HOUSE OF COMMONS

Science and Technology Committee

Oral evidence: UK science, research and technology capability and influence in global disease outbreaks, HC 136

Tuesday 21 July 2020

Ordered by the House of Commons to be published on 21 July 2020.

Watch the meeting

Members present: Greg Clark (Chair); Aaron Bell; Dawn Butler; Chris Clarkson; Katherine Fletcher; Mark Logan; Graham Stringer; Zarah Sultana.

Questions 1122 - 1220

Witnesses

I: Matt Hancock MP, Secretary of State for Health and Social Care; Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]

Examination of witnesses

Witnesses: Matt Hancock and Sir Chris Wormald.

Q1122 **Chair:** Thank you for tuning in to the meeting of the Science and Technology Committee. We are very pleased to have with us today the Secretary of State for Health and Social Care, Matt Hancock, and his Permanent Secretary, Sir Chris Wormald. Thank you both very much indeed for coming and having agreed to come today rather than to cut short our session last week, when the Secretary of State had to make a statement in the Chamber.

Secretary of State and Permanent Secretary, as you know, the Committee is conducting an inquiry to learn the lessons as we go, with the hope of being able to feed back some lessons that can apply during the remaining course of the pandemic. Can I start by thanking you, Secretary of State, and your ministerial team and, through you, Permanent Secretary, your officials in the Department and beyond for all their huge dedication and hard work right from the beginning of the pandemic? I know it is very much appreciated by everyone.

Perhaps I can start with some questions to the Secretary of State. It would be appropriate to kick off with a question that I asked the Secretary of State in the Chamber last night, to which he promised me an answer today. Is testing now available for vulnerable people not just in care homes but in sheltered accommodation and retirement villages?

Matt Hancock: Testing has always been available for people with symptoms who need it, starting in the early stages with patients in hospital and now, of course, for all people with symptoms. The central message to anybody who has symptoms and thinks they might have coronavirus is, "If in doubt, get a test", but that is not really what you are getting at. It is the need to have asymptomatic testing also in environments that are like care homes but not formally care forms registered by the CQC, and that will begin this week.

Q1123 **Chair:** When you say "begin", will the first such setting be covered this week, or will the last one to be covered be this week?

Matt Hancock: No, the systematic rollout of asymptomatic testing to environments that are essentially sheltered accommodation but that are not care homes will start this week.

Q1124 **Chair:** Three weeks ago, Secretary of State, you told me in the Chamber that it was about to start and it would be completed within three to four weeks; that was three weeks ago.

Matt Hancock: No, I said that it would be rolled out. We could not test all these settings in that period. It is a challenge because there is a spectrum of what these settings are, because they are not registered. If they were registered by the CQC, then they would be care homes. We are starting the rollout of that this week.

Q1125 **Chair:** You told me three weeks ago it was going to start then.

Matt Hancock: Three weeks ago I gave you the commitment that it would start in the next three to four weeks.

Q1126 **Chair:** No, you said that it would be completed within three to four weeks.

Matt Hancock: This is where we are. We have had a challenge. The problems that we have had with the Randox kits in the House of Commons have made it more difficult to pursue this rollout than I had wanted. It is starting this week.

Q1127 **Chair:** Is it your view, Secretary of State, that all the right decisions have been taken at the right time?

Matt Hancock: It is my view that we took the best decisions that we could with the information that we had at the time and that people worked in the best possible interests of trying to tackle the pandemic. Hindsight is a wonderful thing. It is also a very important part of learning lessons from a crisis like this, so I am absolutely sure that there are lessons that we can learn through this process, largely because that will build on lessons that we have been learning all the way through.

Q1128 **Chair:** Let us come on to some of those. Let us start with testing strategy. Who is responsible for setting testing strategy?

Matt Hancock: The Government, so me as Secretary of State. The process is that testing strategy is then considered by the Covid-O Cabinet Sub-Committee and signed off cross-Government either there or at the Covid-S Cabinet Sub-Committee that is chaired by the Prime Minister.

Q1129 **Chair:** You propose it to this Cabinet Sub-Committee.

Matt Hancock: Yes.

Q1130 **Chair:** Testing strategy is not set by Public Health England, for example.

Matt Hancock: No, it is set by me.

Q1131 **Chair:** It is not set, just for completeness, by NHS England.

Matt Hancock: No, it is my responsibility as part of the Government and then it goes through a Government clearance process.

Q1132 **Chair:** In terms of exercising that responsibility, you were responsible for setting a target to increase the level of testing during the month of April.

Matt Hancock: Yes, absolutely.

Q1133 **Chair:** You set on 2 April a target by the end of the month to get 100,000 tests a day.

Matt Hancock: Yes.

Q1134 **Chair:** That was a personal initiative.

Matt Hancock: It was. It was my decision, and agreed by the Prime Minister, that we set a numerical target. We had already had a target, because the target was to get to 10,000 a day by the end of March, which we achieved. We previously had a target to get to 2,000 a day by the end of February, which we had achieved. I saw that there was a need for a massive ramp-up and I had been trying to drive this ramp-up. By setting an explicit external goal and by calling on wider industry, as well as the organisations that were currently involved, I wanted to galvanise the system to get up to a mass scale of testing and rapidly accelerate the ramp-up.

It is funny because at the time some people said, "You have set an arbitrary target." That is not true. The 100,000 target was chosen because that was close to our internal goal. Our internal projection for the end of April, when I set the 100,000 target at the start of April, was just over 100,000 tests a day. I thought a round-number target a little bit lower than what our projection was and setting it quite specifically in public would help to galvanise the system to hit the target, and that is what happened.

Q1135 **Chair:** There was a clear logic behind the choice of 100,000.

Matt Hancock: Yes, absolutely. We had discussions inside the Department in the run-up to the announcement on 2 April. We took the internal projection. It was just over 100,000. I said then, "If I say in public, 'We are going to have 100,000 tests by the end of the month,' can we do that?" They said, "We cannot guarantee that we will do it, but we can do it," so I took the decision. I proposed it to the Prime Minister, who signed it off and I announced it. The rest can be seen from the figures.

Q1136 **Chair:** It was seen very much as a personal initiative on your part. Were you disappointed that no one, whether it was SAGE, Public Health England or even your testing tsar, Professor Newton, would back the 100,000 figure?

Matt Hancock: No, I didn't care. All I cared about was expanding the testing capacity of the country. In this whole pandemic, my whole approach has been to try to do everything I could, from the moment I woke up in the morning to the moment I went to bed at night, to improve the response of the nation. There has been a load of public debate and discussion about the things that we have done. There has been criticism, some of it fair. What I have tried to do when I have been criticised is work out whether the person has a point. What I have tried to do in terms of the administration of the health and social care system is to drive it as hard as I can and as fast as I can and win the resources that it needs in order to deliver.

People have often asked me in this crisis, "Do you sleep at night?" and the answer is yes, because I know that I am doing everything I possibly can. With the humility of all of us being human and knowing that everybody makes mistakes, especially with the science having developed

as we have gone along and having learned a lot more, nevertheless I know that I took all the decisions I did with the best of intentions and in the best of heart. The sniping from the sidelines is a pretty second-order matter.

Q1137 **Chair:** During the course of the pandemic the Committee has taken evidence throughout, and during the month of April no one was prepared to back and to endorse the 100,000 target.

Matt Hancock: That is not quite true. Lord Bethell was loyal all the way through, not least because I had given him responsibility for helping me hit the target.

Q1138 **Chair:** It was notable that Professor Newton, the testing tsar, said when we asked him what the basis was for the 100,000 target on 8 April just a few days after you set it, "You would have to ask the Secretary of State himself exactly where he got his advice from. I do not know".

Matt Hancock: I got my advice from the Department. John Newton has done an amazing job through this crisis. He is one of many people at PHE who have really stepped up to the plate. He did a brilliant job during that phase and not only because he understood the importance of testing and was helping to drive it internally, but also because he communicated that very effectively. Communication is a really important part of a pandemic response.

It is not fair to ask John Newton at that point whether it was a PHE target. It was not a PHE target, because we took the responsibility for testing strategy away from PHE in the middle of March, and so it was very much my decision based on advice from my officials.

Q1139 **Chair:** We are very interested in the structure of decision-making. Sir Chris, do you want to come in on that?

Sir Chris Wormald: You should not read too much into what the scientists do and do not say about the target, because, as the Secretary of State explained, the basis of setting the target was a very stretching version of what was achievable. The scientists were not saying that 100,000 was the right number, whereas 95,000 or 105,000 were not. Our consistent advice from science was that we needed to ramp up the testing fast, but the decision to go for 100,000, as the Secretary of State has described, was done on the basis of how fast we could do it, not that there was a scientifically derived right answer.

It does not surprise me that a scientist would not say, "Yes, I suggested 100,000," because it was not an aspiration derived in that way, but I would not say there was any disagreement between our scientists and the more operational side. There was a clear need to ramp it up and setting a public target was a very good way of doing so.

Matt Hancock: I have been accused of overpromising and sometimes delivering. The point is that when you are handling a pandemic response

and the response you need is to scale up at a speed that is almost unprecedented within a Government at a national scale, the tools that I found worked were to set demanding goals.

In fact, the Chancellor told me afterwards that I had set a big, hairy, audacious goal. Apparently this is a classic business school doctrine that I didn't know I was following. It's a bit like—who was it who found out that he'd been writing prose all his life? The point of a big, hairy, audacious goal is to say to the whole system, "This is where we're going. You do your bit. Let's get there", and we did that on a series of areas, because we then did it when we were building up contact tracing as well.

Q1140 **Chair:** You will be aware that the Committee wrote to the Prime Minister to record that that announcement was a pivotal one in moving us from a position where we did not have enough capacity to one where we did, but it is noteworthy that it was a personal initiative. It took a personal initiative from you to move from under-capacity to a greater level of capacity.

Matt Hancock: Some people have been too unfair on PHE over this. PHE is a brilliant scientific organisation and it was set up to be a scientific organisation. We needed to move from science to scale. PHE developed the first test in the world. It was part of the development of the first test for coronavirus in the world in January. It was one of the first, if not the first, organisations in the world to sequence the genome of the virus in February. It then scaled up during February, as the number of cases was very low—a handful—but PHE was never set up to be a scale organisation.

Q1141 **Chair:** Did you know that in advance, or did you learn that?

Matt Hancock: No, I learned it, and so the policy shifted over to us on 17 March. Once I then had full direct control of it, I could then put my foot on the accelerator and we expanded the scale.

Q1142 **Chair:** Knowing that, you adopted this initiative on 2 April. If you had known that Public Health England was either not capable or not organised to take an initiative like that, could you have done it on 1 March?

Matt Hancock: By logic that is possible, but it was not evident that was what was needed by then.

Q1143 **Chair:** I do not want to ascribe blame. I want to learn lessons.

Matt Hancock: One of the lessons is, we need a standing capability. We need a public health agency that is not only brilliant at science but also is ready to go to mass scale very quickly. PHE was designed as a scientific organisation. It is really good as a scientific organisation and remains so. Some of the best public health scientists in the world are in PHE. The challenge that it found was that it was not set up to be an organisation ready to go to mass national scale, and we did not go into this crisis with this mass of testing capability. In that we were like almost every other

country in the world. Germany was the exception in this space rather than the norm, as were some of the far eastern countries. Then we built that scale.

Q1144 **Chair:** You built it outside PHE.

Matt Hancock: We built the scale outside PHE to make sure that we had the high-quality science and we had the scale.

Q1145 **Chair:** Having learned that, are you now engaged in reforming PHE in anticipation of later uses of it?

Matt Hancock: There will be a time for that. My priority now is on controlling the virus and preparing for winter.

Q1146 **Chair:** Does the structure of PHE not have a bearing on it?

Matt Hancock: That is a question whose time will come, but for now my focus is on getting the virus down, controlling the level of the virus and preparing for winter. For instance, PHE is doing incredibly important work right now in local lockdowns and in local action. There are PHE boots on the ground in Leicester and they are working with Blackburn, Bradford and all of the other areas where we have a much higher prevalence than elsewhere. Another thing they have been very good at is writing the national guidance for, for instance, how businesses can be Covid-secure and how we can get sports restarted in a Covid-secure way.

Q1147 **Chair:** If it did not have the capability to step up during the first wave, and you have said yourself that you have organised outside it, is now not the time to be making those preparations? In evidence to the Health and Social Care Select Committee this morning, a number of witnesses, including Sir Jeremy Farrar, said the months of the summer were crucial to make the preparations for the winter. If the structure of public health was found not to be fit for purpose for the early part of the pandemic, is now not the time you should be making those reforms?

Matt Hancock: What matters right now is the capability. I want the capability to be doing what it needs to do. The capability on test and trace is there because we have built up NHS Test and Trace, which works hand in glove with PHE.

Q1148 **Aaron Bell:** Following on on these PHE points, what lessons have we learned from that experience that you have just described about the testing, in terms of how we might roll out a vaccine or vaccines?

Matt Hancock: That is a really important question. One of the things we are working on over the summer is exactly how to roll out and how to deliver a vaccine, and that is being done with public health advice, including from PHE, but is being led inside the Department, because PHE has a bearing on it, but a massive part of the job of getting the vaccines into people's arms will be delivered by the NHS, because that is where our army of people qualified to inject vaccines into people work.

Q1149 **Aaron Bell:** PHE will set the structure for that but it will be delivered elsewhere. Is that the plan?

Matt Hancock: PHE is supporting the Vaccine Taskforce, which is at the scientific end, and then we have a group of organisations headed by the Department, including PHE for public health advice but also including NHS England, to deliver the boots on the ground who are going to get people into doctors' surgeries and pharmacies across the country hopefully. They are the same people who deliver the flu jab each year, so we have a protocol for how this works and because there is a series of different parts of government needed to make this work, the Department holds the reins.

Q1150 **Aaron Bell:** Hypothetically, let us assume the Oxford vaccine—touch wood and all that—is successful and we have 30 million doses on order. How quickly would we get those 30 million doses into people's arms?

Matt Hancock: The rate-limiting factor on the delivery of the vaccine is the manufacture of the vaccine. There is a series of really important and difficult steps. From the moment that a regulator signs off a vaccine as being both efficacious and safe, there are two critical parts to the next steps, but there are many other parts too that have to go right. The first is the manufacture of the vaccine, which is starting before the vaccine is approved, and then the next is the distribution and administration of the vaccine—as in, injecting it into people's arms.

The distribution is not simple, because you need a cold chain, because the vaccine needs to be kept at below room temperature, and then the administration of it needs to be done by people who are qualified. In fact, we have proposed to change the law to broaden the range of qualifications that are allowed to do the vaccination. Getting both the manufacture and the distribution and administration right is critical. The manufacture is being organised by AstraZeneca and the distribution will be done by the NHS.

Sir Chris Wormald: You cannot take a lot of these decisions about how you actually use a vaccine until you have it. For example, we take a lot of decisions around the flu vaccine, about who gets it in which order, which priority groups it will have most impact on and which people should not have it, which you cannot know until you know the exact effect of your vaccine, so there is quite a lot of decision-making in there as well, about whether to start with the most vulnerable, whether to start with healthcare workers or who you start with, that we will not be able to decide until later in the process.

Unlike testing, as the Secretary of State has already hinted at, this is an area where we are very used to doing this at scale every year with the flu vaccine and other vaccines. It is a very complex system, but there is much more precedent in the UK for how you scale up from the discovery to the implementation that we are building on for what we are doing with the Oxford vaccine.

Q1151 **Aaron Bell:** Going back to SAGE advice more generally, we heard from Sir Patrick last Thursday, and he was very clear that it is an advisory body. The Government have been very clear throughout that it has been guided by the science, but the science is still conditional on what can actually be delivered, so my question is, how have those Cabinet Committees you referred to worked with SAGE, because it has been clear in the early stages that we did not have a testing capacity and we did not have a contact-tracing capacity? Were those recommendations coming out of SAGE that we should be doing this and someone was having to push back and say, "But we can't"? How did that work?

Matt Hancock: There are two answers to that question. The first is that we were guided by the science and the various SAGE conclusions, especially on lockdown measures or the non-pharmaceutical interventions, were followed in a timely manner, in some cases on the same day. For instance, I know you have an exchange about what happened on 16 March. If you look at the SAGE minutes from the morning of 16 March and my speech in the Chamber in the evening of 16 March, we were following the recommendations from SAGE.

I always argue that we are guided by the science, because you take into account the scientific evidence and then you also take into account everything else. The key feature of how that works is that SAGE is a body that advises the CMO and the CSA and they, in turn, advise Ministers. Whether that is through COBRA or the Covid-O structure that we have now, the advice from SAGE comes to us and comes to me as Health Secretary through the CMO and the scientific advice through the CSA, and they also take into account wider considerations in that advice. I then take into account all the considerations in the official policy advice that I get from the civil service. That may sound like a number of layers, but it is really important.

SAGE is a group of scientists, and they support the CMO and CSA to come to their judgments on what scientific and medical advice they should give to Ministers, whether that is the CMO walking into my office as Secretary of State or whether it is more formal advice from the CMO or CSA to the Cabinet Sub-Committees.

Q1152 **Aaron Bell:** It has been recently reported, on 8 July, that the Joint Biosecurity Centre is now going to play a bigger role and SAGE will meet less often. Is this a recognition that we have moved from a period where it has been about the science to now where we are trying to balance more factors?

Matt Hancock: No, we have tried to balance all these factors all the way along, but SAGE, remember, is the Scientific Advisory Group on Emergencies. It is not a body that is just there for coronavirus or, indeed, for communicable diseases and epidemics and pandemics. As we build our capability to deal with epidemics on a grand scale, so we are building the capability together in one place under the JBC as the analytical function.

Q1153 **Aaron Bell:** Are the scientists on the JBC going to be up for cross-examination in the way that members of SAGE have been through the earlier stages of the pandemic?

Matt Hancock: The JBC is part of NHS Test and Trace and that is one way to get analytical capability into the system in large numbers.

Q1154 **Chair:** Just on some of these points, when did COBRA last meet?

Matt Hancock: I have not got that date to hand.

Q1155 **Chair:** They are quite important meetings. Do you remember them? Was it in the last couple of weeks?

Matt Hancock: I do not have the date to hand. I am sorry.

Q1156 **Chair:** Was it last month?

Matt Hancock: The thing is, the decision-making for coronavirus that is in place is that there is a Covid-O, which takes the operational decisions and meets two or three times a week, and then that reports into Covid-S, which takes the strategic decisions and is chaired by the Prime Minister. That works effectively.

Q1157 **Chair:** You described that SAGE is the Scientific Advisory Group for Emergencies. COBRA is the established means of operating machinery of Government during emergencies. This seems to me like an emergency. The fact that you cannot remember a recent meeting suggests it has not met for some time. Why is that?

Matt Hancock: Because the effective cross-Government decision-making on coronavirus is taken either at Covid-O for operational matters or Covid-S for strategic matters.

Q1158 **Chair:** It used to be in COBRA, did it not?

Matt Hancock: Yes, at the start of the crisis. As you will know from being in Government, when there is an emergency you call a COBRA. I chaired COBRAs right from the start on this.

Q1159 **Chair:** When did you stop?

Matt Hancock: I chaired six in January and February and the Prime Minister took the chair from March onwards. Then a permanent coronavirus Cabinet Sub-Committee system was put in place with Covid-S and Covid-O.

Q1160 **Chair:** Was there a COBRA meeting to decide on the lockdown measures on 16 March?

Matt Hancock: Yes.

Q1161 **Chair:** There was. Was there a COBRA meeting to decide on some of the releasing of the lockdown measures?

Matt Hancock: There were certainly cross-Government decision-making meetings. Under what badge I do not recall.

Q1162 **Chair:** I ask specifically about a COBRA meeting because the machinery of government is important in handling crises, to make sure that the right people are represented. SAGE is a creature of COBRA. It can only be instigated by COBRA and its constitution requires it to operate within COBRA. Why would that established means of handling emergencies have been abandoned?

Matt Hancock: I am not sure I would characterise it that way. What I would say is that because of the scale of this emergency, dwarfing all others, we put in place a permanent Cabinet Committee structure to deal with cross-Government decisions relating to coronavirus, on which the CMO and the CSA meet. You are absolute right that it is very important there are the right people in the room for decisions. From my point of view as Health Secretary, whether you are in Cabinet Office Briefing Room A, which is what COBRA stands for, or whether you are in any different room, what matters is whether the right people are around the table with the right authority to make the decision.

The COBRA system is there to be able to stand up very quickly in response to unforeseen events. We changed the whole Cabinet Sub-Committee structure in order to have a permanent standing Sub-Committee that could deal with coronavirus.

Q1163 **Chair:** Secretary of State, it is more than about the room, as we both know. It is about the system—you have just referred to it. It is sufficiently well established that, literally in terms of the constitution of SAGE, SAGE can only be activated by COBRA. It cannot be activated by a room. It can be activated by a process that is put in place for handling emergencies. Why has that established process for handling emergencies been abandoned? If it has not been abandoned—if that is not the right word—why has it not met for a time beyond which you can remember?

Matt Hancock: What I have tried to explain is that, from my point of view as Health Secretary, there are decisions that I can take within my area and there are decisions that then needed to go up, because they either require cross-Government execution or are so big, novel or contentious that they need cross-Government approval. For those purposes, a COBRA meeting can do that job, because it is a formal decision-making body of Government, and then Covid-O and Covid-S were set up to be able to do that job.

SAGE's input into this was triggered by COBRA, as in by a COBRA meeting, right at the start, and SAGE has been working on this ever since, but whether you use COBRA as a standing facility that can be used for all emergencies, the fact of the matter is we then switch to essentially a bespoke system to deal with coronavirus. For a shorter, smaller emergency, you just would not set up a Cabinet Sub-Committee for these specific purposes.

Q1164 **Chair:** Are the new Covid decision-making bodies supported by the Civil Contingencies Secretariat?

Matt Hancock: They are supported by their own secretariat.

Q1165 **Chair:** They are not supported by the Civil Contingencies Secretariat.

Matt Hancock: As far as I am aware, it is a Cabinet Office matter.

Q1166 **Chair:** The Civil Contingencies Secretariat is the standing machinery whose raison d'être is to respond to emergencies, so in moving away from COBRA you have moved away from that standing capability of handling emergencies.

Matt Hancock: Because we needed a semi-permanent structure to deal with Covid decision-making and the Civil Contingencies Secretariat has to look right across the piece. The Cabinet Office deciding to set up a bespoke cross-Government decision-making body supported by a secretariat for the purposes of this pandemic meant that, from my point of view as Health Secretary, I could go and get cross-Government decisions taken if I needed to, and that is what was necessary.

Q1167 **Chair:** Can you think of another emergency in which COBRA has been stood down not only before the emergency is over, but actually perhaps even in the early stages of the emergency?

Matt Hancock: No, that is not right. It was not in the early stages. The point is that decision-making at COBRA was replaced by decision-making at an appropriate body that was properly constituted to take cross-Government decisions. As far as the effectiveness of Government decision-making, that is what matters.

Q1168 **Chair:** So the new body is more effective than COBRA.

Matt Hancock: It does exactly the same job, from my point of view.

Chair: Then why change it? But anyway.

Q1169 **Graham Stringer:** I would like to follow on from some of the evidence that Sir Patrick Vallance gave us last Thursday, which seems a long time ago now. First, he pointed us towards a paper that estimated the total number of deaths from Covid, not just by the virus itself but by the closing down of part of the health service and the collapse of part of the economy. That paper came out on 8 April, pointing towards 200,000 deaths that were not caused by infection of the virus. How did you respond when you got that information? What was your policy response? It is a pretty awful piece of work.

Matt Hancock: The advice I received at the time, which was wise advice, was that there are a number of different problems that come with a very large epidemic or a pandemic. There are the direct deaths from Covid. There are the indirect deaths if the NHS is overwhelmed, and thankfully we minimised that, because at no point was the NHS overwhelmed. The third group is deaths because you cannot do certain treatments. For

instance, there are certain cancer treatments, especially immunotherapy, that you cannot do in the middle of a pandemic because people are more at risk of dying if they have the treatment than not. Then there are the deaths due to the economic consequences of the decisions you take.

We were always alive to all four types of mortality that could be a consequence of the disease, including the decisions you take in response to the disease. Chris Whitty set these out in public at the time. The estimates of the numbers in each category are highly speculative. The paper in question on 8 April includes in the footnote that the numbers are estimates and do not take into account a Government response on the economic side.

We always knew that the decisions you take to prevent deaths from Covid have other consequences. That is one of the balancing factors that you have to take into account. Nevertheless, the decisions we took were absolutely the right ones, because the deaths from Covid that were not just projected—we could see the shape of the curve starting to happen—were much, much higher.

Q1170 **Graham Stringer:** I accept that as a qualitative description. I also accept that the figures are speculative. Nobody has ever done exactly this kind of calculation before. The figures in the paper go from 1.25 million deaths, I think, if the NHS was overwhelmed, down to relatively low figures. What I am interested in is this. The policy response to intensive care being overwhelmed was clear. I do not really see any response to the fact that a lot of people were going to die because some of the cancer services and other regular services were not going to be provided. At the moment, in Greater Manchester, 25% of beds in hospitals are vacant, for instance. People are not being treated. They may well be dying because of that. I have not seen any response throughout this to that particular issue.

Matt Hancock: I can certainly write to you in full with the whole NHS restart plan, which has now been ongoing for many weeks. For instance, getting cancer referrals up has been a big part of the job. You will have heard me speak in the Chamber about making sure people come forward. We have a whole marketing campaign around it: "Help us to help you". The restart of the NHS is all part of mitigating exactly that sort of mortality.

Q1171 **Graham Stringer:** I accept that things such as cervical cancer testing have improved since the start of this process, but I am really asking the question: what was your response to start with? You built extra capacity for intensive care outside of hospitals and you cleared out intensive care, but in the rest of the health service, which had consequent stress, I did not see you reacting very quickly to that.

Matt Hancock: It was always in our mind and in our plan to keep as much of that going as possible, considering that there is a pandemic on. The Nightingales project was an extraordinary project. I said in the

middle of March, "We must build extra capacity for this." We had the ventilator project ongoing at the same time; it was very effective. The NHS, unbelievably, pulled off building the Nightingales in nine days.

Q1172 **Graham Stringer:** We can all agree that that was a success. I am looking at the other side of the equation.

Matt Hancock: I was going to come on to that. Part of the design of the Nightingales was to be able to take intubated patients who were on ventilators out of intensive care units, so that they could be used for everything else the NHS has to do.

Q1173 **Graham Stringer:** Are you happy that there is still considerable capacity within our health service that is not being used?

Matt Hancock: I want to make sure that more people come forward. We are putting more money into diagnostics, where that is the bottleneck. All the decisions on whether somebody is better off coming to hospital or not, because Covid is about, are clinical decisions. Now, because the NHS is increasingly split into what we call green and blue sites—sites with and without Covid—we are getting that restart going.

Q1174 **Graham Stringer:** Sir Patrick also told us that, originally, the response to this epidemic was based on numbers coming out of China for how quickly the virus spread. It was also predicated on the fact that we were four weeks behind Italy and some other European countries. At the start of March, it became clear that the virus in Europe, and in this country in particular, was spreading twice as quickly and that we were only a fortnight behind Italy in the number of infections. Can you tell us how you responded to that awareness that the original scientific data, which quite reasonably was being worked on, was not appropriate for where we were at the start of March?

Matt Hancock: We took more decisions about more measures that we had to bring in. We took those decisions sooner because that evidence came in. As a result of that, we brought in many of the lockdown measures, which were brought in over a period, earlier in the epidemiological curve than most other comparable countries.

Q1175 **Graham Stringer:** You know where this question is leading. That data came in. Had you taken an immediate decision to lock down, or more extreme measures, which eventually were taken on 23 March, a lot of lives would have been saved. I am not trying to look through the rear-view mirror, as I think you have said in response to that question, but the information in terms of the spread of the infection and where we were in relation to Italy was available 11 or 12 days before the actual lockdown.

Matt Hancock: No, that is categorically not true. The decisions we took, responding to new scientific information, were taken incredibly quickly, sometimes intraday. If you take 16 March, for instance, on that day we received advice from SAGE advising that the virus was accelerating. By

that evening, I was in the Chamber announcing that there should be no social contact unless absolutely necessary and no travel unless necessary. In my eight years in Government, I have never seen faster decision-making on such big issues than happened then, translating scientific advice into Government action with unbelievable urgency.

Q1176 **Graham Stringer:** The actual information was not so much that the virus was accelerating. It was that we had got the estimates of how quickly it was spreading wrong to start with, because they were based on Chinese figures. That was available a week before 16 March. That is a matter of fact.

Matt Hancock: The matter of fact is that we took the scientific advice, and we acted on it with unbelievable speed and urgency across all four nations, shoulder to shoulder with our colleagues in the Welsh Government, the SNP Government in Scotland, and Northern Ireland. The speed of those decisions was incredibly fast. As we have now published the SAGE evidence, you do not need to take that from me or Sir Patrick. You can read what SAGE advised and read what we did, and you will find that the gap from what we were advised to what we did was incredibly fast. I know that to be true because I lived it. Seeing the speed and being part of the speed of that decision-making was extraordinary.

It is absolutely true that we continued to strengthen the lockdown through this period. The idea that lockdown is a date is wrong, because what matters, epidemiologically, is the behaviour of people. You saw throughout this period that people were going about their ordinary business less and less.

Sir Chris Wormald: The two halves of your questioning demonstrate the dilemmas of policy-making at the time. We were very clear that there is a big cost, not just economically but in health terms, to lockdown. At the same time, lockdown is the answer to some of the issues you are raising. That balancing act—Professor Whitty has spoken about this a lot—of when to time an intervention so you minimise the damage that you pointed to in the first half of your questions, and maximise the gain that you pointed to, is exactly what was going on in Government in that period.

As the Secretary of State said, I am not going to say we got those balances exactly right and we would do it again, knowing what we do now, but those are exactly the dilemmas that officials, Ministers and scientists were wrestling with over that period.

Q1177 **Chris Clarkson:** Secretary of State, I would like to talk about testing numbers. First, how do you respond to the criticisms from the chair of the UK Statistics Authority that, when you are presenting numbers of tests, "The aim seems to be to show the largest possible number of tests, even at the expense of understanding"?

Matt Hancock: I have an enormous amount of respect for the UK Statistics Authority. It does a very important job. The purpose of the target was to build a global-scale testing capability. Of course, measurement of that and the stats we publish alongside have improved all the way through. As we were racing down the track, and laying the track in front of us at the same time, building the measurement of that was going on alongside the building of this enormous capability.

If you look at this down a purely stats angle, you might ask, "Why did he come out with that 100,000 figure?" I was not looking at it down a pure measurement angle. I was specifically using this target to drive action. It was an action-oriented target. It was not a passive measurement, separately, of what was happening.

We had a way of measuring the system that we had. I put the full weight of the Government machine behind driving that up, because that is what the country needed at the time. I take the brickbats from people who have a different point of view, a perfectly legitimate point in the narrow sense of the UK Statistics Authority, about the exactitudes of measurement and the normal very high standards we quite rightly hold statistics to in this country. When you are, over a few short weeks, building a global diagnostics capability, which is now bigger than almost anywhere in the world and started very, very, very small, worrying about a letter from the stats authority that might come through in a few weeks' time is not top of the in-tray.

Q1178 **Chris Clarkson:** On 6 July, it was announced that the Government would stop publishing the daily tally for people being tested for the virus. What was the rationale behind that?

Matt Hancock: The measure of people tested de-duplicated somebody if they had been tested at any point previously. If you were tested, say, in March and tested negative, and then tested in June, the fact that you were tested in March meant that you would not count in those figures when you were tested in June. That was no longer a relevant fact, because if you had been tested negative in March it had no bearing on whether you needed to know the result of your test in June.

Because of the expansion of testing, it then became harder to do that de-duplication. Within pillars 1 and 2, we have the de-duplication up and running again. It is published on the website, but it is not a material statistic in the management of the testing regime. It is a meaningless stat.

Q1179 **Chris Clarkson:** How did that come about? Presumably, if you were measuring the number of tests, the fact that one person has had more than one test surely would not have been relevant.

Matt Hancock: It is not relevant. It does matter that somebody has not been tested by two different parts of the testing system in a very short period of time, say within a few days. We de-duplicate for two tests that

have been done on the same person within seven days. You do not want somebody to phone up and get an at-home test, for instance, post it off but deteriorate, end up in hospital, be tested because they have gone into hospital, as is standard practice, and for that to count as two positive cases.

You need that de-duplication in a short period of time, but you do not need it over the whole crisis. It is analogous to what we have discovered in the last week on deaths data. At the start, it was perfectly reasonable to say that, if somebody had ever registered positive with Covid and died, they died from Covid. For the first few weeks of the crisis, and indeed in the peak, that was a perfectly reasonable thing to do. However, that is no longer reasonable. If you had Covid in March and fully recovered, or even were asymptomatic, and you now die of something completely different, the way it was being measured until last week counted that as a death with Covid. That clearly is no longer appropriate and PHE is currently reviewing that time series.

Both of these were brought in as the start, as perfectly reasonable shorthand for how to measure something that mattered then, but as time has gone on they have become less and less relevant statistics.

Q1180 **Chris Clarkson:** You just said that Public Health England is determining that time series. Is there one in place already or is this a moving aperture, as it were?

Matt Hancock: They will publish very, very shortly a revised methodology for how to get an accurate measure of deaths with Covid. As Professor Whitty has repeatedly said, the only true measure of the impact of this in terms of mortality is looking back at the total number of excess deaths compared to this normal period of time and time of year. All the other measures involve different statistical techniques, to work out if something is a death attributed to Covid.

To take into account Mr Stringer's point, correctly, there are deaths because of the pandemic that are not deaths from Covid. If you were in the middle of cancer treatment and that cancer treatment had to be stopped, even if that was the right clinical judgment because you were at higher risk going into hospital and continuing the treatment because Covid was about, and then you died, that matters too. There are lots of different ways in which different countries measure deaths data. The Whitty doctrine is that you must look at the overall number of excess deaths afterwards. That way, you will find out the overall impact.

Q1181 **Chris Clarkson:** No data is available for total lab capacity for testing since 7 July. Why is that and when will that data be available?

Matt Hancock: The lab capacity is as at 7 July, as far as I know, so I think it is merely because it has not been updated. The capacity data is very important and we continue to grow it.

Q1182 **Chair:** Will you write to the Committee if the answer is different to your

supposition?

Matt Hancock: Yes.

Q1183 **Zarah Sultana:** The Prime Minister described the huge amount of work that has been devoted to the possibility of a second wave. What measures and reserves has your Department put in place?

Matt Hancock: We have an enormous work plan going on to prepare for the winter, essentially, and to prepare for the future. We describe it as our battle plan. It involves, first, the expansion of test and trace. The Prime Minister has committed to a capacity for 500,000 antigen tests by the end of October, another testing target that I am delighted to accept. It involves the expansion and support of the NHS.

In terms of staff numbers, you will have seen that there are 12,000 more nurses than this time last year, for instance. Further figures on NHS staffing come out on Thursday. We are keeping the Nightingale hospitals and keeping the capacity that we need within the independent sector. We are expanding emergency care. We have put £3.8 billion into social care so far, and we continue to support social care.

Supply of PPE and drugs is incredibly important. Lord Deighton has done an amazing job on PPE, meaning that we are now rebuilding our stockpiles and doing so in such a way that they will be immediately accessible, should demand for PPE go up. Then there is supply of medicines.

The fifth area is treatment and vaccines, of which there has been much discussion, especially in the last 48 hours. There is some really good news coming through, although, on vaccines, that is all conditional, because a vaccine may not work. On treatments, it is great that we have dexamethasone through, and we hope to bring forward more successful treatments in short order.

The sixth is protecting the vulnerable. The shielding programme will be paused from the end of this month, but paused, correctly, and not stopped, because we will bring it back in if we need to. For the time being, from the end of this month, it is safe for people who have been shielding to go out.

The seventh is the non-pharmaceutical interventions, so the lockdown measures, which at the moment are increasingly focused on local action, rather than a national lockdown. Of course, we do not rule out bringing in a further national lockdown, if that is needed.

Q1184 **Zarah Sultana:** Is it fair to say that you have learned lessons? You mentioned earlier that there have been lessons to be learned. With what you are saying, would you say that you have learned the lessons in preparation for a second wave?

Matt Hancock: Yes, we have learned a huge number of lessons in how we are preparing for the future, as the science has continued to improve and as we have learned from how we organise things.

Q1185 **Zarah Sultana:** I want to touch on a point you made: that lockdown is not a date. The Prime Minister, in a televised address on 23 March, gave the British people a very simple instruction: "You must stay at home". You came to the House on 16 March and said, "All unnecessary social contact should cease". It is really important that we address the issue of dates, because I fear that you are taking part in historic revisionism. It is really important that we have that sense of accountability. Do you stick by that? Either lockdown was on the 16th or the 23rd, or lockdown did not happen and it is not a date. Could you elaborate on that?

Matt Hancock: We have already discussed that in the last few questions. The point is that there were a whole series of actions that were taken over that period to increase the number of interventions, which made social distancing stronger and stronger. The reason I raise the 16th is that it was reported from this Committee, in what the Chief Scientific Adviser said last week, that the 16th was a date at which SAGE called for lockdown.

The point I have been making is that SAGE made recommendations, and we received scientific and medical advice from the CSA and CMO, which we followed on the 16th. Further recommendations were then made, which were followed very rapidly. Over that whole period, we saw the amount of social activity and interaction, which is what the virus thrives on, falling.

Q1186 **Zarah Sultana:** If that is the case, and all scientific advice pointed towards a lockdown, why did the Government allow 250,000 people to assemble in Cheltenham from 10 March to 13 March?

Matt Hancock: The advice we followed at the time was the best assessment of the scientific advice, taking into account all the other considerations. We made the decisions that we did based on scientific advice. As I say, they were implemented by not only the UK Government but also the Labour Government in Wales and the SNP Government in Scotland, at the same time, on the basis of the advice from the four CMOs, as well as the scientific advice.

Q1187 **Zarah Sultana:** You must appreciate how important this is, given that an Ipsos MORI poll had 69% of the British public thinking that the original lockdown on 23 March was imposed too late. This has been shared by Neil Ferguson, who told this Committee on 10 June that, if we had imposed a lockdown a week earlier, the death toll would have halved. If you could go back in time, would you impose a lockdown earlier?

Matt Hancock: I cannot go back in time, but I can learn the lessons that we need to learn. I can tell you with absolute certainty that we made the decisions based on the information and the science we had at the time. We are constantly learning from that science.

Q1188 **Zarah Sultana:** I just want to quickly touch on face masks, because there are 10 production lines being commissioned from a private firm in Coventry, as well as £14 million overall. Internationally, we have seen Governments and local authorities or municipalities provide free, reusable masks to the public. Why are we not doing the same, given that this could be a considerable financial burden on so many people in this country?

Matt Hancock: The Government budget for personal protective equipment this year is £13.8 billion. It is a UK-wide endeavour and we are working incredibly hard to deliver PPE to where it is most needed. We have increased the guidance and made mandatory the wearing of face masks and face coverings in certain circumstances, and then provided them in other circumstances where we think it is appropriate.

Q1189 **Zarah Sultana:** Last month, Norway's tracing app was suspended due to privacy concerns. According to Amnesty International, it was one of the most invasive apps in the world. With our first iteration of an app, over 150,000 people have had their data shared and there are concerns around privacy. What are the Government doing to address this and how can we restore faith? For a solid test and trace system, we need an app. Whether you agree with that, first, would be a question. Also, how are we restoring faith that this Government care about privacy concerns?

Matt Hancock: We care, first and foremost, about making sure that we deal with coronavirus. Data is absolutely critical in doing that, and so is trust in that data, which requires the appropriate sensitive use of data, and the use and sharing of the data, so that those who have responsibilities and can see insights in that data can help us in this enormous national effort. The challenges around developing an app that works effectively and within the parameters set by some of the phone manufacturers are well documented. We are working very carefully, now, with many of the global tech companies, which have really put their shoulders to the wheel, and with other countries, to develop this technology.

Having a piece of technology that helps with contact tracing would help, but it is not necessary in order to do contact tracing, because we can do contact tracing through all sorts of other technologies.

Q1190 **Zarah Sultana:** When can we expect an app to be ready?

Matt Hancock: As soon as an effective one is available. I was not willing to put forward an app that we knew, through rigorous testing, did not work on half the phones of the country. I could have not done the testing and not done the rigorous piloting. Because it worked perfectly well on Android devices, we could have assumed that it would therefore work on all devices. We did not do that. We tested it rigorously; we found some challenges. I pay tribute to the app team, who did an incredible job in bringing it to development and are now working very closely with other companies, to come up with a proposition that will work effectively.

Q1191 **Zarah Sultana:** Public First, a company owned by friends of the Prime Minister's most senior adviser, with close links to the Minister for the Cabinet Office, was paid £840,000 to assess the effectiveness of the Government's current virus advice. Can you explain why this was not put out to tender, as is legally required?

Matt Hancock: No, tenders are not legally required when you are in an emergency situation like this. We have used endless capability from the private sector, alongside the public sector, in this crisis. Thank God we have. The public sector has been brilliant, the armed forces have been brilliant and the private partners we have had working with us have been absolutely brilliant too. The combination of public and private has been mission-critical.

Some have tried to split people up according to whether they work for a public sector or private sector organisation, and made the argument that things should be purely delivered through the public sector. That argument has been shown to be completely false by the response to coronavirus, which literally could not have been done were it not for our brilliant partners from the private sector.

Q1192 **Mark Logan:** Secretary of State, thank you very much for making the time this afternoon. Thank you for your great effort over the last few months. I am sure there are very few people on this today or, indeed, across the country who would want to swap places with you. Thank you for everything you have been doing, and the NHS, of course.

My questions centre on face masks or face coverings. First, the president of the Royal Society has called for stronger messaging around face coverings. What does the evidence say about the wearing of face coverings?

Matt Hancock: The scientific evidence on face coverings has changed. This is a classic example of where more information becomes available, the science therefore improves and we change policy as a response. I make no apologies for doing that. The scientific evidence shows that, if you are in proximity with somebody, but not with them all the time, a face covering can help. If you are in a closed environment with somebody, say a classroom, for a very long time repeatedly, the impact of a face covering is very limited.

For somebody you meet intermittently, especially a stranger, for a short to medium period of time, for instance if you are near somebody on public transport, in a shop or in an NHS setting, a face mask can be very helpful. We have changed policy as the science has constantly improved on face masks. That is why we have reached the position that we have.

Q1193 **Mark Logan:** *The Times* today featured a soon-to-be-published *Journal of Internal Medicine* report that says wearing face masks can reduce the amount of virus that gets into someone's system and that they do not get as badly sick. Should we have been wearing face masks from January this year?

Matt Hancock: It is a very good question. The question I face as Health Secretary is what we should recommend and mandate the public to do now. I put that in the category of scientific development in response to this virus. You have to remember that the virus did not exist, or at least we did not know it existed, until the end of December. We first had discussions on it inside Government, including Chris and I, in the first days of January. When we first discussed it, we did not even know whether it was a flu or a coronavirus. We knew it was a virus that caused pneumonia.

It is really important to register, in considering all the history on this, what you knew at the time. What we knew at the time was based on that scientific advice.

Q1194 **Mark Logan:** The same research that I was talking about, in *The Times*, suggests that we should go towards universal, population-level masking, to control infections and limit the severity of the disease. Do you agree with that approach?

Matt Hancock: I agree with the Government policy on masks. If the scientific advice changes, taking into account all the science, we are always open to that. We have demonstrated that we are willing to listen to the science, be guided by the science, take into account all the other considerations and make decisions on that basis.

Sir Chris Wormald: The science around masks has been mixed all along and continues to be. There are studies that show the kinds of things you have been describing. There are also other studies. It is one of those areas where science has moved most, as we have moved through the virus, particularly in the area of asymptomatic transmission, which was one of the many things we did not know at the beginning and has become a key part of the management of the virus.

Q1195 **Mark Logan:** In terms of wearing masks in the workplace, is there a possibility that that advice will change, given that this report says masks actually should be worn in the workplace?

Matt Hancock: We have not had time to consider this report alongside all the other reports into mask-wearing. The policy is that masks are not required in the office. The reason and explanation for that is that you are in the office, generally, with the same people repeatedly. From a policy point of view, we have Covid-secure guidelines for how to manage an office in a way that does not spread the virus.

Q1196 **Mark Logan:** Roughly how many masks are we now going to require on a weekly or, indeed, monthly basis across the UK?

Matt Hancock: I am looking at my figures. I will write to you with the exact figures of how many masks were used in the last week, but it is many millions. I get these figures given to me daily.

Chair: Perhaps you can write to the Committee with that.

Matt Hancock: Yes. It is quite a big number.

Q1197 **Mark Logan:** I know that, in the last day or two, there have been reports about certain parts of the country having scaled up their production of face masks. As a Government, are we thinking about having resilience hubs for the production of face masks, looking to the winter months and the years ahead?

Matt Hancock: Yes, it is incredibly important that we as a country produce PPE, which is mission-critical in a crisis like this. One lesson of the crisis is that there are parts of UK manufacturing that, in the past, have been left to wither that not only have an economic value, but have what is essentially a national security value too, to make sure we are more reliant on things we produce here, and not totally dependent on global supply chains, which obviously came under immense stress.

The performance on PPE is something where we as a nation can be proud of how we turned this around. It was extremely difficult for a few weeks, when the demand for PPE shot up, because we went from business as usual to assuming everybody had Covid, within the NHS, social care and some other public services such as prisons, in a couple of days. Demand shot up at the same time around the world and we had a stockpile, but the distribution of that stockpile, because it was based in a single warehouse, was very challenging.

The PPE team did a remarkable job, again with public and private sectors working shoulder to shoulder, to turn that situation around. We never had a national outage of PPE, although I know there were circumstances where people did not have the PPE they needed. Within a few weeks, with large thanks to the leadership shown by Paul Deighton, we managed to get the situation under control.

Q1198 **Chair:** Does it trouble you, Secretary of State, that many other countries with very good records of controlling Covid have indicated the use of face coverings for many months?

Matt Hancock: We have all learned.

Q1199 **Chair:** Have we? Why have we not learned to emulate what others have done successfully?

Matt Hancock: We absolutely do. I take that into account in the decisions, for instance, on face masks.

Q1200 **Chair:** As we look back, do you think we should have given the advice that we have now given earlier, based on the experience of others?

Matt Hancock: You have to base the decisions you take on the science that is available, which of course takes into account other people's decisions.

Q1201 **Chair:** How come these other countries made these decisions before us?

Matt Hancock: The global scientific consensus on face masks has definitely changed over the period of this pandemic.

Q1202 **Dawn Butler:** I have a number of questions for you, Secretary of State. Thank you both for making the time to attend the Committee today. I want to pick up where you left off with my colleague Mark, in regard to how proud we should be of how we have turned around PPE. Ayanda Capital Ltd secured a £252 million deal to supply PPE for us. It is quite a long question, but I am going to break it up for you. How many masks were we expecting for the amount of money we were paying, £250 million?

Aventis Solutions Ltd was awarded an £18.48 million contract on 12 May to supply garments for biological and chemical protection to the NHS. According to Companies House, up until 30 June last year, this company's net assets were £322. How many garments have been supplied and how many have been ordered?

Chair: Just let him answer that question.

Dawn Butler: There are three companies that I have picked up. I want to put them all together.

Matt Hancock: I am not going to be able to answer these questions. The reason is that the PPE buying effort was an absolutely mammoth effort. It was conducted at extraordinary pace.

Q1203 **Dawn Butler:** Secretary of State, this is vital. You have said that we should be proud of how we have turned around PPE.

Matt Hancock: Yes.

Q1204 **Dawn Butler:** For us to be proud and to learn the lessons, it is really important that we try to establish what was done and why. A design company, Luxe Lifestyle, was awarded £25 million to supply garments. A pest control company, not a manufacturer, PestFix, was awarded a contract of more than £108 million for PPE. If we are to be proud of how we turned around the PPE situation, surely, Secretary of State, you should be able to let us know how many bits of PPE have been ordered and how many have been delivered, so that maybe we could share in that pride.

Matt Hancock: We have now procured over 30 billion units of PPE, including 3.7 billion units of PPE contracted for through UK-based manufacturers. We have delivered over 2 billion items of PPE to over 58,000 settings. That was described by the head of the Army as the biggest logistical exercise he had seen in his 30-year career. I am absolutely going to defend my team to the last from individual complaints about individual contracts, because we needed PPE on a scale never seen before. We contracted with people we thought could help us in that task.

When you take high-risk decisions at speed to deliver a target, of course you do a reasonable amount of due diligence, but I will defend the people who made decisions, even if they turned out to be wrong in hindsight,

because of the massive task at hand. In the politics of this, it is really important that we do not use perfect hindsight to try to complain about civil servants' decisions when they were under instruction to get PPE, so that nurses, doctors and social care workers on the front line could be adequately protected.

Q1205 **Dawn Butler:** Can I be clear that I am not complaining about the civil servants? I am trying to get some factual information so we can learn the lessons, because we are still expecting to have a number of people be infected by Covid-19. As you said, we will need many millions of PPE items going forward, so it is really important if we are going to learn the lessons. Secretary of State, would you be able to supply this Committee with the information later, when you have time to go through the questions I have raised? That would be really useful.

Topham Guerin Ltd was awarded a £3 million contact and attended strategy meetings at No. 10. Can you tell the Committee what part of the communications strategy they were responsible for?

Matt Hancock: No.

Q1206 **Dawn Butler:** Is that because you do not know?

Matt Hancock: It was not a Department of Health responsibility. We brought in enormous amounts of talent. We brought in people right across the board and they put their shoulder to the wheel in this crisis, again like never before. If you came to, say, the second floor of our building in the Department of Health, you would find people who work for Deloitte, people who work for Amazon, people in uniform from the British Army, public health officials, scientists from Public Health England, logistical experts and lifetime civil servants, working alongside each other in a common national mission. They did an absolutely brilliant job in difficult circumstances and they are worth every penny.

Q1207 **Dawn Butler:** Secretary of State, I have been left with very little time to ask you some questions. I agree; some people have worked very hard and done a great job. Again, I am not talking about hindsight.

Matt Hancock: Yes, but you kind of are, aren't you? That's why I'm not going to go down this route.

Q1208 **Dawn Butler:** I am trying to establish where the money went, what we got for the money and if we received value for money. As you said, there is a £13.8 billion budget for PPE. That is a lot of money. £840,000 was awarded to Public First for focus group work. I assume you are not going to be able to let me know what came of that focus group. This is important, because questions have been asked of people who have had the Covid-19 tests, and some of these questions are a little suspicious. I just wondered if these questionnaires have been commissioned by you, Secretary of State, or Public Health England.

Matt Hancock: I have no idea what you are talking about.

Chair: If the Secretary of State is not aware of them, perhaps we can ask him to write to the Committee with the details.

Q1209 **Dawn Butler:** That would be useful. I have one last question, Chair It has become quite clear, taking evidence from scientists, et cetera, that Parliament is quite a hotbed and has the potential to create 650 super-spreaders, who will then go to each area of the country. Have you had a conversation with the Leader of the House in regard to the risks?

Matt Hancock: Of course I have spoken to the Speaker and the Leader of the House, who are responsible in their different hats for the important task of keeping Parliament running in a Covid-secure way. That is very much their responsibility. I have made sure that all the public health advice necessary is at their disposal to make the judgments that they make. The only contribution I had to this debate was to insist that Parliament should stay open throughout the crisis.

Q1210 **Dawn Butler:** What mitigations did you insist were put in place?

Matt Hancock: That is a matter for the Leader of the House, the Speaker and of course the Lords Speaker.

Q1211 **Katherine Fletcher:** Hello, Secretary of State. This is a complete change of topic. Let me give you a list of names: Dido Harding, Kate Bingham, Dr Jenny Harries, Professor Sarah Gilbert. It is fair to say that the British have shown themselves to be not only wonderful scientists but wonderful female scientists. Would you agree?

Matt Hancock: Yes, I would. All the incredible women you have mentioned have played a vital part in the national response.

Q1212 **Katherine Fletcher:** I look forward to them inspiring the next generation. If I select the work of one in particular, which is of interest, Professor Sarah Gilbert is receiving lots of positive press with the very exciting developments around her potential vaccine. Are we going to have a vaccine for Christmas?

Matt Hancock: I am an optimist in life. On the best-case scenario, the answer is yes. My job is not to second-guess whether we will. Vaccines are an uncertain science, and we need to be cautious and careful. I have said before that I will throw everything at it. We have given Sarah and her team all the possible support they could have. We are working with AstraZeneca on the manufacture and have supported it as much as possible. Then there is the rollout, which is important as well. We are working very hard on this, but I cannot promise to play Santa.

Q1213 **Katherine Fletcher:** Given the latest advice that it is effectively safe to use and it may have a positive effect, but it does not appear to have any deleterious effect on someone receiving it, would you consider allowing people to take it voluntarily in advance of the clinical evidence?

Matt Hancock: We are encouraging people to sign up to volunteer to be part of the phase III trials. It is important that that is done in a controlled

and scientifically valid way, so we can find out that people in the trials, whether they have had the placebo or the vaccine, exhibit the response that we need, i.e. if you have the vaccine, you do not catch coronavirus. People can volunteer, but the volunteering is within the structure of the clinical trial.

I would stress that the phase I and II results, which were published yesterday, have shown that it appears the vaccine is effective, in not just the antibody response but also the T-cell response, which is really important, and that it is safe thus far. The challenge is that we will be injecting this vaccine into millions of people, so we need to know that it is not just safe for the few thousands of people who have had it so far, but safe on a very big scale, for the very rare reactions to it. When you vaccinate, you put vaccine into healthy people, so you need to know that you are not going to cause more harm. We will be very careful and we will only recommend a vaccine when we know it is clinically safe.

Q1214 **Katherine Fletcher:** If anyone wants to volunteer for that, would you write to the Committee and let them know how they can do so? The great British people coming together and participating in the clinical trials has helped discover dexamethasone, among others. Let us harness that brilliant capability of the NHS, as well as the goodwill of the British people, if we can.

Matt Hancock: I will happily write about that, or you could look on my Twitter feed and find how you can apply to be a volunteer.

Katherine Fletcher: Let us do both.

Q1215 **Aaron Bell:** To follow up on Zarah Sultana's questions about the app, can you confirm—this is my understanding—that no country in the world has an app that is really functioning properly? The reason for that is that Apple, perhaps due to the concerns Zarah raised, has refused to let the app work.

Matt Hancock: I have made clear my views on the engagement with Apple. Apple is now working very collaboratively with us to develop a product that will work, not just here but in other places. We are working with other Governments around the world to try to make sure we have an app that is interchangeable if you cross borders.

Q1216 **Aaron Bell:** This would be my question to Apple. I have an iPhone. I am happy to download it and have the low-energy Bluetooth. Would you agree that Apple should be listening to these Governments around the world? They are the ones getting in the way here.

Matt Hancock: I can see the argument that you are making and I would stress how much we want to work with Apple, to all be part of the solution to this problem. That is the work that they are doing with us now and are engaged on positively.

Q1217 **Zarah Sultana:** Depending on the success of the vaccine, what are we

doing to help poorer countries access that?

Matt Hancock: It is a really important point. Our approach on the vaccine is to be good global citizens and make sure there is as much access as possible around the world. This is largely co-ordinated through CEPI, a global project to ensure access to vaccines, of which we are the biggest funder in the world. We think it is important not just to have the science to develop a vaccine but also to make sure there is fair distribution according to clinical need.

Naturally, I am determined to ensure that there is enough vaccine for the whole UK population first and foremost. I am, after all, the UK Secretary of State for Health and Social Care. That is my job, but the point of a vaccine is that, once you have the blueprint, lots of people around the world can manufacture it. We do not want to stand in the way of that.

Q1218 **Graham Stringer:** Secretary of State, like my colleagues I do not envy you the job. I might not agree with everything you have said, but I certainly do not envy the responsibility you have had over the last four or five months. On 14 July, you said to the Commons: "Patient-identifiable data is available to local authorities when they sign a data protection agreement". I checked with the 10 authorities in Greater Manchester, which had all signed the confidentiality agreement. It was not true.

When you responded to Philippa Whitford yesterday, you said that that information would be available to local authorities yesterday—or "today", as you said then. I have checked and it is. What has happened in between? Why were local public health officials not getting the information before yesterday that would have helped them deal with this epidemic? Was there a territorial war going on between PHE nationally and locally? What was happening?

Matt Hancock: It is a really important question. I have a couple of points. First, we have not been dealing with this crisis for three or four months. By next week, we will have been dealing with this crisis for seven months in the Department of Health. I know it only came to everybody else's attention later than that, but we have been at this since the first few days of January.

The question on public health data is really important. As we have been building this system, so we have also been building the data structures around it to provide better data and have a better flow of data to local authorities. I could not wait for the data structures to be perfect before building the capability for testing and then for contact tracing. We had to build the data structure at the same time as building the operation.

We have tried as far as possible to get the best data through, with the data protection agreements, for all the reasons that Ms Sultana set out earlier, quite rightly, about the importance of trust in data. We have constantly been trying to improve that. What I said in the House last week was true, because patient-identifiable data down to a postcode level is identifiable, according to the protocols, whether you agree with that or

not. It is a matter for debate, but it is regarded by the authorities and the powers that be as patient-identifiable. That was provided, but the full individual names and addresses, as well as postcodes, were provided yesterday.

I am glad that the 10 upper-tier local authorities of Greater Manchester received those. I thought the question was going to be much worse and you were going to say they did not get it yesterday as I promised.

Graham Stringer: That is why I checked.

Matt Hancock: I am sure we were both delighted to find out that what I promised in the House yesterday actually happened. The point is that it is just part of laying the train tracks as you are going down the track, as I described earlier. We have been constantly trying to improve this. I believe to the bottom of my soul in the power of information and data to improve public policy decisions. It is a difficult task. It is complicated. I have dived in and we have managed to pull it off.

Q1219 **Dawn Butler:** I hope this is going to provoke an easy "yes" from you, Secretary of State. Can we ensure that all information is provided in different languages and British Sign Language going forward from today?

Matt Hancock: Not every policy document in real time can be translated into every language that is used in the UK, so I cannot give that commitment, because we are moving at such pace, but all the public communications need to be appropriately translated into languages that are used in the communities in which we operate. It is incredibly important.

Q1220 **Dawn Butler:** And in British Sign Language?

Matt Hancock: I am very happy to look into expanding what we can do in British Sign Language as well.

Chair: Secretary of State, Sir Chris, thank you very much indeed, not just for your time before the Committee today but for your hard work over the last seven months and more. Your work is incredibly important. It is appreciated. The Committee wants you to succeed. We want to make recommendations that will commend what has been done well and draw some lessons, so that, where things have not gone well, they can be improved in future. We are very grateful for your evidence to us today. That concludes the meeting of the Committee.