Gove: Yes, because Exercise Cygnus was specifically to model a response to influenza.

Q244 **Chair:** In the lessons learned, was it looking at a stockpile of actual gowns, gloves and whatever else in warehouses in this country, or was it over-reliant on securing quite complex supply chains?

Michael Gove: It was based on making sure that we had a stockpile in this country. I should add that that stockpile was augmented as we were preparing for the potential of a no-deal Brexit outcome. The broader point you make is one of the things that has been brought home to all of us, that when it comes to PPE we have an over-reliance on a small group of nations to produce the bulk of the personal protective equipment required. It is also the case that the production of the raw materials required for the best personal protective equipment, which are a by-product of the petrochemical industry, tend to be concentrated in a relatively small number of countries as well.



Q245 **Chair:** Might not a lesson that could have been drawn from this exercise be that those supply chains would have come under pressure and there would be an immediate need to ramp up domestic production to plug those gaps?

Michael Gove: It is the case again, because it is a novel coronavirus, that the change in the approach we took to PPE was NERVTAG recommended, and the stockpile we had was designed explicitly to deal with a flu pandemic. If you look across the globe, there is a recognition—not just with respect to PPE but with respect to some other questions—that the future of domestic production may require greater resilience in national economies in a number of areas. Some people have been warning that globalisation has led to an over-concentration of production, not just of PPE but of other things in some countries, but the dominant economic discourse has tended to be—what is the word?—sceptical about that. That economic conversation, as you quite rightly point out, is changing.

Q246 **Chair:** That is a rather long-term analysis. What about the here and now? What is being done in the here and now to ramp up domestic production?

Michael Gove: Lord Deighton is leading a group within DHSC to increase domestic production of PPE. We have entered into contracts with a firm in Scotland that produces the material that is required. What we are seeking to do, first of all, is to establish what particular sources of raw material we can access and also, given that we have expertise in the petrochemical sector and indeed an oil and gas industry, how we can ensure that the appropriate fabric comes on stream here. We are also looking—Lord Deighton and Lord Agnew—at producing not just masks and gowns but other material here in the UK.

It is the case that there is some personal protective equipment whose production we have already ramped up, not the most vital, but still vital. It is the case that distillers can produce hand sanitiser. One of the strengths of the United Kingdom, of course, is that we have seen distilleries in Scotland change their production lines in order to produce some of the hand sanitiser that is so valuable.

Q247 **Lloyd Russell-Moyle:** It has been reported that the Government have received over 8,000 offers to supply PPE. How many such offers did the Government respond to positively in the end?

Michael Gove: We have received 10,579 offers, and we are working through those now. Of those, there are 800 that are currently going through a process where we make sure that the offer is robust. As you will appreciate—as we have just touched on—we want to make sure that the quality of the equipment is absolutely in line with the recommendations that Public Health England and others give in order to keep our frontline workers safe.

One of the problems we have had is that a number of people have made offers—kind offers, well-intentioned offers—of personal protective equipment, but they have not been people who are capable of producing



that equipment. For example, and I do not mean to be unfair to the people concerned, a company responsible for period costumes of the kind that dramas might require said it would love to help and it got in touch. Again, we have had to say, "Very kind, thank you. We do appreciate that everyone wants to help our NHS at this time, but it is quite a specialised sector."

Q248 Lloyd Russell-Moyle: Was there any attempt to triage some of those smaller offers, or offers that would not be at the standard of the NHS but they would be able to support some of the other caring sectors with different kinds of equipment, to make sure they were not just rebuffed totally?

Michael Gove: Yes, and that is a very fair point. We have obviously prioritised those who have the biggest sources of supply and who can help the NHS and social care first. It is also the case that we are looking at other offers where we may be able to help other areas in the public sector and, indeed, beyond that as well. Yes, a triage process precisely of the kind you outline has been done.

Q249 Lloyd Russell-Moyle: There are reports in the press that a number of firms came to the Government early on with offers to get supplies of European-certificated PPE to the standard that we know, that the Government did not respond quickly enough and that those pieces of equipment have now been lost. Are you aware of instances—I grant that you are never going to pick up every single thing on time—where the Government lost a number of big orders, or do you not recognise those kinds of stories?

Michael Gove: I do not think we have. I am always looking at how our procurement operation works. It may well be, as we comb through every example, that there will have been a significant and generous offer that we did not respond to sufficiently quickly. I am not denying that it is a possibility, but one of the challenges that we face is that this is a market where, as you will appreciate, prices have gone up and money can be made by middlemen. Often some of the people who have approached us saying, "I can provide you with X or Y" are middlemen and the ultimate source of supply is elsewhere or out of their hands. Sometimes we find that there are people who are attempting to play different markets off one against the other, and sometimes they do not have access to it themselves. They are operating on the fly, as it were.

Q250 Lloyd Russell-Moyle: Yes. Yesterday's *Daily Mail*—not a newspaper I would normally read, because I find it rather revolting—was, in this instance, doing something very positive by airlifting £1 million-worth of PPE from China and other places to Britain, and it says it is going to do a number of those airlifts with its charity. Why is the *Daily Mail* able to secure £1 million-worth of pieces of protective equipment? We hear about other organisations—Liverpool local authority, et cetera—but the Government are saying that they are not able to secure that. We saw over the weekend gone that we were waiting on this shipment from Turkey. How come private organisations are able to do it and we are not? Is there something that I



am missing here?

Michael Gove: No, your question is a very fair one. The effort by the *Daily Mail* is very welcome and I applaud it. It has done it in combination with businesspeople, including the chief executive of Marshall Wace, Ian Wace, who is a distinguished philanthropist and a colleague of a friend of mine, Sir Paul Marshall. It is really welcome that they have done that. However, it is the case that the amount of PPE that the UK has secured in China through the Government dwarfs that of private philanthropists. It is also the case that, without wanting to cast aspersions on anyone, the market for PPE in China is not a completely transparent and free market, as some others are. There is always, when you have transactions in China, the knowledge that the state there can intervene in particular ways.

Q251 **Lloyd Russell-Moyle:** I would be interested to know what the level of utilisation of the private sector and charitable sector has been in providing both ventilators and PPE and what the Cabinet Office is doing to co-ordinate that. That is just one example, but what is the Cabinet Office doing to make sure it is done in a holistic way so that we do not end up having the British Government in a bidding war against the *Daily Mail*, in a bidding war against another charity, and we all end up losing out?

Michael Gove: It is a very good challenge. We have sent the Crown Commercial Service team to the Department of Health and Social Care to help it source the material required. It is the case that, for a lot of PPE, China is the ultimate destination and we have been working, using our diplomatic posts and the ambassador in Beijing, to make sure that we co-ordinate our sourcing effectively. However, it is the case that there will be actors and players in China and in other countries who will seek to pursue their own ends. We do seek to co-ordinate that.

With respect to ventilators, again we have worked with the Department of Health and Social Care to make sure we are de-conflicting any competing calls for ventilators. Of course, we have also increased the capacity to produce ventilators at home. It is a global race to secure this material. You will have seen—no criticism of any other Government—German doctors posing without clothing to draw attention to the lack of PPE there. It has been an issue in America and in France. I am not trying to shuffle off responsibility by suggesting that we, as a Government, should not be doing everything we can to make the supply chain coherent and responsive; it is just to put into context the challenge that we face.

Q252 **Lloyd Russell-Moyle:** Do you think it helps to count individual gloves and even individual masks as separate items to make the figures look like we are importing large numbers, which is what was reported in *Panorama* and other stories, or does that reduce public trust in thinking that our Government have a handle on this?

Michael Gove: Again, that is a fair challenge. I was not aware beforehand, but I was told that in the NHS you sometimes get gloves in different sizes and different consignments. Sometimes, for certain procedures and



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processes, you do not need just a pair of gloves; you need four gloves. Therefore the number has to be precise. I know that at first blush you would think that gloves should be counted in pairs, but that is apparently the way in which it operates. The truth is that, whatever method of accounting for the delivery of products we use, it is perfectly open for people to criticise it and to say we should not be lumping these things together.

Q253 Lloyd Russell-Moyle: Would it be a fairer way to record this in terms of how many days of supply we have managed to acquire? You are quite right that sometimes it requires four gloves and sometimes you change the apron for every person, but we know roughly how long an amount of supply will last now. Would it be better, going forward, to say, "We have secured in this shipment X numbers of daily supplies for the system" rather than talking about the number of items, which unless you are an expert in this is probably pretty meaningless?

Michael Gove: I do take your point. It is certainly worth reflecting on. One of the things I would say—I mentioned this briefly earlier, and you acknowledged it as well—is that the burn rate, to use the technical term, of PPE has been greater than we had originally anticipated. It might be the case that we would say, on the basis of what we knew at the beginning or what we know now, that we have four days', five days' or three weeks' supply of a particular item and then we find that the burn rate is greater. People will say, "You told us you had five weeks' supply and, in fact, it has been used up in four weeks. You were misleading us." What we would not have been trying to do is to mislead, but simply adjusting to changing criteria. However, I do think that your broad point, for a greater degree of transparency on PPE sourcing and supply overall to help to build confidence, is fair.

Q254 Lloyd Russell-Moyle: The Clipper service is meant to be rolled out. It has been delayed three times now. That is the service to augment some of the centralised NHS purchasing. It is run by Clipper Logistics. Most local authorities have now been told it will be another two to four weeks before that service is up and running. My local authority now tells me that it has given up on it ever being able to deliver. Has this been a failure in Government to make sure a private service provider is actually meeting the local need?

Michael Gove: It is something that I have been asking about during the course of today, and I want to be able to give an entirely accurate picture to this Committee and to others. What I will do is report back, because I know anxieties have been expressed on the precise state of the Clipper service.

Q255 Lloyd Russell-Moyle: Because if people are just working around it, we get to a stage where it might be easier to scrap the logistic part of the Clipper service and just incorporate those supply lines into the supply lines that have now been established. A change in four weeks' time might now be more disruptive.



I want to move on to the strategy from the outset. Did the Government have a clear strategy from the outset for dealing with coronavirus?

Michael Gove: Yes.

Q256 **Lloyd Russell-Moyle:** The Government strategy moved from mitigating the virus to very much strongly suppressing the virus. When and why was this decision taken?

Michael Gove: It was taken on the basis of the scientific advice from the Scientific Advisory Group for Emergencies. One of the points that scientific advisers have made is that, if you want lockdown measures to succeed, you need to introduce them at the right point. Again, it is perfectly legitimate for people to say that perhaps they should have been introduced earlier or not. There are some, looking at Sweden, who say we have introduced measures that are too restrictive. I personally think it is too soon in our response to come to a definitive view, but I am sure that in the future people will be able to look back and make a judgment about what we or other countries did or did not get right at the right time. The overall advice was from SAGE experts.

Q257 **Lloyd Russell-Moyle:** And the makeup of that committee is publicly known?

Michael Gove: There are some people who have identified themselves as members of the committee; obviously the Chief Scientific Adviser is. There are other people who are on the committee who have the right to anonymity. One of the reasons for that is that there have been, unfortunately, one or two threats issued to members of the committee. That is one of the reasons why their identity has been protected, but I know that one of the discussions that is ongoing is the extent to which people who are on the committee can identify themselves.

In the past, there has also been an issue with some people potentially being placed under pressure by lobbyists from sectional interests who were seeking to persuade scientific advisers to take a particular view. We wanted to make sure that they had a totally safe space in which they could have a very robust discussion. It was felt that that was best served by protecting the identities of the majority of members, but it is something that is kept under review.

Q258 **Lloyd Russell-Moyle:** Is this one of those committees where political advisers go and give their view as well? Can you give assurances that they are all qualified scientists, medical scientists and statisticians?

Michael Gove: Yes. There was reporting earlier this week that two people from No. 10, one of whom is the Prime Minister's adviser Dominic Cummings, attended meetings but that is something I would expect. In the same way, when I was Secretary of State at the Department for Environment, I might ask the chief vet or the chief scientist in that Department for their assessment of, say, the science behind the badger cull. It was always the case that I would try to ask what I thought were



appropriate questions, but I would never try to second guess the scientific expertise of the chief vet or our chief scientist.

Q259 Lloyd Russell-Moyle: Is there not a problem in terms of public trust? We do not know who is on this committee, but we do know that political advisers are going along. Of course, political advisers are also helping to frame the discussion, I grant you that. They are saying, "These are the political realities. What is your advice on this?" Then, very often, the answers that you have given today—that the Government give generally—are, "We have just followed the scientific advice" whereas in those discussions there has been a large sprinkling of political direction.

Michael Gove: I think, if it had been the case that there had been any improper attempt to influence, it would have been the case certainly that someone of the integrity of the Government's Chief Scientific Adviser would have said, "Hold your horses there, mate. That is just not appropriate." There has not been any evidence of that. Indeed, I think one member of SAGE who is publicly identified, Professor Neil Ferguson from Imperial, made the point that there was nothing improper in the questions that were being asked. It would be the case, for the sake of argument again, that if I had said to the chief vet or to the DEFRA chief scientific adviser, "Oh, go on, relax the rules on this. Help me fudge the figures" and so on, they would have blown the whistle. I think the same thing would have applied with SAGE as well.

Chair: Sorry, gentlemen, I must move on.

Lloyd Russell-Moyle: Can I ask the last herd immunity question on the brief?

Chair: Yes, you can.

Q260 Lloyd Russell-Moyle: Perfect. Herd immunity was discussed at one point, and then it seemed to be off the table at another point. Was herd immunity ever discussed with Government in response to part of the strategy or not?

Michael Gove: It was never Government policy. It is a term that epidemiologists and others use to describe a particular stage in the development of a disease if a particular set of principles are followed, but it is not Government policy.

Q261 Lloyd Russell-Moyle: The British Society for Immunology says there is no evidence that this disease might have long-term immunity, so why were we even talking about it in a scientific way? Does that not provide confusion for the public?

Michael Gove: No, I do not think so. Many of us are coming to terms with scientific debates and arguments that we were not closely involved in before, and sometimes some of those terms, taken out of context, can seem slightly worrying. I can completely understand the public feeling on this, but it is a well understood term that epidemiologists use. Whether or not you can develop the type of collective immunity to this disease that



you can to others is a scientific question that I am not competent to answer.

Q262 David Mundell: Can I ask about issues to do with data and international comparators, Michael? Earlier this month, the BBC quoted charities suggesting that elderly people were being “airbrushed” out of coronavirus death figures. What is your response to that assertion?

Michael Gove: No, I would not say that. One of the many tragic aspects of this virus is that all the evidence so far shows that it has a disproportionate impact on our older friends and neighbours. There are a number of comorbidities, but certainly age is a clear factor and that is particularly distressing. We have an approach that involves us collecting data from hospitals and from care homes and other settings. They are slightly different collection mechanisms because of the way in which NHS trusts can report death figures on a daily basis even if the death might have occurred a day or two beforehand, whereas the approach that is taken in reporting deaths more widely relies on people registering the death, a process that people have up to five days to do, and then making sure those figures are statistically accurate. Sir Ian Diamond, the National Statistician, has written to the Committee explaining the approach that is taken.

There is always a balance in having data that is timely and data that is accurate. The more that you have a chance to kick the tyres, the more you can be certain that it is robust. Data serves two purposes. If you look at, for example, the rate of infection, you can begin to form a judgment about how effective your measures have been in mitigating that process. It is also the case that people want to know, for entirely understandable reasons, what is going on in this country. Because the data in NHS settings comes quicker, some people have said that is because the Government are prioritising that information over others and treating individuals in care homes with less sensitivity and acuity. I understand that debate, but one of the things we all appreciate with data and information is that there has to be proper oversight in order to ensure that it is robust, and that is what the Office for National Statistics provides.

Q263 David Mundell: How does that work with the devolved Administrations and the figures they are reporting so that you can give a UK-wide figure? There are variations, are there not, in how these registrations are carried out in Scotland, Wales and Northern Ireland? These figures are very important. In Scotland it was announced today that, in the period 20 to 26 April, half of all deaths related to coronavirus occurred in care homes. To me that is a very significant statistic that does not necessarily come out in the 5 pm briefing. It does in the Scottish one, but it does not in the 5 pm briefing. That is a very relevant issue in a UK context as well.

Michael Gove: Yes, you are right. We have to respect the different ways in which the devolved NHS operates in Scotland, Wales and Northern Ireland, but one of the most important things from the data is to make sure that you are, within a particular country and within a particular sector, comparing like with like on a day-by-day or a week-by-week basis. There



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are many, many uses to which data can be put. One of the most important uses is seeing what the trend over time might be so that we can have confidence that the steps that we are taking are having the desired effect. You make a very, very fair point about some of the challenges of accepting the nature of the devolved settlement.

Q264 David Mundell: It is also the challenge of being able to understand the balance of the issues between care in the community, care homes and hospitalisation, because I do not think it has been clear at some points in dealing with coronavirus that hospitals are only part of the picture.

Michael Gove: I do take your point. Again, decisions about who should or should not be hospitalised are based of course on the clinical advice. The aim is always to ensure that those with serious conditions and who face a threat to their life are in hospital. You are right that, as we look at the figures overall, we also had brought home to us the particularly lethal and vicious nature of this virus, and it reminds us of the vital importance of making sure that we support those who work in care settings.

Q265 David Mundell: What responsibility do you see that the Government have to ensure that ONS statistics are reported as widely as those that are used in the daily press conference, which you said earlier are just a selection of the statistics that you have available to you?

Michael Gove: My view is that there is, as you quite rightly point out, a sensitivity towards the use of statistics. There can be, or there might be, criticism of any Government that chose to change their methodology midstream. Is it the case that we are attempting to change the methodology in order to achieve a particular outcome? My starting point would be that this is the method that the Office for National Statistics is confident in, so let's keep that. We might want to review it later.

I know it is also the case that there has been a widespread feeling to change the nature of the statistics and how they are reported, and so on. We are absolutely open minded about that, but one of the reasons why they have been reported in this way is that I am very sensitive to the fact that we would not want to be seen to be moving from apples to pears without people understanding, agreeing and requiring that that be necessary.

Q266 David Mundell: Yes, but obviously, as you accept, the fact that here in Scotland—which may be reflected in other parts of the UK—if half the people who are dying are dying in care homes, surely that does impact on the approach to the management of the disease and is something that needs to be both in the Government's mind and in the public mind.

Michael Gove: I agree.

Q267 David Mundell: Can I ask you, finally in this section, about international comparators and how they are presented? Following the graphs at the 5 pm briefing, you see a very low number of deaths in, for example, Germany, to which the standard answer is usually that they measure these



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things differently. What is the context for the way in which these international comparisons are presented?

Michael Gove: It is a very fair point. The best way of doing so is to do it as a per capita figure. Obviously, the nation with the largest number of cases, the United States, is also one of the most populous nations in the world, so the overall figure does not tell you as much about the spread of the disease as a per capita figure might. That is the first thing to say.

The second thing to say is that different countries use different methodologies. There are one or two countries—I will not name them—where I am sure there is some misreporting going on. The powerful evidence is of trend lines and whether or not, as we have often discussed, curves are being flattened overall. That is the single most important takeaway, but I am not an expert statistician. People like Sir Ian Diamond and Sir David Spiegelhalter, I am sure, would be able to provide an additional explanation of the divergence in the way in which these things are recorded. Of course, they can offer the Government advice on how we can do even better.

Q268 **Karin Smyth:** Mr Gove, you talked earlier about a one United Kingdom response and possibly small island separate responses. Northern Ireland, of course, is part of the island of Ireland. Will you be discussing with the Irish Government coming out of lockdown, how they are going to approach it and whether there will be a consistent approach across the island of Ireland?

Michael Gove: I already have. I had a conversation last week with Simon Coveney, and Simon is also regularly in touch with Brandon Lewis and, of course, with parties on the ground in Northern Ireland. The substance of the conversation, as you would expect, was about the interconnection of our economies and our peoples and making sure that we kept each other as informed and involved as possible.

Q269 **Tom Randall:** Mr Gove, could I ask you some questions about the reviews that happen under the coronavirus legislation? Section 97 of the Coronavirus Act requires a two-monthly report on the provisions in part 1 of that Act. The first report is due in a few weeks' time. Could you tell us who will lay that report and what Parliament should expect from it?

Michael Gove: It will be laid, I believe, by the Department of Health and Social Care. I will check in with Matt and the ministerial team there to give this Committee an understanding of what that will involve.

Q270 **Tom Randall:** Do you know what criteria the Government will use to assess the appropriateness of the status of provisions, as the Act requires?

Michael Gove: One of the things that we will be looking at in particular, as the First Secretary of State laid out in his five tests, is the extent to which we have been able to reduce the reinfection rate for the virus, the so-called R number. That will be a critical determinant. Related to that is the extent to which the scientific community and others believe that the



social distancing measures we put in place have succeeded in achieving that goal.

Q271 **Tom Randall:** Looking at the Health Protection (Coronavirus, Restrictions) Regulations 2020, the so-called lockdown restrictions, they require a review every 21 days. What role do you and the Cabinet Office play in that review?

Michael Gove: The Cabinet Office, on the one hand, will convene and prepare the documents for the Cabinet meeting that will sign it off, and also for the COBRA meeting that will involve the devolved Administrations in doing so. The principal judgment on this will be the scientific judgment of SAGE. Obviously, it is Ministers who will decide, but one of the things that we do is make sure that SAGE is commissioned to make recommendations about whether or not restrictions should be eased or lifted.

Q272 **Tom Randall:** Will that review involve the five tests that have been set out by the Government?

Michael Gove: Yes, exactly so.

Q273 **Tom Randall:** Under the Coronavirus Act there is to be a debate in the House of Commons every six months on whether relevant temporary provisions in the Act should expire. Will you commit to publishing analysis of those temporary provisions and whether they remain necessary in good time to help inform the debate in the House?

Michael Gove: Yes, that is good practice and anything else would be disrespectful to Members.

Q274 **Jackie Doyle-Price:** Could I ask about moving out of lockdown, which is obviously something we are all anxious to do as soon as possible? When will the Government be able to give more clarity about how and when that will come to pass?

Michael Gove: In the run-up to the review date that we have just been discussing, in the run-up to 11 May, we will be saying more about our thinking on it. Again, I do not want to criticise other Governments, but one of the things that has been a challenge for France is that the President laid out a date—11 May as well—and since then the French Government have come under attack for some of the things they have said because it has been felt by their opponents that they have not been thought through. In Germany, Chancellor Merkel was on the verge of easing some restrictions, but the way in which different regional Governments responded meant that she pressed the pause button, as it were.

There is a balance to be struck between reassuring people that lots of work is going on and not sending the wrong sorts of signals. Most people understand that the sorts of things any Government would be thinking about are: how you can get more people back to work by having the right sorts of social distancing measures in the workplace; when and how it



might be appropriate for people to return to work in schools and in childcare settings; and what additional PPE might be required by people in the workplace, particularly in the public sector.

Q275 Jackie Doyle-Price: We discussed earlier whether there ought to be a regional or phased approach, and you made it very clear that people do not necessarily recognise borders in the way that perhaps we do as Government. In terms of a phased approach, can you see perhaps a more sector-based one? We have different sectors of the economy that are impacted differently, and also where it becomes easier to implement social distancing.

Michael Gove: Yes, you are absolutely right. One thing we know is that the disease spreads more easily indoors so, working out of doors, we are already encouraging people to support the agriculture sector. Whether it is construction or indeed, as a number of people have outlined, sales from garden centres, it might be possible to take a differentiated approach in that way. I do not want to preempt the judgment that has to be made across Government. The Prime Minister has to sign off on this and Cabinet has to agree, but these are the sorts of common-sense conversations that people are having in public, so I hope I am not jumping the gun.

Q276 Jackie Doyle-Price: It is the importance of rolling the pitch while managing people's expectations and taking them with you. It is quite a difficult act to manage when it comes to messaging to the public.

One of the things about public confidence is the whole issue of PPE. There is a good chunk of the population that wants to get out of this quickly and thinks this has all been a bit too difficult, and there is also a big chunk of people who are frightened to death of coming out of lockdown too quickly. One of the things that will assure that group of people is access to PPE. To what extent is that going to be a challenge in terms of moving out of lockdown?

Michael Gove: It is something that we are giving a lot of thought to. PPE will be necessary in some settings and not in others. We touched on the whole facemask/face-covering issue earlier. The Government are sometimes criticised for saying we are being guided by the science because, ultimately, the buck stops with Ministers, but I think people are more reassured if they see scientists and medics saying, "You do need this in this setting; you do not in this setting." That is why SAGE has been so rigorous in looking at the whole question of masks and face coverings, because it does not want either to give people false comfort or to require equipment that is not necessary. You are right that the British public have responded very well because the guidance has been pretty clear, and there is a responsibility on Government to try to keep it clear.

Q277 Jackie Doyle-Price: What about the supply of tests? To what extent is the availability of tests going to inform our coming out of lockdown?

Michael Gove: Testing is particularly important when it comes to coming out of lockdown because we want to have contact tracing once we have



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reduced the reinfection rate to the lowest possible level, and we need to have sufficient testing capacity to do that. My personal view is that Matt Hancock has done an amazing job in dramatically increasing, exponentially increasing, the amount of tests and testing capacity just over the last week. Of course, it is the case that into next month we will be thinking about how we can increase testing even further and build up the capacity that we have already secured.

Q278 Jackie Doyle-Price: The availability of testing is going to have a big impact on when we can come out of lockdown?

Michael Gove: It is a factor, yes.

Q279 Jackie Doyle-Price: Yes. Two quick questions before other people can wind up at the end. Could you write to this Committee before the end of the current 21-day lockdown period with more information about how the five tests will be measured and about the progress towards them?

Michael Gove: I will do my very best.

Q280 Jackie Doyle-Price: Very good. Finally, we need to make a balanced judgment about public health, but also about to what extent we protect the economy. Notwithstanding the very decisive measures made by the Chancellor, the longer the lockdown progresses the more difficult it is for some businesses to come out of this. How is the balance being managed within Government in terms of how we are making those judgments?

Michael Gove: You are absolutely right, it is very finely balanced. We are putting the health of the country first, but it is of course the case that if the economy suffers scarring, it will impact on our capacity to fund the NHS. Also, if the lockdown goes on unmitigated for some time, the impact on other conditions—people’s mental health and so on—will have a bearing on the health of the nation overall. The prism through which we are looking at things is health overall. The economy is something abstract but, as you quite rightly point out, the economy and prosperity affect wellbeing and healthiness overall. We are balancing those factors, but health comes first.

Q281 Mr David Jones: On that last point, Michael, it has been reported this morning that the fifth of the five tests has been diluted. The wording of the test was, “Confidence that any adjustments to the current measures would not risk a second peak of infections.” That has now been changed to, “Confidence that any adjustments to the current measures would not risk a second peak of infections that overwhelms the NHS.” Of course, a second peak of infections inevitably means a second peak of deaths. Is it the case that the Government are now moving towards giving more weight to the economy than to issues such as the increase of infections?

Michael Gove: No. I can understand people questioning that, but it is more by way of elucidation and clarification than anything else. The point always, right from the beginning, was to ensure that we could, as the Prime Minister says, squash the sombrero, flatten the curve, in order to prevent the NHS being overwhelmed. What we want to do is to make sure that



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there is no sombrero peak again, because we want to ensure that the NHS is not overwhelmed and is there for everyone who needs it.

Q282 **Mr David Jones:** The wording previously did tend to indicate that a second peak of infections was to be avoided at all costs. The implication is now that a second peak of infections will be tolerated provided the NHS is not overwhelmed.

Michael Gove: Again, it is a very great challenge. I would not want people to overinterpret that change. It is an elucidation or a clarification rather than an alteration.

Q283 **Mr David Jones:** Is your position completely unchanged from the original wording, in essence?

Michael Gove: In essence, yes.

Q284 **John Stevenson:** Businesses also need to plan ahead if they are going to get their products in the right place, involve the supply chain, contact their staff and bring them all back. They need to plan, so they need some advance warning from the Government as to when the lockdown is going to change and whether they can get back into business. They clearly also want a degree of certainty that it is not going to be a stop/start scenario so that they have an ability to plan accordingly. Would you accept that, and would you also make sure that it is part of the Government's planning? Is that something the Government will do?

Michael Gove: I completely agree; that is spot on. The Business Department is talking to employers and trade unions with precisely those concerns in mind. The point about stop/start is something that the First Secretary of State and the Prime Minister have made clear, and it follows on from David's question as well, that we do not want to have a situation where the rate of reinfection reaches such a point that you have to slam on the brakes again.

Q285 **David Mundell:** Following up from my previous questions about the engagement with the devolved Administrations, is it your anticipation that there will be a four-nation announcement in relation to the lockdown's next stage and that everyone will come together with an agreed announcement rather than having separate announcements on different timescales? How do you envisage the managing of this piece of the intergovernmental working?

Michael Gove: That is what I would like to see. Before the last renewal of these measures I talked to the First Ministers of all the devolved Administrations and to the Deputy First Minister of the Northern Ireland Executive, as well as to the Mayor of London, in order to make sure we all had a shared understanding and a shared approach. Whether it is me or another Minister who does that, we will want to do exactly the same. We will want to be as co-ordinated and as uniform as possible.

Q286 **Karin Smyth:** My question is about NERVTAG, but on that issue, again,



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going into lockdown was really problematic for people in Northern Ireland and obviously caused some controversy, so it is important that the Government recognise that in coming out or moving through, and in announcing what happens in Britain, by also looking at what happens on the island of Ireland in both the United Kingdom and the Republic.

My question is about NERVTAG. In June last year the minutes of NERVTAG recommended that the gowns that needed to be purchased would fully meet infection control guidance and be body-fluid repellent as a minimum standard. Can you confirm that those recommendations were achieved and implemented?

Michael Gove: I will have to go back and look at both the NERVTAG minutes and at the DHSC procurement thereafter.

Karin Smyth: I would be grateful if you could come back to us on that.

Michael Gove: Of course.

Chair: On that, Mr Gove, there are a number of things that you have undertaken to write to the Committee about. If you can bear in mind that important point from Karin Smyth, we would be very grateful. Thank you for your time this afternoon in attending the Committee in a virtual capacity. I thank all members and particularly the staff who have facilitated this meeting. It is much appreciated.