Witness Name: **David Williams**
Statement No.: **2**
Exhibits: **DW/33 – DW/43**
Dated: **5 March 2025**

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF DAVID WILLIAMS

I, **David Williams**, Permanent Secretary of the Ministry of Defence, Whitehall, London SW1A 2HB, will say as follows:

INTRODUCTION

1. I make this statement in response to a request from the UK COVID-19 Inquiry (the Inquiry) dated 17 January 2025 made under Rule 9 of The Inquiry Rules 2006 (the Request) asking for a witness statement for Module 5 of the Inquiry.

2. This statement is to the best of my knowledge and belief accurate and complete at the time of signing.

3. I understand that the Inquiry's Request identifies the period 1 January 2020 to 28 June 2022 as the timeframe for Module 5. For part of this period, until 5 April 2021, I was Director General and then also Second Permanent Secretary at the Department of Health and Social Care. I have therefore focused on my time in those two posts, within the period identified by the Inquiry as relevant to Module 5.

BACKGROUND

4. I am currently the Permanent Secretary of the Ministry of Defence (MOD), a position I have held since 6 April 2021.

5. I am a career civil servant, first joining the MOD in 1990, where I have spent the majority of my career and held a number of senior roles including Director General Finance from 2012. I have also worked on secondment in the (then) Department for Communities and Local Government, the Local Government Association and the East Sussex Hospitals NHS Trust.

6. On 16 March 2015, I was appointed as a Director General Finance and Group Operations (Director General) at the Department. As Director General my responsibilities included strategy, system oversight and performance, finance, human resources, workplace and Department transformation, commercial, procurement and property, and communications and engagement.

7. In addition to my role as Director General, I was asked to take on the role of Second Permanent Secretary in the early stages of the COVID-19 pandemic in March 2020. My appointment as Second Permanent Secretary had effect from 5 March 2020 and my final day in post at the Department was 1 April 2021.

SKILLS AND EXPERIENCE

8. During my Civil Service career, I have gained a range of experience relevant to public sector procurement through the oversight and management of approvals processes, commercial functions and rapid procurement during (non-civil) crises. These include:

   8.1. Responsibility for investment approvals processes, including chairing the senior Investment Approvals committee, in the Ministry of Defence (from 2012-2015) and in the Department of Health and Social Care (from 2015 onwards).

   8.2. Sponsorship and oversight of DHSC's Arm's Length Bodies/companies including the NHS Business Services Authority and NHS Supply Chain Co-ordination Limited (SCCL). By the start of the pandemic, SCCL was for all practical purposes reporting to NHS England, with formal transfer of ownership completed in October 2021. I also had line management responsibilities for DHSC commercial and procurement functions.

   8.3. Running the Urgent Operational Requirements processes within the Ministry of Defence in support of operational activity in **Irrelevant & Sensitive**

   8.4. Frontline experience of emergency preparedness and response as the lead executive

in an NHS Trust during the swine flu outbreak of 2009-2010.

ROLES AND RESPONSIBILITIES

9. I was initially appointed as Second Permanent Secretary to lead on all non-COVID-19 related work for the Department, so that the Permanent Secretary, Sir Chris Wormald, could lead the Department's COVID-19 response **[Exhibit DW/1 - INQ000273561]**. I retained the responsibilities I had previously held as Director General. Upon my appointment as Second Permanent Secretary I became an Additional Accounting Officer for the Department **[Exhibit DW/2 - INQ000273562].** Sir Chris Wormald remained the Department's Principal Accounting Officer.

10. My role as Second Permanent Secretary had the following major elements:

    10.1. Firstly, I provided support to the Permanent Secretary, Sir Chris Wormald. Initially he would attend meetings related to COVID-19 and I led on the Department's 'business as usual' work, but the rapid escalation in the volume of COVID-19 related work meant that I took on responsibility for and oversight of a range of COVID-19 related activity. This was inevitable to a degree because the COVID-19 response became the main activity of the Department. The Permanent Secretary worked closely with the Chief Medical Officer and Clara Swinson, the Department's Director General for Global Health, as the core official-level leadership for the clinical, legislative and policy response to COVID-19. The Permanent Secretary also led, from an official level, the Department's coordination across the whole of Government, international work, and work across the four nations. I continued to lead on the Department's operations, finance and approvals and the early stages of what became NHS Test & Trace ("NHSTT").

    10.2. Secondly, I had a corporate collegiate leadership role. I was a member of the Department's Executive Committee (ExCo), which among other responsibilities reviewed iterations of the Department's Battle Plan. I was also a member of the Departmental Board and Audit and Risk Committee. I chaired the Remuneration Committee, People Board and Performance and Risk Committee. I would attend daily meetings of the Department's Director Generals.

    10.3. Thirdly, I was an Additional Accounting Officer (AO) for the Department. Accounting Officers are personally responsible and accountable to Parliament for the use of

public money and stewardship of public assets. The Permanent Secretary remained the principal Accounting Officer for the Department. I was the Accounting Officer for COVID-19 specific procurement activity, including ventilators, testing and tracing. On procurement issues, particularly for PPE (Personal Protective Equipment), as the volume of PPE purchases rapidly accelerated, authority for all contracts of a value of £100 million or less was delegated to Chris Young and Jon Fundrey. I personally approved the Department's entry into contracts with a value of over £100 million. Chris Young was the Department's sole Director of Finance prior to the pandemic. Jon Fundrey, Chief Operating Officer at the Medicines and Healthcare products Regulatory Agency (MHRA) was brought in as a co-Director of Finance to assist during the pandemic. As Chief Executive of NHS England, Simon Stevens was formally the AO for NHSE spending, including to the best of my recollection, vaccine roll out, but I led engagement with His Majesty's Treasury (HMT) to secure spending approval.

10.4. Fourthly, before the appointment of Baroness Dido Harding, I was responsible for preparatory work for what became NHSTT. I remained the Accounting Officer for NHSTT following Baroness Harding's appointment.

10.5. Finally, I remained responsible for the elements of my previous Director General role. This included the Department's finance function, as well as the operational requirements of the organisation, for example IT, operations, building services and human resources, all of which had adapt to the pandemic. This involved supporting staff to work remotely during lockdown, ensuring that our office space was compliant with covid regulations, recruitment and onboarding at pace of substantial additional staff resources.

THE ROLE OF THE ACCOUNTING OFFICER

11. The role of the Accounting Officer is explained in Managing Public Money ("MPM"). MPM is prepared by HM Treasury as a guide to the main principles for dealing with resources in UK public sector organisations.

12. MPM has been updated since the COVID-19 pandemic, and I have exhibited the version in place at the relevant time **[Exhibit DW/33 - INQ000496882]**

13. Departments have considerable scope to manage their financial affairs; per paragraph 1.5.1 of MPM "*within the standards expected by parliament, and subject to the overall control and direction of their ministers, departments have considerable freedom about how*

they organise, direct and manage the resources at their disposal. It is for the accounting officer in each department, acting within ministers' instructions, and supported by their boards, to control and account for the department's business." Paragraph 1.5.3 suggests "*within each department, there should be adequate delegations, controls and reporting arrangements to provide assurance to the board, the accounting officer and ultimately ministers about what is being achieved, to what standards and with what effect.*"

14. Per paragraph 3.1.2 of MPM "*formally the accounting officer in a public sector organisation is the person who parliament calls to account for stewardship of its recourses.*" The standards the accounting officer is expected to deliver are summarised in box 3.1 of MPM, which explains that the accounting officer should ensure that the organisation and any arms-length bodies it sponsors operates effectively and to a high standard of probity. This includes standards in governance, decision-making and financial management.

15. Per paragraph 3.3.3 of MPM, the accounting officer should also take personal responsibility for:

"• *regularity and propriety (see box 2.4), including securing Treasury approval for any expenditure outside the normal delegations or outside the subheads of Estimates;*

• *affordability and sustainability: respecting agreed budgets and avoiding unaffordable longer term commitments, taking a proportionate view about other demands for resources;*

• *value for money: ensuring that the organisation's procurement, projects and processes are systematically evaluated to provide confidence about suitability, effectiveness, prudence, quality, good value judged for the Exchequer as a whole, not just for the accounting officer's organisation (e.g. using the Green Book 1 to evaluate alternatives);*

• *control: the accounting officer should personally approve and confirm their agreement to all Cabinet Committee papers and major project or policy initiatives before they proceed;*

• *management of opportunity and risk to achieve the right balance commensurate with the institution's business and risk appetite;*

• *learning from experience, both using internal feedback (e.g. through managing projects and programmes using techniques such as PRINCE2), and from right across the public sector; and*

• *accounting accurately for the organisation's financial position and transactions: to ensure that its published financial information is transparent and up to date; and that the*

organisation's efficiency in the use of resources is tracked and recorded."

16. Paragraph 3.3.4 of MPM clarifies that in the case of principal accounting officers, the responsibilities at paragraph 18 above apply to the business of the whole departmental group.

17. Regularity and propriety are fundamental to the right us of public funds, see paragraph 2.4.1 of MPM:

    17.1. At box 2.4 of MPM 'regularity' is defined as "*compliant with the relevant legislation (including EU legislation), delegated authorities and following the guidance in [MPM].*"

    17.2. Propriety is defined as "*meeting high standards of public conduct, including robust governance and the relevant parliamentary expectations, especially transparency.*"

18. The foreword to MPM notes that the basic principles of MPM are intended to be timeless, but cautions that "*above all, nothing in this document should discourage the application of sheer common sense."*

19. Section 3.9 of MPM further acknowledges the rules cannot be set for every situation an accounting officer will confront:

    "3.9.1 It is not realistic to set firm rules for every aspect of the business with which an accounting officer may deal. Sometimes the accounting officer may need to take a principled decision on the facts in circumstances with no precedents. Should that happen, the accounting officer should be guided by the standards in box 3.1 [the standards expected of the accounting officer's organisation] in assessing whether there is a case for seeking a direction for any of the factors in box 3.2 [regularity, propriety, value for money, and feasibility]. It is essential that accounting officers seek good outcomes for the Exchequer as a whole, respecting the key principles of transparency and parliamentary approval for management of public resources.

    3.9.2 Where time permits, the Treasury stands ready to help accounting officers think such issues through. It is good practice to document decisions where the accounting officer has had to strike difficult judgements, especially where they break new ground."

APPLYING THE MPM PRINCIPLES IN THE COVID-19 CONTEXT

20. The COVID-19 pandemic was a 'circumstance with no precedent', to use the language of MPM. The situation the country faced was severe, as the pandemic affected every citizen with severe health, social and economic consequences. The peak of the pandemic had a devastating impact in terms of loss of life, along with an impact on the wider ability of the NHS to offer care, on social care and economically in terms of lockdown, as well as wider issues such as the impact on schooling. This meant that spending large sums of money which would have been unthinkable in normal circumstances to explore options for shortening lockdown or duration of the disease, even if risky and not certain of success, was fundamentally a sound choice to save lives and reduce overall economic cost. On that basis, therefore, such spend represented value for money.

21. The scale and intense focus required for the Department's response to the pandemic, lasting well over a year, was unlike any response I have experienced within my career up until then. In a typical model for emergency response, a specific team handles an incident for a number of weeks, the incident response is then normalised as part of departmental activity, and then the incident ends. A multi-year pandemic as the primary focus of Departmental and indeed Government business was without precedent. As discussed at paragraph 10.5 above, the entire DHSC had to adapt, as with the rest of the country, to entirely new ways of working. Many civil servants were working remotely for the first time, often managing illness, home-schooling, and care for neighbours and family members. Civil servants were working extended and often unsocial hours, with limited opportunities for respite, under intense pressure, for months. During my time as Second Permanent Secretary I engaged with Departmental business for at least a portion of the day, every day, and I suspect the same is true for very many civil servants in the Department during the pandemic.

22. The pandemic developed very quickly and by the time my formal appointment as Second Permanent Secretary was made, COVID-19 related work dominated my time. Aside from the 2020 Spending Review and work on the 40 hospitals programme and other core manifesto commitments, there was relatively little 'business as usual' work during my tenure as Second Permanent Secretary because the majority of the Department rapidly pivoted to responding to COVID-19. The number of personnel in the Department grew rapidly during my term as Second Permanent Secretary in order to respond to COVID-19.

23. The beginning of the pandemic posed a set of highly challenging circumstances for the Department's finance and commercial teams and for HMT. There was a need to procure at volume and pace; rely on new suppliers, many of whom were foreign; and compete in what was essentially an international 'seller's market'. Decisions were made in the context

of a predicted Reasonable Worst Case Scenario, but there was no real confidence in the anticipated duration of the first wave, nor any certainty about what would happen next, which meant that Government's appetite for risk was much higher than it would be in normal circumstances and Government was willing to spend money to plan against a Reasonable Worst Case Scenario, which by definition will include spending which ultimately proves to be surplus or excess capacity.

24. I have been asked to describe my role and responsibilities insofar as they related to overseeing the overall value of contracts awarded; applying appropriate spending controls; eliminating the risk and presence of fraud; limiting the risks of conflicts of interest; and ensuring compliance with public law procurement principles and regulations in the award of contracts.

25. It is worth noting that procurement decisions are never made in a world free from fraud risk; for example, DHSC's pre-pandemic Counter-Fraud Strategic Plan 2017 to 2020, published in January 2018, estimated the potential fraud exposure across the 'Health Group', including the NHS, as representing "a possible estimated total loss of up to £1.25bn."

26. Ultimately my role was to ensure that the principles of MPM, including regularity and propriety, value for money ("vfm") and feasibility guided the Department's finance team in our response to COVID-19. This included working closely with Treasury colleagues to effect ministerial and prime ministerial decisions and advise ministers in accordance with the principles in MPM. Due diligence work sought to ***minimise*** the risk of fraud but in the overheated global markets in which we were active, it was not realistic or indeed possible to "eliminate" such risks. The nature of the purchasing environment meant there was an inherently greater fraud risk than in normal procurement circumstances; the race for PPE meant that we were buying large volumes from abroad, with contracts in foreign currencies, often through intermediaries, all of which attract a degree of inherent risk.

27. I summarised the principles behind the Department and NHS England (NHSE)'s early approach to COVID-19 related spending in an email on 5 March 2020 in response to a request for funding for a data and AI hub to help with COVID-19 related planning **[Exhibit DW/18 - INQ000273557]**:

> *"• Work on the principle that budget availability should not be a barrier to progressing necessary bits of our response*

• *Seek to manage costs in the first instance through reprioritization and reallocation of resource to COVID response work*

• *Capture the costs – but only the genuinely net additional ones – of the coronavirus response to support any subsequent engagement with HMT on reserve claims."*

28. On 23 March 2020, I wrote to HMT counterparts and explained why as AO I was content to approve a £20 million purchase of PPE. This gives an insight into the assessments I was making at the time:

I am satisfied with the purchase from a regularity and propriety perspective. We have signed off appropriately internally and have sought and secured Ministerial approval from our own Department and Treasury Ministers. In light of the TOA's advice to Departments on Friday, we will consider and engage HMT colleagues tomorrow on whether levels of COVID-19 spending this financial year means there is a need for a general Ministerial Direction in relation to any spend above Parliamentary limits. We may seek one on a precautionary basis, but the quantum for this specific order is not in itself material to that calculation.

I am similarly satisfied that, in the circumstances, this purchase represents value for money. In part that is about the requirement for PPE. Although there are, as CST points out, separate challenges that we are addressing on logistics and distribution, there is also a clear requirement to secure additional stocks of PPE equipment at scale to deal with the peak and duration of the disease. We have been pursuing a number of avenues and the calculation that we should be OK on PPE stocks overall is on the basis that a range of these approaches pay off and lead to inflows of new stocks. The vfm calculation is also about our confidence in supply of a suitable product, especially where – as a departure from normal "peacetime" procurement approaches – advance payment is required to secure the deal. For this particular purchase, I am satisfied with the mitigations that are in place:

• *The company… is an established state-owned enterprise, recommended to our Embassy in Beijing (to whom many thanks) by the Chinese Ministry of Commerce.*

• *It is already supplying consumables to the WHO and Italy.*

• *The products being ordered are listed as having a CE kitemark or better; they have been through an initial – but admittedly remote – quality assessment; we will put in place quality checks on arrival in the UK.*

• *The staging of the payments with $5M tomorrow to secure the order and the rest to follow helps, in that we will be able to confirm the physical existence of the products before each subsequent shipment is made.*

I am, finally, persuaded that if we want to secure this stock – in a lively "buyer-rich, supply-constrained" international market, we effectively have no leverage on price. That is not ideal, but it is basically a take it or leave it offer. I do not therefore believe we can do better on this source of supply.

It is important to maintain appropriate safeguards around the use of public funds even in a crisis. It is equally to be expected that risk appetite will sit higher given the unprecedented challenges we face. Reflecting both that higher risk appetite and the extent of the mitigations and safeguards we have been able to put in place to minimise that risk as far as practicable, I am content as AO here that this purchase is consistent with Managing Public Money and should proceed. I have instructed our team to make the first down payment of $5M on that basis, consistent with the approval conditions you have set out." **[Exhibit DW/34 - INQ000582524**

29. There are established mechanisms for Departments to request additional funding from HMT beyond what they have been delegated authority to spend in response to exceptional events. The Department engaged early with HMT to establish additional funding streams for the Department in response to COVID-19 and requested additional funding for various COVID-19 related workstreams from HMT throughout my time as Second Permanent Secretary.

30. For example, in financial year 2020-2021 the Department received £58.9 billion additional Resource Departmental Expenditure Limit ('RDEL') funding, including:

30.1. £18 billion for the NHS to support the frontline response to the pandemic;

30.2. £20.4 billion for the Test and Trace programme;

30.3. £14.7 billion for the procurement and supply of personal protective equipment;

30.4. £4 billion for the deployment of the COVID-19 vaccine and other COVID-19 treatments;

30.5. £1.3 billion for the infection control fund and other grants and £0.1 billion for Ventilators and the Critical Care National Stockpile.

31. In financial year 2020-2021 the Department also received £4 billion additional Capital Departmental Expenditure Limit ('CDEL') funding, including £0.6 billion for the NHS, £2.7 billion for the Test and Trace programme and £0.4 billion for Ventilators and the Critical Care National Stockpile.

32. My role in forecasting expenditure and applying spending controls was therefore to anticipate, insofar as was possible, what funding might be required to implement Ministers' desired response to the pandemic. This was very difficult; we used the Reasonable Worst Case Scenario as a guide, including modelling by McKinsey & Company, but given the uncertainty about the nature and course of the disease forecasting expenditure was very difficult.

33. For example, on 25 March 2020 the Chief Secretary to the Treasury approved:

    - *"A CDEL ['Capital Departmental Expenditure Limit'] envelope of £330m (excl. VAT) for ventilator and all linked purchasing including monitors (this includes the £130m you already approved for monitors);*

    - *A £100m RDEL ['Resource Departmental Expenditure Limit'] envelope for PPE purchases (excl. VAT);*

    - *Expanded scope and size of the home testing kit delegated fund to cover all testing kit workstreams and increase it to £300m RDEL in total (excl. VAT);*

    - *All envelopes allow DHSC to cover standard purchases as well as payments in advance of need where necessary (deposits and prepayments)."* **[Exhibit DW/20 - INQ000273559].**

    These funding envelopes were delegated on the condition that the Department must:

    - *"Ensure any foreign companies are considered reputable by FCO and the local British Embassy, and assurances provided to DHSC in writing;*

    - *Ensure all equipment has the appropriate medical certification and commercial colleagues have sought and taken all reasonable action to review time-stamped pictures of the equipment;*

    - *Confirm that all stock will be medically inspected as fit for purpose before distribution to NHS Trusts and/or use;*

- *Ensure commercial teams have reviewed purchase contracts and confirmed they see no terms and conditions that represent unacceptable risk to Government;*

- *Make all reasonable attempt to ensure prices are <25% above the average unit price paid to date;*

- *Ensure DHSC AO has signed off each payment given potential issues with propriety, regularity, vfm [value for money] and feasibility;*

- *Share details with HMT of all individual procurements; including supplier, product type, volume of goods purchased, unit cost, certification details and written assurances from Embassy/FCO;*

- *Provide HMT with a weekly tracker on purchases made and potential upcoming purchases, and how progress tracks against demand in the system; and*

- *Keep any deposit payments and prepayments to a minimum."* **[Exhibit DW/20 - INQ000273559].**

34. HMT approved the following funding envelopes for PPE:

34.1. As described above, on 25 March 2020 a delegated funding envelope of £100 million excluding VAT for PPE [**JM/448**];

34.2. On 4 April 2020, that envelope was increased to £500 million [**JM/449 - JM/450**];

34.3. On 11 April 2020, the envelope was increased again to £1 billion [**JM/452**];

34.4. On 27 April 2020 the envelope was increased to £4 billion [**JM/453 - JM/456**];

34.5. On 6 May 2020 the envelope was increased to £7 billion [**JM/457 - JM/458**];

34.6. On 20 May 2020 the envelope was increased to £9 billion [**JM/459 - JM/461**];

34.7. On 3 June the envelope was increased to £13.8 billion on an England only basis [**JM/462 - JM/463**].

35. These are of course very significant figures, but should be seen in the context of NHS budgeting as a whole. For example, Government expenditure on health care in 2018 (pre-pandemic) was £166.7 billion.

(https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2018). Spending on health reflects a significant portion of government spending; it was 17.9% of public spending in 2018-19. (https://ifs.org.uk/sites/default/files/output_url_files/R165-UK-health-spending2.pdf) Therefore 'spending' in the context of the NHS, even absent a pandemic, reflects very large sums of public money.

36. On 27 March 2020 I sent a submission to the Secretary of State advising we seek a formal Ministerial direction to allow the Department to spend beyond agreed departmental budgets **[INQ000551296].** This is because it would have been irregular to spend outside the Department's allocation. This approach is in line with the suggestion in section 3.9 of MPM extracted at paragraph 19 above. The Secretary of State approved this advice **[INQ000551297]** and a public exchange of letters took place seeking and granting a formal ministerial direction **[INQ000279919 and INQ000279920].**

37. My 27 March 2020 advice explained:

"1. *As you know the Department and the NHS are fully committed to tackling COVID-19 and we have been working on the basis that availability of funding should not prevent the right actions being taken at pace. We have been working closely with HM Treasury officials who concur with this approach, reflecting the Chancellor's Budget announcements whilst applying proportionate scrutiny and due diligence to rapid spending decisions.*

2. Given recent action to acquire medical equipment and consumables, to access private hospital and staffing capacity, I need to alert you that new COVID-19 spend of this type could put pressure on our ability to remain within parliamentary controls for 2019-20. Separately, the inherent risk of financial control and fraud are now heightened given the environment in which we are working and risk appetites have naturally shifted to support the strategic aim of responding to COVID-19.

3. You will appreciate that costs are moving at pace and are subject to a number of variables, such as:

- *How quickly urgent COVID-19 capacity is stood up in the NHS and social care system and in what form that takes (a combination of revenue and capital)*
- *Testing kits and PPE volumes and lead times for delivery and use*
- *Ventilators already ordered will only score to our capital budget when they arrive in the NHS i.e. likely to be in 2020/21"*

38. My advice also noted the risks associated with the spending being undertaking in the unprecedented circumstances I have described above:

> *6.I also want just to put on the record that for certain categories of spend (e.g. PPE, testing equipment, ventilators) we are dealing with unknown foreign companies, seeking cash payments in advance in foreign currencies and sometimes with limited ability to demonstrate that the stock we want is available in the quantities we are contracting for. In normal circumstances this would be a concern on both grounds of propriety and value for money given the risk it poses either of loss or fraud. We are applying sensible due diligence where we can, including through assurances provided by our Embassies abroad and through Cabinet Office commercial experts, consistent with the need to move at pace, but these are not fool proof. These are not, however, normal circumstances and Chris Wormald and I are both comfortable from an Accounting Officer perspective that a higher risk appetite here is entirely appropriate. It would be helpful to confirm this is in line with your own risk appetite. Given the circumstances, we are also spending on a precautionary or "no regrets" basis even if in the end not everything we buy is needed or can come onstream in the timelines we will need.*
>
> *7. I appreciate this request for a Direction may seem overly bureaucratic. Please be assured none of this is getting in the way of our actions to tackle the disease and to spend as needed to that end. We have streamlined our approvals and scrutiny to be agile as required. We continue to work with HMT to apply proportionate due diligence and agree appropriate approval envelopes. I am satisfied this allows us to respond as quickly as needed while maintaining appropriate safeguards. The Direction simply provides an overarching framework within which all of these pragmatic approaches can continue at pace.*

APPROVALS DURING THE PANDEMIC

39. 'Business as usual' procurement was not possible during the pandemic. Officials worked at pace to adapt existing governance protocols and use 'common sense' to purchase essential items, mindful of the cost of inaction.

40. That events were extraordinary was recognised in advice published by the Cabinet Office:

    40.1. Procurement Policy Note – Responding to COVID-19 01/20 ("PPN01/20"), published in March 2020 **[Exhibit DW/35 - INQ000048822** noted "*it is already clear that in these exceptional circumstances, authorities may need to procure goods, services*

and works with extreme urgency." PPN 01/20 recorded that "*COVID-19 is serious and its consequences pose a risk to life*" and explained the options available under the Public Contract Regulations 2015 for where there was an urgent requirement for goods, services or works due to COVID-19.

40.2. PPN – Supplier relief due to COVID-19 02/20 ("PPN 02/20"), published on 20 March 2020, records at §8, emphasis added, "*Central Government organisations should note that Managing Public Money prohibits payment in advance of need in absence of Treasury consent as this is always novel contentious and repercussive. However, in the circumstances Treasury consent is granted for payments in advance of need where the Accounting Officer is satisfied that a value for money case is made by virtue of securing continuity of supply of critical services in the medium and long term. This consent is capped at 25% of the value of the contract and applies until the end of June 2020. HM Treasury will review in mid-June whether this consent needs to be extended for a further period. Consent for payment in advance of need in excess of this amount should be sought from HMT in the usual way. This consent does not alleviate Accounting Officers their usual duties to ensure that spending is regular, proper and value for money or for other contracting authorities to conduct appropriate and proportionate due diligence to ensure such payments are necessary for continuity of supply of critical services.*" **[Exhibit DW/36 - INQ000048823**

CONTRACT APPROVALS DURING THE PANDEMIC

41. Value for money and propriety continued to be key considerations when assessing potential contracts. For example, the Department's commercial and finance teams used price tracking of PPE deals over the previous seven days to record the average price for each product, with a goal of only approving deals which were within 25% of that benchmark. PPN 02/20 acknowledged the need for upfront payments to secure stock; many suppliers were demanding large pre-payments to secure high-volume deals. Whether an upfront payment was required was a specific factor in consideration of potential PPE deals.

42. The Department continued to consider feasibility, in other words, whether the supplier would be able to deliver. This was a very difficult assessment given the market circumstances. There were lots of new entrants into the market, and issues around shipping, storage and distribution. Owing to the global competition for PPE, timescales were very short and the Department risked being gazumped or out-bid for key items. Due diligence was carried out for each potential deal, but this was carried out on a risk-based

and proportionate basis. PPE was checked upon arrival to the UK, before deployment to the NHS, to make sure that it conformed with technical standards. We also knew we would have commercial remedies where contractual terms were not met, for example for quality or supply of goods.

43. As discussed at paragraph 0.3 above, the Department established a COVID-19 finance team, led by two experienced civil servants, Chris Young and Jon Fundrey, see the organogram at **[Exhibit DW/17 - INQ000273563].** I delegated my authority as Accounting Officer to Chris Young and Jon Fundrey so that they could approve the Department's entry into contracts with a value of £100 million or less. It is not uncommon for government departments to delegate authority in this manner, but this was unusual for the Department, primarily because prior to the COVID-19 pandemic the Department did not have particularly high levels of delegated authority from HMT to spend public money. Delegating my AO authority to Chris Young and Jon Fundrey allowed the Department to meet the volume of spending required to respond to the pandemic, enabled by the funding approved by HMT.

44. Section 7 of the Department's Module 5 Corporate Statement describes the creation of the 'PPE Cell' and Parallel Supply Chain in March 2020 to procure and distribute PPE.

45. When I was asked to approve entry into a contract as Accounting Officer, I typically received an email from the COVID-19 finance ops cell email address to my office, which acted as a covering email with a recommendation, and attached a 'pack' of documents. The pack, covering email and the recommendation were the product of scrutiny and investigation by a series of officials before it came to me for approval.

46. Approving PPE contracts did not take up the majority of my time during the pandemic. While there was no 'normal' day for me during the pandemic, the majority of my time was spent:

    46.1. Supporting the Permanent Secretary and leading on all of DHSC's non-COVID-19 related work;

    46.2. Performing my corporate collegiate leadership role, which included serving on and chairing a number of committees, particularly the Department's ExCo, where I was involved in reviewing and supporting iterations of the Battle Plan.

    46.3. Preparing for what became NHS Test & Trace and leading the Department's work on testing, which involved significant Ministerial and No. 10 engagement;

46.4. Managing the Department's finance function. This meant leading the finance team and ensuring those I managed were equipped to make procurement decisions. I would set the strategy for departmental purchasing and approve individual deals for a wide range of necessary and novel procurement, including PPE deals above £100 million, but I also had a support and advisory role for those exercising AO responsibilities. This also required reviewing and approving business plans, and negotiating and securing HMT funding.

46.5. Managing the Department's operational requirements, including equipping departmental staff to work from home and managing recruitment of substantial additional staff resources.

47. My understanding is that as AO I approved approximately ten PPE contracts entered into by the Department between March and July 2020. This does not include contracts entered into by SCCL which I approved and other contracts for, for example, ventilators. I do not recall any specific proposed PPE deals that I did not in the end agree, albeit after further clarification or explanation of the requirement and commercial terms. The majority of proposed deals will have been reviewed and approved/rejected by Chis Young or Jon Fundrey before submission to me and I would as a matter of routine be involved in conversations with them about some of those judgements. Both were eminently capable government finance professionals, and we were in touch by phone, email and in the office on a constant basis.

48. As explained at §493 of the Department's Module 5 Corporate Statement, the pack would typically include:

a. Terms and conditions including evidence of acceptance or a summary of terms that were not, highlighting the risks/reasons and subsequent external law firm legal advice (if sought);

b. The Department's 'Order Form';

c. Notification of an advance payment;

d. The Department's 'New Supplier Form' including bank details;

e. A PDF supplier letter containing bank details (some suppliers failed at this stage as their details failed to be validated either by the Department or their bank);

f. CaPA approval (or MoD quality assurance);

g. Technical documentation including photo(s) and certificates for items;

h. The Department's 'Requisition Form';

i. Foreign currency payments form;

j. Supplier quotation including a comparison to the average price, benchmark process and an explanation of why the offer was reasonable or better to proceed in the circumstances;

k. FCO approval for the company concerned; and

l. The 'Submission to DHSC Checklist'.

49. Because my approval as AO was the final step for any PPE contracts over £100 million, by the time I received the pack I was conscious that officials would have done as much work as was possible and proportionate given the circumstances to advise on the nature of the deal. I have reviewed the Department's Module 5 corporate statement, which explains at §446-495the seven-step process deals would go through before being sent to DHSC for approval. In short, this involved:

49.1. An initial data triage;

49.2. Prioritisation and a first round of due diligence;

49.3. Validation of the opportunity, including contact with the potential supplier and validation of specifications;

49.4. Commercial due diligence

49.5. A technical review and technical assurance, followed by a review by the decision-making committee if it was unclear whether a product did or did not meet technical specifications;

49.6. Agreement of terms involving a legal team and agreement on pricing;

49.7. Completion of relevant documentation,

49.8. There was a further check once the deal arrived at DHSC; the pack was checked by the Department's operational finance team before it was passed to me.

50. I was not involved in managing these various steps, nor did I attend the decision-making

committee, but I was aware of the process being developed by Cabinet Office civil servants and others, and was confident it was providing as much assurance as was appropriate and possible, given the urgency of the circumstances.

51. I have been asked how I approached the weighting of the following information about a proposed contract for the purpose of determining approval:

    a. existing stock levels and anticipated demand;

    b. quantity;

    c. quality (e.g. based on photographs and certificates);

    d. price;

    e. delivery time;

    f. the supplier either being a manufacturer or an intermediary;

    g. bespoke terms and conditions, e.g. for prepayment; and

    h. risk.

52. All were important factors and were considered in the round. For PPE in particular, I would consider:

    52.1. The PPE requirement that the deal was designed to meet, including with reference to demand modelling, stocks and delivery schedules;

    52.2. Whether there was a reasonable price per unit, within tolerances, and acceptable payment terms;

    52.3. The deal's feasibility and the team's assessment of the confidence we could have in delivery to the required timescales;

    52.4. Whether there were outstanding or material due diligence concerns, outside the greater risk appetite we were working with. If there were outstanding concerns, those would have been flagged to me for my attention and consideration.

53. As an example of how I weighed factors, **[Exhibit DW/37 - INQ000582528]** shows me approving a deal for isolation gowns. The deal had been recommended by Emily Lawson and Chris Young. Emily Lawson was the Chief Commercial Officer for NHSE, and

seconded to the Department to support the Parallel Supply Chain from March 2020 to November 2020. Chris had noted that the requirement and certainty of supply were key value for money drivers, and that measures had been put into place to mitigate risks associated with the deal. For example, this included receiving shipments in batches, with payment for subsequent batches contingent on acceptance of previous batches, to mitigate concerns about quality.

54. I was a recipient and user of the data in the Coronavirus Daily Dashboard, and this will have assisted me in the weighing of information about proposed contract, but I was primarily informed by Emily Lawson and Jonathan Marron in terms of their assessment of the urgency of need for various pieces of PPE. I was also informed by PPE dashboards within DHSC which modelled PPE demand and projected supply.

55. I was not involved in accessing information or prior decisions from the various specialist teams in the PPE Buy Cell.

56. I have been asked if I experienced any issues with the sharing of information as a result of the organisation of the PPE Buy Cell into separate, specialist teams. I would not be involved in discussions between specialist teams before deals were put to me for approval. My general observation is that the surge in of full teams, from the Cabinet Office and the MOD in particular, to support rapid procurement work was a necessary and positive response to the urgency of the circumstances we were managing. I do recall that because the Buy Cell was formed of procurement specialists from across government, including the MOD, this did sometimes cause IT issues, differences in ways of working and in some cases a mismatch of skills to the particular tasks assigned to those teams. I return to this in paragraph 90 below on lessons for the future.

57. At the material time I was receiving advice from Jonathan Marron and Emily Lawson on the underlying requirements for PPE. Jonathan was the Department's Director General for Public Health and PPE from March 2020 to October 2021. Jonathan and Emily were tracking demand for PPE closely and would advise on whether there was acute need for particular items.

58. Chris Hall was the Deputy Chief Commercial Officer for the Government Commercial Function. As paragraph 500 of the Department's Module 4 Corporate Statement explains, on 4 May 2020, an additional 'Deals Committee' was set up and chaired by Chris to provide additional challenge, and to endorse or reject deals prior to AO consideration.

59. Chris Young and Jon Fundrey routinely scrutinised deals from a financial perspective

before they came to me for approval.

60. Additionally, I was in constant dialogue with my Treasury counterpart Cat Little and the Treasury Spending team under her about demand for PPE, adherence to Treasury conditions, and the volume of spending, not least to inform rolling approvals of increased spending envelopes within which we could operate. I would also have occasional discussions with Sir Chris Wormald about approvals, though I would take the AO decision.

61. I have been asked if there are any instances in which I received assurance from colleagues, particularly those identified in paragraphs 56-58 above, but nonetheless rejected a proposed transaction. On the whole, by the time a deal came to me, if there were issues or problems with the deal they would have been identified by colleagues and the deal would not have been put forward to me for approval. I do recall seeking clarification about deals and pushing back on terms of deals, for example see paragraph 63 below and there were cases where I agreed and formally signed off on decisions not to proceed with individual deals.

62. I have been asked whether I had access to adequate and up-to-date information in order to make approval decisions, for example, in relation to inventories, prices, up to date technical specifications and quality. Reflecting on the unique circumstances of the time and given the pace at which we were operating, our appetite for risk and the costs of inaction, I considered that I did have sufficient information to take decisions on deals in a timely way. It would not have been possible to wait for perfection, and the teams under me did due diligence to assure me that I had as much information as possible to make a judgment on a deal. Where the information provided to support a proposed deal was inadequate, the pack would not have reached my desk because it would have been challenged by another official in the process of the pack being put together and approved. Sometimes where packs were put to me, limitations in the available supporting evidence would have been recognised and flagged to me, mindful that market conditions and the increased appetite for risk meant that we were more comfortable taking decisions with incomplete information that in normal circumstances.

63. I did on occasion make a request for further information about a proposed deal. Usually this would have been via my Private Secretary, who would have kept track of my questions and answers to those questions from other officials, but occasionally I would have corresponded directly with other officials. This was a fairly typical process and role for my Private Secretary and in my view did not cause any difficulties. The progress of the cases themselves was tracked by the operational finance and commercial teams.

64. For example, I received a request for AO approval of a contract for type IIR masks and FFP respirators in June 2020. The deal was endorsed by Emily Lawson and Jonathan Marron and had been reviewed by Jon Fundrey. Before approving the contract I made enquiries about the length of the deal and HMT approval **[Exhibit DW/38 - INQ000582529]**.

65. Market conditions adjusted and the PPE cell evolved during my time as Second Permanent Secretary. The fundamentals of my approvals process did not adapt during this time, in that I applied the same principles of value for money, propriety, regularity and feasibility that is the responsibility of an Accounting Officer. But over time, the emphasis on different elements did change. On PPE, given the risk of critical shortages at a national level and the challenges in distribution of stock to the frontline, there was a particular premium on pace of delivery; later in the pandemic as we became more familiar with the cycle and duration of waves of infection, deals focused more on security of supply and flow, shipping arrangements and so on.

HIGH PRIORITY LANE ("HPL")

66. I have been asked what effect, if any, the fact that a contract was in the High Priority Lane ("HPL") had on decisions I made to award contracts.

67. My recollection that the team which became known as the HPL developed organically because in the early days of the pandemic senior leadership and ministerial offices were swamped with unsolicited but very welcome offers. The HPL was a way of triaging these offers and a necessary one. It was not to my recollection intended to be a means for preferential treatment or a different approach to working up, assessing and approving deals.

68. I will have had information about the supplier for contracts which were in the HPL which I was asked to decide as AO. The referrer's identity was not included in paperwork as a matter of course and was not a feature in my decision-making.

69. I did not have any concerns about the connection of referrers and/or suppliers to senior officials, the Conservative Party or to other political parties. The AO decisions about whether or not to award PPE contracts were made by me, Jon Fundrey and Chris Young. I was aware that some suppliers were putting pressure on other Cabinet Ministers which may have been reflected to the Secretary of State, but I don't recall any of that pressure being reflected onto me to approve deals for PPE.

70. I do not consider that anyone or any company received preferential treatment as a result of their status as a donor of or with a connection to the Conservative Party or any other major political party in relation to the award of contracts. For example, while Lord Feldman was the former Deputy Chair of the Conservative Party, he was involved in identifying deals which were then scrutinised by officials. He had no remit to enter into contracts on behalf of the Department.

71. The identity, status and position of the referrer, and the nature and extent of contact made by or on behalf of the referrer or supplier with me and/or other officials or ministers had no effect on me decision to approve contracts which had been through the HPL.

72. Similarly, the level of profits of the supplier and distribution of profits had no effect. Given the sharp increases in the global prices of PPE we knew that significant profits were being made due to supply and demand. Immediately prior to the COVID-19 pandemic, the average price of gowns and face masks was £0.33 per unit and £0.11 per unit; at the height of the pandemic, the price of gowns and masks reached £4.50 and £.40 per unit.

73. The relationship between a referrer and a financial backer of the supplier had no effect on my decision to approve contracts which had been through the HPL.

74. The referrer vouching for the supplier did not have any effect on my decision-making about AO approval for contract, but may have played a part in the process of due diligence on the supplier, as part of an overall assessment of risk/benefit.

75. Declarations of conflicts of interests were sought from advisors who came into the Department, like Lord Feldman, as part of an onboarding process. To the extent that individual referrers may have had conflicts of interest, there are established processes of managing and declaring conflicts of interest, for example for parliamentarians.

NHS TEST AND TRACE

76. I acted as both the Senior Responsible Officer ("SRO") and AO for the Department's testing programme for a short period from late March 2020 until Baroness Harding's appointment in early May 2020. The programme became known as NHSTT, which was launched on 29 May 2020.

77. After Baroness Harding's appointment I remained the Accounting Officer for the programme until I left the Department on 1 April 2021. This meant that I approved procurement decisions, but Baroness Harding and her team were responsible for the operation, direction and delivery of the programme. Although characterised by very close

and joined up working, what this meant in practice was a move to be clearer about the distinct roles of finance and commercial teams within NHSTT, reporting for practical purposes to Baroness Harding and with a functional line to me as AO, and *my* DHSC corporate finance and commercial teams providing specific advice to me on AO issues, supporting approvals as necessary, overall budget management and the Treasury relationship.

78. "Procurement" decisions for NHSTT ranged from commodity procurement (of which mass purchase of lateral flow devices is the clearest example and most similar to PPE), funding of R&D into new testing approaches, establishment and buying up of laboratory processing capacity, procurement of third-party capacity to support test sites and tracing call centres. Additional financial commitments flowing through NHSTT included support to specific local authorities as part of local lockdown procedures. I applied the MPM principles with respect to NHSTT in a similar way as I had applied them to decisions about PPE described above.

79. For example, I recall that at the end of the first wave there were discussions about how lockdown would be exited. Various approaches were discussed, including whether a certification program could be established, where people could offer proof of immunity, so that those who were believed to be immune would be let out as opposed to shutting in those who were infectious.

80. The Department purchased a number of antibody tests in the hope that these would allow individuals to prove their immunity. A submission was put to Ministers on 31 March 2020 describing this process, including outlining the procurement process that had been developed **[Exhibit DW/39 - INQ000582526]**. The process included:

    80.1. An email inbox which acted as a sign point of entry into the procurement process;

    80.2. An initial triage led by Sir John Bell and staff from NHS England and the Department to categorise suppliers;

    80.3. Procurement led by the Cabinet Office Complex Transactions Team, including due diligence;

    80.4. Larger orders (1 million tests) being placed with suppliers in whom we had a higher level of certainty, i.e. current NHS IVD suppliers, or tests with strong evidence of efficacy). Smaller 'sample' orders (100 tests) being placed with suppliers with a lower level of certainty, for testing);

    80.5. Sign-off through the Department's finance team, with engagement with HMT if the

order met certain conditions, for example if it was over £10 million, in a foreign currency or with an overseas supplier, or if payment was required up-front.

81. The process described above was designed to balance the need for propriety, regularity and an assessment of feasibility in the context of the rapid development of antibody tests (tests were only 6-8 weeks old) and, in the words of the submission "*massive demand by countries around the world.*" Given the economic, health and social costs of ongoing lockdowns, purchasing the tests, even if not guaranteed to work, reflected value for money. Similarly, I made an assessment that purchasing a first tranche of tests reflected value for money because of potential future utility **[Exhibit DW/40 - INQ000582527]**.

82. Although the antibody tests purchased ultimately proved ineffective, this work and experience later informed the development of the testing programme, where individuals who tested negative on antigen lateral flow tests were allowed to leave isolation.

83. The primary difference between procurement of PPE and for NHSTT was that while for PPE procurement Ministers set the direction, particularly in terms of risk appetite and the criteria against which deals would be approved, they were not involved in individual deals, as operationally the timescales for successfully securing such deals in a highly competitive market did not allow for this. From the end of April 2020. that was less obviously the case for the full range of NHSTT activity; laboratory capacity decisions for example were both about meeting short term need but building up more enduring capacity given uncertainty over the duration of the pandemic. There were also more policy choices to be made, linked to the direction NHSTT would take, for example around the scale of testing and its link to lockdown policy that were properly and only Ministerial business. These engagements and decisions are therefore captured in a broad range of submissions to and decisions from DHSC Ministers, alongside the more direct engagement between No10 and the NHSTT leadership team.

84. In my role as AO for NHSTT I was supported by Andy Brittain, the Department's Financial Director (replacing Chris Young) and Melinda Johnson, the Department's Commercial Director. I was also supported by Donald Shepherd, NHSTT's CFO; and Jacqui Rock, NHSTT's Chief Commercial Officer; who joined NHSTT in August 2020. Andy and Melinda had delegated authority to enter into deals up to £100 million and Donald and Jacqui had delegated authority to enter into deals up to £25 million **[Exhibit DW/41 - INQ000582545]**. I received advice from Chris Hall, who was seconded to NHSTT from the Government Commercial Function. I also received advice from Beverley

Jandziol, a commercial Specialist from the Cabinet Office's Complex Transactions Team, who was seconded to the Department as Commercial Team Lead on COVID-19 Testing.

85. Baroness Harding provided executive leadership of NHSTT and would therefore agree from an NHS operations and delivery perspective cases that came to me as AO, under the oversight and direction of Lord Bethell as lead Departmental Minister, all operating under the overall direction of No10 and the Ministerial authorities and accountabilities of the Secretary of State for Health.

86. I have been asked whether procurement of testing equipment in 2020 was made harder by conflicting ministerial instructions. As described above, the testing programme developed over time as we developed testing capacity, science advanced and we learned more about the virus. Ministers were keen to take risks on novel tests because the potential benefit of being able to release non-pharmaceutical interventions was so high. My recollection is not that ministerial instructions conflicted, but that there was high interest across government in testing, particularly from No. 10, HMT and Departmental ministers. My team had to balance this risk appetite against the MPM principles.

87. For example, in October 2020 No10 contacted Sir Chris Wormald to ask why the Department had not purchase a certain enzyme test. My Private Secretary explained that we considered the proposed test high risk, because the firm proposing the test had no supply chain or manufacturing capability and would not be able to ramp up to deliver the desired volumes of testing. Nonetheless we had paid for some devices to come into Porton Down for validation and were negotiating a licensing arrangement with the company for manufacture in the UK to give assurance around scalability **[Exhibit DW/42 - INQ000582547]**. This balanced both the desire for risk with considerations of feasibility and value for money.

88. The Inquiry has suggested that there were requests for large approvals of expenditure (>£100 million) at extremely short notice. My recollection is that there were requests for approvals of significant expenditure at short notice during the early stages of the testing programme, but this is unsurprising given the urgency of expanding testing capacity to try to manage the virus. One example is at **[Exhibit DW/43 - INQ000582546]**, where the Department was under pressure from No. 10 to purchase a large volume of lateral flow tests in a very short space of time. I forwarded an email from Dido Harding's Chief of Staff explaining NHSTT's proposed response to No, 10 to the Cabinet Secretary; Tom Scholar, the then-Permanent Secretary to the Treasury, and Chris Wormald I explained that a rush to signing a contract for this large volume of lateral flow tests would require a Ministerial

Direction on the grounds of technical irregularity, because it was without HMT approval and I had insufficient grounds at the time form a vfm judgment on the approach. I noted this was in the context of the high-risk appetite and pragmatic approach I had adopted to date. I advised that my expectation was that rather than signing overnight we take the weekend and engage with companies to get the best deal we could, and this was ultimately the course taken.

89. Laboratory testing capacity was one issue where there were, less Ministerial perhaps, more Departmental differences. Towards the end of my tenure, discussions about the next phase of laboratory capacity were much less focused on the here and now requirements of the current pandemic, but what might need to be built to maintain capacity over the medium term depending on the duration of the pandemic and how it developed. This brought a broader set of factors into play it, and it is perfectly reasonable that there were differences in emphasis between Departments on the relative benefits and costs of such approaches. I can not think of circumstances where such legitimate differences in position affected our immediate response, however.

LESSONS LEARNED

90. In terms of learning around future approaches to the rapid procurement of PPE and other key stocks, my principal reflections from my experiences during this period are:

- As part of wider UK resilience, we need a plan for UK industrial capacity to provide a basic level of supply of essential consumables in times of a pandemic, facilitated by 'always on' contracts and the ability to surge production in crises. That may require stockpiling of raw materials as well as finished goods. The size of any stockpile of PPE or other items should be a function of likely demand set against when UK manufacturing could then come onstream.

- On the assumption, that in worst case scenarios such stockpiles and industry capacity will still need to be supplemented by rapid procurement, lessons from COVID-19 should be captured in a 'playbook', and exercised. The 'playbook' ought to cover a range of demand scenarios across various sectors; how to establish and resource procurement teams, with supporting IT, process and governance; backed up by appropriate mechanisms for due diligence, contractual terms, quality assurance; and a (periodically refreshed) landscape view of sources of supply. This must include sources of supply via international partners and better data on what is held nationally,

regionally and locally in terms of stockpiles. Storage and distribution should be at the core of this.

- Ultimately, we need to reduce the heavy reliance on a triage process for consideration sequencing of offers i.e. the system should be more "pull" than "push". Based on experience of the HPL, there are lessons to pull through in terms of establishment of a portal, rapid triaging of offers and progress towards more formal deal exploration and deal making. But this needs to be a universal 'front door' portal, with standard assessment criteria, rather than as had emerged during COVID-19, a separate lane. The HPL provided a way of diverting referrals to free up bandwidth and ensure that ministers and other senior officials, who were receiving offers of PPE, were free to get on with their jobs rather than constantly trawling their emails to ensure they had not missed a viable offer.

91. In concluding this statement, I want to acknowledge the extent and impact of the disease on the UK public, on communities, families, and individuals. Both in direct health impacts through devastating loss of life, through the impact of long COVID-19, and through the knock-on effect of the displacement of other treatments, and through the enduring economic and social impacts of prolonged but necessary lockdowns. I offer my heartfelt condolences to the families who lost loved ones during this pandemic. I also want to call out the immense professionalism of staff in the NHS and in the social care sector for the dedication and compassion they showed in continuing to provide care in the most trying of circumstances.

92. When talking about the Government or Departmental responses, it is very easy to default to viewing these through an impersonal, institutional lens. But the Department is not an entity or a set of buildings. It is in the end a group of people; people who during this period were dealing with personal exposure to COVID-19 , the impact of the disease on family and friends, the challenges of adjusting to lockdown, remote working, managing childcare and other caring responsibilities while working to help bring the pandemic under control, to help ensure that the public had access to the health and care services they needed and to support staff in the system in dealing with the demands placed on them. It was not difficult in the Department during this period to know why you got out of bed in the morning. We did not get everything right, but we acted from strong motivation on the best information we had available at the time and I for one am immensely proud of the people I worked with and led during this time.

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.

Signature: Personal Data

Date: 5 March 2025