Witness Name: Dame Emily Lawson
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UK COVID-19 INQUIRY

MODULE 5

SECOND WITNESS STATEMENT OF DAME EMILY LAWSON

I, Dame Emily Lawson PhD, of NHS England (Wellington House, 133-135 Waterloo Road, London, SE1 8UG), will say as follows:

Introduction

1. I am the Chief Operating Officer (Interim) ("**COO**") of NHS England, a post I have held since 1 November 2023. I am also an executive member of the Board of NHS England.

2. This is my second witness statement. My first witness statement relates to my role within the vaccines programme and was requested under Module 4. I make this second witness statement in response to the UK Covid-19 Inquiry's Rule 9 request for evidence dated 13 August 2024 under Module 5 of the Inquiry ("**the Module 5 Rule 9 Request**"), which examines issues relating to public procurement of key equipment and supplies across the UK public sector in relation to the Covid-19 pandemic and the onwards distribution of the key equipment and supplies. I understand that the Module 5 Rule 9 Request focuses on the period of time between 1 January 2020 and 28 June 2022 ("**Relevant Period**").

3. As set out more fully below, and in my previous statement, in the last 7 years I have principally worked at NHS England and No10 Downing Street, starting in NHS England in November 2017 before moving to No10 in July 2021. I briefly returned to my role in NHS England to lead the vaccine programme again in October 2021 until March 2022 when I returned to the No10 role.

This Statement

4. This Statement aims to respond to topics and questions set out in the Module 5 Rule 9 Request, without seeking to duplicate the extensive factual material provided to the Inquiry in the First Witness Statement of Julian Kelly (the "**CWS**"), on which I have partly relied. As suggested by the Inquiry, this Statement adopts its own structure whilst aiming to answer the Inquiry's requests for information comprehensively.

5. In this Statement I have referred to NHS England, the Department of Health and Social Care ("**DHSC**") and the Secretary of State for Health and Social Care ("**SSHSC**") in accordance with how they are structured today but such references include all predecessor organisations and roles as the context may require.

6. NHS Trusts and NHS Foundation Trusts are referred to collectively as "**Trusts**" in this Statement unless otherwise stated.

7. This Statement has the following sections:

   a. Section 1: Introduction;

   b. Section 2: My background, experience and role descriptions;

   c. Section 3: My role in relation to the procurement of PPE, ventilators, lateral flow tests and PCR testing equipment;

   d. Section 4: My role in relation to the High Priority Lane; and

   e. Section 5: Referrals to the High Priority Lane.

My background, experience and role

8. I have been asked in this Statement to set out the positions which I held immediately prior to the pandemic and during the pandemic. My background, experience and roles are set out in my first witness statement for Module 4 but for ease of reference I have repeated that information below.

9. I first set out my relevant background and experience prior to that period as context to my role as Chief Commercial Officer ("**CCO**") of NHS England.

10. I obtained an undergraduate degree in Natural Sciences (Genetics) from the University of Cambridge, followed by a PhD in molecular genetics from the John Innes Institute (University of East Anglia). I then did postdoctoral research at the University of Pennsylvania in genetics. I left academia to join a biotechnology company called Avitech Diagnostics in Malvern, Pennsylvania, as Manager of Business Development.

11. I then joined the management consultancy firm McKinsey and Company in London, where I specialised over time in supporting organisations to make long term, sustainable improvements in performance, including playing leadership roles in the Human Capital part of McKinsey's organisation practice. I also led the Women Matter research and publication from 2010 to 2012. I served clients in multiple industries including Health, Pharmaceuticals, telecoms, banking, and manufacturing. I conducted one piece of work for the NHS over that period.

12. From September 2013 to May 2015 I was the HR Director at Morrisons plc, a UK supermarket chain with a manufacturing and distribution business. From September 2015 to September 2016 I was Chief People Officer at Kingfisher plc, an international retailer.

My recent career

13. From 1 November 2017 to 1 April 2020 I was employed by NHS England, initially as National Director for Transformation and Corporate Operations ("**ND TCO**"). During this period, from 11 December 2018 I held the same position on the senior leadership team for the joint NHS England and NHS Improvement organisation. My responsibilities were for the internal functions of first NHS England and then the joint organisation (HR, IT, Estates), for the improvement functions of NHS England and for the primary care support services ("**PCSE**") contract. As part of this set of responsibilities I led the design and integration process for NHS England and NHS Improvement from 11 December 2018 to 1 July 2019.

14. Formally from 1 April 2020 to 16 July 2021 I was CCO of NHS England and NHS Improvement. I had stepped up previously to support the commercial function as acting head from 1 July 2019 when there was no one in the newly created role due to the reorganisation of NHS England and NHS Improvement. A recruitment campaign did not identify the right candidate and my background in the private sector meant I had relevant skills. My responsibilities as CCO were for procurement, estates, innovation, and other key commercial functions across the health service.

15. Almost immediately on formal appointment as CCO, however, I became involved with the Covid-19 response, focusing on ensuring supply and distribution of ventilators and shortly after, personal protective equipment ("**PPE**") working closely with the DHSC and others. I was formally seconded to DHSC from 20 March 2020 to 9 November 2020 [**EL2/001 INQ000497445**] to assist with ensuring the demand, supply, allocation and storage of PPE for the NHS in England was effectively managed. As I say later in this Statement, this became more than a full time set of responsibilities. It was during my time in this part of the Covid-19 response that I worked with the 101 Logistics Battalion ("**101 Log**"), and with external contractors with experience of supply chain and logistics, which supplemented and further developed the familiarity I had developed in this area in the private sector.

16. Through and in addition to my roles with NHS England, from July 2019 to July 2021, I was a non-executive director of Supply Chain Coordination Limited ("**SCCL**"), a company set up in 2018 and owned by DHSC to manage NHS Supply Chain. This business sources, delivers and supplies healthcare products, services and food to providers of NHS service across England. In 2018 DHSC announced that it intended to transfer its shareholding in SCCL to NHS England and Improvement. I, and the then Director of M&A and New Organisational Models at NHS Improvement (now NHS England), joined the SCCL board to help plan for the proposed transfer. After a delay

due to the pandemic, ownership of SCCL transferred from DHSC to NHS England on 1 October 2021. For the majority of the Relevant Period, SCCL remained under control of DHSC.

17. From 9 November 2020 to 16 July 2021, I was National Director for Covid Vaccine deployment at NHS England. This period covered the initial roll-out and subsequent expansion of the deployment of the Covid vaccines. During this time I maintained some responsibilities for the CCO role but I was no longer involved in the PPE or ventilators function other than as an advisor on request. The vaccine Senior Responsible Officer ("**SRO**") role required my full time attention.

18. From 19 July 2021 to 22 October 2021, I was employed as Head of the Prime Minister's Delivery Unit, a role that the Cabinet Secretary and Prime Minister ("**PM**") Boris Johnson created and requested that I take up. I was on secondment in this role. My responsibilities were to establish the unit, hire people into roles, establish relationships across government, develop delivery intellectual property, processes, skills, and tools, and thereby support delivery of programmes related to the PM's top five missions.

19. From 25 October 2021 to 31 March 2022 I returned to NHS England once again as National Director for Covid Vaccine deployment. My responsibilities were to ensure the winter booster campaign for Covid vaccination, and the seasonal flu programme, were successful.

20. I rejoined No10 in April 2022 and continued until 1 September 2023. Until 24 January 2023 my title was Head of the Prime Minister's Delivery Unit at No10 Downing Street. I had responsibility both for the Delivery Unit and for the No10 Data Science team. I was employed full time in that role by the Cabinet Office, on secondment from my substantive employment at NHS England. On 25 January 2023 the Delivery Group was created across No10 and the Cabinet Office. The Delivery Group consisted of the No10 Delivery Unit, the No10 Data Science team, the Cabinet Office Evaluation Taskforce, the i.AI unit, the Cabinet Office Delivery architecture team, and the Cabinet Office Government Strategic Management Office ("**GSMO**").

My role in the procurement of PPE, ventilators, lateral flow tests and PCR testing equipment

My role in procurement of tests and testing equipment

21. I was not involved in the procurement of lateral flow tests or PCR testing equipment. In late March 2020, as a result of my involvement with PPE (as explained further below),

I took part in conversations on the viability of sourcing swabs used in lateral flow tests as part of PPE. As swabs are not typically considered PPE, this was not considered viable and I was not involved any further.

My role in procurement of ventilators

22. I would point out that DHSC was responsible for procuring ventilators for the NHS and NHS England was responsible for allocating ventilators within the NHS once they arrived into the country. I was, however, involved in both these aspects. I explain below how I first became involved in the procurement side of ventilators followed by a high level explanation of my role.

23. On 5 March 2020, I took an action from that day's NHS England's National Incident Response Board ("**NIRB**") meeting to ensure NHS England and DHSC were connected on the resilience of the oxygen supply chain. I contacted Steve Oldfield that evening with an offer to discuss what oversight and support could be done together. Steve responded the next day linking me with Chris Stirling at DHSC who was leading the task and finish group at DHSC tasked with procuring oxygen, oxygen concentrators and ventilators. The group had been active since 3 March 2020 and Chris provided me with his "end of day" summaries for the preceding days **[EL2/008 INQ000533064]**.

24. Also on 6 March 2020, NHS England's Chief Executive asked me to take a lead on the oxygen supply position (including ventilators) **[EL2/009 INQ000533063]**. I continued to liaise with Chris Stirling who provided a "Week 1 Summary" **[EL2/010 INQ000533066]** and an "Oxygen Problem Statement" **[EL2/011 INQ000533067]**. Both documents assisted my understanding of the situation and actions to date and were updated and submitted as part of a deep dive into oxygen supply at NHS England's 10 March 2020 NIRB meeting **[EL2/012 INQ000533071]**.

25. From the 7 March 2020, I joined the group's morning meeting to discuss the arrangements for deliveries into the country of newly procured equipment. I was getting more involved in the rhythm of the group and on 8 March I proposed an agenda for the next day's meeting **[EL2/013 INQ000533065]**. On 9 March, following the morning meeting, I set out a list of actions the group had discussed and agreed including splitting the group into four categories and establishing daily 8am calls **[EL2/014 INQ000533068]**.

26. As lead for the group, I was formally designated as the SRO for the "oxygen & ventilation and medical devices & clinical consumables" sub-category of the supply

workstream which itself was one of the six workstreams organised by DHSC in line with the "battle plan" DHSC had established in response to the pandemic.

27. My role was effectively to provide executive level connection into the NHS. On 10 March 2020 I fed to Chris Stirling, the information received from Trusts who had responded to the National Director for Emergency and Elective Care as to the number of ventilators in use and available **[EL2/015 INQ000533069** and **EL2/016 INQ000533070]**. To provide further context, NHS England had declared a Level 4 emergency on 30 January 2020 and had developed planning scenarios in relation to NHS capacity based on modelling of the spread of Covid-19 developed by the Scientific Advisory Group for Emergencies ("**SAGE**") including the extent of the need for ventilated beds and therefore had estimates of number of ventilators that would be needed in different scenarios. This was changing, as we were learning more about the virus, capacity surge measures and related matters.

28. As indicated in the slides submitted to NHS England's 10 March 2020 NIRB meeting indicating the status of the oxygen supply and distribution workstream **[EL2/017 INQ000533072]**, the impact and likelihood of not sourcing required ventilation devices was set at the highest risk level. The focus was on increasing the number of devices as fast as possible.

29. In respect of both ventilators and PPE, given the situation we found ourselves in, discussions on procurement and supply chain required rapid and very close working to join up demand and purchase elements. As indicated above, I was involved in many meetings and oversaw many processes that needed to feed real time into the work of DHSC. There was significant joint working between organisations from the outset and there was an open mindset to adapt and improve that continued through the Relevant Period.

30. In recognition of my experience in supply chain and procurement, and to formalise my increasing involvement in consideration by DHSC on purchasing, I was formally seconded on a part time basis to DHSC. I provided recommendations to the decision-makers on whether to buy ventilators and PPE. Final decisions on whether to buy were ultimately made by and on behalf of DHSC by the Accounting Officers or DHSC Directors of Finance. My secondment role also included reporting into Cabinet Office and No10 on the ventilator and PPE programmes.

31. In respect of ventilators, the main procurement activity occurred during March and April 2020. From 13 March 2020, the Cabinet Office ran the Ventilator Challenge which involved companies within the UK developing and manufacturing ventilators to supply

to the NHS. I was not directly involved in the Ventilator Challenge after its launch, although I was invited to meetings, it was led elsewhere and I rarely attended. Instead, I kept up to date with its progress through written reporting and occasional conversations as newly built ventilators coming out of the Ventilator Challenge were an additional supply source and helped feed into decisions on whether to buy from elsewhere. During May and June 2020, it became increasingly clear that the number of existing ventilators, coupled with those being produced via the Ventilator Challenge and those procured by DHSC, meant there would be enough ventilators to reach the Government's target of 30,000. The extent of activity required for ventilator procurement, particularly from abroad, reduced accordingly.

32. In the autumn of 2020, I was asked to lead the Covid-19 vaccination deployment programme and my involvement in ventilator supply and allocation ceased.

My role in procurement of PPE

33. I would point out that DHSC took on responsibility for procuring and distributing PPE supplies to providers of NHS services early in the pandemic. I explain below how I first became involved in the procurement side of PPE and how my involvement with the team evolved, particularly during March 2020. I set out my perception of the issues I encountered with PPE supply during that time and the steps I took to resolve those issues. There then follows a section on forwarding offers and referrals that I received from a variety of people and then a detailed explanation of my role in making recommendations on PPE offers.

34. I consider it necessary to explain these points in detail to provide context to my later comments on the need to prioritise credible offers and the link to the high priority lane.

35. In early March 2020, and as explained in more detail in the CWS, NHS England became aware of concerns from NHS Trusts that their PPE orders from NHS Supply Chain (run by SCCL) were not arriving on time. As a result of these concerns, on 10 March 2020, NHS England's Chief Executive asked me to investigate issues arising with PPE and discuss these with DHSC. I have provided an email chain which includes a note from NHS England's National Head of EPRR, to DHSC on 12 March 2020 **[EL2/018 INQ000533074]** which indicates the types of issues being experienced, including that an order for facemasks had not arrived and that in certain regions there were issues with access to various types of PPE.

36. My role was not defined at the outset. I set out below in paragraphs 36 to 58 the actions I took in investigating the issues as I became more involved in the PPE

procurement activities. Paragraph 59 below summarises my perception of the issues that existed with PPE supply and what needed to be done to rectify them.

37. I learned first that the Pandemic Influenza Preparedness Programme's ("**PIPP**") stock of PPE managed by Public Health England was being released in a controlled way to providers of NHS services but that this was not enough to meet the current or projected PPE demand and NHS Supply Chain had been ordered to procure more PPE from its suppliers. My non-executive director position at SCCL, coupled with the fact I was Chief Commercial Officer at NHS England, enabled me to liaise quickly with senior SCCL executives. I attended an SCCL Board Meeting on 11 March 2020 but the operational response of SCCL to Covid was not discussed in any detail **[EL2/019 INQ000533078]**.

38. I was concerned that SCCL was not anticipating, was not planning for, and had only partial information on future stocks of the amounts of PPE that would be required. My concerns relating to SCCL were confirmed after I had discussions with the CEO and Chair of SCCL on a follow-up call. These discussions also identified that there were challenges with distribution of PPE from SCCL warehouses. At the time, Unipart was the contractor responsible for the warehousing and distribution of SCCL-supplied products to NHS Trusts.

39. In the evening of 11 March 2020, I discussed with Steve Oldfield at DHSC the concerns being raised by Trusts. I had been working closely with Steve and his team the previous week on the oxygen and ventilators work and I was keen to ensure there was a joined up approach on PPE by NHS England, SCCL and DHSC. This is indicated in my 12 March 2020 email exchange with David Simmons who was organising the DHSC supply team arrangements **[EL2/020 INQ000533073]**.

40. I learned that the lead for the DHSC team working on PPE supply had had to take sick leave on 13 March 2020 without there being an obvious replacement. I discussed with Steve Oldfield over the next couple of days that there was not a senior manager managing the PPE response and reiterated to him my concerns arising from the SCCL/Unipart situation.

41. On 14 March 2020, I discussed with Steve the need for SCCL to ensure the PIPP stockpile was released such that Trusts received their orders and the need for SCCL to liaise with NHS England and DHSC on any issues arising from that **[EL2/021 INQ000533075]**. This was followed the next day by discussions with the Chief Operating Officer at SCCL who explained SCCL's approach of restricted supply and the issues SCCL was experiencing including that Trusts were not being told of supply

restrictions **[EL2/022 INQ000533076]**. SCCL reiterated their perspective in an update provided to me and other senior people within SCCL on 16 March 2020 **[EL2/023 INQ000533077]**. I was, at that time, receiving reports from regions indicating that Trusts were running very low on particularly types of PPE, for example, on 16 March 2020, Oxford University Hospitals indicated that it had only two days' supply of surgical masks and long-sleeved scrubs **[EL2/024 INQ000533079]**. Another example is Great Western Hospitals indicating on 17 March 2020 that it only had enough masks for one day **[EL2/025 INQ000533083]**.

42. Also on 16 March 2020, I had discussions with Steve Oldfield, Sarah Parker at DHSC and Lois Shield in the commercial and procurement team at NHS England, on a possible public call for PPE **[EL2/026 INQ000533080]**. I highlighted the potential need for a database to be set up so that offers of help could be appropriately routed as they came in. I was starting to receive offers relating to PPE that others were forwarding to me. One such offer came in on 17 March 2020 and related to a significant number of face-masks from China. The referring email highlighted the need for speed in responding to the offer. As I had with other such offers, I forwarded this to Sarah Parker at DHSC and at the same time queried if there was a dedicated mailbox for such offers **[EL2/027 INQ000533081]**.

43. The next day Sarah indicated that any offers to help from companies were to be sent to an individual at NHS Supply Chain (SCCL) who would route them to the relevant team within SCCL **[EL2/028 INQ000533085]**. As a result I asked my team to forward any offers in my inbox. I provide an example of an offer being forwarded **[EL2/029 INQ000533086]** and in which I asked if the individual wanted to set up a separate mailbox for all the offers that were coming in. This was swiftly followed by an email on the same day from that NHS Supply Chain individual indicating that offers should be referred to a third person at NHS Supply Chain who would do the "*first sift and tracking*" **[EL2/030 INQ000533088]**. Later the same day, I was informed that any offers should be forwarded to the central NHS Supply Chain inbox - suppliers@supplychain.nhs.uk. I flagged in an email to SCCL and DHSC on 18 March that we needed to make sure that there was capacity to handle all the offers coming in **[EL2/031 INQ000533087]**.

44. In the evening of the same day, 18 March 2020, I received an email from Steve Oldfield's office indicating that any offers of help from companies or individuals for anything non-ventilator related could be sent to gcfcovid19enquiries@cabinetoffice.gov.uk **[EL2/032 INQ000533089]**. The email

indicated that the Department for Business, Energy and Industrial Strategy ("**BEIS**") had set up the inbox and Cabinet Office commercial staff were staffing it and triaging requests. The email indicated that there was a plan to put a reference on GOV.UK to point people to this address.

45. Early on 19 March 2020, David Simmons highlighted the two mailboxes above and sought to clarify the remit of each **[EL2/033 INQ000533090]**. The matter was to be discussed on the morning meeting (the morning meetings are referred to in more detail below). From the outputs of this meeting [**EL2/034 INQ000533092]** I cannot see that this was definitively determined and I note from my emails that there are a small number of subsequent offers forwarded to the suppliers@supplychain,nhs.uk address after this date. The sending to different recently used mailboxes is likely simply an indication of the speed at which I and my team were trying to clear my inbox. By 26 March 2020 I was telling people that the suppliers@supplychain.nhs.uk was not the right address [**EL2/035 INQ000533115]**.

46. Going back a couple of days, on 17 March 2020, I was called to a meeting with Michael Gove, then Chancellor of the Duchy of Lancaster ("**CDL**"), and others. While it was predominantly to discuss ventilators, it also touched on the SCCL position on PPE. After the meeting I had a discussion with Gareth Rhys-Williams, then Chief Commercial Officer for the Civil Service, in the room opposite CDL's office. I explained my concerns, including that the most urgent issue for NHS Trusts was distribution and logistics rather than supply. I was sure that supply would be a problem but distribution and logistics were the immediate concerns. Gareth and I called the CEO of Unipart. Although Unipart had already upscaled staffing in their logistics centres this was insufficient to meet the throughput required to meet the needs of NHS Trusts. Unipart took on board the concerns raised on the call and went away to carry out research on what would be possible. The next day, 18 March 2020, they informed us that the layout and set up of their warehouses would not allow any further increases in throughput and capacity. It was becoming very clear that the existing arrangements for procuring and distributing PPE would not be sufficient to satisfy demand.

47. Also on 17 March Steve Oldfield and I spoke privately to Jim Spittle, Chair of SCCL, to raise our concerns on appropriate stock allocations to Trusts and that the pandemic necessitated a new way of working from SCCL. Jim set up a call for the next day between Steve Oldfield and I and the SCCL leadership **[EL2/036 INQ000533084]** to discuss the realities of the underlying situation, the current approach to supply and distribution and to agree an emergency plan. On the call, on 18 March 2020, SCCL

asked Steve Oldfield and I to confirm that we did want further release of supply from the PIPP stock. We confirmed that Trusts were short of supply now, that staff needed protection and that further releases should be ordered. This was then coordinated with PHE, who managed the PIPP stock not just on behalf of the NHS but with other users such as social care.

48. By 18 March 2020, given the urgency, I had already asked McKinsey to arrange a team to assist on developing a demand tool for PPE that would provide estimates of the demand level for different types of PPE. DHSC subsequently formally contracted with McKinsey for this work. I initially engaged McKinsey as neither the PPE team nor NHS England had the capacity to undertake demand modelling. A large number of people had been redeployed from usual roles to assist with the pandemic response. Additionally I needed people with specific expertise, particularly in supply chain distribution, logistics, problem solving, work planning and modelling, that I knew existed within McKinsey due to my previous employment and indeed McKinsey were able to immediately provide me with a logistics expert with the skills I needed.

49. I had considered whether the army could assist with logistics and McKinsey put me in touch with the Chief of Staff to the Chairman of the Defence Staff. This led to my Military Aid to the Civil Authorities ("**MACA**") request on 19 March 2020 which underwent some discussion and clarification **[EL2/037 INQ000533091 and EL2/038 INQ000533093]** and led to Brigadier Phil Prosser (now Major General) and 101 Log joining us to work on PPE logistics. Over the course of the weekend (21/22 March) 101 Log fed into an assessment on whether the PIPP stock, SCCL and Unipart would be able to deal with the PPE storage, processing and distribution that was expected to be needed. It became clear that the existing arrangements could not be scaled up to the required level due, in most part, to the way the warehouses (those run by Unipart and the PIPP warehouse run by a contractor to PHE) were set up. An alternative supply chain therefore needed to be established.

50. In terms of my involvement with the PPE team at this point, I established a daily routine of 8.30am calls on PPE from 19 March 2020. Before this, calls had been happening at varying times of day with varying agendas. Both pre and post 19 March calls were attended by a range of team members. The calls were at that time relatively unstructured. I started to reshape them to focus on identifying issues, allocating tasks and following up on the previous day's concerns. I provide an example of the outputs of the 8.30 call on 23 March 2020 **[EL2/039 INQ000533097]**. This email also gives an indication of the individuals that participated in these calls.

51. In the middle of the following week Brigadier Prosser volunteered to start chairing the calls to ensure they were more structured and to allow me to concentrate on the content of the call as opposed to the structure. From the following week we also assigned clearer roles and structures within the team and on the calls and moved to a standard daily agenda. I provide an example from 27 March 2020 of the one page slide that was developed to inform the 8:30 calls **[EL2/040 INQ000533117]**.

52. Once we had agreed this structure the calls became the daily project management structure. They focused on reviewing the work plan including the 'buy' list based on that day's intelligence, the current 'demand' pressure in the system, deal availability, what products were a priority for buying and what minimum quantities were needed. They also covered progress on establishing the supply chain, improving procurement processes, and identified any needs for cross-government coordination.

53. The calls included representatives from NHS England, DHSC, SCCL and Cabinet Office. The calls included reports from those supporting the National Supply Disruption Response ("**NSDR**") centre (the facility handling urgent requirements from providers for PPE – more detail is set out in the CWS) who gave us important insights on the emergency calls being made by Trusts and other organisations requiring PPE urgently. I provided advice and guidance in these meetings, particularly from an NHS demand perspective but also on the credibility and likelihood that offers would materialise into delivered PPE that met the required specification. The structure of these calls became more defined and they moved to Microsoft Teams which made it easier to review reports on Powerpoint charts and to have open discussions while some of the team worked remotely. By 31 March 2020, a data dashboard was included that set out for individual PPE types the number of units of PPE that were in various stages of being ordered from existing SCCL suppliers, from new suppliers not on the SCCL list and those being manufactured under the "make" approach **[EL2/041 INQ000533119]**.

54. Also on 19 March 2020 daily calls at 18:00 with the PPE team were added. Initially these were standard project management type 'check out' calls to review the tasks carried out that day and to task for urgent overnight issues. On 8 April 2020, we clarified the use of these calls as those focused on supply and distribution decisions and subsequently referred to them as the "allocation meeting". I provide the read out from the allocation meeting held on 10 April 2020 **[EL2/042 INQ000533122]**. Initially these were chaired by me or by Phil Prosser. As the focus changed they changed to being chaired either by me or by Jonathan Marron of DHSC. Jonathan became the

DHSC SRO of the PPE sub-category within DHSC's supply workstreams in the week commencing 30 March 2020.

55. The evening meetings, once re-focused, covered reviewing the overall situation, considering demand and stocks, and making distribution allocations to be enacted overnight. The call usually included representatives from NHS England, SCCL, Unipart, 101 Log, PHE and McKinsey.

56. Over time the work that McKinsey had carried out on modelling the demand for PPE was transitioned into the work of Palantir, who had been engaged across NHS England to support the pandemic response with modelling capacity. On the PPE workstream they developed a tool that was initially developed by the McKinsey team which took current supply and demand data and projected the availability of PPE over the next 90 days **[EL2/043 INQ000533134]**. It was re-developed by Palantir so that it would be compatible with other data systems being used in the team and across the pandemic response (including the forward projection on covid cases), avoiding the need for manual data entry. This directly connected supply and distribution information with the operational situation in the NHS. This enabled balanced decision-making about how much stock to distribute and how much to hold back for the next few days, and also enables the outputs of the 18:00 meeting to be directly transmitted to the distribution warehouse to fulfil orders. This was one of three tools used to run the PPE team, namely the PPE inventory model.

57. Returning to the PPE supply and distribution situation, it became clear by mid to late March as laid out above that a separate supply chain was needed. DHSC established this supply chain (which, after the fact, has been referred to as the Parallel Supply Chain) which had the aim of urgently and centrally sourcing and distributing PPE to providers of NHS services.

58. A multi-organisational team grew in numbers over the next couple of months to approximately 450 staff and were tasked with finding and buying PPE as part of the new supply chain with a new distribution supplier (Clipper logistics) and a new approach being put in place with assistance from the military.

59. I have set out above a detailed explanation of the actions I undertook to understand the problems that existed in the PPE supply chain from 10 March 2020 when I became involved until 19 March 2020 when I set up the morning and evening meetings which provided a steady daily rhythm to the work. As a summary, I set out below the problems I had encountered in relation to different parts of the supply chain:

a. **In procurement:** SCCL's existing suppliers were mainly wholesalers – companies acting as intermediaries between manufacturers of PPE and SCCL's end users, which were NHS Trusts. PPE was a commodity and hence a wholesale market had arisen where intermediaries consolidated supply from manufacturers and sold products on into the relevant market. They bought in a 'just in time' fashion – i.e., in many cases they would agree to supply SCCL with a volume of a product that they did not yet own. They could then buy the product on the open market in time to supply the order. The challenge SCCL therefore had with its existing suppliers was that its suppliers had standing orders into SCCL which were not backed with product until near the time for the sale to complete. As the supply had suddenly become constrained, these suppliers were defaulting on deals at short notice, or were no longer able to supply, even as SCCL attempted to increase their buying to meet the enormous uplift in demand from health providers. I provide an email from 17 March 2020 from SCCL that indicates the extent of the uplift in demand **[EL2/044 INQ000533082]**. To deal with this we (DHSC) established a buying cell, separate from SCCL, to contract with new sources of PPE. Initially the intent was to keep the SCCL buying of PPE from their existing suppliers running in parallel with this, but over the following 10 days that became too complex and so all PPE buying was folded into the 'parallel supply chain'. The tremendous challenges of buying PPE in the global market in the March to winter 2020 period are detailed in the CWS and elsewhere.

b. **In planning supply to meet demand:** SCCL's systems were not fit-for-purpose for this challenging environment, as they had no way of tracking the delivery of products into the UK once orders were placed. This meant that even though SCCL placed additional orders in February and March 2020, the PPE team had no way of being sure that the deliveries would ever arrive, nor when they would arrive. In the near term we addressed this through manual tracking (i.e. by someone picking up the phone and directly asking questions of the relevant organisation/person as to the status or whereabouts of the PPE and anticipated delivery dates), including of the orders fulfilled in China by British government officials, and by directly contacting the companies fulfilling orders for SCCL to ask for tracking information. Subsequently from May until July 2020 a new system was contracted for and installed to ensure all orders could be tracked into the country.

c. **In quantifying demand:** Given NHS England was not the buyer or supplier of PPE, it held no information about usage or stocks of PPE held in Trusts at the start of the pandemic. SCCL also had historically not needed this information, and Trusts often had not needed detailed information as PPE was a low cost, commodity item that could, in normal course of business, be ordered overnight when needed. The PPE team therefore did not know, other than from the previous pattern of Trusts orders to SCCL pre pandemic, what demand might be expected. As outlined above, I commissioned McKinsey to model the expected demand based on IPC guidance as to what PPE should be worn in different situations and by which staff, with respect to the current incidence and growth rate of covid cases in a Trust. This model was tested with clinical and other staff to ensure it was practical, and then tested in practice to see how close it got to what hospitals said they needed. Over time this demand model was also expanded to cover social care, hospices, primary care (with substantially less detail) and some other users. Before the model became operational, initially Trusts were ordering what they thought they needed but this didn't necessarily correlate with demand and supply. We moved to 'push' supplies in the week of 30 March, where every Trust would get a delivery of all core elements of PPE, sized by size of Trust and their previous ordering, every three days. Once the model became more robust, we used that to size the push orders. Later in the process we moved back to Trusts being able to order what they needed, but those orders were occasionally adjusted based on availability in times of shortage.

d. **In ensuring Trusts (and later other users) had sufficient PPE stock.** Given Trusts could largely not tell us in March 2020 how much stock of PPE they had, we worked quickly to identify a way to make it easy for them to do so, partly to help with our distribution, but also to ensure local mutual aid could operate effectively. Palantir developed the PPE stock tool which was piloted in the North West during late April 2020 and rapidly rolled out across the system. The challenge we did not address was that of distribution within a Trust, which was managed locally by Trusts. In the near term the NSDR emergency line was set up, which allowed Trusts and, later, other organisations to put in emergency requests for kit when they saw they would run out in the very near term (within 24 hours).

e. **In distribution to users in England.** As outlined above, the distribution systems that existed at the start of the pandemic did not have the ability to

scale to the requirements of the pandemic. To address this, we contracted with Clipper logistics to build a separate supply chain for PPE in England, transferring SCCL's existing stock and orders to this new warehouse. In addition we set up alternative ways for non-Trust users to receive PPE, including the establishment of the PPE ordering portal for lower volume users. For example, by 4 August 2020 over 60% of GP practices were registered on the portal **[EL2/045 INQ000533137]**. Initially, social care was supplied through DHSC's pandemic route of the PIPP stock being released to wholesalers who then sold into the social care market. This proved insufficient and so social care were later set up to access supplies via the new distribution system.

60. The parallel supply chain (as it became known later) sought to obtain PPE directly from manufacturers where possible although it also dealt with many new intermediaries that were not part of SCCL's existing supply chain. SCCL initially continued to buy through its existing structures from their existing suppliers, although this was transferred to the parallel supply chain team by early April.

61. China was by far the main PPE manufacturing hub pre-pandemic, and efforts to obtain PPE through new supplies naturally started to hone in on the Chinese market. This included considerable on-the-ground support from a team set up by the British Embassy in Beijing, and logistics support in Shanghai.

62. It must be noted that the world market for procuring PPE from manufactures or intermediaries from China and other countries was extremely 'hot'. Deals often failed within minutes of being confirmed due to being outbid by other buyers. PPE was in extremely high demand, not just for the healthcare sector, but for all workers in all sectors in the worldwide economy.

Managing offers and referrals

63. In addition to taking steps to source PPE from manufacturers and new intermediaries, everyone working within the PPE team was subject to hundreds of direct offers or referrals of offers. These offers included supplies already within England or the UK but also PPE located in other countries. Not all were offers to sell PPE to the NHS. The PPE team also received many offers of donation of PPE in varying quantities.

64. A webpage had been set up by the government's Crown Commercial Service ("**CCS**"), separately to DHSC or the PPE team, which allowed any individual or company to make contact with offers and I believe this fed the contact into a portal. Offers believed

to be concerning PPE were then sent on to the PPE team to be reviewed. However, the sheer volume of offers was so high that it became impossible to sift and locate the more credible ones with any speed.

65. I tasked three teams in Skipton House (NHS England's London offices) over the weekend of 21 and 22 March 2020 to consider how to solve some of the problems we were facing. Specifically:

    a. one team composed principally of Cabinet Office individuals, was to review how we would manage the whole flow of PPE orders, including the backlog of PPE offers that had already built up;
    b. a second team to look to see if the buying process could be made more responsive and agile while ensuring technical and commercial processes were still applied robustly; and
    c. a third team, including Hannah Bolton, to start to try to identify which offers had the greatest possibility of coming to fruition.

66. This work continued into the following week.

67. For the first team, it was imperative that we had a method of cataloguing the offers that came in, including cross-cataloguing those from the CCS database and those that were existing suppliers to SCCL, filtering the huge numbers of offers to identity those most likely to be able to provide the types and volumes of PPE within the timescales needed, tracking their progress through the commercial process, and, in some instances, reporting back to referrers what had happened to the offers they had referred. The Cabinet Office team that reviewed this need over the weekend of 21 and 22 March 2020 decided to build a bespoke CRM system. This was progressed for a few weeks but eventually they decided to use an off-the-shelf case management software tracker. However, this didn't become operational until over a month later.

68. In the meantime, we generated a dashboard on the backlog of offers and reported progress on clearing it at our daily meetings but it was clear that the work involved in reviewing each offer would not return sufficient actual buying opportunities to make this activity an effective solution to the supply challenges being experienced.

69. We urgently needed some way of prioritising and tracking which offers would be prioritised to enter into the commercial process, tracking their progress, and reporting to referrers where necessary.

70. I played no role in designing the trackers or the prioritisation approach other than strategically. I remember setting the following direction:

a. That we did need to buy PPE – even though we did not yet have a robust model of demand, it was clear from Trust feedback, SCCL's market reporting, Cabinet Office intelligence and reports from the British Embassy in Beijing, that there would be supply shortages;
b. That it was imperative that we look for deals that were likely to be 'real' – i.e. not fraudulent – to the extent possible. In the near term one proxy the team used for this was did the recommendation come from someone senior such as an official from a foreign government or a direct connection to a business in China, but as we worked through all the offers over time this became less of a consideration;
c. That we streamlined and properly staffed the buying process (we had already had feedback that it was cumbersome) to keep it robust while also fit for and responsive to the emergency;
d. That we did not distribute anything that was not fit for purpose. In this we were aided by the publication of PPE specifications on the gov.uk website, and the buying team built technical assessment into their process as a key step. By the end of March we were also lucky that MOD allowed the secondment of some of their DES team to conduct the technical checks on prospective orders. As the process matured we supplemented this by a team from the Health and Safety Executive who would travel to the Clipper warehouse to check orders after they had arrived to make sure the technical specifications were as promised in the order. In the near term the team would check technical specifications such as CE codes against the published specification and would not buy anything which did not fit specifications; and
e. That we responded to referrers, at least to let them know the offer had been received, to reduce inbox congestion and streamline our team processes.

71. Reporting to referrers was important as these offers came from a wide range of sources, including people known to the PPE team, other individuals and companies. Some offers were received as referrals by politicians, healthcare leaders, civil servants, and others. All offers or opportunities, regardless of how they came about, were subject to the same technical assurance and financial diligence before any decision to award a contract as explained in more detail below.

72. Because of the seniority of some of the referrers, and because PPE was a 'hot topic' already in the media, I was concerned to make sure we minimised 'noise' as much as possible. I was aware from my previous experience in operational roles that what people think about the process, how they experience it, and their judgement about

effectiveness are all tightly linked. I wanted to give the NHS as much confidence as possible that the programme would deliver for them, to avoid panic buying and to give staff confidence that they would be protected to do their roles safely. One way we could do this was by running the programme itself well. That included letting referrers know that we took offers seriously and investigated them thoroughly.

73. I have referenced earlier in this Statement the various people and mailboxes to which offers could be forwarded. Prior to 18 March 2020, I had been sending offers that were forwarded to me to Sarah Parker at DHSC. I then used the email addresses or mailboxes linked to NHS Supply Chain and then gcfcovid19enquiries@cabinetoffice.gov.uk. However, I was concerned that we had no visibility of these offers being picked up and we had an urgent need to secure supply and I was concerned that people were getting responses. As part of her work in the third team, I therefore asked Hannah Bolton to pick up some of the offers that had come in directly to us and start to investigate to see if they were worth pursuing. I hoped that by doing so we would both be able to rapidly move some orders into the buying process, and we would also gain some valuable intelligence as to which kinds of offers were more likely to be credible, as I had previously seen in the experience of the ventilators buying team.

74. The following characteristics became factors used to assess which offers had the greatest possibility of coming to fruition and so were put straight into the buying teams:

    a. whether the offer was from a known or reliable supplier of PPE or from a known/reliable referrer. If the offer was from the CEO of a major company that routinely bought or manufactured in China and shipped goods to the UK, this would lend that offer credibility;
    b. the size of the order. Orders on the scale of tens of thousands of items of PPE were preferable to smaller orders;
    c. the specifics of the offer might also indicate a more credible offer, e.g. if the stock was located within or close to the UK, it was reasonable to assume that it was more likely to be delivered within the needed timescales; and
    d. If an offer related to a type of PPE that was in demand at that particular point in the pandemic or were likely to be so.

75. As our understanding of these characteristics developed, and having regard to the points made in paragraphs 71 ad 72 above, I or others in my team who had access to my inbox were forwarding the many offers/referrals received every day. The priority

was to do so as quickly as possible especially as some had been sent between many people before it came to me. There were no formal criteria.

76. To provide an example of the scale of managing these offers/referrals and to whom they were forwarded, I set out below a table of offers that passed through my emails in a single day - Monday 23 March 2020.

Table 1: Offers/referrals that were forwarded on 23 March 2020

Supplier	**Forwarded to**	**Subject matter of offer**	**Exhibit**
Lush	gcfcovid19enquiries	Soap	**[EL2/046 INQ000533102]**
Edeline Lee	gcfcovid19enquiries	Making surgical masks	**[EL2/047 INQ000533109]**
Chinese web company	gcfcovid19enquiries	Face masks	**[EL2/048 INQ000533100]**
Iain Stewart	gcfcovid19enquiries	Masks, gowns	**[EL2/049 INQ000533103]**
Forward Industrial Products Group Ltd	gcfcovid19enquiries	Surgical masks	**[EL2/050 INQ000533105]**
Dishang Group	gcfcovid19enquiries	PPE	**[EL2/051 INQ000533108]**
Steve Warren	gcfcovid19enquiries	Masks, googles, suits	**[EL2/052 INQ000533106]**
Diageo	gcfcovid19enquiries	Creating hand sanitiser	**[EL2/053 INQ000533101]**
Korean individual	gcfcovid19enquiries	1 million surgical masks	**[EL2/054 INQ000533104]**
Unilever	gcfcovid19enquiries	Soap, sanitiser, wipes	**[EL2/055 INQ000533107]**
Quantis	Hannah Bolton	Hand sanitiser and other PPE	**[EL2/056 INQ000533095]**

P. Tan	Hannah Bolton	50 tons of medical supplies	**[EL2/057 INQ000533099]**
Chinese based supplier to Sainsburys	Hannah Bolton	Unlimited supply of disposable and wash down Hazmat suits	**[EL2/058 INQ000533110]**
David Richards	Hannah Bolton	Offer to approach known suppliers in China	**[EL2/059 INQ000533098]**
Blake Dark	Hannah Bolton	50 million masks	**[EL2/060 INQ000533096]**
Google	Hannah Bolton copied in	Masks and face shields	**[EL2/061 INQ000533114]**
JCB	Hannah Bolton copied in	Masks	**[EL2/062 INQ000533113]**
Lantum	Hannah Bolton	Masks	**[EL2/063 INQ000533094]**
Alistair Marke	Hannah B copied in	20 million masks	**[EL2/064 INQ000533112]**
Kieran Mullan MP	Hannah Bolton copied in	Masks	**[EL2/065 INQ000533111]**

77. As can be seen from the examples above, some were forwarded to gcfcovid19enquiries and some to Hannah Bolton. It can also be seen that there were rarely any comments added when the offers/referrals were forwarded.

78. Given the context, this attempt at triaging offers enabled the team to quickly identify those offers more likely to result in the required PPE being successfully ordered, delivered and distributed within the required timescales. I refer to this here because, although I was not involved in the subsequent establishment of the specific high priority lane email address in early April (referred to later in this Statement), I believe that the intent in establishing it was the same intent that I set the team over the weekend of 21 and 22 March 2020 and which, in forwarding offers to Hannah Bolton in late March, we were following.

79. The process that applied when an offer or referral was forwarded on has been set out in paragraphs 26 to 54 of the Judgment of Mrs Justice O'Farrell in the Queen on the application of Good Law Project Limited and Everydoctor and the Secretary of State for Health and Social Care, known as the "Pestfix Judgment" **[EL2/066 INQ000533144]**. Those paragraphs reflect my knowledge and understanding of the process that applied.

Recommendations

80. As indicated above, part of my, and the DHSC SRO's, role was to make recommendations to the DHSC Accountable Officer or the DHSC Director of Finance in respect of opportunities, but it was the role of the Accountable Officer or Director of Finance to make the final decision on award of contracts. My recommendations related to whether a particular offer would provide the types of PPE needed by NHS provider organisations bearing in mind current stock and delivery timescales. I provided recommendations in respect of the offers the team had reviewed and requested a recommendation from me and on which the technical and commercial assurance had been carried out. I provide a couple of typical requests for my recommendation – both indicate the form of my recommendations – one for gloves given on 15 May 2020 [**EL2/067 INQ000533146]** and one for FFP3 masks given on 24 June 2020 **[EL2/068 INQ000533136]**. Information would be provided on the nature of the offer, the relevant PPE and amount and the outputs of the various assurance checks. When considering the information, I would take into account the type and amount of PPE required – larger volumes that could be provided within the needed timescales were much more attractive early in the pandemic.

81. There was one occasion when a person involved in the team confused my recommendation with a final approval to contract with the supplier. This related to an offer from KAU Media. I provided my recommendation on 10 April 2020 **[EL2/069 INQ000533124]** but it was erroneously referred to as me giving "*approval to proceed with this contract and order without QA approval*" in an email dated 15 April 2020 which was quickly picked up by DHSC and I was quick to set the record straight as to my role and the nature of my recommendations **[EL2/070 INQ000533129]** stating "*To be clear, I am not signing off any deals from a finance perspective, but giving a recommendation to finance that from my perspective, they should be proceeded with. I am well aware I have no authority to do so, and I thought we were all clear on this point*". In respect of proceeding without QA approval, the email of the same date attached to the email above (i.e. DHSC's Director of Finance explaining the position to

HM Treasury) **[EL2/071 INQ000533130]** explains "*whilst the approach to PPE due diligence to date has been successful in reducing risk of stock purchased/delivered being unfit for purpose, the time it is taking to undertake this process means we have triggered a much greater risk on securing supply itself*". It goes on to say "*I discussed with Emily how we rebalance the risk i.e. take slightly more risk on due diligence to help reduce the risk of losing deals and 'stocking out' on international procurement*" and "*For clarity, we are not prepared to give clinicians any PPE that aren't going to keep them safe – at no point will this be done and we continue to be led by PHE Guidance*".

82. There were offers on which either my or Jonathan Marron's recommendation was sought, and there were sometimes offers on which both our recommendations were sought.

83. I did not investigate the commercial robustness of the offeror nor the technical assurance of the PPE being offered. Those were matters for the respective teams. There were occasions when the individual teams would come to me with issues on their particular processes, such as the effectiveness of communication between the teams and how it could be improved. I worked with the teams on these matters but I was not involved in carrying out the actual investigation on technical or commercial assurance on any offer. I would sometimes be copied into emails on these topics, particularly early on.

84. My role in relation to PPE lasted until the autumn of 2020 when I was asked to lead the Covid-19 vaccination deployment programme. My involvement in PPE supply and distribution ceased at this point.

High Priority Lane

My role in the High Priority Lane

85. I understood that a high priority lane operated only in relation to PPE. I was not aware of a high priority lane operating in relation to the activities that I undertook on ventilator procurement or associated equipment. I was also unaware whether a high priority lane existed for procurement of other equipment.

86. I have set out earlier in the statement that the process we put in place in late March in triaging the many hundreds of offers and referrals being received with a view to prioritising those more likely to result in a delivery of the PPE needed was likely a precursor to the high priority lane. I also note that the "High Priority Lane" is often used with reference to a mailbox that was set up by Max Cairnduff on 6 April 2020.

That mailbox being covid-ppe-priority-appraisals@cabinetoffice.gov.uk (I refer to this as the "HPL mailbox").

87. I was told on 9 April 2024 by a member of my office team that I should be using this HPL mailbox for offers received **[EL2/072 INQ000533121]**. I list below in Table 2 the offers/referrals that I or a member of my office staff sent to this HPL mailbox and when they were sent.

Table 2: Offers/referrals that were forwarded to the HPL mailbox

Offer/referral	**Forwarded**	**Exhibit**
An individual able to liaise with a company to manufacture masks	8 April 2020	**[EL2/073 INQ000533120]**
Apple – full face shields	9 April 2020	**[EL2/072 INQ000533121]**
Sharpak UK – plastic visors (sent to an NHS England colleague with various people and the HPL mailbox copied in)	15 April 2020	**[EL2/074 INQ000533128]**
Donated PPE from international suppliers based in China (sent to the Ventilator team's generic mailbox with various people and the HPL mailbox copied in)	17 April 2020	**[EL2/075 INQ000533131]**
MHP Industries Ltd – visors (also sent to gcfcovid19enquiries)	21 April 2020	**[EL2/076 INQ000533132]**
An individual able to manufacture masks referred by Rosie Cooper MP	21 April 2020	**[EL2/077 INQ000533133]**
Parc Supplies and Spirit Medical – Type IIR masks (sent to an NHS England colleague with various people and the HPL mailbox copied in)	13 May 2020	**[EL2/078 INQ000533135]**

88. Offers that were referred via the HPL mailbox were triaged more quickly than offers not referred by this route. As I have explained earlier in this Statement in relation to managing offers/referrals, there was a clear rationale to having a mechanism to expedite the offers that were more credible and more likely to result in the types and amounts of PPE being delivered within the relevant timescales while maintaining

confidence in the PPE supply programme. We needed to buy and we felt it right to keep referrers updated on the status of the offer. Setting up a specific mailbox to achieve this was similar to me forwarding offers to Hannah Bolton.

89. The high priority lane has been referred to as the VIP lane. In respect of some offers I forwarded to Hannah Bolton in late March (see for example: **[EL2/079 INQ000533118]**, I indicated that Hannah was the VIP channel. This was prior to the introduction of the HPL mailbox but reflected my intent that the offers/referrals were to be prioritised and that this was heard by those offering/referring to give them a level of assurance and confidence in the programme.

90. A similar approach applied to offers forwarded to the HPL mailbox although this was not applied to every forwarded offer/referral as can be seen by the variety of those forwarded in Table 2 at paragraph 87 above. In fact, the referral that relates to the donated PPE from international suppliers based in China was actually advice not to proceed. It was certainly not the case that I only forwarded to the HPL mailbox offers referred in from an MP or someone connected to Government. Only one in the list above was a referral from an MP.

91. With hindsight, it appears that the HPL mailbox was used by some as a landing point for referrals that came in from particular people, including ministers and MPs such that those referrals could be dealt with more quickly but also so that a higher level of feedback on their progress could be provided to those who referred them in. I have indicated above that providing feedback to referrers was one of the factors that maintained confidence in the process . It was also the case that the PPE supply team as a whole was receiving a lot of negative feedback from the central government covid teams about being unresponsive to offers at a time when there were reported shortages in the media. People were urging us to feedback more and in some cases were telling us who should be prioritised for greater feedback. For example, I received an email on 26 March 2020 that indicated that a higher level of feedback would be appropriate where a referral was made by a minister as opposed to others **[EL2/080 INQ000533116]**.

92. My understanding was that, regardless of the route via which offers/referrals came in, the relevant opportunities team (one of the teams involved in the process for considering offers as referred to in the Pestfix Judgment) began the same process of consideration as applied to any other offer/referral. I was aware that offers/referrals received via the HPL mailbox were likely to be entered into this process more quickly than if they had been triaged via the portal but once they reached the technical

assurance stage of the process, they were treated in the same way as any other opportunity.

93. When I was making a recommendation on an offer, as described in more detail earlier in this Statement, I was not usually aware by which route the offer had been received. Even if it had been included in the information that accompanied a request for a recommendation, the route by which it was received had no influence on my recommendation.

Referrals to the High Priority Lane

94. As I have set out above, my role included being asked for a recommendation prior to the relevant Accountable Officer making a final decision. I do not consider this to be an "intervention" in the process of award as it was part of the robust decision-making process that had been put in place.

95. As stated above, I and those within my office often received direct offers and referrals from a very wide range of individuals or companies seeking to supply PPE. All offers were forwarded as set out earlier in this Statement. Some offers came to me via WhatsApp and I similarly forwarded them on. I did not carry out any checks on these offers or the companies or individuals behind them, although in the first few weeks of being in the PPE team I did speak to some of those offering PPE in an 'all hands on deck' mode – my intent was to ensure that we were doing everything we could to respond to offers. More commonly I received so many emails with offers that I didn't read the email itself but sent it straight on to a person or a mailbox. This can be seen by the lack of any substantive wording on most of the forwarded emails set out in Table 1 at paragraph 76 above. Occasionally I may have indicated that there was a current need for the type of PPE being offered but I did not seek to bypass any steps in the process of dealing with an offer (whether HPL or otherwise) nor did I refuse any offers. As set out above, I may have advised that an offer not proceed but I did not refuse to forward on offers to be dealt with in accordance with the process. I did not inquire or monitor on my own behalf if any of the companies or individuals behind these offers were subsequently awarded or refused a contract for the supply of PPE although I was updated regularly on the progress of offers which did convert and in a very few instances I could make the connection to company names I remembered from referrals. I may well have provided a recommendation, as part of my role within the PPE team, on offers that were forwarded by me. Given the large number of offers that I forwarded on, I would not usually be aware when making a recommendation,

whether it was me or someone else that had forwarded on the offer. This would not be a factor that I would consider when making a recommendation.

96. In addition, we regularly discussed the state of the market and the high incidence of deals which didn't go through, and in one instance I remember the team telling me about an offer that I had received which had not been real. In this instance I remember speaking on a Saturday morning in early April to a supplier who said he had PPE in a warehouse in Germany. This referral had come from a senior leader in the NHS. I asked him to send details of what he was offering which I sent on to the buying team. Later I recall a member of the buying team telling me that this person had been offering goods that didn't exist, as was common at the time, and the deal had not been pursued further. I provide an email dated 13 April 2020 that confirms nothing was available in Germany **[EL2/081 INQ000533126]**. It is not clear which referral route was used but I include it here to give a sense of the volume and variety of contacts that were being received, and the intent to do everything we could to find the offers that would actually result in actual PPE arriving in the UK.

97. I have been asked to comment on two specific offers that DHSC has indicated were processed through the high priority lane, namely Aventis Solutions Limited and KPM Marine Limited, and that the DHSC has indicated were referred by the "office of Dr Emily Lawson".

98. In relation to KPM Marine Limited, I was copied into an email dated 14 April 2020 from KPM Marine Limited to Steve Oldfield at DHSC and Munira Mirza at No10 on the potential to supply facemasks **[EL2/002 INQ000497444 and EL2/003 INQ000497446]**. I was also copied into DHSC's response the next day indicating that those offering to sell PPE were being directed to a DHSC webpage. I was also copied into a follow-up email from this company offering to supply body bags. As the latter offer fell outside of PPE, I had no involvement in any subsequent arrangements.

99. In relation to Aventis Solutions Limited, I have no recollection of any direct communication, and there is no record of them in either my NHS or personal inbox. I have noted that they appear on a list that was sent to me and others on 30 April 2020 by Andy Wood at Cabinet Office **[EL2/004 INQ000497449 and EL2/005 INQ000497450]** in response to my suggestion that all mid-sized orders for Type IIR and Type II masks be reviewed as there was an imminent shortage of such masks. The list was in the form of a spreadsheet. One tab, listing supplier, type of face mask and status of the order, contained 8300 lines. Two lines referenced masks supplied by Aventis Solutions Limited. They also appear on a list circulated to me **[EL2/006**

INQ000497447 and EL2/007 INQ000497448] and many other people involved in the PPE procurement activity on 27 April 2020 which appears to be a list of all known PPE suppliers. Aventis Solutions Limited is referenced on one line in a spreadsheet containing over 8,900 lines. I am not able to say why this company is listed as having been referred by my office.

100. There are a number of other companies that DHSC has indicated were processed through the high priority lane which are not indicated to have been referred by me or my office but which have shown up in email searches. These are either where they are listed on a spreadsheet of existing suppliers (usually among tens or hundreds of others) or relate in some way to my role in recommending offers.

101. I note that PPE Medpro Limited are indicated by DHSC as being referred to the high priority lane by the office of Lord Agnew. NCA RO

NCA RO NCA RO

NCA RO

102

NCA RO At this time, I was no longer involved in the supply of PPE, having been appointed SRO of the Covid vaccination programme on 9 November 2020. NCA RO

NCA RO

103. I have no existing, nor had I any prior, relationship or interest with either of the two companies that the DHSC indicates I or my office referred to the high priority lane or in relation to any of the companies that have been flagged in the search of my emails. I

was not asked to, nor did I, intervene in any decision to award contracts to these companies. As stated above, where I was involved in a recommendation of any offer, this was fulfilling the reasons for my secondment – connecting the demand side with the buy side decisions. I do not consider this to be an "intervention" in the process of award as it was part of the robust decision-making process that had been put in place.

104. I would add that, very occasionally, I was asked by senior stakeholders (as opposed to the company making the offer) for an update on the status of a particular offer. I provide an example from 15 April 2020 **[EL2/087 INQ000533145]**. When this did occur, I would usually not be aware of the route by which that offer was received but I would ask the PPE team for an update and feed that back. The act of providing a status update on an offer did not influence on any recommendations I may have made on that offer.

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court 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 in its truth.

Signed:

Personal Data

Dated: 16 December 2024