Witness Name: Rt Hon Lord Alok Sharma
Statement No.: 01
Exhibits: AS/001 – AS/165
Dated: 15 November 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF RT HON LORD ALOK SHARMA

I, Rt Hon Lord Alok Sharma KCMG, will say as follows: -

Opening remarks

1. I wish to begin this statement by acknowledging the significant suffering and loss caused by the Covid-19 pandemic, in the UK and across the world. I am enormously grateful to all those who contributed to the efforts in responding to the disease, especially to the scientists, healthcare professionals, those in industry, and the civil servants whose work is of particular importance to this Module. I also wish to thank those members of the public who participated in vital clinical trials, and all those up and down the country of whom so much was asked in our national response to the pandemic.

2. It is thanks to all their combined efforts that the UK was the first country in the world to deliver a safe and effective vaccine. However, based on history, there is a high likelihood that there may be another pandemic in the future, so I thank the Inquiry for this opportunity to contribute to the vital exercise of learning lessons from the Covid pandemic.

Introduction

3. I served as Secretary of State for Business, Energy and Industrial Strategy between 13 February 2020 and 8 January 2021. During this period, I also served

as President Designate for COP26, the 26th United Nations Climate Change Conference, which took place in November 2021 in Glasgow. I left my role as Secretary of State on 8 January 2021 and took on full-time the role of COP 26 President Designate, and subsequently COP 26 President.

4. My appointment as Secretary of State for Business, Energy and Industrial Strategy (often referred to as 'Business Secretary') followed a series of Ministerial roles. I was Parliamentary Under-Secretary of State responsible for Asia and the Pacific in the Foreign and Commonwealth Office from 17 July 2016, until I became Minister of State for Housing and Planning in the Department for Communities and Local Government from 13 June 2017 to 9 January 2018, when I became Minister of State for Employment at the Department of Work and Pensions until 24 July 2019. On that date I was appointed Secretary of State for International Development, a role I undertook until my appointment as Business Secretary.

5. I was the Member of Parliament for Reading West following my election in 2010. I came to politics after a career in accountancy and investment banking. On 20 August 2024 I became a member of the House of Lords.

6. As Business Secretary I was responsible for the Department for Business, Energy, and Industrial Strategy (known as 'BEIS'). BEIS drew together various responsibilities in relation to business, industrial strategy, science, research and innovation, energy and clean growth, and climate change. I will discuss the science, research, and innovation aspect of my brief in some detail below in relation to Covid-19, and this included oversight of research funding, including through UKRI. GO-Science sat in the BEIS science portfolio, as is discussed in the statement of Alexandra Jones **INQ000474338** at paragraph 23, and the Office for Life Sciences (OLS) jointly reported to BEIS and the Department of Health and Social Care (DHSC). Finally, BEIS sponsored UK Research and Innovation (UKRI) during the period discussed in this statement.

7. The area of vaccines formed just one part of my brief as Business Secretary, albeit one which I considered to be of critical importance. In addition to its ongoing work on business, energy, climate, Brexit, and related matters, during the pandemic BEIS also had significant responsibilities in relation to Covid-19 business support schemes, and responsibility for introducing regulatory changes to enable businesses to continue to operate during the pandemic.

8. As is common for a Secretary of State, I was supported by a number of Ministers. In relation to the development of the vaccine and therapeutics, I was assisted by Nadhim Zahawi MP (Minister for Business and Industry). Nadhim Zahawi also took on the role of Minister for Vaccine Deployment from November 2020 working jointly across BEIS and DHSC.

9. I have been asked to focus on events between 30 January 2020 and 28 June 2022. However, my involvement in matters relevant to this Module of the Inquiry ceased after I left my role in BEIS on 8 January 2021. I therefore focus on that part of the period in which I was in post. Due to the pace of work, and the passage of time, I have been assisted in writing this statement by reviewing the relevant records.

Vaccine Taskforce (VTF)

Establishment of the VTF

10. The background to the establishment of the VTF, as a dedicated team with Ministerial oversight to support the development and delivery of a vaccine, is set out in the statement of Alexandra Jones **INQ000474338**, paragraphs 24 to 57.

11. On 26 March 2020, I spoke with Sir Patrick Vallance, Government Chief Scientific Adviser, and Sir Mark Walport, Chief Executive of UKRI, about the proposal to establish the VTF. As I set out in a letter following our meeting, I reiterated to them that Government recognised the importance of prioritising research into Covid-19, and I wanted to see the investment by UKRI in Covid-19 research continued and prioritised. I asked that UKRI continue its efforts to minimise bureaucracy, and stressed that my team was available to assist in that endeavour. During our discussion, Sir Patrick explained the plans to establish a Vaccine Taskforce and a Therapeutics Taskforce. I welcomed that approach, and undertook to task my officials with providing whatever support was needed. In view of my responsibilities as Secretary of State, I asked for regular updates on investment in Covid-19 research, bureaucracy reduction, and the Vaccine Taskforce [AS/001 – INQ000478917].

12. My private office received a submission dated 2 April 2020 which asked for my approval of initial reporting lines of the VTF to me, the Secretary of State for Health, Sir Patrick Vallance, and the Deputy Chief Medical Officer, Professor Sir Jonathan Nguyen Van-Tam [AS/002 – **INQ000533814**. The submission referred to a five-point plan to enable the country to vaccinate the right proportion of the population as soon as possible after a vaccine became available. These were: first, to support discovery, development and scale up in the UK; second, to prepare the UK to offer itself as an expert clinical testing site, proactively approaching companies at the forefront of vaccine development; third, to review regulations to facilitate rapid and well-supervised trials; fourth, to develop a funding and operational plan for procurement and delivery of vaccines; and finally, to build on the UK's R&D expertise to support the international effort. In the event, the Prime Minister decided that I would take the overall Ministerial lead on vaccines strategy, to provide a single departmental lead with responsibility for the delivery of a successful vaccine, and as the most immediate challenges related to research and development, and manufacturing, capability, which sat naturally within the responsibilities of BEIS [INQ000330577], I was content to take the lead.

13. I approved the submission [AS/002 – INQ000478918] and the work of the VTF was the subject of a meeting with Sir Patrick, Nadhim Zahawi, and others on 6 April 2020. It was clear to me that these efforts would require substantial investment from central Government, if the aims of the VTF were to be achieved. I suggested writing to the Prime Minister to seek a very substantial funding commitment, to support the work of the VTF [AS/003 – INQ000478919]. In order to inform my approach, I asked Alexandra Jones to produce a draft update note for Number 10 [AS/004 – INQ000198037], [AS/005 – INQ000478920].

14. I approved that this be sent by way of a memorandum to the Prime Minister the following day, updating him as to the work of the VTF [AS/006 – INQ000478921]. The note explained that its role was to bring together several stakeholders to make rapid decisions to accelerate progress on the development of a safe and effective Covid-19 vaccine. The note set out the steps that we were already taking, including supporting the most advanced vaccine studies in the UK, working to secure a relationship with the manufacturer of the most advanced vaccine developer at that stage (Moderna), and developing investment in manufacturing. As part of the note, it was suggested that substantial investment be sought from central government,

in order to support leading vaccine developments, promoting UK manufacturing capacity, and continuing to support the international pursuit of a vaccine.

15. On 17 April 2020, I gave a press conference at Number 10 Downing Street announcing the establishment of the VTF, to be actioned according to the five strands of activity which we had agreed upon [AS/007 – INQ000330548], [AS/008 – INQ000330771].

16. While I had Ministerial responsibility for and oversight of the work of the VTF, it was run by a team of officials and experts from industry. I thought it desirable that those experts, subject to the appropriate challenge and scrutiny, be allowed to work with the benefit of their own expertise. As set out in paragraph 46 of the statement of Alexandra Jones, in its infancy the VTF was run through two separate boards: the Programme Board and the External Advisory Board which reported to me and the Secretary of State for Health **INQ000474338**.

17. There was a regular rhythm of submissions from officials requiring approval of particular proposals, and regular meetings and discussions took place with colleagues within and outside BEIS in relation to the development of vaccines. A further significant development in decision-making relating to investments was the establishment of the Ministerial Investment Panel, which I chaired from its inception in August 2020. The work of this Panel is discussed further in paragraph 20 below.

18. On 5 May 2020, I was provided with a progress update which set out for approval a draft of the overarching Vaccines Strategy [AS/009 - INQ000401285]. I reviewed the draft, and suggested some amendments to be made, including in respect of securing UK access to vaccines developed globally, and ensuring clear reporting lines. [AS/010 – INQ000478941], [AS/011 – INQ000478942], [AS/012 – INQ000506825].

19. On 16 May 2020, I jointly announced with the Secretary of State for Health that Dame Kate Bingham had been appointed Chair of the VTF, a role which was to report directly to the Prime Minister [AS/013 – INQ000479021]. We had met on 7 May 2020 to discuss her work [AS/014 – INQ000478946], [AS/015 – INQ000478945], [AS/016 – INQ000506824]. As explained in our press release, Dame Kate was a leading figure in the life sciences sector, with experience of

biotech in the UK and internationally, and in a strong position to take forward the work of developing a safe and effective vaccine. She had been involved with the work of the VTF from the outset as part of the Expert Advisory Board. As noted in paragraph 58 of the statement of Alexandra Jones, the decision to appoint Dame Kate was made by the Prime Minister **INQ000474338**. I agreed that, based on her industry and private sector experience, she was a highly suitable appointment, and that she would provide the required leadership at the helm of the VTF. Dame Kate was joined by Clive Dix, who was appointed as Deputy Chair of the VTF on 4 June 2020 [AS/017 – INQ000479022]. There was regular dialogue with Dame Kate and her VTF colleagues as and when the need arose.

20. The next substantial step in the governance of the VTF was my approval on 21 August 2020 of the Terms of Reference for the Vaccine Taskforce Ministerial Panel, to be chaired by me as Secretary of State [AS/018 – INQ000478997]. [AS/019 – INQ000478998], [AS/020 – INQ000330584]. This decision followed discussion with officials with the aim of establishing a single structure to consider the business cases of various projects at pace, while maintaining the necessary assurance and control [AS/021 – INQ000478986], [AS/022 – INQ000478988]. The aim of the Ministerial Panel was to bring together Ministers from relevant departments to enable responsive and robust decision-making on investments within the VTF programme, and to provide efficient Ministerial oversight of commercial and financial approvals for vaccines activity over £150 million, following scrutiny of the Projects Investment Committee within BEIS. The Panel comprised several Ministers from relevant Government departments. As the Secretary of State responsible for the VTF, I served as Chairperson. Ministers from other departments included DHSC (in view of its responsibility for vaccine trials and deployment); HM Treasury (HMT) (as the body with responsibility for spending approval, and in particular spending which is deemed novel, contentious, or repercussive); and the Cabinet Office (which was to have sole responsibility for commercial approval). The Panel also was attended by Dame Kate Bingham, Nick Elliott, Director General of the VTF, Dan Osgood, Director of Strategy at the VTF, Madelaine McTernan, Director of UKGI, and other officials as set out in Annex C to the statement of Alexandra Jones **INQ000474338**. The terms of reference for the Panel were agreed at its first meeting [AS/023 – INQ000506845].

21. In November 2020, Dame Kate indicated that her tenure as Chair of the VTF would come to an end in December 2020. My private office received a submission dated

18 November 2020, in which officials recommended that a replacement expert Chair be identified, to provide industry expertise and continuity of leadership [AS/024 – INQ000479008] The VTF itself recommended that the next Chair was to be appointed by the Secretary of State for BEIS. I agreed that the Deputy Chair, Clive Dix, should be approached to act as an interim Chair throughout the appointment process in view of his experience in the pharmaceutical sector [AS/025 – INQ000479009], [AS/026 – INQ000504157]. At this time, it remained an open question whether the VTF should remain within BEIS or move to DHSC, and for how long, as the focus of the VTF was moving by the end of 2020 from drug identification, development, and procurement, to overseeing deployment of vaccines, participation in global vaccine initiatives, and building long-term pandemic preparedness [AS/025 – INQ000479009] Ultimately, this decision was not taken until after I had left my post.

Vaccine selection, manufacturing, and commercial support

22. As Secretary of State, one of my central responsibilities was the consideration and approval of bids for funding in relation to vaccine development. This was a key part of our five-point plan which had been agreed upon the establishment of the VTF. Needless to say, for several months from the onset of the pandemic, it was not clear which projects (if any at all) would lead to safe and effective vaccines. Central to the rationale for the VTF itself was that it was necessary to move quickly, and spread support and investment across several possible vaccine candidate options, to have the best chances of success. As such, I was involved in the approval of various projects, which I set out below.

23. A further key part of my role concerned support for the manufacturing of Covid-19 vaccines, as had been identified as a priority from the outset. Even when it was not clear if, or when, a vaccine would become available for use, it was vital to ensure that the appropriate infrastructure and agreements were in place to be able to deploy any eventual vaccine which was appropriate for use.

24. Finally, and given the scale of the challenges in developing and manufacturing at pace a safe and effective vaccine and appropriate therapeutics, the Government was at times called upon to support development across various projects. Often, the approach adopted was to approve funding for a particular proposal, following

scrutiny by the VTF and the Ministerial Investment Panel, in exchange for a guarantee of a number of doses in the event that the vaccine became viable.

25. My private office received a submission dated 12 April 2020 which sought approval for a bid to HMT of £32.1 million in funding for research at Oxford University. Of this figure, £9.9 million related to clinical trial phases 1 and 2 [AS/027 – INQ000506817]. I met with scientific experts from Oxford to discuss the proposal on 13 April 2020, as I wanted to better understand the basis for the proposal [AS/028 – INQ000478922], [AS/029 – INQ000478923]. I approved funding for phases 1 and 2, which included underwriting an anticipated grant from the Coalition for Epidemic Preparedness Innovations (CEPI), to enable Oxford to begin trials on 22 April. I sought further detail before agreeing to proceed with the phase 3 and manufacturing costs [AS/030 – INQ000506818]. On 15 April 2020 I received advice from officials requesting further funding and providing further information as to the proposals. I was asked to approve a bid to HMT for around a further £22 million to support Oxford through their Phase 3 clinical trials, and initial manufacturing costs [AS/031 – INQ000506819]. I approved this, subject to the establishment of gate reviews (i.e. checkpoints) of the project to protect taxpayers' investment [AS/032 – INQ000478924].

26. My private office received a submission dated 15 April 2020 asking me to agree in principle to BEIS, UKRI, and DHSC developing a business case for around £79 million of funding to accelerate the completion of the Vaccine Manufacturing & Innovation Centre (VMIC), subject to business case approval, and with funding to be sought from HMT [AS/031 – INQ000506819]. While I recognised the need to move swiftly on supporting UK manufacturing capacity, I sought further details as to the full cost of VMIC, the state of play as to its funding to date, and the source of the funding in future [AS/032 – INQ000478924]. My private office received further detail by way of a submission dated 24 April 2020 [AS/033 – INQ000478929]. Funding was sought in order to speed up the development of the Centre, to bring forward its opening date to around June 2021 (i.e. one year earlier than originally planned), ensuring the VMIC would be in a position to produce and manufacture vaccines at population scale. I agreed with the urgent need to ramp up UK manufacturing capacity, and approved the proposal [AS/034 – INQ000478955], but asked for further clarity on the ownership of VMIC [AS/035 – INQ000478933]. I received a briefing from the VTF on the ownership structure on 28 April 2020 [AS/036 – INQ000506822]. I also requested officials to identify what

more could be done to establish and accelerate manufacturing prior to the opening of VMIC. To a similar end, on 13 May 2020 I approved an extra tranche of funding to enable the temporary mobilisation of a satellite site, using the Biomedica facility at Oxford University [AS/037 – INQ000478947], [AS/038 – INQ000478956], [AS/012 – INQ000506825].

27. My private office received a further submission dated 21 April 2020 in respect of £22.5 million of funding for Imperial College, London, which was proposed to come from DHSC [AS/039 – INQ000478925]. On the same day it was confirmed that DHSC would supply the funding for this project [AS/040 – INQ000478927] My private office received a further submission dated 5 May 2020 regarding the project at Imperial, requesting my approval of a tranche of funding in the sum of £18.5m for the projected short-term manufacturing of vaccines AS/009 – INQ000401285] The submission also requested that I approve a further tranche of funding for the manufacturing at Oxford University. I agreed to approve the business cases on 7 May 2020, following further discussions between officials about where funding responsibility would lie within Government for the projects [AS/012 – INQ000506825].

28. My private office received a submission dated 22 April 2020 from officials concerning discussions about licensing Oxford's Covid-19 vaccine [AS/041 – INQ000506820]. The senior leadership at Oxford were keen to involve Government in negotiations, to ensure that any agreement was consistent with the Government's priorities. Those priorities included ensuring that the UK obtained sufficient immunisation courses to vaccinate the population, maximising UK manufacture of the vaccine where possible, securing access to those courses which had to be manufactured overseas to reach sufficient scale, and ensuring that the vaccine was available worldwide in the billions of doses. I recommended that those principles had to be assessed against concrete parameters. Equally, I agreed that it was necessary to progress the work on a vaccines strategy at pace, and asked that work be undertaken to consider whether a domestic facility could be established within six months with the sole objective of producing a safe and effective Covid-19 vaccine, without the wider research and development objectives of the VMIC [AS/042 – INQ000478928].

29. On 28 April 2020, I received the Term Sheet of the proposed agreement. I then had a discussion later that day with Pascal Soriot of AstraZeneca regarding the

proposal [AS/043 – INQ000478935]. The company wished to announce the agreement, but I was concerned about announcing the deal before negotiations had concluded with one of the interested parties. AstraZeneca were prepared to postpone the announcement until they had been fully worked through by Government [AS/044 – INQ000479020] The agreement was announced on 30 April 2020.

30. My private office received a submission dated 13 May 2020 asking whether I agreed to a proposed definitive global licensing agreement for the manufacture of Oxford's candidate vaccine with AstraZeneca [AS/045 – INQ000478948] While the Government was not a party to the agreement, Oxford had committed not to enter into an agreement without the Government's backing. The proposed agreement included commitments to UK manufacturing, and a high-level commitment to make the vaccine available globally at affordable prices. On 14 May 2020, I spoke with Professor Sir John Bell about the proposal, including as to whether the grant for manufacturing would be given directly to AstraZeneca, or indirectly through Oxford University. Sir John explained concerns that indirect funding would give rise to liabilities for the University [AS/046 – INQ000478949] I requested officials prepare advice on this topic. My private office received a submission of the same date, which recommended that the issue be discussed further by officials with AstraZeneca [AS/047 – INQ000478951], [AS/048 – INQ000478950], [AS/049 – INQ000506827], [AS/050 – INQ000478957].

31. On 17 May 2020, Oxford University agreed a licensing agreement with AstraZeneca [AS/051 – INQ000506826] Under that agreement, if the Oxford vaccine went on to be successful, AstraZeneca would produce up to 30 million doses of the vaccine by September for use in the UK, as part of an agreement to deliver 100 million doses in total. On the same day, I announced that researchers in the UK would benefit from a further £84 million of Government funding [AS/052 – INQ000479023]

32. My private office received a submission dated 19 May 2020 which asked me to approve an agreement with Wockhardt, a company which was developing a new production line in Wrexham for use from July 2020 [AS/053 – INQ000506828]. The submission noted that, at the time, the site was the only capacity for domestic manufacturing at scale which would be available in the short-term. I was asked to

approve that officials proceed with Heads of Terms discussions to secure the production line for a period of 12 months, with a view to concluding a final contract by the end of June. The estimated total cost was in the region of £24.13 million, and would reserve Wockhardt's entire capacity for Government use, which could deliver up to 300 million vaccine doses depending on the type of vaccine technology, and would include a credit for fill and finishing units which would secure between 40 and 60 million doses. Subject to asking for some clarification about what would happen to the funding and reservation of the facility after the first 12 months of production, I approved the proposal that officials proceed with Heads of Terms negotiations [AS/054 – INQ000506829]. My private office received a further submission dated 23 July 2020 requesting approval of £42.2 million to secure an 18-month reservation of the line, providing flexible fill and finish capacity prior to the construction of VMIC, in addition to a credit for between 65 and 71 million doses [AS/055 – INQ000506840]. Following some queries as to the use of the site after acquisition but prior to vaccine approval, I approved funding for the acquisition on 28 July 2020 [AS/056 – INQ000478994].

33. My private office received a submission dated 22 May 2020 concerning AstraZeneca's development of antibodies for the prevention and treatment of Covid-19 [AS/057 – INQ000478962]. AstraZeneca needed to manufacture the antibodies treatment for the purposes of clinical trials, and there was very limited domestic capacity. AstraZeneca had identified a site in South Korea for use in February 2021, and requested Government funding to secure that site, as well as for use in the Phase 1 clinical trials to take place in the autumn of 2020. The funding requested was to guarantee the Government 1 million doses of the antibody treatment requested [AS/058 – INQ000506833]. The initial feedback on AstraZeneca's proposal from Dame Kate and the BIA (BioIndustry Association) Taskforce had been positive. I was asked to agree that approval for the funding should be pursued with HMT. The proposal was discussed at the VTF's Expert Advisory Board meeting on 22 May, which I attended. [AS/059 – INQ000330582] The Board decided that the VTF would further investigate the options available to the Government from potential competitors, and I wished to review a further submission as to the proposal. My private office received a further submission dated 23 May 2020 with short updates as to the level of funding requested, and confirmed on 26 May 2020 that I approved that discussions proceed with AstraZeneca [AS/060 – INQ000506830], [AS/061 – INQ000506831], [AS/062 – INQ000506832].

34. My private office received a submission dated 28 May 2020 regarding the proposed acquisition of a further manufacturing site, the Benchmark Vaccines Limited Site in Braintree [AS/063 – INQ000478965] The site had been used to manufacture animal vaccines, but had been reviewed by experts supporting the VTF and was considered to offer an opportunity to offer relatively low cost, rapid vaccines manufacturing capacity. The assessment of the site by the VTF is discussed in the statement of Alexandra Jones at paragraphs 115 and 116 **INQ000474338**. I was advised by officials that a major advantage of the facility was that it could be used to manufacture a range of vaccine types, beyond the two options in development in the UK, which could prove useful with other vaccine developers if the vaccines developed in the UK were not successful. The estimated costs were in the region of £110 million, excluding the costs of raw materials, to cover running costs for five years, and its eventual long-term use as an innovation centre. I approved the negotiations to proceed, but noted that the final advice would require setting out the detail on the purchase option [AS/064 – INQ000506834] A further submission was received dated 17 July 2020, which sought my approval for the investment of £127.3 million to fund the acquisition of the site. The proposal had the twin benefit of ensuring capacity to accommodate the demand once vaccine candidates had progressed through clinical trials, and ensuring the overall manufacturing resilience of the country by providing a number of manufacturing sites which were available for use (as well as VMIC). I approved the business case on 18 July 2020 [AS/065 – INQ000478990].

35. By way of a submission dated 24 June 2020, I was asked to approve the provision of funding to reserve capacity of domestic antibody manufacturing [AS/066 – INQ000506836]. Clearance from HMT and the Accounting Officer had been given, subject to conditions, and I was requested to approve a commitment to pay a deposit to secure a site at Lonza Biologics. The submission acknowledged that there was very limited other capacity to manufacture antibodies in the UK, and that there was significant competition around that capacity which did exist. I confirmed the following day that I approved the funding [AS/067 – INQ000506835].

36. My private office received a further submission dated 16 July 2020, following the VTF's negotiations with Pfizer and BioNTech concerning the purchase of 30 million doses of their mRNA-based Covid-19 vaccine [AS/068 – INQ000498160].

The submission noted that phase 1 and 2 clinical trials were underway in Germany and the US, and that the companies expected potential approval from the European Medicines Agency by Autumn 2020, with delivery of the first doses as early as November and December 2020. I was asked to approve the signing of binding heads of terms, which covered the price, volume, and delivery times. It was necessary to move quickly in order to secure the vaccine, and the potential for supply of doses before the end of 2020. I was also asked to provide a steer on the proposed indemnity provisions, as well as their potential costs to the Government. I reviewed the heads of terms, and considered that a more realistic estimate of a worst-case indemnity exposure should be developed prior to any eventual final agreement [AS/069 – INQ000506838]. Given the potential scale of this commitment, I sought support which was received from the Chief Secretary to the Treasury, as well as the Secretary of State for Health [AS/070 – INQ000506839]. I approved the proposal [AS/071 – **INQ000506838].** On 20 July 2020, a press release set out the several developments that had occurred to date in our efforts to secure a strong portfolio of promising vaccines [AS/072 – INQ000479024].

37. My private office received a submission dated 29 July 2020 requesting approval to enter into an agreement with Valneva, a company with manufacturing operations in Scotland, to purchase 60 million doses of its vaccine for delivery in the last quarter of 2021 [AS/073 – INQ000506841]. I was already aware from 9 July 2020 that the VTF had planned to sign non-binding heads of terms with the company in respect of 60m doses of its vaccine [AS/074 – INQ000506837]. I was advised that this vaccine was considered to be particularly important at this stage, as it was based on a long-standing method of vaccine production, so was less novel than the other projects we were supporting [AS/075 – INQ000506842]. I approved the submission the following day [AS/075 – INQ000506842].

38. The topic of indemnities arose again later in August 2020. Due to the number and scale of COVID-19 vaccines in research and development, and while all vaccines were subject to regulatory approval, several suppliers were requesting protection against liabilities arising from their use. Following my earlier request, my private office received a submission dated 21 August 2020, noting that upon further analysis of the potential liabilities' costs, they were considered to be significantly lower than originally thought [AS/076 – INQ000478996]. In the circumstances, I was asked to consider the overarching approach to be taken by the VTF to the

issue of indemnities, to enable the VTF to enter into binding agreements with vaccine manufacturers. I asked for an explanation of how the liabilities exposure had reduced to that extent [AS/019 – INQ000478998]. This was discussed at the inaugural Ministerial Panel which took place on 27 August 2020. Prior to the meeting, I received a paper on the approach to indemnities, which informed me that the VTF had worked with colleagues in DHSC, MHRA, and PHE to obtain advice, which had permitted a more robust analysis [AS/077 – INQ000506844], [AS/078 – INQ000478999]. The Panel resolved to consider the detailed terms of each proposed agreement on a case-by-case basis, and agreed that it was important for the VTF to negotiate as hard as possible in relation to that issue. A record of the discussion is set out within the minutes [AS/023 – INQ000506845].

39. My private office received a submission dated 25 August 2020 regarding a proposal to enter into a binding supply agreement with AstraZeneca to supply the vaccine developed at Oxford, known as Project Triumph [AS/079 – INQ000506843]. At this stage, it was the vaccine at the most advanced stage of clinical trials, and there was a possibility of regulatory approval by the autumn of that year. A substantial tranche of funding was requested to enable 'at risk' production to ensure that there was sufficient stock of the vaccine for immediate deployment following regulatory approval. The proposal was considered by the BEIS Projects Investment Committee the following day, and was discussed at the inaugural Ministerial Panel meeting on 27 August 2020 [AS/023 – INQ000506845]. The Panel agreed the business case for the project, subject to conditions as to the source of its funding (which was to come first from any underspend in the BEIS budget, and thereafter the VTF budget envelope), and that BEIS was to clear all announcements relating to the funding with HMT. BEIS undertook to work up analysis as to the cost reduction implications if the number of doses was to be reduced, and the possibility of a future donation of excess doses to developing countries [AS/023 – INQ000506845].

40. On 9 September 2020 I was asked to approve funding for an initial reservation agreement with companies Sanofi Pasteur and GlaxoSmithKline, which were developing a recombinant protein vaccine for Covid-19 [AS/080 – INQ000506847]. The BEIS Projects Investment Committee had approved the business case without conditions [AS/081 – INQ000479007]. My approval for substantial funding to enable at-risk production to occur before regulatory approval was sought. The proposal was discussed at the VTF Ministerial Panel on 11 September 2020

[AS/082 – INQ000401294]. The Panel approved the business case for the project [AS/082 – INQ000401294].

41. Towards the end of September 2020, the opportunity to increase the available supply of RNA vaccine arose. My private office received a submission dated 30 September 2020 containing the recommendations of the VTF that we increase a previous purchase of Pfizer vaccine doses from 30 million to 40 million [AS/083 – **INQ000503513**, [AS/084 – INQ000479006]. Accordingly, I was asked and agreed to approve VTF's advice to enter into an agreement with Pfizer to supply 40 million doses of the BNT162 mRNA vaccine. Again, the proposal was discussed and approved at the VTF Ministerial Panel on 6 October 2020 [AS/085 – **INQ000479144].**, [AS/086 – INQ000506849].

42. On 21 October 2020, I was asked to approve a further priority supply agreement with Novavax, for 60 million doses of the NVX-CoV2373 vaccine [AS/087 – INQ000506852]. The proposal was discussed at the Ministerial Panel on 22 October 2020 [AS/088 – INQ000506851], [AS/089 – INQ000498161]. This was approved by the Panel, with conditions as to the funding sources and approval through HMT.

43. On 16 November 2020, the Ministerial Panel met to consider the procurement of an mRNA vaccine produced by Moderna, securing at least 5 million and up to 7 million doses for the UK [AS/090 – INQ000506855], [AS/091 – INQ000506853]. The Panel approved this business case, and I received a further update three days later, on 19 November 2020, to the effect that the further 2 million doses would be available for procurement [AS/092 – INQ000401303], [AS/093 – INQ000498158].

44. I chaired a further Ministerial Panel on 18 December 2020 [AS/094 – INQ000498159] The main topics of discussion were the procurement of several vaccines. This included an update on the progress of the Janssen vaccine, and the Panel agreed to purchase additional doses of the Moderna vaccine in order to balance the risk that other projects would be unsuccessful in the process of regulatory approval. The VTF also agreed to continue to work with colleagues from DHSC to ensure the purchase of the correct number of antibody doses, to be delivered to those who were immuno-suppressed. I am asked about the VTF's work in relation to neutralising antibodies, in particular Evusheld. I have addressed in the paragraphs above the work of the VTF in relation to antibody therapies. My

understanding is that Evusheld was approved in September 2022, long after I had left the VTF and BEIS, and therefore I am not able to comment on it.

45. Very shortly before I left my post in early January 2021, I chaired a final Ministerial Panel on 31 December 2020. There was again a discussion about whether to purchase additional doses of the Moderna vaccine, and the Panel approved the purchase of an additional 10m doses, but agreed not to purchase a further 30m doses due later in the year, in view of reassurance that the vaccine portfolio contained sufficient coverage. The Panel also received a verbal update from Nadhim Zahawi, on the deployment plans for the vaccines [AS/095 – INQ000479015].

46. I would stress that the role of the Ministerial Investment Panel was not to establish, or scrutinise in any depth, the scientific basis for the support of various vaccine projects. That was the topic of in-depth expert advice on which the Panel relied. At the Ministerial Investment Panel, my focus was on ensuring that the procurement made sense in investment terms, acknowledging that we were responsible for the expenditure of a great deal of taxpayers' money.

International collaboration

47. As Secretary of State, my responsibilities included decisions regarding international collaboration in the sphere of vaccine development. This required a careful balance to be struck, between pursuing opportunities for international collaboration where there was a benefit in so doing, while maintaining the pace and efficiency of the VTF in its pursuit of our central objectives.

48. My private office received a submission dated 15 May 2020 setting out proposals for collaboration with France and Germany (as part of the 'E3') on vaccine development proposals [AS/096 – INQ000512910]. I was supportive of the notion that we should collaborate to mutual benefit, and requested some further information on how the various strands of engagement (which also included collaboration between the VTF and the G7 Taskforce, with those efforts sitting within the Cabinet Office) would fit together [AS/097 – INQ000478958]. On 18 May 2020, I spoke with Jonathan Black in the Cabinet Office, and agreed that it was sensible to engage with international partners, at the same time as bearing in mind

what the trade-offs of any proposed form of collaboration would entail [AS/098 – INQ000478959].

49. Following this request, on 24 May 2020 I received advice from the VTF regarding the strategy for international collaboration. Careful thought was required as to the potential effect of any strategy for international collaboration on the UK's aims, through the VTF, of establishing access to safe and effective vaccines at pace. It was also the case that, while not formally under the aegis of an 'international collaboration strategy', the VTF had already undertaken significant work internationally in pursuit of its aims. I received advice that this work should continue, alongside targeted collaboration options with countries where there would be mutual benefit in the development and manufacturing of a vaccine [AS/099 – **INQ000513520**].

50. On 26 May 2020 a meeting was chaired by Sir Mark Sedwill, Cabinet Secretary, which included discussion of the strategy to be adopted in respect of international vaccine collaboration. It was agreed that the UK should develop a twin approach, combining the work to secure the vaccines required by the UK, and leading and shaping international collaboration in order to pool risk and resilience with other countries [AS/100 – INQ000478964]. BEIS was tasked with drafting a note for the Prime Minister in light of those priorities. My officials drafted a note, which set out the portfolio approach adopted to support UK trials and negotiate access to leading vaccine candidates around the world, and the suggested approach to international collaboration and multilateral action (for instance through the CEPI, to which the UK was the largest single country donor [AS/101 – INQ000478969]). I approved this, and it was sent to the Prime Minister on 29 May 2020 [AS/102 – INQ000478966], [AS/103 – INQ000478968].

51. On 14 June 2020 I wrote to the Prime Minister with an update as to the vaccines position, setting out the approach taken by the VTF to international cooperation [AS/104 – INQ000410492]. I explained that the three-track strategy was of bilateral engagement, multilateral leadership, and collaboration with other leading counties. Bilateral engagement was a crucial part of the country's vaccine efforts, ensuring access to a global portfolio of potential vaccines across various technologies (such as mRNA, Adenoviral, and adjuvanted protein vaccines). The UK sought to provide international leadership, through multilateral fora such as the G7, G20, and WHO, and the Prime Minister hosted the Global Vaccines Summit

on 4 June. Finally, it was crucial that the UK make use of its strong base in research, and investment in domestic manufacturing, to build a pragmatic and collaborative relationship with other leading countries for the benefit of the world.

52. The question of whether to join a joint vaccine procurement initiative with the European Commission arose, following the Commission's invitation to the UK by letter dated 22 June 2020 [AS/105 – INQ000478975]. This prompted a series of discussions at official level in order to better understand the proposal [AS/106 – INQ000478979], [AS/107 – INQ000478980], [AS/108 – INQ000478982]. My private office then received a submission dated 7 July 2020 setting out the various options [AS/109 – INQ000478987]. The Commission's initiative was for the European Union to negotiate exclusively with selected vaccine manufacturers. My officials engaged closely with the Commission on the proposal. While I acknowledged the importance of working collaboratively with our international partners, I took the view that a more practical approach was to pursue a more flexible cooperation, with the EU as well as other countries, in parallel with the UK's own programme of negotiations with vaccine manufacturers. This was crucial in permitting the UK to act decisively to secure developments in vaccine research, development, and manufacturing. I wrote to the Prime Minister on 8 July 2020 proposing that I instruct my officials to communicate to the Commission that the UK would not opt into the initiative [AS/110 – INQ000420944]. The central obstacle to joining the scheme was that the UK would not be able to participate in the governance of the programme or the negotiating team. We would therefore have no say in decisions relating to manufacturing (such as the price, volume, or delivery schedule), and we would be bound to cease negotiations on our own part with any manufacturer with whom the EU commenced negotiations. My firm view was, therefore, that while collaboration with our European partners should be pursued where there was an identifiable mutual benefit, the UK's interests were better served outside of that formal arrangement.

53. A submission dated 8 September 2020 asked me to approve a firm commitment on behalf of the UK to the COVID-19 Vaccines Global Access initiative, known as COVAX [AS/111 – INQ000506846]. In accordance with my letter to the Prime Minister on 14 June, the UK's engagement with COVAX had helped shape the initiative to deliver against three core objectives: to assemble the necessary incentives to increase global vaccine production and distribution, to accelerate the end of the pandemic; to champion multilateralism, demonstrating UK leadership

and ensuring that all countries regardless of income level have vaccine access; and to complement the UK's domestic portfolio and secure UK access to a wider pool of vaccine candidates. It was proposed to commit to participate in the form of a substantial upfront investment, securing rights to vaccines for up to 30 million of the UK population. I agreed to proceed on that basis, and wrote to the Chancellor of the Duchy of Lancaster, Michael Gove MP, in his capacity as the Chair of COVID-O, confirming the position [AS/112 – INQ000479003].

54. By a further submission dated 5 October 2020, I was asked to approve the COVAX business case, following agreement by Cabinet to join the initiative [AS/113 – INQ000506848]. I was informed that the VTF Investment Panel had approved the business case [AS/114 – INQ000506856] I was asked to finalise its formal approval, including a funding commitment to secure vaccines for the UK population, and in the form of a risk sharing guarantee, which would be payable in the event of losses arising from the UK not exercising its purchase options. I agreed to proceed with the proposal, provided it had Treasury support [AS/115 – INQ000506850] The topic was discussed again at the Ministerial Panel on 16 November 2020, and the decision was taken to procure a particular mRNA vaccine through the COVAX route, to protect the UK's position in the event that only mRNA vaccines proved viable [AS/092 – INQ000401303].

55. By a submission dated 14 December 2020 I was asked, along with Vaccines Minister Nadhim Zahawi, to approve an additional £47.6 million in funding for VMIC [AS/116 – INQ000479013] At that point, it was envisaged that VMIC would become operational in the final quarter of 2021, i.e. at the end of the Wockhardt contract. The business case had been approved by the VTF Investment Panel without conditions. I delegated approval of this submission to Nadhim Zahawi, who approved it on 22 December 2020 [AS/117 – INQ000479014].

56. I am asked to give my views on the sale of VMIC. The background to the sale is set out in the statement of Alexandra Jones at paragraphs 109 to 110 **INQ000474338**. I left my post as Secretary of State in January 2021, so had been out of post for around nine months by the time the issue of the sale of VMIC arose. In the circumstances I expect that others who were involved in those discussions are better placed to reflect on the circumstances of the sale. For my part, the important point in terms of lessons for the future is that the UK retain capacity for the research, development, and manufacturing of vaccines.

57. Similarly, I am asked to give my views on the termination of the Valneva vaccine contract in September 2021. The background to that decision is set out in the statement of Alexandra Jones at paragraphs 123 to 124 **INQ000474338**. As I left my role as Secretary of State in January of that year, others who were involved in that decision will be in a better place to assist.

Therapeutics

58. I am asked to describe my role in the development and repurposing of therapeutics. The central decisions I made in relation to the support of various projects relating to therapeutics are set out below.

59. My personal involvement in issues related to therapeutics was largely in relation to ACCORD (Accelerating Covid-19 Research & Development). ACCORD was a national clinical trial initiative. The establishment of ACCORD had been agreed by UKRI and National Institute for Health and Care Research (NIHR) on 14 April 2020, as a platform proposal to ensure rapid and coordinated trials in locations around the country [AS/118 – INQ000478926]. It was separate to, but complemented, the work of the TTF. Its purpose is summarised in the statement of Alexandra Jones at paragraph 157 **INQ000474338**. It was jointly overseen by BEIS and DHSC, and was delivered by UKRI together with a clinical research organisation IQVIA. It was funded by NIHR and UKRI. It aimed to complement the investment in Covid-19 phase 3 trials (i.e. the RECOVERY programme, which sat within the Department of Health and Social Care) by identifying and assessing therapeutics through smaller phase 2 trials. It was decided to establish a network of clinical trial sites to create a pipeline of drugs which could be accelerated for use in phase 3 trials, or direct to clinical use [AS/119 – INQ000478932].

60. Following their discussions with Number 10, UKRI had suggested that I be responsible for chairing the Phase II Covid-19 Experimental Treatments Programme Oversight Group ("the Oversight Group"), which provided high-level support and strategic direction and challenge to the ACCORD programme [AS/120 – INQ000478930], [AS/121 – INQ000478934]. The Senior Responsible Officer for

ACCORD was Sir Mark Walport, CEO of UKRI, who provided regular updates to me.

61. The Oversight Group held regular meetings which were chaired by me, and attended by Ministers within BEIS, various scientists closely involved in the ACCORD programme, and officials from the relevant departments. Their aim was to provide challenge to the programme, and assist in unblocking any issues the programme may go on to encounter (including in relation to funding) [AS/122 – INQ000478931]. Its inaugural meeting took place on 27 April 2020 [AS/123 – INQ000506821].

62. On 29 April 2020 I chaired a further meeting of Oversight Group [AS/124 – INQ000478936], [AS/125 – INQ000478937]. Discussion included steps taken to mitigate potential obstacles to the progress of clinical trials, which included the need to acquire Crown Indemnity, the process of regulatory approval, patient recruitment, and the relationship between IQVIA and trial centres [AS/126 – INQ000062059]. We also received an update as to the therapeutic candidates at that time. A series of urgent actions were agreed, and I requested updates from those who held responsibility for their implementation. [AS/126A – INQ000507415].

63. I received status reports from UKRI as to the progress of the various trials. On 30 April 2020 I was informed that three further compounds had been added to the Pipeline. As at 4 May 2020, a study based in Southampton had progressed to clinical trials, and was awaiting eligible patients for the study [AS/127 – INQ000478938]. On the same day, I chaired a meeting of the Oversight Group [AS/128 – INQ000478940]. An early emerging difficulty was in relation to the ability of the trials to recruit patients to participate, as a result of the falling rate of Covid-19 hospital admission in several parts of the country (which would otherwise be considered a positive development), and competition from the larger Phase 3 trials, including RECOVERY. This led to the development of a recruitment strategy for ACCORD [AS/129 – INQ000478939]. The renewed strategy included identifying hospital trusts where recruitment efforts should be focussed in view of the emerging geographic disparity in hospital admission rates, in addition to tracking the distribution of new Covid-19 positive patients in the community, together with other statistical data about infection.

64. On 7 May 2020 I chaired a further meeting of the Oversight Group [AS/130 – INQ000478944]. I received an update on progress in relation to compound trials, and on the issue of the recruitment of a Project Manager. We discussed the update on the progress of clinical trials, and the issue of Study Manager recruitment. I also asked for an update on patient recruitment, and requested that IQVIA pre-identify suitable patients for trials before arrival of the compounds at the hospitals.

65. On 11 May 2020, I chaired a meeting of the Oversight Group, and was informed that it was expected that seven or eight therapeutics should be in live clinical trials that week [AS/131 – INQ000478954]. It was acknowledged that the main issue remained recruiting enough patients for trials, and I asked whether government intervention was warranted to assist. The consensus from those involved with ACCORD was that such intervention was not warranted, and the exclusion criteria were being reviewed to help with the problem. I am asked whether any other obstacles were identified at this time. The only obstacle I recall, and the only one mentioned in the papers, was the need to recruit sufficient patients. I reiterated that if anything was required from government, I should be informed immediately, and we stood ready to help as quickly as was required.

66. As at 15 May 2020, there were five live trials in or aligned with ACCORD [AS/132 – INQ000478952]. On that day, I chaired a meeting of the Oversight Group, and received an update from Glenn Wells (Director of Strategy and Planning at UKRI-MRC, who was leading the ACCORD programme for UKRI) as to the progress of various compounds, and from Renata Crome (a Consultant to UKRI) in relation to the development of a patient recruitment action plan [AS/133 – INQ000478953]. A further meeting of the Oversight Group took place on 19 May 2020, where the group was informed that UKRI was focussing on establishing sites for patient recruitment around the country, with a focus on areas with higher patient number or stronger recruitment from sites. We also received an update on the patient recruitment strategy, and the group received advice from Sir Patrick Vallance and Sir Jeremy Farrar as to how to expand sites for successful patient recruitment [AS/134 – INQ000478963].

67. On the same date (15 May 2020), my private office received a paper from Sir Jeremy Farrar, who explained that in his view the system required amendment in the coming months [AS/135 – INQ000478960], [AS/136 – INQ000478961]. I am asked about the contents of this paper. I agreed broadly with the need for change,

as I expressed in my subsequent email to the Prime Minister's office discussed below, although the precise way in which the system should be amended to improve patient recruitment and to optimise the work being done was a matter for expert and cross-departmental input. In the following weeks, work by officials and experts continued to identify potential solutions for improving patient recruitment. Similarly, on 7 June 2020, I received an email and a proposal from Professor Sir John Bell, relating to the structure of the new Phase 2 programme [AS/136A – INQ000478972], AS/136B – INQ000504151]. Throughout this period, my office requested updates in respect of the progress made. I remained open to advice on whether changes were needed, and if so, what, and was keen to see actions for improvement be implemented quickly [AS/137 – INQ000478970].

68. On 9 June 2020, my private office received an updated patient recruitment paper [AS/138 – INQ000478971], [AS/139 – INQ000478973]. By this point, it was clear that a difficulty persisted in relation to the ability of the various trials to recruit patients and required a substantial change in approach. On 10 June 2020, I updated the Prime Minister's office on these developments in the ACCORD programme [AS/136A – INQ000478972]. I passed on the paper from Sir John Bell (referred to above) and made reference to my recent discussions with both him and Sir Jeremy Farrar, all focused on how to optimise patient recruitment and therefore the efficiency and success of the Phase 2 programme. The position as at that date was that, while seven compounds had entered trial stage, they had between them been able to recruit only 15 patients, so were considered unlikely to be able to complete their trials. I expressed my desire to urgently resolve the issues regarding patient recruitment to trials. I expressed frustration that there were such problems in recruitment to trials, which was shared by several of the experts involved. In response to these difficulties, there was a proposal to establish a new structure, comprising all compound testing, which would entail taking over some of the work undertaken by the TTF. I informed the Prime Minister's office that I wished to consider and discuss the proposal further. I received initial feedback from Munira Mirza, Head of No 10 Policy Unit, and William Warr, [AS/140 - INQ000504152] [AS/140A - INQ000504153].

69. On 19 June 2020, I received a memorandum from my Private Office, which provided some further detail on the UKRI's proposal to establish a single delivery framework within RECOVERY [AS/141 – INQ000478978]. I am asked about some notes made on my copy of this document, which would have been notes I made

during the meeting reflecting what was being explained and discussed, rather than any decision I made in relation to the proposal, which was an ongoing matter. I also received advice from the UKRI regarding the reorganisation of the trials [AS/141A – INQ000504155, AS/141B – INQ000504154]. As set out below, the decision was subsequently made to streamline efforts into the RECOVERY framework within DHSC.

70. That initial memorandum led to a series of meetings with officials and experts in late June, to discuss how Government should prepare for the next wave of Covid-19 therapeutic trials [AS/142 – INQ000478976], [AS/141 – INQ000478978], [AS/143 – INQ000478981], [AS/143A – INQ000504156]. Their advice was unanimous that RECOVERY should be expanded to oversee all clinical trials, as a single, Government-funded delivery platform. I was also advised that the drug prioritisation process in RECOVERY should be streamlined, with the establishment of an independent drug prioritisation group to undertake that function. I asked Professor Patrick Chinnery, Clinical Director of the Medical Research Council, to provide an assessment of human and financial resource requirements.

71. On 23 June 2020, I received advice from Lord Bethell, Minister for Innovation, in relation to how a renewed national programme might proceed [AS/144 – INQ000478977]. Lord Bethell noted that as the RECOVERY trial was funded by the NIHR and UKRI, and was awarded NIHR Urgent Public Health status, it had been able to secure access to a very significant patient cohort for recruitment to clinical trials. The proposal was to take therapeutic candidates under the RECOVERY umbrella, which would allow them to benefit from access to a wide patient cohort as a result of being part of a national programme of trials.

72. My officials convened various meetings to discuss this proposal. I requested an assessment of each of the Phase 2 studies, to identify whether they could be taken forward under the new structure. I received advice that recruitment into some of the studies had been slow, and that was presented with various options (either closing specific studies due to poor recruitment, directly absorbing studies into the RECOVERY programme, or establishing a transitional phase to include the drugs of those studies into RECOVERY) [AS/145 – INQ000478983]. It was recommended, and I agreed, that those responsible for the Phase 2 trials should review the position in relation to their progress, and it was envisaged that those

trials would either stop (on the basis that they were not viable), or migrate to the reconfigured RECOVERY platform. This was to be supported by funding for RECOVERY, operating as the principal national platform for the evaluation of COVID-19 therapeutics, and would include all new Phase 2 trials which were centrally funded [AS/145 – INQ000478983]. From my perspective, this seemed sensible and appropriate in terms of streamlining processes and enhancing coordination. I updated the Prime Minister's senior advisers on 30 June 2020 as to the unanimous agreement from the relevant experts that a single delivery platform be set up to oversee the next wave of trials, who agreed with the proposals [AS/146 – INQ000478984], [AS/147 – INQ000478985], [AS/148 – INQ000478991], [AS/149 – INQ000479886].

73. Following the re-organisation of these trials into the RECOVERY project, which sat within DHSC, my involvement became significantly more limited, and was restricted to remaining informed as to the developments. It is appropriate that where a particular department has responsibility for a specific effort, it is able to lead that effort. Meanwhile throughout this period, Ministerial group meetings continued in response to particular issues as and when they arose. For instance, on 23 July 2020 I attended a small Ministerial group meeting, chaired by Michael Gove, Chancellor of the Duchy of Lancaster, to receive an update as to the work of the TTF [AS/150 – INQ000354797], [AS/151 – INQ000478993]. A decision was required as to which department would lead the Covid-19 Intellectual Property Policy. Whilst BEIS had IP expertise in the form of the Intellectual Property Office, that organisation had a regulatory role in the area, and so was considered inappropriate to lead on the Government's commercial decisions as to procurement or commercialisation of IP.

74. My private office received an update, dated 12 August 2020, informing me of the progress made in relation to the plan to transition the phase II trials. By that stage, it was anticipated that the Therapeutic Advisory Panel would be in a position to make its first recommendations for therapeutic candidates under the expanded RECOVERY trial around late August [AS/152 – INQ000478995].

75. I am asked about my views on the effectiveness of the Covid-19 Therapeutics Taskforce (TTF), the Antivirals Taskforce (ATF), and the combined Antivirals and Therapeutics Taskforce (ATTF). As set out in the statement of Alexandra Jones, the TTF was established in May 2020 and sat within DHSC [**INQ000474338**]. I am

therefore not in a position to assist the Inquiry as to its effectiveness, and expect that officials and Ministers within that Department will have a better understanding of its effectiveness.

76. Further, as described in Alexandra Jones' statement, the ATF was established in the Spring of 2021 and the ATF and TTF were amalgamated in April 2022 **INQ000474338**. As these developments occurred after I had left my role and was working full-time on COP26, I am unable to offer any reflections, but would expect that those who were more closely involved will be able to do so.

77. I am asked to express a view as to the relative prioritisation of vaccines and therapeutics. I had responsibility for the VTF and was focussed on its work. Other than my specific involvement with ACCORD as described above, I was not involved in the work on therapeutics. I am therefore not in a position to make an assessment. I am asked about the extent to which the procurement of prophylactics (particularly pre-exposure prophylactics) was a priority for the government. I am not in a position to assess overall prioritisation, given my focus on the work of the VTF, but I set out above my involvement in the steps taken to procure prophylactics, and further details are given in the statement of Alexandra Jones.

78. I am asked about an email exchange between Kate Bingham, Sir Patrick Vallance and Professor John Bell on 10 May 2020 [**INQ000330575**], regarding the question of where responsibility for therapeutics should lie. I was not part of this exchange and those who were will be better placed to comment on it.

79. I am also asked about the allocation of responsibilities between BEIS and DHSC in relation to therapeutics. I agree with Alexandra Jones that it is normal for departments to discuss accountabilities for a new project or taskforce and to seek to clarify boundaries where responsibilities are closely aligned, and the respective duties of the departments were worked out throughout May and June 2020. That is particularly so where central government is developing several substantial projects at pace. To the extent that there were any tensions among officials during this process, I did not consider that they impeded the progress of the various projects. As I have set out above, ultimately it was resolved that the process would be streamlined within the RECOVERY trials within DHSC.

80. As set out in the statement of Alexandra Jones, until June 2021 the VTF had responsibility for work on monoclonal antibodies. This decision was primarily science-driven, and others can better explain the scientific basis, but antibody therapies were intended to complement vaccine rollout. As such, from a process perspective, there was sense in both sitting within the VTF. I do not recall any dispute about the allocation of this work within the VTF. The ongoing activities of the VTF and the Therapeutics Taskforce (TTF) on antibody therapies and the measures put in place to ensure close liaison between them are set out in [AS/152A – INQ000408356]. UKHSA would be best placed to provide detail of the division of vaccine and therapeutic work more generally and over the course of the pandemic.

Devolved Administrations

81. As Secretary of State, the extent of my direct involvement with the Devolved Administrations depended on whether the issue concerned vaccine discovery, procurement, or deployment. The central decisions in relation to vaccine funding were decisions as to the use of money held by central government, and procurement was pursued on behalf of the whole of the UK by the UK Government.

82. In terms of procurement, my private office received a submission dated 7 September 2020 noting that agency agreements had been concluded between BEIS and the Devolved Administrations, which was required to enable BEIS to procure vaccines on behalf of Scotland, Wales, and Northern Ireland, [AS/153 – INQ000479002], [AS/154 – INQ000309563], [AS/155 – INQ000309562], [AS/156 – INQ000309564]. Ordinarily, health is a devolved policy matter. However, it was acknowledged that during the pandemic, specific agency agreements had been reached in order to enable the UK Government to act on their behalf in relation to the pandemic response (such as in relation to PPE procurement and testing capacity). This question was the subject of correspondence between myself and Jeane Freeman MSP [AS/157 – INQ000479000], [AS/158 – INQ000479001], [AS/159 – INQ000479005]. Discussions between Her Majesty's Government and the Scottish Government were constructive, and Scottish Ministers were content to enter into the agency agreement [AS/158 – INQ000479001].

83. As vaccines became available for deployment in the UK, a Memorandum of Understanding was reached with the Welsh Government to enable a smooth hand-off at delivery of the Pfizer/BioNTech vaccine [AS/160 – INQ000479011]. This arose in particular because the Welsh Government intended to include remote locations as part of the first wave of deployment [AS/161 – INQ000479010]. Approval of that proposal was delegated to Minister Zahawi [AS/162 – INQ000479012]. Officials within BEIS were alive to the need to ensure a uniform and equitable distribution of vaccines across the four nations. While it was considered in the officials' submission that there may be a need for similar agreements in respect of other Devolved Administrations in future, no further decisions on Memoranda of Understanding were required during my time as Secretary of State.

Public messaging and vaccine safety

84. I am asked to describe my role in public messaging, including in relation to vaccine safety. As Secretary of State, I gave the daily Covid-19 press conference at Downing Street on six occasions when there were announcements of particular relevance to BEIS policy areas (see, for instance, the statement I delivered on 28 March 2020 which included announcements relating to business support schemes) [AS/163 – INQ000479025]. BEIS also made use of press releases where it was important to communicate a particular development [AS/164 – INQ000479019]. These were supplemented by my participation in media rounds on behalf of the Government, and appearances in the House of Commons.

85. I am also asked to reflect on whether the right balance was struck between speed and safety in the context of Covid-19 vaccine authorisation. In my view, striking the right balance was in large part achieved through close collaboration between the public sector, scientists, medical experts, and industry. A key example was the commitment by Government to support the manufacture of vaccines prior to their approval. Clearly, those stocks would only be used following authorisation through the appropriate channels. However, ensuring manufacturing had already begun meant that upon approval, those stocks could be deployed as quickly as possible. When it comes to safety, it was and should remain crucial that decisions relating to the safety of vaccines are taken by those with appropriate expertise and within the context of a robust regulatory environment. That is why the government rightly

relied upon and respected the expert role of the appropriate regulator, namely the Medicines and Healthcare products Regulatory Agency (MHRA), together with the statutory advisory committee Joint Committee on Vaccination and Immunisation (JCVI).

Reflections

86. I am asked to reflect on potential areas of learning arising from the matters discussed above.

87. The Government worked at significant pace to ensure access to a suite of vaccine candidates. As noted by the Wellcome Trust, vaccine development typically takes a minimum of 10 years [AS/165 – INQ000506874]. The VTF and BEIS worked on an accelerated timetable to make a vaccine available within around 12-18 months, and the vaccine was deployed just eight months after the formation of the VTF.

88. That success was driven by:
    a. Having a clear and urgent "national mission" approach from everyone involved with the VTF.
    b. A successful public-private collaboration between scientists, industry, and Government, with clear governance structures which allowed for effective decision-making.
    c. Having the right team in the VTF, with the right mix of experience. This relates not just to individuals from outside Government (such as Dame Kate Bingham), but also senior civil servants such as Nick Elliott (a former senior army officer with experience of project management), and Madelaine McTernan (a former senior investment banker with experience of commercial negotiations).
    d. Speeding up investment decisions related to procurement.

89. One of the innovations which contributed to the success of the VTF was the establishment of the Ministerial Panel which significantly sped up collective decision-making. The Panel met eight times between 27 August and 31 December 2020 to clear decisions on investments above £150 million in value, primarily related to vaccine contracts. The pace of the Panel's meetings was not business-as-usual, and helped to significantly accelerate the time taken to make such decisions, which ultimately contributed to the timely delivery of vaccines. Given

the success and efficiency of the Panel in striking the right balance between rigour and speed in procurement decisions, it is worth considering whether it would have been helpful to have such a structure in place earlier. Ultimately, in my view we were able to make quick and effective decisions as proposals arose throughout the course of my tenure as Business Secretary. However, it would probably be helpful for a template of a similar Ministerial Investment Panel to be worked up, for immediate use during any future pandemic response.

90. In terms of lessons for the future, I also think it would be worth considering an external standing panel on health preparedness, which would complement any existing internal governmental structures. The panel should comprise science and health experts as well as civil servants and Ministers, and meet formally several times a year to take stock of potential international health trends and risks. Those on such a panel should include some of the individuals responsible for delivering the work of the VTF.

91. Whilst it is difficult to predict precisely what a future global health emergency would look like, having a group of experienced individuals horizon-scanning, and engaging in a desktop exercise to assess the practical readiness of the UK for a future global health emergency should help the UK to move faster in reacting to future emergencies. We should establish a broad base of capability which could serve as a platform from which to design the specific response to any future emergency.

92. Given the experience of the successful deployment of Covid-19 vaccines in the UK, governments should reflect on the need to be brave in a crisis, and prepared to spend money at risk where the circumstances demand it. Value for the taxpayer is a crucial metric of success in any Government enterprise. There will be situations where, nonetheless, the Government must be prepared to invest significantly in projects where the chances of success are far from certain, but the potential benefits warrant such an approach.

93. I have also reviewed the first report of the 100 Days Mission, and considered its findings and recommendations. It is a highly detailed report, with specific and detailed recommendations by international experts with deep scientific expertise. Its first key recommendation relates to a need to invest in prototype diagnostics, therapeutics, and vaccines, which could then be tailored in response to the onset

of a future pandemic. I consider that such a recommendation, in view of their considerable expertise, carries significant weight.

94. The second key recommendation relates to embedding best practice within the day-to-day activity of trial platforms, regulation, and manufacturing processes. Again, the expertise of those who contributed to this report means that such a recommendation requires serious consideration. In my view, having a robust and flexible trials infrastructure will put the UK in the best position to respond to a future emergency. I also agree that a move towards innovative technologies, if they are able to reduce the complexity of vaccine manufacturing processes in the way described in the 100 Days Mission report, should be undertaken by those bodies who are expert in that area.

95. Finally, the third key recommendation relates to establishing 'rules of the road' to be deployed in a future pandemic, and in my view the issue of international collaboration would benefit from further thought. Inevitably, the nature and form of international cooperation will vary according to the problem which needs to be addressed. However, exploring the scope of agreement, in pursuit of the UK's objectives where there is a mutual benefit with our international partners, would be a worthwhile endeavour. Such a process would make the practical collaboration between the UK and our international partners as efficient as possible.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated: 15/11/2024