

Witness Name: Michael Gove

Statement No: 6

Exhibits: 77

Dated: 13 February 2025

## THE UK COVID-19 INQUIRY

---

### SIXTH WITNESS STATEMENT OF MICHAEL GOVE

---

I, Michael Gove, will say as follows.

#### INTRODUCTION AND BACKGROUND

1. I am the former Member of Parliament for Surrey Heath, having first been elected to Parliament in 2005. Amongst my previous ministerial appointments, I am a former Secretary of State for Levelling Up, Housing and Communities ('DLUHC'), and a former Minister for Intergovernmental Relations ('IGR'). For the period of relevance to the Inquiry, I was the Chancellor of the Duchy of Lancaster ('CDL') and the Minister for the Cabinet Office.
2. I left Government following the July 2024 General Election, when I decided not to re-contest my Parliamentary seat. I remain a member of the Conservative Party but I do not currently hold any political office.
3. I make this statement pursuant to the Inquiry's request for evidence dated 8 August 2024 in relation to Module 5: Procurement ('the Rule 9 request'). I have previously provided the following evidence to the Inquiry:
  - a. Written statement dated 9 May 2023 in relation to Module 1 of the Inquiry: Resilience and Preparedness [MG/1 - INQ000185354].

- b. Oral evidence to the Inquiry in Module 1 on 13 July 2023 [MG/2 - INQ000339568].
  - c. Written statement dated 1 September 2023 in relation to Module 2 of the Inquiry: Core UK decision-making and political governance [MG/3 - INQ000259848], Annex A: [MG/4 - INQ000235263]; Annex B: [MG/5 - INQ000235264].
  - d. Oral evidence to the Inquiry in Module 2 on 28 November 2023 [MG/6 - PHT000000050].
  - e. Written Statements dated 14 December 2023 [MG/7 – INQ000371583], 25 January 2024 [MG/8 - INQ000236648] and 13 January 2025 [MG/8 - INQ000236648] in relation to Module 2A of the Inquiry: Core UK decision-making and political governance – Scotland.
  - f. Oral evidence to the Inquiry in Module 2A on 29 January 2024 [MG/10 - PHT000000067].
4. In preparing this statement I have attempted to avoid repetition of my previous evidence, save where I think it would be helpful. I invite the Inquiry to consider this statement in light of the evidence I have already provided.
5. For the purposes of this statement, I have predominantly focused on the period between January 2020 and September 2021 when (as explained in my previous statements) I was Chancellor of the Duchy of Lancaster and (from mid-February 2020) Minister for the Cabinet Office. Though I continued to have a role in respect of liaison with the Devolved Administrations ('DAs') after September 2021 in my role as Minister for Intergovernmental Relations, this was not in the context of the country's response to the pandemic, and I had significantly less involvement in any aspect of the pandemic response after September 2021.
6. I have made this statement with the support of the Government Legal Department, counsel and my former team in DLUHC, some of whom were working with me during the relevant period. The matters referred to in the Rule 9 request are wide-ranging and, whilst I have some independent knowledge and recollection of matters referred to, I have consulted with the relevant officials in order to ensure the contents of this statement are accurate. I have read the corporate witness statement of Gareth Rhys Williams, the Government Chief Commercial Officer ('GCCO') at the relevant time

[MG/11 - INQ000497031], and that statement is consistent with my own knowledge and understanding. Given the quantity of material generated in relation to the pandemic, I have been dependent on others putting documents before me. Any views expressed in this statement are my own. Should it assist the Inquiry, I would be happy to clarify or expand on any aspect of the evidence set out in this statement and arrange for any further document searches to be conducted.

7. The Rule 9 request indicates that Module 5 of the Inquiry is focused on procurement during the pandemic of key healthcare equipment and supplies including PPE, ventilators and oxygen, lateral flow tests and PCR tests. It is important to explain at the outset that the principal procurement initiatives in relation to medical and healthcare PPE were led and run by the Department for Health and Social Care ('DHSC'). On occasions, I was brought into conversations relating to the procurement of medical and healthcare PPE but this was very far from being my main focus or that of my Department. I was involved in some other aspects of procurement, mainly in connection with ventilators, but this formed only a very small part of my workload during the pandemic.
  
8. I will of course continue to assist the Inquiry in whatever way I can and to the best of my ability. But, contrary to some media reporting, and allegations made by political campaigners, it was not the case that I had an active role in the procurement of medical and healthcare PPE during the pandemic. The hugely increased national and international demand for PPE in the early stages of the pandemic meant the Government, in the words of the GOV.UK statement of 17 November 2021, "adopted an entirely new 'open-source' approach to procurement" [MG/12 - INQ000562837]. In other words, a national call to arms to help secure necessary equipment. The high-profile nature of my Government position meant that I was contacted by a very large number of individuals and organisations throughout the pandemic. Some of these responded to the appeal for help and were anxious to provide PPE or suggested that they could do so. I passed on their offers to help, in good faith, to the relevant civil service teams in the DHSC and elsewhere. They would then decide whether or not to pursue these offers in line with the rigorous process outlined by Gareth Rhys-Williams. It is important to emphasise that ministers were never those making decisions about the award of PPE contracts to individual contractors. As the Government's own official statement on PPE procurement of 17 November 2021 made clear, "as the National Audit Office has found, ministers were not involved in procurement decisions" [MG/12 - INQ000562837 exhibited above].

9. I was certainly aware – who could not be? – of the need, particularly in the early months of the pandemic response, to source PPE in substantial quantities. This was of course a consistent focus of ministerial discussion in Cabinet committees, and with the DAs. I was glad that civil servants from the Cabinet Office were redeployed to help DHSC during the procurement effort. The Cabinet Office, as part of the centre of Government, helps provide “functions” for individual Government Departments – property management, digital services, procurement expertise and so on. But the direction of civil servants fulfilling those functions lies with their own Departmental leadership. That is to say the Government Commercial Function (‘GCF’) has its general operational principles set within the Cabinet Office but individual procurement decisions are clearly always the responsibility of accounting officers within each Government Department. Throughout the relevant period, I delegated authority for issues pertaining to Government commercial activity to my junior minister, Lord (Theodore) Agnew. Lord Agnew had a background in the commercial world and was an experienced junior minister who was also a junior minister for HM Treasury, and he was someone with whom I had had a good working relationship when I was Secretary of State for Education. Though Lord Agnew would report to me on broad policy questions concerning commercial matters, I would, in the main, leave the leadership to him as junior minister for the Cabinet Office. I considered then, and still consider now, that we were lucky to have an individual of such ability, dedication and probity in that role. During his time in Government he saved the taxpayer millions of pounds and during the pandemic he helped save lives.

10. I have adopted the following structure in this statement:

- a. In Part 1, I outline those procurement activities of relevance to the Inquiry in which I did, and did not, have any involvement. I also discuss in this part my knowledge of the appointments of those officials who subsequently led key medical-related procurement taskforces during the pandemic.
- b. In Part 2, I describe the initial procurement challenges which presented as the pandemic loomed and then arrived in the UK. I also discuss the various decision-making forums which discussed medical PPE procurement at that time and the decisions which were taken.
- c. In Part 3, I discuss the various specific procurement initiatives which are specified in the Rule 9, including my knowledge and involvement in each.

- d. In Part 4, I discuss the key considerations which were a part of the various procurement activities which are of relevance to Module 5.
  - e. In Part 5, I offer some reflections on pandemic procurement and possible lessons for the future.
11. In my previous statements to the Inquiry, I provided annexes which identified a range of meeting forums which I attended and at which items relevant to the pandemic response were discussed. Annexed to this statement is a list of all such meetings at which medical procurement matters were either on the agenda or in the minutes.

### **PART 1: OVERVIEW OF MY INVOLVEMENT IN PANDEMIC PROCUREMENT**

12. The Rule 9 request refers to several different procurement initiatives. Given the scope of the various roles I had at the time, I had involvement in only some of them, though I would have been aware of progress in respect of others through my attendance at meetings with the Prime Minister and the Secretary of State for Health and Social Care, and at Cabinet. Lord Agnew would also occasionally inform me about non-Cabinet Office procurement projects as and when necessary. However, there is a big difference between being apprised of a project or initiative and having day-to-day involvement in it. Lord Agnew would often acquaint me with procurement or other commercial activity in other Government Departments which had nothing to do with the pandemic but where he felt public money was being poorly deployed, such as within the Ministry of Defence. Generally it was because he wanted reassurance that he was right to challenge other Departments over wasteful spending. I always reassured him he was right and that I would “have his back”.
13. Relevant procurement matters which were discussed in meetings I chaired or attended are:
- a. The Ventilator Challenge
  - b. Test & Trace (including Lateral Flow Tests ('LFTs'))
  - c. Medical PPE (in the early stages of the Ministerial Implementation Groups ('MIGs'))

14. I did not have any direct decision-making authority or leadership of the above projects, with the exception of the Ventilator Challenge where, in its initial stages, I worked closely with Lord Agnew and Gareth Rhys Williams to give the project impetus. All the projects were, however, discussed in meetings which I either chaired or attended and I was aware that Cabinet Office support was being provided through the GCF. The same also applied in relation to the establishment of the High Priority Lane ('HPL'), and the operation of the Commercial Spend Control Panel (which lay within the Cabinet Office); but my knowledge of these projects or operations was limited.
15. For the avoidance of doubt, I did not have anything to do with establishing supply chains, disposal strategies in respect of unused PPE, procurement contract contents or provisions, or monitoring the performance of procurement contracts once entered into. Nor did I have extensive knowledge of public procurement law and process, and was therefore guided by the experts in the GCF and the Government Legal Department. In the British system, ministers do not determine contractual awards or "sign" contracts.
16. The Rule 9 request asks me to address various appointments made during the pandemic:
- a. Lord Agnew was appointed by the Prime Minister to be a junior minister at the Cabinet Office and Treasury on 14 February 2020. His appointment was not related to COVID-19. He was judged by the PM to be the best fit for a junior ministerial role which required a good technical knowledge of commercial matters and projects. I was in favour of his appointment. He was, as I have noted, superb in the role.
  - b. Lord Bethell was appointed by the Prime Minister as Minister for Test & Trace in November 2020. I did not have any involvement in his appointment. If anyone had asked, I would have supported his appointment – he was a diligent and energetic minister, passionate about supporting the NHS.
  - c. Lord Deighton was appointed by the Prime Minister to lead the medical and healthcare PPE procurement challenge on 19 April 2020. Lord Deighton was assigned to DHSC, as DHSC were the contracting party for all medical and healthcare PPE across all four nations. I did not have any involvement in Lord Deighton's appointment, but his extensive commercial background made him an obviously good choice to spearhead the PPE procurement project.

d. Baroness Harding was appointed to lead NHS Test & Trace in May 2020 by the Secretary of State for Health and Social Care, Matt Hancock. I had no involvement in this appointment. But, again, her commercial experience and commitment to public service recommended her for the role.

17. In respect of each of the above appointments, the Prime Minister chose talented people to augment the work of those ministers who were elected MPs and the civil servants working with them. They all made sacrifices to serve. Recruiting talented people from the private sector, provided they understand the need for accountability in their roles, improves Government working.

***COBR, MIGs, COVID-O and COVID-S***

18. As explained in my previous evidence to the Inquiry, my ministerial position meant that I was involved in a range of decision-making forums at times during the response to the pandemic. I was involved in the early COBR meetings, I led the General Public Services Ministerial Implementation Group ('GPSMIG'), and thereafter took on the role of chairing COVID-O when the MIGs system was replaced. I also attended COVID-S when required and had discussions with the Prime Minister from time to time.

19. Those decision-making forums occasionally involved issues relevant to procurement:

- a) COBR: I was present in COBR meetings in which ventilators, PPE and testing were discussed. Procurement plans were discussed, but not contracts.
- b) GPSMIG: I recall the issue of PPE occasionally came up particularly in respect of prisons and then, a bit later, care homes. However, healthcare PPE and other issues to which the Rule 9 request relates did not feature on the agenda of the GPSMIG so far as I recall.
- c) HMIG: I attended some HMIG meetings, all of which were chaired by Matt Hancock. I recall healthcare PPE being raised in those meetings through updates from DHSC as to the healthcare PPE required, and the volumes identified for purchase. I do not recall having any real input in relation to these issues. See, for example, the agenda for the meeting of 9 April 2020 [MG/13 - INQ000083643]. In general terms, we were updated about the plan and did not descend into the detail of specific procurement contracts.
- d) Cabinet: I attended Cabinet meetings throughout the relevant period. PPE occasionally came up on the agenda. When it did, it was generally in the form

of an update by DHSC representatives, and I do not recall any significant Cabinet decisions in relation to healthcare PPE, ventilators, or testing procurement.

- e) COVID-O: By the time COVID-O was established, the PPE issue had largely been brought under some control by DHSC, the Ventilator Challenge had been completed and the Taskforces for Vaccines and Test & Trace were operational. I recall some meetings from Autumn 2020 in which we discussed the new lateral flow test technology and the ambitions to increase testing overall, and to ensure appropriate testing procedures were available for care home staff as we headed into winter. See in particular the meetings of 23 October 2020 [MG/14 - INQ000090302], 8 November 2020 [MG/15 - INQ000091044] and 9 November 2020 [MG/16 - INQ000091134]. Mass testing plans were also discussed in the meeting on 21 November 2020 [MG/17 - INQ000090954]. Testing then came up again at the meeting on 15 December 2021 [MG/18 - INQ000083855], where some information was given as to procurement contracts.
- f) Meetings with DAs: I held meetings with the leaders and senior officials of the DAs from around mid-April 2020 and we met fairly regularly. PPE updates were provided at the meeting on 15 April 2020 [MG/19 - INQ000198992]. Thereafter, testing came up at some meetings from Autumn 2020 onwards, but I do not recall any issues about procurement being raised.

## **PART 2: INITIAL PROCUREMENT CHALLENGES**

### ***Early consideration of procurement needs***

20. As the Inquiry found in Module 1, the UK was not well-prepared for a pandemic on the scale of COVID-19. As I have remarked previously, given the debate about the origins of the COVID-19 virus and the widespread concern that it could be man-made, it is right to be sceptical about how well prepared the UK (or any country) could ever have been for this specific pathogen. I appreciate the Inquiry does not consider discussion of the virus's origin to be within its terms of reference. But I strongly believe that, without more knowledge of its origin, discussion of the response (including decisions in relation to procurement of necessary PPE, vaccines and so on) is, inevitably, constrained.



21. There were significant stocks of PPE which had been stockpiled for a flu pandemic. But they were nowhere near adequate for the demand which arose in the period from mid-March to June 2020. Almost every Western nation (including, within the UK, all DAs and all relevant public authorities) faced significant PPE shortages during this period, and this contributed to very substantial demand for available stock.
22. At the start of the pandemic, medical PPE was supplied to the NHS by buyers and distributors within the NHS supply chain, which was principally operated by Supply Chain Coordination Limited ('SCCL'). SCCL began to report problems in their ability to meet the increasing levels of demand for PPE in March 2020 and at around the same time it became clear that existing stockpiles of PPE, which were initially thought to be sufficient, were not going to be adequate in the longer-term.
23. In March 2020, the situation was a major concern to the Government, and to me personally. As a consequence, I sent an email to Matt Hancock and Dominic Cummings asking what the position was in respect of ventilator availability and PPE [MG/20 - INQ000274084]. I sent a similar email to Lord (Mark) Sedwill on 2 April 2020, in which I also discussed PPE and testing [MG/21 - INQ000217031].

#### ***Initial Cabinet Office Response***

24. Within the Cabinet Office, procurement strategy is the responsibility of the GCF, headed by the GCCO – during the pandemic, this was Gareth Rhys Williams. Within individual Government Departments, there are individual specialist procurement teams procuring goods and services which are unique or bespoke to their individual Departments.
25. As the pandemic took hold, it became clear that the DHSC procurement team was becoming swamped. The huge increase in demand, the global competition for limited supplies and the difficulty in sourcing new supplies meant they needed additional support. I was aware that, as a consequence, Gareth Rhys Williams and Sir Alex Chisholm (who arrived as Cabinet Office Permanent Secretary in early April 2020) redeployed Cabinet Office personnel to DHSC procurement teams to assist in their efforts. I thought this was a good idea. I do not believe I was specifically asked to endorse or sign-off this redeployment since it was not something which required ministerial approval, but had I been asked I would have done so in a shot. My clear understanding was that all Cabinet Office staff redeployed to DHSC were supporting DHSC decision making, rather than importing the decisions to Cabinet Office. I was

kept informed of the progress and I believe received a first update on 27 March 2020, in a submission from [REDACTED] Chief of Staff to Gareth Rhys Williams [MG/22 - INQ000513565].

26. In the early weeks of the pandemic, the PM asked me to chair a meeting about supplies and equipment for the pandemic [MG/23 - INQ000562838], with the first meeting taking place on 14 March 2020 [MG/24 - INQ000562832]; [MG/25 - INQ000411831]. I believe there were daily meetings over the next few days thereafter. The principal focus was ventilators.
27. As my time was increasingly required on other matters, Lord Agnew took over as chair of these meetings from 20 March 2020 [MG/26 - INQ000412594]. Lord Agnew was keen to expand the focus of the meetings to cover PPE in addition to ventilators. I believe this was discussed further at an HMIG meeting on 24 March 2020 though I did not attend the meeting and there was later some issue requiring clarification raised over Lord Agnew's role in relation to PPE and the sharing of information by DHSC. I refer to emails with my private office about this on 24 March 2020 [MG/27 - INQ000562827]. I should say that I did not receive those emails myself at the time. I note that my views were sought, but I cannot now recall what transpired.
28. Lord Agnew had a vitally important role within the Cabinet Office, especially in these early stages. Given his extensive commercial and Government background, I wanted him to act as the lynchpin between the Cabinet Office, HM Treasury ('HMT') and DHSC to help with all commercial elements of the pandemic, including procurement. Lord Agnew agreed to undertake this role and I was kept abreast of developments in reports from him, as and when required. Throughout those early months of the pandemic in particular, I recall Lord Agnew went to enormous efforts, together with the GCCO, to assist on many procurement issues with DHSC and HMT.

### **PART 3: SPECIFIC PROCUREMENT INITIATIVES AND PROJECTS**

29. I describe below the procurement projects and initiatives of relevance to the Inquiry in Module 5; I had a detailed knowledge of some of these projects, but only a limited awareness of others.

## ***Medical & Healthcare PPE***

30. As explained above, medical and healthcare PPE became a particular focus in early-March 2020. By that time, the Government had moved into crisis mode and shortly afterwards the MIG structures had been implemented. Up to mid-March 2020 it was generally considered that DHSC had appropriate stockpiles of medical and healthcare PPE, but it subsequently became clear that there was no central list of PPE stockpiles or any dashboard which monitored such stocks or identified where they were and in what quantities.
31. I first held a meeting to discuss the supply of medical equipment, including PPE, on 14 March 2020 [**MG/24 - INQ000562832 exhibited above**]. As explained above, shortly after that meeting officials from DHSC and the Cabinet Office decided that a dedicated PPE Cell should be formed. I did not have any involvement with this team.
32. I then chaired the General Public Services MIG ('GPSMIG') on 19 March 2020. Various concerns were raised by public sector bodies regarding the availability of PPE [**MG/28 - INQ000056031**]. I asked for further enquiries to be made about what the situation was concerning PPE stockpiles for both healthcare settings and elsewhere.
33. Following this meeting, the Prime Minister requested that an NHS battle plan be put together to form the bedrock of the initial pandemic response. On 23 March 2020, Matt Hancock and DHSC Officials published that battle plan [**MG/29 - INQ000056108; MG/30 - INQ000056110**], and I attended Cabinet the following day when it was discussed. The plan described an intention to innovate and procure a continued supply of medical and healthcare PPE with distribution throughout the NHS and other public sector organisations.
34. The provision of PPE to non-NHS public sector organisations such as the police and social care providers was part of the GPSMIG remit. I continued to chair GPSMIG meetings, and we received regular updates from Matt Hancock on how efforts to improve supply were proceeding (see for example, GPSMIG minutes [**MG/31 - INQ000083701; MG/32 - INQ000083599; MG/33 - INQ000083602**]). The Department with principal responsibility for procuring PPE remained DHSC since it was considered that they had the most bargaining power of all Government Departments, had relevant experience, and it was thought unwise for other public sector entities to procure their own and therefore set up as competitors to the NHS.

35. Otherwise, so far as I can recall, the majority of updates regarding PPE procurement came via Cabinet. I do not recall making any decisions relating to PPE, as it continued to be something led by DHSC and so it was DHSC officials or Matt Hancock, and then later Lord Deighton, who provided the progress updates. The situation began to improve significantly from around June 2020 and thereafter thought was given to continuing work to procure sufficient stockpiles for any future waves of increased infections. I do not recall any significant discussion of PPE after around Autumn 2020.

### ***Testing & Operation Moonshot***

36. In the initial stages of the pandemic, testing became a paramount focus of the response. However, there was relatively little testing capacity available. Again, the remit for testing was with DHSC as the lead Department.

37. On various occasions I was informed about testing capacity and the efforts to increase it. These updates were mainly in Cabinet. I was anxious to ensure our overall strategy on testing was properly directed but I did not have any input into any decisions about testing procurement. Once the MIGs were established, I believe testing was retained on the agenda of HMIG.

38. Occasionally, testing would also come up on the agenda of a COVID-O meeting I was chairing. Normally this was simply an update and, save as described below, I do not recall procurement being raised.

39. At a COVID-O meeting which I chaired on 6 August 2020 [MG/34 - INQ000090167], I received an update from the Test & Trace officials as to their plans and procurement needs to ramp up daily testing to a figure of 800,000 as we headed into the winter. There was a discussion about the expansion of lighthouse labs to secure these figures. I took the view that further Cabinet Office resources should be allocated to assist in the procurement and a full business case for the expenditure was to be presented. I had no further involvement after that point so far as I am aware.

40. I am aware that on 6 January 2021 my ministerial private office email address was one of several copied into an email from Hughes Healthcare [MG/35 - INQ000562823] concerning a rapid saliva antigen test device which the company had developed. So far as I am aware I was not involved in any response.

41. I should also mention, for completeness, that in my capacity as CDL the Good Law Project identified me as a potential defendant in a proposed judicial review claim

concerning a decision to award a contract to Hanbury, as part of Operation Moonshot. I was not named as a defendant in the issued claim.

### ***Ventilator Challenge***

42. At an early stage of the pandemic I was concerned about ventilator capacity. Scenes from Italy worried me and I raised the issue in early COBR meetings. I note from the minutes that questions about ventilator capacity were asked at the 2 March 2020 [MG/36 - INQ000056217 at §9] and 9 March 2020 [MG/37 - INQ000056219 at §7] COBR meetings.
43. Initial DHSC forecasts projected that up to 71,000 patients may have required ventilator support to treat the virus in hospital at any given time [MG/38 - INQ000477911], compared to the assessed existing NHS ventilator capacity of around 6,000-8,000 across the whole of the UK.
44. At the same time, the global demand for ventilators was far in excess of what established manufacturers could supply, meaning we needed to find creative solutions to the problem.
45. The Prime Minister launched the Ventilator Challenge in an effort to boost domestic production. The aim of the Ventilator Challenge was to encourage the design, development, scaled manufacture and supply of new ventilator models, which could be procured in significant volume to meet forecasted demand. This sat alongside, but was separate to, the NHS-led project to procure additional supplies of models of ventilators already in existence and in use within the NHS.
46. My recollection is that the idea was first discussed in a meeting I attended with the Prime Minister and Matt Hancock on 12 March 2020. The Cabinet Office then issued a call to arms to British industrialists, which generated thousands of responses. I received an outline of the contents of that call to arms on 13 March 2020 [MG/39 - INQ000562833].
47. It was acknowledged by all concerned that the Ventilator Challenge was ambitious, novel, and required high-level spending management and oversight. The project, and the decision to run it out of the Cabinet Office, reflected the exceptional circumstances at the time, including the extraordinary pressures that DHSC was under.
48. The Ventilator Challenge, which ran from mid-March 2020 to May 2020, was designated as a Cabinet Office procurement project. That meant the Cabinet Office

was ultimately the contracting party with proposed suppliers, and it would be the Cabinet Office which entered into any agreements with a supplier once they were chosen. The ultimate end user, however, was the NHS. Ultimate accounting responsibility for the Challenge and organisation of its work ran out of the Cabinet Office. The Accounting Officer for the project was Sir Alex Chisholm, in his capacity as Permanent Secretary for the Cabinet Office.

49. The Prime Minister asked me to provide senior ministerial leadership of the project to get it moving initially [MG/40 - INQ000136751]. My first step was to convene the meeting with Gareth Rhys Williams, Lord Agnew, the Paymaster General, Steve Oldfield and Emily Lawson (DHSC) on 14 March 2020 [MG/40 - INQ000136751 exhibited above; MG/24 - INQ000562832 exhibited above]. There was a further meeting on 15 March 2020 [MG/41 - INQ000411832] and meetings continued throughout that week. A number of designs were initially considered, with that number subsequently being reduced to eight or nine, with six prototypes taken forward for further consideration following a meeting on 17 March 2020 [MG/42 - INQ000498208].
50. Gareth Rhys Williams had the right skills and experience to lead the project and, of course, he was based in the Cabinet Office – he was therefore the obvious choice for the role of Senior Responsible Officer. The Cabinet Office Complex Transactions Team ('CTT'), a team within GCF, was identified as being well-placed to provide assistance and support.
51. At a relatively early stage, I asked Lord Agnew to lead the project at the ministerial level. This was a logical extension of his wider role at the time. Together with Gareth Rhys Williams, Lord Agnew assembled what I perceived to be a suitably high-quality and experienced team of civil servants from within the GCF. My recollection is that the team worked around the clock on the project.
52. At this time, I was heavily involved in matters relating to the national lockdown and running the GPSMIG. However, I requested regular progress reports from the outset of the project [MG/43 - INQ000496781], and Lord Agnew and Gareth Rhys Williams regularly kept me updated as to progress. By way of example, I was given updates on 23 March 2020 [MG/44 - INQ000562828; MG/45 - INQ000562829; MG/46 INQ000562830], 30 March 2020 [MG/47 - INQ000563559] and 7 April 2020 [MG/48 - INQ000477980]. On 12 April 2020, I was informed by DHSC that the number of ventilators now likely to be required had reduced to around 30,000 and that about 9,000 were already available.

53. I was not involved in the development process for the particular models of ventilator and to the best of my recollection I was not approached directly by any potential supplier. Nor was I involved in vetting any potential supplier. I left all of those sorts of issues to Gareth Rhys Williams and Lord Agnew, who both had a far greater understanding of the technical requirements than I did. They, in turn, relied on the guidance issued by the Technical Design Authority ('TDA') – a review body set up as part of the project to assess viability of design proposals and compliance with the specifications laid down by the Medicines and Healthcare Products Regulatory Authority ('MHRA'). However, I was aware of and endorsed the aim to procure four or five viable models of ventilator with a different supplier for each of them, with the objective of ensuring that if a manufacturer failed to deliver for whatever reason, it would still be possible to source an adequate supply from the other manufacturers.
54. The supplier selection process is described in detail at paragraphs 4.37 to 4.67 of the corporate witness statement of Gareth Rhys Williams. As the project progressed, it was necessary to decide which potential suppliers to take forward for further analysis and development. The TDA would provide written recommendations as to each design and assess its viability and the MHRA would also provide comment. Gareth Rhys Williams would consider these recommendations, and I would normally be asked to confirm his decisions. So far as I can recall, I agreed with the recommendations made by TDA, MHRA and Gareth Rhys Williams.
55. On occasion, issues with suppliers were escalated to me. For example, in April 2020 I was asked to try to resolve an issue with contractual documentation causing a delay in commencing production by the manufacturing consortium led by McLaren Automotive [MG/49 - INQ000562826].
56. Another example is the Dyson ventilator proposal. This was particularly attractive as it offered both scale and speed – no other supplier at that time appeared to be able to deliver on the same scale or to the same timeframe. However, Lord Agnew made me aware that there were delays in placing an order and so on 25 March 2020 I made enquiries about this with Gareth Rhys Williams [MG/50 - INQ000497223]. He informed me that the delay was caused by safety concerns about the model, which meant further testing was necessary. I was very anxious to avoid losing this potential supply, and so immediately asked for a meeting with senior representatives of Dyson, which took place the same day [MG/50 - INQ000497223 exhibited above]. I decided that we needed to offer some commitment to Dyson to avoid losing this opportunity. I therefore requested that a contingent order of 10,000 units of Dyson's ventilator be placed,

subject to satisfactory testing and regulatory approval of the model. The meeting minutes record that I acknowledged that "I was under political pressure to ensure that we have followed up with Dyson" [MG/51 - INQ000533246]. No doubt I did say something along those lines, though I cannot now be sure precisely what I had in mind: possibly I was referring to the general political pressure I was under to source new ventilators, or possibly I was alluding to the political pressure I knew Dyson was capable of exerting through the media, given his company's well-known design excellence. I may have been referring to both. As things progressed, the model did not pass testing and so the order was not proceeded with. Dyson acted at risk throughout and no public money was used. He - and other companies who entered the challenge - should be commended for responding to the national call to arms and for coming forward at a time of crisis.

57. It was also necessary for me to become involved in providing indemnities to potential suppliers. Manufacturers, who were working to design and produce new products at great speed, were understandably concerned about their potential legal liabilities should they inadvertently infringe existing trademarks or produce a product which failed. They therefore requested indemnity clauses in their contracts which would see the Government assume these liabilities should they arise. Without these indemnity clauses, contracts could not be agreed and the project would have failed. I therefore issued a Departmental Minute which was circulated in early April 2020 [MG/52 - INQ000471012] outlining the position and I made a statement to Parliament to similar effect. In June 2020, once the contracts were signed and entered into, I provided another update by way of a further Departmental Minute [MG/53 - INQ000471015].

58. The Ventilator Challenge saw contracts awarded to two new suppliers (Smiths Medical and Penlon) who each supplied a ventilator model, and a third model was then also sourced from Breas Medical. The Cabinet Office published contract notices on 21 May 2020 [MG/54 - INQ000477285]. As a consequence of this work, NHS ventilator capacity was increased by around 25,000 units. Together with existing NHS supply, this was sufficient to meet anticipated demand.

59. In my opinion, the project was a resounding success and a testament to the incredible hard work which was undertaken under intense pressure by Lord Agnew, Gareth Rhys Williams, and their teams of civil servants who worked tirelessly. Although it turned out that ventilators were not the most crucial part of the pandemic response, that was far from apparent at the time. Indeed, the early indications were that they were likely to be essential to saving lives. The Ventilator Challenge was, I believe, hugely successful



and precisely the sort of 'calculated risk taking' which critics of the Civil Service often argue that Whitehall should be better at.

60. Whilst on the topic of ventilators, I should add, for completeness, that I am now aware that my private office was approached by, or on behalf of, some potential suppliers of existing ventilators (which, as explained above, were not within the scope of the Ventilator Challenge and were therefore outside the Cabinet Office's remit). Each of these was passed on to DHSC (as was appropriate), and I do not believe I was aware of any of them at the time:

- (a) On 31 March 2020 my private office received an email from another MP's office [MG/55 - INQ000563557]. My private office passed on the email to Lord Agnew who in turn forwarded it to DHSC.
- (b) On 1 April 2020 my private office received an email from a potential supplier via its local MP's office [MG/56 - INQ000498240]. The email also contained a potential offer of PPE. My private office forwarded it to DHSC (and also to the PPE Cell).
- (c) On 2 April 2020, a potential supplier emailed my private office together with several other addressees [MG/57 - INQ000561766]. This was again forwarded on by my private office.

61. Like every minister, I had a personal email account which I myself would monitor, and a private office email account operated by my private secretaries and private office staff (of which there were generally 6 or 7 people). My private secretaries would occasionally forward emails to me, print them out to include in my ministerial box, or simply mention it to me when they saw me. But in the vast majority of cases, I would not see or be aware of emails addressed to my private office inbox. I left it to the judgment and professionalism of my private secretaries (in whom I had every confidence) to respond to emails sent to my private office account, as all ministers do.

#### ***High Priority Lane / Referral Lane / VIP Lane***

62. As discussed above, the global shortage of PPE meant the Government was keen to secure new sources of supply. As a high-profile minister with a co-ordinating role during the pandemic I was often on the receiving end of a very large number of offers of assistance. Indeed, my then Shadow, Rachel Reeves MP, accelerated that trend. She wrote to me on 22 April 2022 urging me to move faster to ensure offers of support

were followed up [MG/58 - INQ000551356]. She shared her letter pressing me to expedite the pursuit of offers with the media, reinforcing the impression that I was a suitable port of call for contractors. In her letter she listed a number of individuals and organisations whose attempts to provide PPE she believed had not been followed up as they should have been. Many of those she listed were not credible suppliers. They included a football agent and a theatrical costumier. But, given the urgency of the situation and the need to explore as many avenues as possible to source PPE, I understand why Rachel Reeves wrote as she did. My reply to her was sent on 2 May 2022 [MG/59 - INQ000512941].

63. All offers to provide PPE were plainly of potential interest to the UK Government during the pandemic, but ministers were hardly equipped to arbitrate on their merits. The correct procedure was to forward any offer to the civil servants in the GCF team for assessment. Then a proper procurement process could be followed with any decisions about contract awards made by the civil servants concerned. The civil servants assessing these offers made the judgement that any offers which came via ministers, or indeed Opposition politicians, should be triaged through what became known as the High Priority Lane (and which has also been referred to as the Referral Lane or VIP Lane). I do not know whose idea the HPL was initially and I only became aware of its existence some time after it was established, I think as a result of media reporting.
64. Whenever I received a direct approach or offer of help, I would ask my private office to forward the approach to the relevant team of officials who were responsible for the procurement process. A log was kept of the referrals [MG/60 - INQ000563558]. The only occasions when I would not ask for such an approach to be forwarded to the relevant officials were where they came from an obvious crank – but these were very few in number, and when in any doubt I passed on the approach.
65. It is important to underline that no minister took decisions to award contracts. Those were, quite properly, civil service decisions.
66. Since providing this statement to the Inquiry in draft format as requested, the Inquiry Legal Team has invited me to consider three documents [MG/61 - INQ000533868; MG/62 INQ000533988; MG/63 - INQ000534695] and asked me a series of specific questions about Meller Designs Ltd, which I set out in full and address below. I assume that these questions arise as a result of my well-publicised and longstanding friendship with David Meller, and the mass of inaccurate media reporting and attempted political point scoring which flowed from this.

*Q1: How did you decide to refer Meller Designs Ltd to the HPL?*

67. I did not refer Meller Designs Ltd to the HPL. As already explained, I was not even aware of the existence of the HPL at that time.
68. It was hardly a secret that, as a country, we had a desperate need for PPE. I had repeated the national call to arms, and we were under constant attack from the opposition. My entire team - in common with the whole country - would have aware of the need for PPE; and they would have been diligent and proactive in identifying and following up any leads. I now understand that [NR] (a member of my team at the time) spoke to Simon Wolfson (Chief Executive of Next plc, and a Conservative peer), who suggested approaching David Meller as someone who may be able to help. I did not know about this at the time, but had I known I would have given it my full blessing - sourcing PPE was a major national priority in those early days of the pandemic.
69. Based on the documents I have been shown for the purposes of preparing this statement, I understand that, David Meller emailed my private office on 19 March 2020 to ask if PPE which he had been offered by one of his suppliers would be of use; my private office forwarded this email to the appropriate officials, including Emily Lawson and Gareth Rhys Williams [MG/64 - INQ000563689]; MG/65 - INQ000563688 MG/66 - INQ000563687].
70. David Meller then sent a further email later the same day offering additional PPE, which my private office again forwarded to the relevant officials [MG/67 - INQ000563685]
71. On 25 March 2020, David Meller sent a further email to my private office in relation to another offer of PPE [MG/68 - INQ000563686]; MG/69 - INQ000563691]. It appears from the subsequent email chain that, by that time, he had still not received any sort of acknowledgement from the relevant commercial team in Government in relation to any of his offers of assistance. My private office forwarded this email to the relevant commercial officials and requested that a holding response be sent. It is evident from the emails passing between officials that I had not been made aware of any of these offers at that stage.
72. Though I do not now recall the call, it is evident that I spoke to David Meller on the evening of 26 March 2020, and he followed up that conversation with a text message and email (in which he forwarded a screenshot of his text message) [MG/70 - INQ000563694] MG/71 [INQ000563695] I believe this would have been the point I

first became specifically aware that he or his company had offered to supply PPE. The text message indicates that David Meller spoke to me and someone else during that call; the other person would almost certainly have been Lord Agnew. Though I do not remember, I expect David Meller would have contacted me to arrange the call. It is relatively clear from the message that David Meller informed us that he had made various offers to supply PPE, and was querying why he had not had a response to these offers. Reflecting now, I think I would have been concerned to learn that the Government had still not responded to these offers over a week later. I would have asked him to send me a message and that I'd see if there was a blockage.

73. Whenever I was informed that there was a delay in responding to PPE offers, I asked my team to follow up. That was my consistent approach for any serious potential supplier - regardless of whether or not they were known to me - on the basis that every serious offer of PPE needed to be considered (a point that the Opposition frontbench were making repeatedly at the time). My concern was that the system should respond to all requests in an efficient fashion, in the knowledge that time was of the essence, and delays could have very serious consequences. And more generally, in every job I did, if someone told me that the Government machine was working slowly or inefficiently, I wanted to know about it. But this was about the process; the question of whether to award a contract was for civil servants and I had no influence whatsoever in that decision.

74. Of course, I would not only have been concerned about any problems with the Government system but also I would not have wanted any offers of potentially life-saving supplies of PPE to fall through the cracks due to inefficiencies in Government. It would have been absurd if my friendship with David Meller meant that I had to ignore him when he complained of delays in responding to his offers. The important thing was to act consistently, and that is what I did.

75. So, as usual, I would have delegated this to my team to follow up. The day after the call with David Meller, [NR] emailed my private office, asking "*Can someone make sure this is followed up asap?*" [MG/72 - INQ000563690] MG/73 - INQ000563692

76. It appears that over the following days David Meller continued to chase for a response to his offers, which were being considered and processed by the relevant officials. [MG/74 - INQ000563684] MG/72 - INQ000563690 exhibited above; MG/63 - INQ000534695 exhibited above; MG/75 - INQ000563683] MG/61 - INQ000533868

**exhibited above**]. David Meller also emailed me on the evening of 3 April 2020, again expressing frustration at what he considered to be slow progress and poor communication from the relevant civil servants [MG/76 - INQ000563693]. Though I am not absolutely certain, I do not believe I did anything further in response to that email - having delegated this to my team, I would not ordinarily have expected to become involved again.

77. I understand that officials ultimately placed several orders for supplies of PPE with Meller Designs Ltd, and that these were successfully fulfilled. I was in no way involved in their decision to enter into these contracts.

*Q2: How did Meller Designs Ltd become known to you?*

78. I have known David Meller for many years. Meller Designs Ltd is his company.

*Q2a: Did you approach them or did they approach you?*

79. I did not approach them and they did not approach me. As explained above, a member of my team used their own initiative to approach David Meller and he in turn approached my private office to offer PPE supplies. I was not personally involved, nor was I aware until later.

80. I note that in his text message of 26 March 2020 [MG/70 - INQ000563694] **exhibited above**; MG/71 [INQ000563695] **exhibited above**], David Meller stated "Started doing this exercise because [NR] said you were looking for good sauces of supply" [sic]. It is clear that the "you" here refers to the Government, not me personally, although I had of course repeated the Government's general call to arms in our efforts to source critical PPE supplies. I never approached any specific suppliers and it is extremely unlikely that I would have asked [NR] to approach David Meller; so far as I remember I did not ever suggest to anyone that we should get in touch with any particular potential supplier.

*Q2a(i): If the former, why?*

81. As explained, I did not approach them.

*Q2a(ii): If the latter, to whom did you communicate their approach? Please consider, in particular, any communications which you had with Lord Feldman, Lord Agnew, Gareth Rhys Williams and other officials.*

82. They did not approach me; and I did not have any communications about their approach with Lord Feldman, Gareth Rhys Williams or other officials. I have described above the way in which my private office apparently passed on the approach to relevant officials, based on the documents which have been shown to me for the purposes of preparing this statement. I have also explained that I am virtually certain that it would have been Lord Agnew who was present on the call on the evening of 26 March 2020. I do not recall whether I had any other communications with Lord Agnew about the Meller Designs Ltd offers, though we spoke about a million-and-one things every day throughout this period and it is perfectly possible we spoke about this.

*Q2b: What information did you have about Meller Designs Ltd? What were the sources of that information?*

83. I am aware, through my longstanding friendship with David Meller, that Meller Designs Ltd is David Meller's company and is involved in the fashion industry. It states on its website [MG/77 - **INQ000563696**] that "We design, develop, source and supply products for Menswear, Womenswear, Childrenswear, and Sportswear creating bespoke designs for our private label clients, who include many of the most familiar brands on the high street." I would have been aware of this in early 2020.

*Q2c: Did you have any prior or subsequent personal, professional or other type of relationship and/or interest with Meller Designs Ltd? If so, please provide details.*

84. I have never had a personal, professional or other type of relationship and/or interest with Meller Designs Ltd. My friendship with David Meller as an individual, and his support for my Conservative leadership campaign in 2016 (including a contribution of £3,250), is well-documented. I would have been quite transparent about our relationship and his support. My team would also have been scrupulous about this, and I understand it was specifically noted with my private office that David Meller was both a personal friend and a supporter.

*Q2d: What checks, if any, did you perform on Meller Designs Ltd before referring them?*

85. I did not myself refer Meller Designs Ltd. I did not perform any checks on them (or any other suppliers) at any stage, nor as Chancellor of the Duchy of Lancaster was it my role to do so - this was for the relevant commercial officials. My interest was in ensuring that serious offers did not fall through the cracks and were considered in an efficient and timely manner.

*Q2e: What action did you take to refer Meller Designs Ltd to the HPL?*

86. As explained above, I did not take any action to refer Meller Designs Ltd.

*Q3: What action did you take to inquire or monitor whether Meller Designs Ltd had been awarded a contract or contracts? For example, did you follow up with messages (emails/messages/whatsapps) or telephone calls or meetings. If so, please provide copies.*

87. I did not take any action to inquire or monitor whether Meller Designs Ltd had been awarded a contract or contracts. I asked my team to ensure that the offer, and others like it, were being followed up and considered efficiently.

*Q4: Were you ever asked to intervene, directly or indirectly, in the process for the award or refusal to award contracts to Meller Designs Ltd? If so, please provide details.*

88. No, I was never asked to intervene, directly or indirectly, in the process for the award or refusal to award contracts to Meller Designs Ltd.

*Q5: Did you intervene, directly or indirectly, in the award or refusal to award contracts to Meller Designs Ltd? If so, please explain the reasons why and provide details.*

89. No, I did not intervene, directly or indirectly, in the award or refusal to award contracts to Meller Designs Ltd.

#### **PART 4: KEY CONSIDERATIONS IN PANDEMIC PROCUREMENT**

##### ***Value for Money***

90. No minister in my experience has ever been more concerned with securing value for money than Lord Agnew. His public commitment to tackling profligacy and countering fraud has been well noted. I was always guided by Lord Agnew's thinking and suggestions in pursuing value for money. In the early stages of the pandemic the surging global demand for limited stocks of PPE meant prices inevitably rose significantly but I have seen no evidence that any of the processes, or decisions, of the UK Government meant we were paying more than other similar jurisdictions for the equipment the public sector needed. The civil servants responsible for issuing contracts and managing suppliers would have been experienced in ensuring contracts were drawn up in such a way as to ensure value for money.

### ***Conflicts of Interest***

91. The risk of ministerial conflict of interest (or of the perception of any such conflict) was addressed by recording the offers of help that were passed on, details of which were published during the pandemic. Further declarations were also made to private offices, as appropriate. Ministers were not responsible for procuring or awarding contracts for PPE and they could not direct public money towards any particular supplier even if they had wanted to. As the UK Government made clear in its statement of 17 November 2021, "End to end, the process of assessing an offer and awarding a contract was led by officials on the basis of published specifications and commercial expertise." [MG/12 - INQ000562837 exhibited above]. I have seen no evidence of any kind that decisions by officials to award PPE contracts were in any way directed by ministers.
92. Like many ministers, my private office and I received many direct and indirect approaches – some from people and companies I already knew – who stated they could supply PPE. This included offers passed on by parliamentarians including from the Opposition frontbench. All of these were passed to officials to determine. No pressure was, or could be, applied to award any individual or company a contract. I passed on every request I received in the manner of a postman delivering communications from potential seller to discriminating buyer with neither endorsement nor stigma.
93. There has, quite understandably, been intensive public scrutiny of the award of contracts to PPE Medpro, in which Douglas Barrowman and Baroness (Michelle) Mone have an interest. There is an ongoing NCA inquiry into that issue and, as the Inquiry is aware, I have provided a statement as part of that investigation – that statement remains accurate and, for convenience, I exhibit and adopt it [MG/78 - INQ000509220]. In summary, neither I nor (so far as I know) any other minister sought to influence nor had any hand in the award of any of those (or any other) contracts. My approach was always to respond politely to every approach I received and to pass it on to the appropriate officials.

### ***Fraud***

94. Countering fraud is a vital part of ensuring taxpayers' money is protected. In office, I worked with Lord Agnew to strengthen the Government's anti-fraud function. There is always a risk in any procurement process that contractors will seek to evade their



responsibilities, offer shoddy goods or defraud the buyer in some other way. If contracts are drawn up with suitable protections then it should be possible to recover any money given to a defaulting contractor, if necessary through the courts. I believe significant sums have been recovered by DHSC.

### ***Spending Controls***

95. Surging demand and tight supply meant prices for PPE and other medical supplies rose but, as explained above, I am not aware that the UK Government was in any worse position than the governments of other comparable nations - although of course some had significant domestic production.

96. HMT sets annual budgets for Government Departments which can be used as required. These budgets are subject to spend controls which are also set by HMT and which prevent Departments from spending sums from their budget which are above a set threshold without external review and approval. Before the pandemic, the threshold was generally £10m. During the pandemic, for good and understandable reasons the threshold for DHSC spending on PPE procurements was increased to £100m. I believe the same also applied to contracts relating to ventilators and testing. I do not recall having any input into this decision. I recall that on 24 April 2020 I received a letter, also copied to Matt Hancock, from Steve Barclay at HMT confirming the position.

97. I was also aware that a decision was taken within Cabinet Office to form a Commercial Spend Control Panel ('CSCP'), headed by Gareth Rhys Williams, Alex Chisholm and Lord Agnew, to review submissions involving proposed spending over the £100m threshold. I believe the CSCP was formed in Summer 2020. I did not have any involvement with this process myself, nor was I asked to review any submissions for any exceptional expenditure.

### ***Decision-Making Processes***

98. I believe that in responding to a complex, fast-moving crisis, ministers and officials sought in good faith to do their very best with the information available to them. Mistakes may have been made by those in public office but I have seen no evidence that any mistakes were driven by anything other than a desire to rise creatively to a significant global challenge.

## PART 5: REFLECTIONS

99. Much has been written, broadcast and tweeted about the so-called “scandal” of PPE procurement. Almost all of it has been politically motivated bilge.
100. Ministers did not award contracts. They did not give money to cronies. They could not. Contracts were allocated by officials following rigorous and well-established processes. No procurement process can guard perfectly against the possibility of bad actors seeking to secure public money under false pretences. The wording of contracts should ensure that money can be clawed back from defaulting suppliers and, if necessary, further action taken. I believe that process has been followed.
101. The High Priority Lane was not the initiative of ministers. It was the idea of officials, anxious to ensure that potentially significant offers could be triaged rapidly and effectively. I was not initially aware of its existence and neither were potential suppliers – it was an internal official process. As the Government has made clear, “the suppliers” in the HPL “had to undergo the same checks and clearances as all others awarded a contract” [MG/12 - INQ000562837 exhibited above]. Nearly 90% of offers which went through this route were unsuccessful. But as the Government has noted, “Those to whom contracts were awarded helped enormously, securing more than 5 billion items of life-saving PPE for the frontline” [MG/12 - INQ000562837 exhibited above].
102. And it would have been absurd if in the teeth of this terrible crisis – in which it was clear that the UK had insufficient supplies of the necessary materials for the pandemic we actually faced – Government officials had failed to institute a process to manage and assess the potentially life-saving offers that we were receiving in vast numbers on a daily basis.
103. There are very important questions to be asked about procurement overall. Is the current method of government procurement sufficiently nimble? Have we got the balance right between domestic resilience, diverse sources of supply and securing items at the lowest price? Are we too reliant for vital products on regimes we cannot trust and potentially bad faith actors? These are big picture public policy questions.
104. There are also more detailed areas to analyse. Was it wise that NHS trusts did not have to share information on their stockpiles and supplies with the centre? Has that flaw been made good? Has there been an audit of the effectiveness of cash

clawback? Is there any improvement in how contracts can be drawn up? Can we improve the level of expertise among procurement professionals? All of these matter.

105. And, of course, the question of the aetiology of the virus matters too, because it will influence whom we can trust and what measures might need to be adjusted in light of that.

106. Ultimately, the effective discharge of public policy during any crisis, such as a pandemic, depends on the quality of individuals in office. I wish to thank the superb team of ministers and officials with whom I worked in the Cabinet Office who did a particularly good job in very difficult circumstances, and I wish to thank Lord Agnew most of all - he is a hero.

### 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 in its truth.

Signed:

Personal Data

Dated:

B ii 2025