Witness Name: Paul Dinkin
Statement No.:1
Exhibits: PD01-26
Dated: 9 January 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PAUL DINKIN ON BEHALF OF MCKINSEY & COMPANY

I, Paul Dinkin, will say as follows: -

Opening Remarks / Personal Introduction

1. I am grateful for the opportunity to assist the Chair and Inquiry with its work.
2. I am a Partner at McKinsey & Company, where all my work is dedicated to helping publicly funded healthcare systems, including the NHS, to deliver equitable, high-quality health and care.
3. During the Covid-19 pandemic, and with the support of many expert colleagues, I led or oversaw most of the support we provided to NHS Test and Trace. In keeping with the Inquiry's request for evidence for Module 5 of the Inquiry's work, this submission pertains to support provided to both DHSC and to NHS Test and Trace relating to procurement and distribution of key healthcare equipment and supplies, particularly relating to lateral flow tests and PCR tests
4. Before addressing the questions in the Inquiry's request for evidence, I would like to reiterate what I wrote in my earlier submission to Module 7 of the Inquiry's work (dated 30 September 2024):
5. The period under discussion was unprecedented in living memory in many ways—every day brought news of unfathomable heartbreak amidst an ongoing struggle to respond adequately to a crisis that constantly threatened to overwhelm many countries.

6. During the period of our support, we worked with civil servants from the Department of Health and Social Care, the Office for Life Sciences and Public Health England, as well as with experts seconded from the NHS, research bodies and local authorities. The challenges and decisions that they faced every day were rarely straightforward.

7. Amidst all the complexity, the mental as well as emotional toil that they, along with all health service workers experienced, it is my memory that the importance and gravity of the task at hand was never lost on any of these professionals, and the dedication and commitment to do the best they could was constant.

Background: High level overview of McKinsey's skills, expertise and experience relating to the emergency procurement and distribution of key healthcare equipment and supplies

8. McKinsey & Company is one of the world's leading providers of management consulting services. Founded in Chicago by James O. McKinsey in 1926, McKinsey has offices in 137 cities across 65 countries. Our London office was opened in 1959. For over 70 years, McKinsey has worked alongside government organisations to address the most urgent public health challenges, offering solutions that improve population health and that seek to significantly and positively impact society.

9. We have deep experience and expertise on major public health topics spanning health promotion and protection, including pandemic response, disease surveillance, climate and environmental health risks, antimicrobial resistance, mental health, maternal and child health, non-communicable diseases and the support of equitable health access and outcomes. We have served clients on these topics on every continent, in over 70 countries.

10. Within the context of our Public Health work, we have capabilities in project management, organisation and governance design, implementation design and delivery, operations, and innovation, as well as building capabilities in our clients to enable them to be more self-standing over time.

a. *Pandemic preparedness and response*: Building resilient response systems and supporting response to infectious disease outbreaks and public safety crises, globally in affected countries.

b. *Vaccines and infectious disease*: Supporting the development, distribution and use of vaccines and therapeutics to tackle the global burden of infectious disease, including Covid-19.

c. *Service delivery implementation, innovation, and design*: By deploying a complementary set of capabilities, we help clients create, launch, and scale effective and sustainable public health solutions empowering and caring for patients and communities.

d. *Global health operations*: Bringing leading-edge thinking in procurement, manufacturing, quality and supply chain to global public health, making medicines affordable and available for everyone.

e. *Public health analytics and technology*: Joining deep technical expertise with extensive experience supporting public health bodies to use data and infrastructure resources better.

f. *Prevention, promotion, and equity in public health*: Leveraging expertise across public health to support the delivery of more equitable solutions in health promotion and disease prevention.

g. *Climate and health*: Supporting strategic and tactical understanding of the public health risks posed by potential changes in climate.

11. We combine our experience in public health with our global operations practice to provide dedicated support for the development, procurement, distribution and supply chain management of healthcare supplies and vaccines.

12. As part of our work around the world supporting the response to Covid-19, we developed a series of tools specifically to support the procurement and distribution of supplies and vaccines, including:

a. An epidemiology scenario planning tool, that provided possible evolutions of COVID-19, at a national and sub-national level

b. Bed, workforce, PPE, supplies (oxygen, ventilators and other critical supplies), and pharmaceutical demand modelling tools that identified required volumes of these resources based on scenarios for disease evolution

c. Vaccine distribution monitoring and modelling systems

Experience during the pandemic

13. McKinsey supported the UK Government and the NHS in matters pertaining to the procurement and distribution of healthcare equipment and supplies primarily in three contexts:

    a. our support to DHSC in their work on healthcare capacity planning for Winter 2020

    b. our support to the National Testing Programme and NHS Test & Trace in 2020 and 2021

    c. our support to NHS England on PPE demand estimation and supply chain management

14. Each of these programmes of support operated independently, for different commissioning public officials. This statement relates to the first two of these programmes. A separate statement has been provided relating to McKinsey's support to NHS England on PPE demand estimation and supply chain management.

Our approach to public sector client service

15. McKinsey has some fundamental principles it applies to all engagements in the UK public sector:

    a. we provide policymakers with the data and fact-based analysis they need to support informed decision making by our clients; but we don't recommend or make policy

b. we help public sector institutions to implement the decisions taken by policymakers and improve outcomes for citizens
c. we support our clients in building the required organisations, systems and capabilities to implement programmes
d. we take account of a mix of sources, including our in-house research and the findings of other experts. Any (e.g., demand and capacity) models we build are designed as scenario-planning tools and are not predictive, and we ensure the role they are designed to play is clear to clients
e. our structure and ways of working ensure we bring the expertise of the whole of McKinsey to bear (subject to conflict management protocols), including our experience in other countries facing similar challenges. We do this to deliver the best possible insights for our clients
f. we will not second McKinsey colleagues into internal roles inside public sector organisations. Instead, we work based on contractually agreed deliverables
g. all the work covered by this statement was contracted through UK public sector procurement frameworks
h. we will not undertake evaluations to decide who wins government contracts or engage in lobbying for other clients
i. we will not provide clinical recommendations
j. we follow relevant data protection and handling restrictions and adhere to the highest level of confidentiality in our client work. Consistent with other professional services firms, we follow strict staffing protocols to prevent conflicts of interest.

Our support to DHSC in their work on healthcare capacity planning for Winter 2020

16. Between 11 May 2020 and 5 June 2020, McKinsey supported DHSC to analyse the implications of a set of Government-defined scenarios for the evolution of COVID-19 in winter 2020/21 on the health and social care system.

17. The work considered the impact of these scenarios on (a) the requirements on the capacity of the healthcare system and (b) the healthcare system's requirements for PPE, ventilators, and oxygen cylinders. It estimated the

demand for these supplies, drawing on DHSC's existing models for PPE requirements. It also estimated the implications of supply chain shocks, and the mitigating actions (including stockpiling in advance, or altering usage protocols) that could address these shocks.

18. In May and June 2020, many teams across DHSC and NHS England were estimating the different components of supply requirements for winter 2020/21, and this work integrated these efforts under a common set of planning scenarios for the evolution of the disease or supply chain failure.

19. Throughout this work, the potential scenarios for the evolution of COVID-19 were drawn from the department's own scenarios (adapted from the published SPI-M forecasts).

20. The principal public official we worked to was Hugh Harris (Director of Ministers, Accountability and Strategy)

Our support to DHSC in their work on healthcare capacity planning for Winter 2020

21. Between April 2020 and March 2021, we provided several strands of analytics and project management support to the National Testing Programme, then NHS Test & Trace, to scale the number of COVID-19 PCR tests being secured and delivered. This included:

A. Analytics and project management support for efforts to scale the number of Covid-19 tests being secured and delivered (April 2020-December 2020)

22. McKinsey supported the Testing programme as it grew beyond the provisions of the NHS' laboratory network ('pillar one') into a more extensive network of public and private laboratories ('pillar two') that could meet the Government's target of 100,000 tests per day. This included:

    a. Analytics support for reporting on the number of tests performed in England and the Devolved Administrations, and to support weekly demand and capacity planning.

    b. Modelling testing capacity and activity for NHS pathology networks and labs across the country to support the appropriate provision of supplies and maximise the available capacity as an input to decision making on the provision of supplies.

c. In the autumn of 2020, we supported the development and implementation of a winter plan aimed at meeting 100,000/tests a day. We worked with project management groups and individual teams across the TTI organisation, and networks of laboratories, to identify risks to realising this capacity and resolve bottlenecks.

23. The primary outputs of this phase (daily, weekly) supported the planning of future capacity and supplies to NHS laboratories, under Government-provided scenarios for the evolution of the disease, and Government-set policies for testing eligibility.

24. Our focus during this phase and throughout was on supporting operational management—in this case, helping an analytics function respond to modelling requests within hours, not days, and building the demand modelling capabilities that covered all Pillars of Test, all regions of the UK, and all test types and modalities of distribution.

25. Through this, we supported the Testing team in building the capability, reporting dashboards, information gathering, and problem-solving routines necessary to manage the continued delivery of a complex and rapidly evolving plan. This was a complex exercise given the rapidly evolving organisational structure and resourcing, the number of project management teams across the organisation, and the evolving demands of the programme itself.

26. We did not advise on testing policy (that is, who should be prioritised for testing, how often, why, and through what route). We also did not provide any estimates of the virus's evolution in the population or how it might be stalled.

B. Implementation support to build the data and analytics capabilities of NHS Test & Trace (Summer 2020 – Spring 2021)

27. As the testing programme grew, data and analytics capabilities were built in every part of the organisation. We supported the design of a hub-and-spoke data and analytics structure for testing with a resource plan that could support recruitment. We also facilitated the development of the initial work plan against which delivery could be tracked.

28. We operated as a small project team that helped NHS Test & Trace leaders deliver this plan of work to mature the quality of data and analytical tools available.

29. We provided rapid-response support to meet the 50+ analytical modelling and reporting requests received per day.

C. Implementation support to enable mass testing of the population (October 2020 – February 2021)

30. By late 2020, planning for mass testing using rapid turnaround technologies became the highest priority for the programme. We were commissioned to support the scale-up of rapid turnaround testing technologies over several months. As part of our support, we established, and then handed over to civil servants:

    a. A 'New Supplier Mapping' function that identified, triaged (to ensure the right TTI scientific-led team reviewed submissions) and managed over 500 suppliers to bring additional testing capacity to the UK population as quickly as possible. We did not define the triage criteria for suppliers or decide which suppliers were to be used. The function interfaced with the relevant scientist-led TTI technology teams (for different testing types) responsible for assessing different suppliers by technology type. The function was not responsible for any direct assessment and operated before any review of an individual supplier occurred.

    b. The 'Design Authority Review' as a decision-making vehicle, where scientists and clinicians reviewed the effectiveness of 290+ products. Our role was to define the operations of this function to meet the outcomes set out by civil servants, and then support its operation (including engaging with the teams to ensure timely decision making on suppliers, ensuring that outcomes were catalogued correctly, and any 'next steps' captured, and followed up on)

    c. A demand and capacity modelling capability for Lateral Flow Tests, that provided responsive estimates for the capacity required to meet different testing policy options proposed by HMG, and supported daily demand and capacity meetings chaired by senior civil servants to help inform their

decision making on the purchasing of sufficient tests, and their distribution to ensure they were available where needed. As an example, this modelling team evaluated the required test volumes to support phased testing of school attendees and their close families to enable the reopening of primary and secondary schools, and compared these required volumes to the pipeline of purchased testing supplies, to support ministerial decisions on testing policy and departmental decisions on procurement of tests.

31. During the same period, we supported TTI in planning for the piloting and potential implementation of its Daily Contact Testing (DCT)[1].

32. The principal public officials we worked to on the Covid-19 Testing topics described above were:

    a. Kathy Hall, (Director of the Covid-19 National Testing Programme)

    b. Bryan Hall (Director of the Covid-19 Testing Programme, NHS Test and Trace)

    c. Sarah Jane Marsh (Director of Testing, NHS Test and Trace)

    d. Annelies Look (Director of Testing, NHS Test and Trace)

    e. Dr Emma Stanton (Director for Supplies and Innovation)

    f. Sydonie Kingsmill (Chief Customer Officer, NHS Test and Trace)

Lessons Learned

33. McKinsey was not alone in recognising early on that collaboration and knowledge sharing were critical to safeguarding both lives and livelihoods amid and beyond COVID-19.

34. We researched and published widely on what we knew or had found relating to preparedness and response during and since the height of the pandemic and made that research freely available on our website. These were designed

[1] DCT involved limited release from self-isolation following a negative test using a lateral flow device (LFD) and repeating this each day for 7 consecutive days after being identified as a close contact of someone who has tested positive for Covid-19. This DCT principle was considered by NHS Test and Trace as an alternative to self-isolation.
https://www.gov.uk/government/publications/covid-19-overview-of-daily-contact-testing-dct-trial-reports/daily-contact-testing-independent-review **(Exhibit PD01-INQ000521984)**

to support countries and health systems on many of the topics which were proving most challenging and where we had relevant experience and expertise.

35. Specifically in relation to the procurement and distribution of key healthcare equipment and supplies during – or in preparation for – a pandemic, this includes the following:

    a. The demand for supplies, tests and vaccines during the pandemic ('When will the COVID-19 pandemic end?' **(Exhibit PD02-INQ000535898)**, 'Critical care capacity: The number to watch during the battle of COVID-19' **(Exhibit PD03-INQ000521983)**)

    b. Assessments of the supply availability (from R&D pipeline, global production capacity, regulatory approval status, specifications and certifications, lists of suppliers of, current availability of, and required supply to meet demand) for PPE, therapeutics, diagnostics, vaccines and supplies during the pandemic. (Much of this was published on our COVID-19 response centre: 'Airway protection fact pack' **(Exhibit PD04-INQ000521981)**, 'Diagnostic technology fact pack' **(Exhibit PD05-INQ000521980)**, 'Overview of COVID-19 vaccine and diagnostics value chains' **(Exhibit PD06-INQ000521993)**, in addition to articles on our website: 'Why tech transfer may be critical to beating COVID-19' **(Exhibit PD07-INQ000521988)**, 'On pins and needles: Tracking COVID-19 vaccines and therapeutics' **(Exhibit PD08-INQ000521998)**)

    c. Checklists of critical supplies **(Exhibit PD09-INQ000521978)**, including diagnostics, PPE, and health care equipment for healthcare providers, as well as checklists for therapeutics **(Exhibit PD10-INQ000521979)** used for treatment and symptom management of COVID-19

    d. Strategies to mitigate shortages in critical supplies ('Responding to COVID-19: addressing the public health crisis' **(Exhibit PD11-INQ000521976)**)

    e. The role that planning for manufacturing capacity, supply distribution and supply procurement plays in effective pandemic preparation ('Measuring

preparedness: are public health systems ready for the next pandemic?' **(Exhibit PD12-INQ000521994)**, 'Accelerating pandemic response efforts: An interview with CEPI's Richard Hatchett' **(Exhibit PD13-INQ000521975)**, and in the *New England Journal of Medicine*, 'Delivering Pandemic Vaccines in 100 Days — What Will It Take?' **(Exhibit PD14-INQ000521985)**)

f. Reducing risk in health system supply chains ('Bolstering health system supply chain resilience to reduce risk' **(Exhibit PD15-INQ000521997)**, 'Optimizing health system supply chain performance' **(Exhibit PD16-INQ000521992)**, 'How COVID-19 is reshaping supply chains' **(Exhibit PD17-INQ000521987)**, 'Transforming global health supply chains through data visibility' **(Exhibit PD18-INQ000521999),** 'Future-proofing health systems for climate risks and pandemics' **(Exhibit PD19-INQ000521986)**)

g. How pharma and MedTech can ensure sufficient supply and distribution to meet health system demand during pandemics ('Medtech's call to action: Meeting the demand surge caused by COVID-19' **(Exhibit PD20-INQ000521991)**)

h. As well as extensive publishing on supply chain resilience and improvement across industries, that applies equally to healthcare supplies ('COVID-19 response checklist for supply-chain leaders' **(Exhibit PD21-INQ000521982)**, 'Supply-chain recovery in coronavirus times – plan for now and the future' **(Exhibit PD22-INQ000521977)**, 'Supply chains: to build resilience, manage proactively' **(Exhibit PD23-INQ000521996)**, 'Resetting supply chains for the next normal' **(Exhibit PD24-INQ000521995)**, 'Supply chains: still vulnerable' **(Exhibit PD25-INQ000521990)**, 'Managing the operational and supply chain impact of coronavirus' **(Exhibit PD26-INQ000521989)**).

Statement of Truth

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

Personal Data

Signed: _____

9 January 2025

Dated: _____