

ANDREW MARR SHOW, MICHAEL GOVE, MP, 17th May, 2020

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Minister for the Cabinet Office

(Rough transcript, check against delivery)

AM: And listening to that is Michael Gove, one of the Prime Minister's right hand men in Cabinet, and if you believe the press, currently a highly effective Whitehall empire builder. Michael Gove, can I ask you first of all, do you think that teachers should be safe in schools?

MG: Yes, teachers will be safe in schools. The programme that's been outlined is a staged and careful return with children in reception year one and year six of primary coming back to school we hope in the week beginning 1st of June, and it is the case that some of the best leaders in current education have said that it is absolutely safe for children to return, absolutely safe for teachers and other staff to return as well.

AM: Because on the other side of the equation the British Medical Association have said that they don't think it will be safe and the care numbers in schools have to be much, much lower. Given that, can you guarantee teachers will be safe?

MG: Yes. It is the case as I say that the – I talked to the Chief Scientific Advisor yesterday for the government, Patrick Vallance, and running through the figures, the R number, the rate of infection in the community overall, we're confident that children and teachers will be safe. The Children's Commissioner has outlined that throughout this crisis we've had nurseries adjacent to hospitals remaining open, we haven't seen infection in them, we know, as we've just heard, that the only outbreaks that have occurred in schools have been when you've had a significant number of additional people in a school setting. They haven't occurred in traditional classroom settings. So we can be confident that provided the right measures are in place, that teachers and

students will be safe, and that's why it's so important that we talk to the teachers who of course have been working incredibly hard throughout this period teaching those children who have been in school, children of key workers and children from disadvantaged homes.

AM: Okay, let's turn to the really important question which is how? Because you've told everyone they must carry on socially distancing, very difficult for small children, but how do you make classrooms which used to be crammed with kids safe going forward?

MG: Well we can learn from that what other countries have done. Denmark is one such where children have returned to primary school and it may be in the case in many of the primary classrooms that you or I might have visited in the last couple of years, that we have seen children working together in groups around a table. Children will have to be distanced now, sitting at desks in a way which might seem rather more traditional and we can do that by making sure that we have staggered lunch breaks, staggered breaks for play and we can have children arriving in a staggered fashion as well. And we can make sure that you have one adult per class and that you cap class sizes at 15.

AM: And you can be absolutely sure, given if class sizes are capped at 15 that means there aren't going to be enough rooms available in the traditional schools, the traditional system, so therefore are you going to have some system whereby kids maybe come in the afternoon and not the mornings, or on Monday, Wednesdays and Fridays, but not Tuesdays? Is that the kind of thing you're looking at?

MG: Well the reason why we're only bringing back reception year one and year six first is to ensure that we do have that space and that flexibility and then we hope to be able to bring back more primary school children after that, but we're talking obviously to Academy school chain leaders and to local authorities and other s

in order to make sure that we can get children to return but classrooms can be used effectively and that we can have one adult in that classroom with 15 or fewer children.

AM: And you can sit here and guarantee that no teacher is going to catch Coronavirus as a result of going back to school?

MG: Well the only way ever to ensure that you never catch Coronavirus is to stay at home completely. There is always, always, always in any loosening of these restrictions a risk of people catching the Coronavirus, but –

AM: You talking you can guarantee their safety and it sounds like from what you're saying you can't really. Personal risk.

MG: The key thing is that we can make these workplaces safe. You can never eliminate risk, but as we know, as we've heard, it is the case that it's extremely unlikely that any school is likely to be the source of a Covid outbreak and if for any reason there are risks then we can take steps to mitigate them.

AM: So what do you say to councils like Liverpool, Hartlepool, Greater Manchester who have said, we've looked at the advice from the BMA, we've talked to the teachers, and we are not going to reopen on 1st June?

MG: Well I respectfully ask them to think again to broaden the range of scientific advice that they look at. I know the BMA has the best interests of its members at heart, but actually the clear scientific and clinically advice is that it is safe to have schools reopen accompanied with social distancing. And the other thing that I would say in particular is, look, children only have one chance at education. Over the course of the last decade we've made significant strides in closing the gap between the richest and the poorest in our schools. This lockdown has put that backwards. If you really care about children you will want them to be in school, you will want them to be learning, you'll want them to have new opportunities, so you know look to your responsibilities.

AM: Do you see some kind of political anti-government agenda from the unions in this?

MG: No. I think the unions entirely understandably want to look after their members and they're being cautious. But I would encourage them to think about the future of the children who are all our first concern and I would urge them also to look at the science and to listen to the scientists and clinicians, to look at foreign examples and to say look, if progressive countries like Denmark can be teaching children and have them back in schools, so should we. You know the whole point about being a teacher is that you love your job. It's a mission, a vocation to be able to excite young minds. So teachers want to be in the classroom, they also want to be safe. We can keep them safe and we can get them doing the job they love.

AM: Isn't the truth you say you can keep them safe but you can't guarantee they won't catch Coronavirus? Isn't the truth that teachers, like many other people are going to have to take personal risk and go back to work? Weigh up the balance, weigh up the risks and decide to do that?

MG: Well, of course. You can try to insulate yourself completely from any risk. You can stay at home and hope that not only will you not catch the virus but that you won't be exposed to other risks. The whole point about life is that you need to manage risk in a way that keeps people as safe as possible. And we know that school settings are not the sources of infection that some have feared, we know that they can be made and appropriate working places and it is the case that you know people on the NHS frontline, people who are providing us with our food -

AM: Yes and they're catching Coronavirus.

MG: We are doing everything we can of course to reduce the infection rate and to reduce the number of cases. And as we make progress, and we are making progress in keeping the R rate below one and in reducing the number of infections, so if there is an

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outbreak we can test, track, trace and isolate, so the situation is now better. But we cannot have a situation where you know we keep our economy and our schools and our public services continually closed down, because the health consequences of doing so would be malign as well.

AM: We'll come onto those, but the truth is that you can't absolutely guarantee that teachers won't catch Coronavirus and yet you need the schools to reopen. That is the truth?

MG: Well, none of us, none of us can guarantee that anyone will be entirely free unless effectively they're perpetually imprisoned in their own home. And therefore what we need to do is to make sure that people are as safe as possible and in any widespread understanding of the word, schooling for a limited number of children with social distancing is a safe environment.

AM: Let's turn to care homes where at the very, very least 13,000 people have now died in care homes. Now the government has said that it has placed a protective ring around care homes right from the start. How did you do that?

MG: Well, we've followed the scientific advice at every stage in order to ensure that we can effectively provide support for those working in care homes and effectively ensure that those in care homes face the minimum amount of risk. So right at the very beginning –

AM: How does the protective ring work?

MG: Right at the very beginning of the pandemic we specified that there should be a restriction on those visiting care homes in order to keep people in care homes safe, and also when we've been over the course of the last few months fighting the pandemic we've given local authorities more money. £3.2 billion supplemented by an additional £600 million last week in order for care homes to be able to practice appropriate infection control and to make sure that we deal with the challenges that this pandemic poses.

AM: Well let me you read you two people who are absolutely at the forefront of this. One is Jeremy Richardson who's CEO of Four Seasons Healthcare which is the UK's second largest health care provider, he said: "It's disingenuous of the government to say they were focused on care homes right from the start of the crisis. That clearly wasn't the case." And Professor Martin Green who's Chief Executive of Care England. "If there was a protective ring initiated by the government it didn't feel like that to the people who were living and working in care homes."

MG: Well, I respect both of them. Jeremy Richardson is an outstanding businessman who's devoted an enormous amount of care and time to –

AM: And he felt no protective ring.

MG: - to helping vulnerable people. And it's entirely understandable that anyone would, with a conscience, always want more to be done to help the vulnerable. But I think it's important that we put these things in context. So the number of people being discharged from hospitals into care homes has been falling throughout this crisis and has been far less this year than last.

AM: But the people who were in that position right at the beginning some of them were infected with Covid-19 and you put people who were infected with Covid-19 out of hospitals and into care homes and you knew that was happening. There was government guidance on two care homes until the 15th of April and it read: "Some of these patients admitted to a care home may have Covid-19. Negative tests are not required prior to admissions in care homes." That was a terrible mistake.

MG: Well let me say three things. Firstly on testing we've significantly increased the number of tests so that tests are now available for all those who are symptomatic in care homes. The second thing is, yes our guidance has altered over time but that is as a result of our scientific understanding of the virus changing

over time. And then the third thing, and the critical point is, the decision as to whether or not a patient is in a hospital or in another setting, a care home or home is a clinical decision and it is often the case that for a patient it will be far better for them – they will receive better care if they are in a care home than in hospitals.

AM: May they not be infecting other people in the care home as a result?

MG: The key thing is a clinical decision is made both about the patient and about the infection risk, because in hospitals there is also a risk of infection as well, as we know, and hospital beds are there for people who require a particular type of intervention because they have an acute problem, so it is a difficult judgement to make but it is one where the clinician is in the lead.

AM: I don't dispute that it's difficult but when you say clinicians are in the lead, Ministers were warned back in 2017 in the Cygnus Exercise that this was going to be a problem. The government's own assessment of this said there's going to be a problem in the care home sector if take during a pandemic people out of hospitals and put them into care homes. And the care homes may not be able to cope – as they have not been able to cope. All of this has been proved. Ministers knew about it ahead of time.

MG: Well, this is the reason why we have had fewer people being discharged from a hospital into care homes this year. 40 per cent fewer. That's one of the steps that we've taken. And also –

AM: It doesn't matter how many if they've been infected with Covid19 when they go into the care homes.

MG: No, no, this is the key thing. 40 per cent fewer overall, and at the same increased investment in the care home sector of the kind that I mentioned, 3.2 billion pounds. And at the same time deliveries of personal protective equipment, and at the same time an increase in the provision of the tests so that we now have more tests in this country than any other European country. And also –

AM: It looks as if you're scrambling to catch up in care homes. You're offering tests for everybody in care homes now, but what's the use of a single test? If I'm working in a care home, I'm going in and out of that care home where there is Covid19 day after day after day. I need to be tested every day. Is that going to be offered by the government?

MG: We will – we are increasing the number of tests. But one of the key things is that many of the people who are working in our care homes are not going backwards and forwards, they are bravely and generously making sure that they are there on site in order to reduce the risk of infection. But something else as well. International comparisons, as I say, Ian Diamond reminded us when he was on this programme a week or so ago, are difficult, provisional. But it is the case if we look at the proportion of people in the UK who've died in care homes, that is significantly lower than the proportion of people in European countries who've died in care homes. Every death is a tragedy. We are still living through this pandemic and there will be lessons to be learned. I think it's also important that we look at this situation in the round. Now, we have taken steps, significant steps to improve the care of people in care homes. As I say, there will be a point in the future when all of us can look back and reflect and make sure that we've learned the appropriate lessons, but at the moment we are focused on making sure that we beat the virus and protect people as effectively as possible.

AM: And rightly so. But you talk about international comparisons. I can remember very vividly talking to a French Minister right at the beginning of the Covid epidemic and she said we're really, really worried about what's going to happen in care homes. And the Swedish government has now come out and said we made a terrible mistake with care homes. And you know, around the world governments are saying care homes have been a real problem, and I'm just asking you do you accept the same thing has happened in this country?

MG: I accept that it is a particular challenge, yes. Going back to the general election campaign in December, one of the points that we made then is we need fundamental reform of our social care sector. We need to build up a consensus and change it. And there are big lessons to be learned and I think all countries, for the reasons that you mentioned, know that we need to, with an ageing population and with increased prevalence of dementia, think about how we look after our most vulnerable elderly as well as others who are in care. We absolutely need to. But I think it's also important to bear in mind, as you have, that significant steps have been taken by the Health Secretary and his team to do everything we can to protect people now.

AM: Is it right to start to ease the lockdown before we have full contact tracing?

MG: We should be easing the lockdown. We already are in particular areas. We need to make sure that we keep the R number below 1, but it is also the case that we're making progress in getting a test, track, trace and isolate system in place for the beginning of next month.

AM: And are we going to have the 18,000 tracers that we were promised? We were promised them now. Are we going to have them next week?

MG: Yes. We have more than 17,000 people we've signed up.

AM: Trained?

MG: 17,200. A significant number of them already trained. They will be in place, and again it's a phenomenal effort. You know, throughout this crisis people have said, in particular of the Health Secretary, 'he's been setting these ambitious goals, you know, 100,000 tests, 18,000 contact tracers, he won't meet them.' He has. You know, one of the really surprising things –

AM: I'm going to be slightly unfair perhaps and ask you whether 18,000 is nearly enough, because I've been looking around the world where they're doing tracing and testing and following up,

and by and large they need far, far more people. South Korea, far more people were recruited. Do you accept as a government we may need a much larger army of tracers?

MG: Well, the number that we have is the number that we've been advised are necessary. There's a mixture of people who have clinical training and people who can provide a core centre service. But the point I was going to make is that of course it's quite right to say will it be enough? And it's quite right also to have challenged ministers to meet their targets. But the Health Secretary has. Matt has ensured that the NHS was not overwhelmed. He's ensured that we are now testing more people than any other European country. He's ensured that we have people now being trained in order to do test, track, trace and isolate. And I think it's important, yes, ministers, myself included, you know, we're open to criticism and open to learn. But I think it's also fair that when a minister does well in the heat of battle, as the Health Secretary has, that that is recognised too.

AM: Well, let me ask you about Matt, as you call him. Because he also said the government was doing work on why so many people – extra deaths were happening during this that are not caused by Covid19. Have you got any results of that? Is there anything you can tell me about why people are dying in such large numbers?

MG: Work is going on at the moment, and of course we need to look to see is it the case that there are people who are suffering from severe conditions who should have presented for treatment who did not because of fear of infection. It's a complex question but it takes us back to the central core, which is that there needs to be a balance between effective lockdown but also the progressive easing of it, because a total lockdown has a malign effect on public health.

AM: It certainly does. Let me ask you a very simple question: how are the Brexit talks going?

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MG: I think well, but with one proviso. And the proviso is there is a big difference, philosophical difference, between the position that we take and the position that the European Commission take. The European Commission want us to follow the rules even though we've left the club, and the European Commission want to have the same access to our fish as they had when we were in the EU, even though we're out.

AM: So when you say well, what you mean is well, comma, but badly.

MG: No. I think there's been a good conversation. I've had a good conversation with the Vice President of the Commission about making sure that the rights of citizens are protected. The challenge for the EU is to show just a little bit of their fabled flexibility.

AM: Thank you very much indeed, Michael Gove.

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