

IN THE COVID-19 PUBLIC INQUIRY
BEFORE THE RT. HONOURABLE BARONESS HALLET

UK COVID-19 INQUIRY

DEPARTMENT OF HEALTH AND SOCIAL CARE
PERSONAL STATEMENT OF JONATHAN MARRON
MODULE 5

1. I, Jonathan Marron, Director General of Primary Care and Prevention, at the Department of Health & Social Care, 39 Victoria St, Westminster, London SW1H 0EU, will say as follows.
2. I would like to start my statement by acknowledging the trauma and loss so many people have suffered as a result of the COVID-19 pandemic. I would also like to express my appreciation for all the frontline health and care workers who did all they could to care for their patients, both those with COVID-19, and those with other conditions, in the face of all the challenges the COVID-19 pandemic presented. Further, I would like to express my thanks to all those across the Civil Service generally and within the Department, the NHS and the Armed Forces who stepped forward to help secure and distribute the PPE needed to help protect some of the most vulnerable people in our community and those who cared for them.

Background

3. I have worked in the Department of Health and Social Care (DHSC), its Arm's-Length Bodies (ALBs), and the NHS for 30 years. In the period leading up to the pandemic I was Director General for Prevention, Community and Social Care, a role I was appointed to in June 2017. As Director General, I was responsible for policy work in primary care,

medicines, community services, mental health, social care and technology transformation. In 2019 I took on responsibility for policy on health improvement and the formal sponsorship of Public Health England (PHE) and gave up responsibility for technology transformation as part of internal reorganisations.

4. My role as Director General was to support ministers in the formulation of government policy and to ensure delivery of that policy, through the activities of my own teams and our work with others, for example, the NHS and Local Authorities.
5. As preparations for a COVID-19 pandemic increased from January 2020 to March 2020, my group's work switched to supporting the preparations, including the readiness of social care and primary care, and the Department's role in developing the shielding policy.
6. In March 2020, I became more closely engaged with the effort to secure and distribute PPE. At the weekly COVID-19 Oversight Board on 18 March 2020, I took responsibility for actions to work with PHE on the governance for decisions to release PPE from the Pandemic Influenza Preparedness Programme (PIPP) stockpile and to work with analysts on a prioritisation framework for releasing PPE [JM02/1 - INQ000551529].
7. On 19 March, the Permanent Secretary asked me to mobilise efforts to establish clearer guidance on the use of PPE and clinical prioritisation of access to PPE. I re-tasked existing members of my team to support me in this work as a dedicated PPE policy team. Around this time, I was made the departmental Director General lead for PPE. Given the seriousness of the PPE situation and the extensive effort to secure and distribute PPE, I increasingly focused my effort on PPE. By late March, I was working alongside Emily Lawson to lead the PPE Cell. In recognition of this, my formal responsibilities were changed on 27 April 2020. From this point onwards, I was formally Director General PPE and Prevention, a role I held until 1 October 2021. My former responsibilities were distributed to other DHSC Director Generals.
8. By the time I was able to dedicate myself to the PPE effort, we already faced a significant and very difficult challenge, therefore, some of the key decisions to meet this challenge had already been made. Prior to the pandemic the Department had no direct role in the procurement or distribution of PPE. NHS and social care providers were responsible for securing their own supplies. SCCL trading as NHS Supply Chain Limited (then a wholly owned company of the Department) was a major supplier to the NHS. PHE (an ALB of the Department) maintained the PIPP PPE stockpile. The Department acted in January and

February to support and boost this existing system for procurement and supply. By March it was clear that the existing structures would not be sufficient to meet the PPE demand. The decision was taken to establish a PPE Cell and a parallel supply chain to expand our capacity and capability to both secure and distribute PPE. It was at this stage that the Department became more directly involved in the procurement and distribution of PPE.

9. The PPE Cell's task was to establish a parallel supply chain to supplement the existing SCCL supply chain to secure, transport and distribute PPE to health and care providers. The PPE Cell brought together DHSC and NHSE staff, alongside commercial and procurement specialists from the Cabinet Office and across Whitehall, and experts from the private sector. The PPE Cell was supported by the armed forces who provided both an operational command capability and logistics expertise and support.

Securing sufficient PPE

10. The challenge we faced in March, and into the summer of 2020, was to secure extensive volumes of PPE, both for immediate use and to build stocks against the demands of the expected further waves of COVID-19 infections. Our assessment was that our existing supply chain could not deliver the necessary volumes, and we would need to look at new opportunities to secure PPE. While "UK Make" held great promise for the ongoing need, most of the immediate need would need to be filled by existing suppliers or from existing stocks of PPE.
11. The working hours for us all were extreme. We were working what was in effect 7 days a week, many of us were working 12-14-hour days and were always contactable out of hours. Everyone stepped up. The importance and immediacy of our task was understood, and all were committed to do all they could. Many of the 400 people working in the PPE Cell were working from home and I was very concerned about the isolation of those working at home, having to deal with all the stresses of their roles without direct contact with a team to support them. The resilience shown by so many dedicated team members was remarkable.
12. The PPE challenge was replicated across the globe. Nations competed against nations for the available stocks of PPE. Demand outstripped supply and prices rose incredibly steeply. We also had to contend with export bans and other forms of controls introduced to protect the interests of individual nations. For example, one of the just-in-time contracts held as part of our pandemic preparedness arrangements failed when the French Government would not allow the PPE products to leave France.

13. The supply of PPE was a significant public concern and it received extensive coverage across the media. Securing sufficient PPE was amongst the highest priorities for the Government and all individuals involved.
14. Our priority was to secure the necessary volumes of PPE. Accordingly, we accepted a higher level of risk in the contracts we were prepared to enter, and considered offers from a wide range of potential sources. In response to the 'call to arms' we received 26,000 offers of PPE from 14,000 different sources.

HPL Establishment

15. Many potential providers of PPE contacted ministers directly. Ministers, being fully aware of the challenge we faced on PPE supply, were rightly concerned that all credible offers of PPE were quickly and rigorously followed up. We were all under intense scrutiny and pressure to deliver more PPE, more quickly. Ministers were concerned that no viable offer was missed. By March, potential providers of PPE were contacting MPs, Senior Government Officials, and prominent NHS leaders. All of us were concerned that opportunities were not missed, and that rapid progress was made on securing sufficient PPE.
16. The genesis of the HPL was a response to the need to provide assurance to ministers that leads were being followed up and that offers that had reached them were being properly processed. Providing confidence that offers would be properly considered would allow ministers and senior officials to concentrate on the overall response, and not need to engage on individual opportunities out of fear that one had been missed.
17. Initially potential offers forwarded by ministers were sent to an individual member of the Buy Team in the PPE Cell, Hannah Bolton (a Baringa Consultant working with the Cabinet Office). In response to the significant volume of offers coming in, the process became more standardised, with the introduction of a dedicated email and team established to support the work. The team was managed by Max Cairnduff, loaned from the Cabinet Office's Complex Transaction Team to the PPE Cell. This team became known as the HPL team and was in place from 3 April 2020.
18. The HPL team carried out the initial stages of assessing the viability of the potential offer. If the offer was considered sufficiently credible to be pursued further, it would be passed to the separate Technical Assurance Team. From this stage onwards, the offer would go

through the same process as any other offer. This would include technical and commercial assessments before potential contracts were sent for Accounting Officer approval. I have set out the criteria against which the assessment of viability and the assessment of credibility were made my first corporate statement [see First Corporate Statement of Jonathan Marron for Module 5, dated 16 December 2024, from §382 to 386]. The same process and due diligence applied to those offers handled in the HPL as did any other offer that the Parallel Supply Chain handled. Referral to the HPL could impact the speed the offer was assessed but played no part in the subsequent assessment of the viability of the offer. Following the primary assessment of the credibility of the offer, it would be passed to the wholly independent Technical Assurance Team.

19. The HPL was not a separate procurement process, but rather a focused and efficient method of responding to offers of assistance that had reached the PPE Cell via ministers, senior officials or senior NHS officials (termed senior referrers). The HPL emerged not as a result of any specific decision, but rather as a way of responding to the increased number of offers of assistance for the procurement of PPE received by the Department, to ensure these were properly followed up. The process for assessing the technical and commercial suitability of any offer, and the process to decide to award a contract, were the same regardless of whether the initial assessment of viability was carried out by the HPL Team or the Opportunities Team.
20. The evolution of the HPL cannot be attributed to a specific individual or individuals. Hannah Bolton was initially tasked with contacting offerors to supply or donate PPE whom, just prior to the formation of the Parallel Supply Chain, remained uncontacted. There was a growing concern from senior referrers, and the newly formed Parallel Supply chain, that viable opportunities and donations would be lost. On 23 March 2020, an email was sent from Gareth Rhys Williams' office to the then Secretary of State for Health and Social Care Matt Hancock's Private Office. The email raised concerns about the system being overwhelmed, warned about the distraction teams progressing offers for the ventilator challenge had experienced where offers had been escalated to MPs and forwarded on as urgent, and, recommended the Department *"having a dedicated person in your team who will be the person that handles all your relationships with CEOs from major companies"* [see First Corporate Statement of Jonathan Marron for Module 5, dated 16 December 2024, from §377]. It was confirmed that day that requests from senior referrers were to be directed to Hannah Bolton.

21. From 1 April 2020, the process of delivering feedback to senior referrers was formalised within the Parallel Supply Chain by Max Cairnduff. [see First Corporate Statement of Jonathan Marron for Module 5, dated 16 December 2024, from §380]. The HPL was initially known as the “Donations and VIP Assessment Team”. Max Cairnduff was not responsible for the creation of the HPL, but rather was responsible for formalising the process.
22. As set out above, the Department’s primary concern was to secure and distribute sufficient PPE. The genesis of the HPL was two-fold: to ensure senior officials who were receiving offers, and who were facing a corresponding increased work burden, were able to focus on the development and launch of the Parallel Supply Chain; and to avoid issues of the kind raised by Gareth Rhys Williams’ Private Office. Given the same steps were taken in assessing offers made through HPL and non-HPL routes, the fact that a higher proportion of suppliers were awarded contracts through the HPL route is likely to reflect the quality of the offers, rather than preferential treatment for any other reason. The special website established for the Coronavirus Support from Business Scheme (the ‘Portal’) received approximately 25,000 offers, and whilst many offerors subsequently failed to provide relevant information, or were deemed non-viable, due to the extremely high volume of offers.

Referrals to the HPL

23. I am asked about my role in referring potential offers to the HPL. As I explain above, from mid-March 2020, ministers; MPs; senior Government officials; and senior NHS leaders were receiving potential offers of PPE. All were concerned that no credible offers were missed and that the contacts were properly assessed as part of the PPE procurement effort. DHSC ministers (and on occasion ministers in other government departments) would often forward these contacts to me as the Director General responsible for PPE to ensure they were dealt with appropriately.
24. I also received a small number of similar requests from senior officials, and a small number of direct approaches to me by potential PPE providers. I referred these requests to the HPL team for them to action appropriately.
25. I have searched my email account and the email accounts of members of my office and have identified around 75 potential offers which I, or my immediate team on my behalf, referred to or engaged with the HPL. The first of these referrals was on 27 March 2020.

My understanding is that all these referral emails are being made available to the Inquiry by the Cabinet Office.

26. I referred all potential offers that were brought to my attention. I did not perform any checks before referring to the HPL. The referral would see the offer enter our process and undergo the full range of checks carried out by the commercial specialists in the Buy Team. The information I had in relation to each of the potential suppliers and/or their offer was limited to the information provided to me by the source of the referral. I had no prior knowledge or professional or personal relationships with any of the potential providers of PPE. In some cases, senior figures in healthcare, who were known to me, had been involved in identifying potential suppliers. The ability to refer potential offers to the HPL had a positive effect on my workload, as it created a simple way to assure ministers, and others, that offers were being followed up. This assurance reduced concerns that we might miss offers, allowed ministers and myself to focus on other issues, and ensured the Buy Team could focus on assessing the viability of the offer.
27. To refer a potential supplier to the HPL I forwarded their initial email (usually with the minister's/referrer's email included in the chain) to the official in the Buy Team who would take forward the initial inquiries. Initially this was a direct email to a single member of staff. The process became more formalised over time through the introduction of a dedicated email address and the support from Max Cairnduff's team.
28. Once the HPL team had received a referral they would then make the initial contact with the potential supplier. If the opportunity looked credible, the team would pass the offer to the Technical Assurance Team for the next stage of the assessment. From technical assurance onwards all potential offers went through exactly the same process within the Buy Team regardless of whether the initial stages had been carried out by the Opportunities Team or the HPL Team. Once the Buy Team had completed all the stages of their process and reached a recommendation that a contract should be awarded, this recommendation and supporting information was forwarded to the DHSC Accounting Officer for decision. The Buy Team did not have the authority to award any contracts.
29. For the majority of my referrals to the HPL, my involvement ended with the referral itself. In some instances, ministers sought updates on progress on particular offers, prompted by further contact from those making the offer. In these circumstances I sought an update for the minister from the team. Sometimes I was briefed by the team where they had not recommended the contract so that I could answer any questions that might arise from

ministers. At the time of writing this statement, generally, I have no independent recollection of the individual firms and contracts who I referred to the HPL or that I sought updates on in this way. I do not think that requests for updates, sent to me, were common. I do, however, recall conversations with the Buy Team relating to potential offers made by George Farha of GSP Group, and NKD International.

30. I am asked to provide further details of my interactions with Mr George Farha. Following a focused review of my email inbox, I was first made aware of the offer to supply PPE made by George Farha via an email dated 12 April 2020 from the Secretary of State [JM02/2 - INQ000562495]. The Secretary of State replied to an email from George Farha, in which he had offered to supply PPE. Professor Dame Donna Kinnair, the then Chief Executive of the Royal College of Nursing, had provided the introduction for George Farha. The Secretary of State copied me into his response as *"the official to take this forward"*. On 13 April 2020, I forwarded the offer email from George Farha to Hannah Bolton and Max Cairnduff and asked them to follow up in accordance with the Secretary of State's request.
31. The Secretary of State informed me that Dame Donna Kinnair had made contact with him raising concerns about PPE supplies generally, and specifically gowns. He asked me to speak with her [JM02/3 - INQ000562555]. I spoke with Dame Donna Kinnair on 13 April 2020. During that conversation, Dame Donna Kinnair made it clear that she was very concerned about a gown shortage, citing concerns that nurses would be asked to work with aprons and bare forearms. I was also informed that, owing to her public appearances, Dame Donna Kinnair had personally received offers to supply PPE, and had forwarded these on. I informed Dame Donna Kinnair that the Department's absolute priority was to secure sufficient PPE to protect frontline health and care workers, including nurses, and that there has been some success in following up offers received via senior referrers [JM02/4 - INQ000562552]. Dame Donna Kinnair called me again on 15 April 2020 to raise concerns over progress with George Farha's offer. I shared this with Chris Hall by email on the same day, asking if he was making progress, whether he faced particular barriers, or if there was anything I could do to assist [JM02/5 - INQ000562556].
32. Mr Farha offered to supply an immediate batch of gowns followed by a much larger offer to supply 20 million gowns at a rate of up to 1 million a week. The Buy Team took forward the negotiation and due diligence, as with all other offers. I was copied into emails on these discussions but took no action [JM02/6 - INQ000562497; JM02/7 - INQ000562554; JM02/8 - INQ000562593].

33. Mr Farha offered to fund and arrange immediate delivery of a batch of 10,000 gowns before we had completed the normal due diligence. He would accept payment on receipt but required a Purchase Order to be raised by DHSC to provide him assurance. This was an unusual offer. However, given the very real concerns around gown shortages; and the fact that we would only make payment if the gowns were received and confirmed to be of the necessary standard, we agreed to this arrangement. This approach was approved by Chris Young, Finance Director at DHSC [JM02/9 - INQ000562501]. Raising a DHSC purchase order required NKD International to be registered as a DHSC supplier. To facilitate this, in order to secure the vital gowns, I completed a "New Supplier Form" to allow DHSC Finance to process the purchase order [JM02/10 - INQ000562498; JM02/11 - INQ000562499; JM/02/12 - INQ000562561]. The 10,000 gowns were received and £135,000 paid to NKD International. This contract was subsequently included in the published list of HPL contracts.
34. The Buy Team continued to negotiate with George Farha in relation to the much larger offer of up to 20 million gowns. Dame Donna Kinnair contacted me on or around 24 April 2020, on behalf of George Farha, seeking an update. She remained very concerned about the shortage of gowns and was seeking assurances that offers to supply gowns (such as the offer made by Mr Farha) were being considered, and, where appropriate, progressed. I asked Chris Hall via email on 24 April 2020 if there was anything he could do to progress the offer from George Farha; however, I stressed that if the offer was not credible, it was important to be clear as to what the issue was. Chris replied to me on 24 April 2020 indicating that he was already in conversation with Mr Farha, and that the final offer was only received on 23 April 2020 [JM02/13 - INQ000562573].
35. I was made aware of difficulties in these negotiations on two occasions. First on 26 April 2020, when Chris Hall emailed me to explain that work on the offer had stopped as the certifying authority would no longer certify PPE [JM02/14 - INQ000562576]. We were unable to proceed without appropriate product quality certification. Mr Farha continued to work on alternative certification. On 6 May 2020, Mr Farha contacted the Secretary of State and, following that contact, the Secretary of State asked for an update [JM02/15 - INQ000551373]. On the same day, I contacted Chris Hall following a decision not to proceed with the offer [JM02/16 - INQ000562582]. During a conversation with Chris, he explained that the difficulties included the level of financial risk to the Department. We were not prepared to place a large contract with a counterparty with limited assets (as this would reduce our ability to recover taxpayer funds if anything went wrong). I shared this information with the Secretary of State, who accepted the rationale for not proceeding

[JM02/17 - INQ000551375]. I understand there were further negotiations but no contract beyond the £135,000 contract for 10,000 gowns, referred to above, was agreed with Mr Farha.

36. I remember being briefed by the team in some circumstances where they did not recommend entering into a contract. Briefing me in this way allowed me to answer any questions that may arise from ministers.
37. I was never asked to intervene in the decision to award or not award a contract. Ministers and others were concerned that potential offers were properly followed up but did not involve themselves in the decisions to award contracts, or the process to take the decision to award any contracts. However, as things became slightly more under control and we became more confident that we were close to securing sufficient PPE, I was occasionally asked for my view on the demand for particular product types to assist the Second Permanent Secretary David Williams in deciding whether to approve particular contracts.
38. I first became aware that four contracts had been awarded to suppliers I referred into the HPL in the process of preparing the details of all successful HPL contracts, their original source and HPL referrer for publication in November 2021.
39. This was an extraordinarily challenging period. The absolute priority was to secure sufficient PPE to protect frontline health and care workers, and to distribute the PPE to where it was needed. We could not rely on our normal practices or indeed on the teams and institutions involved in PPE supply in normal times.
40. For the first time, the Department became directly involved in procurement and distribution. We accepted more risks in our approach to procurement, explored opportunities that would have been overlooked in normal times, and paid the higher prices necessary to secure access to PPE we needed. We worked to a reasonable worst-case projection of demand even though this could likely leave us open to criticism of overbuying.
41. The overwhelming priority was to make sure we had enough. I know all the 400 people who came from across Whitehall, the Armed Forces and the private sector to form the PPE Cell were motivated by the need to get the PPE to our frontline staff. They worked tirelessly to do so. I am proud of the work we did together, and the contribution the team made to tackling the pandemic.

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.

Name: Jonathan Marron

Date: 31 January 2025

Signature:

Personal Data