Witness Name: Lord Syed Kamall
Statement No.: 1
Exhibits: LK/01 – LK/25
Dated: 29 May 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF LORD SYED SALAH KAMALL

I, LORD SYED KAMALL, will say as follows: -

1. I make this statement in response to a request from the UK Covid-19 Inquiry ("the Inquiry") dated 23 January 2025 under Rule 9 of the Inquiry Rules 2006, asking for a draft witness statement relating to Module 7 of the Inquiry, which I understand will examine the approach to testing, tracing and isolation (TTI) adopted during the pandemic in England, Wales, Scotland and Northern Ireland from 1 January 2020 to 28 June 2022.

2. This statement will focus on the period of my appointment, being between 17 September 2021 and 20 September 2022.

3. I understand that the Department will be submitting a number of corporate statements, which were not available to me in final form at the time of making this statement. As such I am unable to refer to them by specific paragraph but understand that the detail of, for example, departmental structure and approach to TTI, will be set out therein.

4. To assist me in preparing this statement, the Department has undertaken searches of internal databases in order to identify documents which may be relevant to the issues this witness statement addresses. Reasonable efforts have been made by the Department to identify documents which may be relevant to this module.

5. I have been unable to consider all the documents that my private office would have received during the relevant period due to the large volume of material. I no longer hold material from this time personally, so I am unable to recall what my response was to each of the submissions I would have received. Where the Department has been able to identify what my response was, this has been set out below.

Opening Remarks

6. I would like to take this opportunity to express my condolences and sympathy to those who suffered personally or lost loved ones during the pandemic, as well as pay tribute to all the wonderful health and care workers who looked after those suffering from Covid-19. I also wish to acknowledge the work of public and private sector workers who carried on working to deliver essential services while others were able to safely isolate at home.

Introduction

7. My political career began in May 2005 when I became a Member of the European Parliament (MEP). I held this post until May 2019, during which time I worked on international trade, technology and financial regulation. In 2014, I was elected leader of the European Conservatives and Reformists pan-European political group and held this post until 2019. My first job after university was as an IT Business Systems Analyst for a bank. After returning to academia to study for a PhD, I taught and researched on international trade and international business at two universities before working as a strategy, public affairs and diversity consultant. In 2019, I thought I had retired from politics and was appointed as the Academic & Research Director of the Institute of Economic Affairs, a classical liberal think tank, and as Professor of Politics and International Relations at St Mary's University, Twickenham, where I still teach. I have recently been appointed as a Visiting Scholar at the Vinson Centre for the Public Understanding of Economics and Entrepreneurship at the University of Buckingham, where I supervise postgraduate students and organise academic seminars.

8. I was nominated as a Life Peer in December 2020 and introduced to the House of Lords the following month. On 17 September 2021 I was appointed Parliamentary

Under Secretary of State for Technology, Innovation and Life Sciences at the Department, a position which I held until 20 September 2022. On being appointed as a minister, I resigned from the Institute of Economic Affairs and took leave of absence from my university post.

Roles and responsibilities

9. It may assist the Inquiry if I set out briefly the role of the Lords Minister. In this capacity I was responsible for guiding government legislation through the House of Lords and for speaking on behalf of the Government at the dispatch box. Unlike my House of Commons counterparts, however, who predominantly answer questions on their own portfolio area during set question sessions, ministers in the House of Lords often respond to questions which fall outside their ministerial portfolio but within the remit of their department (in response to questions addressed to "His Majesty's Government"). Lords Whips have the same constitutional position as departmental ministers. They differ from Whips in the Commons because they have a role at the dispatch box in promoting and defending departmental policy. If a given government department does not have a departmental minister in the House of Lords, then its business will be conducted by a Whip.

10. Upon appointment, the precise nature of a minister's portfolio would be discussed with them and, as I have described, I could be called upon to speak to questions on all matters that fell within the remit of the Department in the Lords. As such it is difficult to be precise as to the exact nature of my portfolio as it evolved over time and my role was not constrained by its nature when it came to taking responsibility for matters in the Lords.

11. Notwithstanding this, at the time of appointment my portfolio covered but was not necessarily limited to the following **(LK/01 - INQ000566365)**:

    - Research and life sciences:
        - Science and Research & Development
        - Genomics, genetics, regenerative medicine
        - Accelerated Access Collaborative

- NHS Test Beds
- NIHR Overseas Development Assistance Budget
- Antivirals Taskforce (ATF)
- Therapeutics Taskforce (TTF)

- International Diplomacy and Relations
  - Multilateral events (G7, G20 and WHO)
  - Foreign and Commonwealth Office-led international funds

- Data and Technology
  - NHS IT
  - Data to support innovation

- Medicines
  - Regulation
  - Pharmaceutical Price Regulation Scheme
  - Uptake of new drugs and med tech, including Adaptive Licensing and Early Access
  - Cancer Drugs Fund
  - Complementary and Alternative Medicine
  - Prescription charging
  - Specialised commissioning policy

- NHS Security Management, including Cyber Security

12. Importantly for matters within the scope of this module, at the time of my appointment my portfolio differed from that of my predecessor, Lord Bethell, and I did not inherit the responsibility for supply (medicines and testing) or test and trace: testing, trace, technology. Upon my appointment, ministerial responsibility for those areas became that of the Parliamentary Under Secretary of State for Vaccines and Public Health, Maggie Throup **(LK/01 - INQ000566365)**.

13. Due to the broad nature of my portfolio, I identified three areas of priority that I wished to focus on during my tenure: digitalisation and the sharing of data across the health

and care system, working across government to make the UK a more attractive destination for life sciences, and advancing the UK's health diplomacy and soft power on the global stage. The latter involved the sharing of expertise and experience in response to global health concerns, including but not limited to Covid-19. This was an area I was particularly passionate about due to my experience in international politics.

14. Within my portfolio I also had specific oversight of the delivery and performance of:
    - Medicines and Healthcare products Regulatory Agency (MHRA);
    - National Institute for Health and Care Excellence (NICE);
    - National Health Service Digital (NHSD);
    - NHSX;
    - Health Research Authority (HRA); and
    - Business Services Authority (BSA).

15. These sponsorships formed a significant part of my role. I would both chair and attend meetings, receive briefings and clear submissions on a variety of issues relating to these organisations. On occasion, I would attend multiple meetings relating to the same submission to ensure that I had all relevant information before I answered questions in the Lords. I also chaired the Annual Accountability reviews for MHRA and NICE. This involved holding each organisation to account for its activities and performance over the last financial year, as well as discussing future plans and strategic issues.

UKHSA Sponsorship

16. After the establishment of the UK Health and Security Agency (UKHSA) in April 2021, Public Health England (PHE) and NHS Test and Trace began to prepare for transition into UKHSA. From 1 October 2021, responsibility for testing and contact tracing policy and operations was transferred to UKHSA, and the Department took on a sponsorship role, similar to the one it had previously held with PHE. The UKHSA framework document, published in January 2022, describes the continuing working relationship between the Department and UKHSA **(LK/02 - INQ000319624)**. While I do not discuss this or UKHSA's role in detail and instead defer to the witness statements of the Department and UKHSA, UKHSA, in short, has wide-ranging responsibility for public

health protection and planning for and responding to infectious diseases, chemical, biological and nuclear incidents, and other health threats. I often received briefings from UKHSA officials when preparing for a relevant parliamentary question. I was also invited to meetings when UKHSA briefed the Secretary of State on the spread of COVID-19 variants and on Mpox.

17. Due to the scale of UKHSA's involvement in the UK's Covid-19 response and in light of my portfolio interests, portfolio responsibility for UKHSA was split between Minister Throup and me. Minister Throup was responsible for UKHSA Covid matters (as minister responsible for UKHSA sponsorship and with portfolio responsibility for TTI, technology, variant tracing and Covid-status certification), while I was responsible for non-Covid UKHSA work. I was not regularly engaged on matters relating to TTI. I provide further detail on my involvement in UKHSA's Covid and non-Covid workstreams insofar as relevant to TTI below.

TTI Decision Making & Policy Development

18. Considering the above, either or both the Secretary of State and Minister Throup would normally sign off on policies relevant to TTI. Generally, I was involved only where relevant to my distinct function in the Lords, or where areas of my portfolio cut-across matters relevant to TTI, such as where UKHSA-related decisions related to both UKHSA's core functions and its Covid-19 response.

19. I would be expected to speak to matters both within and outside of my portfolio (including TTI) in the Lords and answer any questions put to me. To facilitate this, I would be provided with briefing as necessary and would review statements to be laid in the Lords, including clearing written ministerial statements where required.

20. I was generally not engaged in matters relating to UKHSA's Covid response unless there was material interaction between it and UKHSA's core (non-Covid) functions. The record indicates that until June 2022 (by which point UKHSA's focus was beginning to shift away from its Covid response), UKHSA's Covid response was generally dealt with separately from its non-Covid functions, and I was generally only involved in the latter **(LK/03 - INQ000566409 and LK/04 - INQ000566411)**.

21. There were limited instances when there was a high level of read-across between both functions, such as in relation to UKHSA's core funding position for the Spending Review period (FY 2022/23-2024/25), and its Covid-related strategy including its 'Living with Covid' strategy, which arose between November 2021 and April 2022. As to my level of involvement in matters relevant to TTI in these cases, the record shows that I or my Private Office were engaged in the elements of the Covid-related strategy pertinent to UKHSA's core functions rather than its Covid-19 response (including TTI) in isolation. Therefore, while I provided comments on or cleared submissions as well as attended meetings which were relevant to UKHSA's Covid strategy, I was not closely involved in elements specific to TTI policy, and I do not recall any instance where I was the only minister who signed off on a submission which included an element of TTI policy.

22. While I was the minister responsible for the NHS app, Minister Throup was the minister for the NHS Covid-19 app. I may have been copied in some emails related to the NHS Covid-19 app, but if this did happen, it would have been for information only.

23. In general, I was therefore not involved in the development of policy on matters within the scope of this module. To the extent the Inquiry seeks evidence on the decision making and policy development of such matters, the Inquiry would be best to direct questions at the Department, which would be better placed to provide the details.

Key decisions

24. I am asked to provide an overview of any key decisions I took or was involved with in relation to TTI. I am further asked to consider a list of specific policy areas within overarching TTI policy.

25. My roles and responsibilities in relation to this policy development were as described in general terms above. I would have been responsible for decision making in respect of accountability in the Lords but was not involved on a day-to-day basis on any particular aspect of this area. Having considered the list of detailed policy areas within the TTI framework, I cannot recall any specific areas in which I was involved, beyond

the high-level overview I have provided and the specific issues that I have been asked to address below.

Specific Areas of Interest

'Living with Covid' Strategy

26. The 'Living with Covid' Strategy was announced by the Government in January 2022 and was published on 21 February 2022. While I understand the details of the strategy will be set out in the Department's corporate witness statement, in summary, it set out the plan for removing the remaining legal restrictions while protecting people most vulnerable to Covid-19 and maintaining resilience **(LK/05 - INQ000086652)**, beginning the move to treating Covid-19 like many other endemic respiratory illnesses through public health measures and guidance.

27. I received a number of submissions seeking ministerial clearance for policy decisions within the move to the 'Living with Covid' strategy. In general, due to the relevant policy areas not being within my portfolio, ministerial clearance was not sought from me directly, but my private office was copied into emails containing submissions, ministerial feedback and clearance. While I would on occasion have reviewed submissions and provided comments, overall I had limited involvement in policy developments within the strategy.

28. In addition, while distinct to my involvement in policy decisions, as Lords Minister I would have reviewed communications to be laid in the Lords in connection with the strategy, including written ministerial statements.

29. Since I do not have personal access to documents from my time as Minister, I am assured that the Department has undertaken a reasonable search of documents evidencing my involvement in the strategy, and as follows, I have sought to outline my involvement in relevant policy decisions where I think it will be useful for the Inquiry.

30. On 28 February 2022 I received a submission on UKHSA's strategy following the announcement of 'Living with Covid'. This sought agreement on the overall shape and cost of the UKHSA testing, surveillance and resilience strategy, and the UKHSA core

and decommissioning costs. I considered this submission alongside the Secretary of State. In particular, I provided comments in relation to the equalities impact, Centre for Pandemic Preparedness and UKHSA core funding on 1 March 2022, and made reference to the reduction or stopping of TTI activity only insofar as it had budgetary implications for UKHSA core funding **(LK/06 - INQ000566391)**.

31. On 29 March 2022 I attended the Covid-O Ministerial Meeting in place of Minister Throup. The meeting discussed the paper 'Living with Covid: Guidance and Testing paper by the Secretary of State for Health', which had been cleared by the Secretary of State. I was involved in the clearance of the component of the paper relating to asymptomatic testing for at-risk groups, which I discuss further at paragraphs [35] and [36] below. The paper outlined outstanding elements of the 'Living with Covid' plan published on 21 April, focusing on eligibility for testing, surveillance and guidance for people with symptoms or testing positive from 1 April **(LK/07 - INQ000091571)**. The Covid-O Committee agreed that the Department would communicate the policies in public and Parliament, and I approved a written ministerial statement to be laid in the Lords **(LK/08 - INQ000091607 and LK/09 - INQ000566400)**.

The ending of free universal public access to LFDs

32. From January 2022, people who had a positive Lateral Flow Device (LFD) test result were no longer advised (with some exceptions) to take a confirmatory PCR test following a positive LFD test, and the testing regime in adult social care moved to using LFD tests. The 'Living with Covid' strategy (discussed at paragraph [26]) confirmed that the Government would no longer provide free universal and symptomatic and asymptomatic testing for the general public in England **(LK/05 - INQ000086652)**.

33. Further to this, the Government progressively reduced the use of Covid-19 testing, culminating in the ending of the universal testing offer on 1 April 2022. Limited symptomatic testing remained available for a small number of at-risk groups **(LK/05 - INQ000086652)**.

34. As TTI did not sit within my portfolio, I had limited involvement in the decision making relevant to this decision but again, outline my involvement in relevant policy decisions where I believe it will be useful to the Inquiry.

35. On 10 March 2022, I, alongside Minister Throup, received and reviewed a submission regarding the testing options which would remain available for the at-risk cohort (i.e. the 1.3m+ people eligible for oral antivirals and monoclonal antibody treatments) before it was to be considered by the Secretary of State **(LK/10 - INQ000566399)**. This chiefly recommended a shift to an LFD-led diagnosis model for the group, and a general move away from PCR testing, while those patients with a PCR test kit at home would continue to use and return it if they ended up receiving antiviral treatments as this was the group stated to be of interest to UKHSA for surveillance purposes. I approved the submission but reiterated the need to clearly communicate the changes to the at-risk group **(LK/11 - INQ000566394)**.

36. These recommendations I agreed to in this submission comprised part of the 'Living with Covid: Guidance and Testing' paper considered at the Covid-O Ministerial meeting discussed at paragraph [31] above, in relation to which the Covid-O Committee subsequently agreed that the at-risk group comprised of individuals eligible for community Covid-19 treatments would retain access to symptomatic LFD testing **(LK/08 - INQ000091607)**.

37. As part of my role as Lords Minister, I answered questions in the Lords on this matter including confirming that tests would be available for at-risk groups beyond this date. I am advised that tests are still available for those who receive Covid-19 treatments as well as those working in certain healthcare settings.

The Government's ability to reinstate Covid-19 testing in the event of a new, serious variant

38. I am referred to an occasion on 20 April 2022 on which I confirmed that the Government had retained the ability to reinstate widespread COVID-19 testing in the event of new variants and the fact that contingency plans existed which would be deployed based on the nature of any new identified variant. I am asked to provide more details of such contingency plans and details of how, for example, testing

capacity could once again be increased. On 14 March 2022 I received the following information from UKHSA **(LK/12 - INQ000566397)**:

UKHSA will maintain critical surveillance capabilities to provide insight into emerging threats and retain contingency capabilities to enable a rapid response. We will retain a stock of LFDs in the event of detection of a variant of concern that requires a swift response. Key surveillance capabilities will also be maintained, as well as lab infrastructure, PCR kits, mobile testing units, delivery channels, tracing capabilities and accompanying digital infrastructure. Altogether, this will ensure we retain critical resilience - giving rapid, reactive capability to respond to a future health threat, whilst a more comprehensive response can be scaled.

Work is ongoing to establish the optimum deployment of these contingency capabilities across different potential future [variant of concern] scenarios. The exact timing, scale and targeting of any response would be subject to the nature of the threat and decisions at the time.

39. On 29 March 2022 I virtually attended a Covid-O meeting in which contingency plans were discussed. The papers from the meeting confirm the following **(LK/07 - INQ000091571)**:

In the event of a new dangerous variant or significant resurgence, our frontline of defence will be a balanced LFD stock to allow an immediate 6-week contingency response (the minimum time that we expect will be required to procure more LFD tests and scale up PCR capacity, assuming rapid approvals) that can be deployed as soon as distribution capacity can be scaled. LFD testing capacity will be supplemented with PCR tests which are especially important if the LFD testing is less sensitive to any new variant, and to allow Genomic Sequencing and Reflex Assay tests which identify variants not possible with LFD.

Covid-19 testing at UK ports of entry

40. On 31 January 2022 I provided a written response to a question about why the Government did not introduce Covid-19 testing at UK ports of entry in March 2020.

41. I am asked what lessons can be learned from not introducing Covid-19 testing at UK ports of entry in March 2020. For the following reasons, I do not believe providing reflections on testing in UK ports of entry would be of material assistance to the Inquiry.

42. I was not in post at the time this decision was made, and Covid-19 border testing matters were not within my ministerial portfolio. I have, however, made reasonable efforts to determine whether I received advice or submissions which asked me to consider testing at the border which would allow me to provide reflections which may be of assistance to the Inquiry.

43. On 16 February 2022 Minister Throup and I received a submission which discussed in a draft Covid-O paper the possibility of introducing testing measures at the border in the event of a new variant of concern emerging **(LK/13 - INQ000566389)**. While I raised a number of questions on the submission, I note that I stated in my response to officials that this was not a policy area that I was familiar with and sought clarity on a few points **(LK/14 - INQ000566388 and LK/15 - INQ000566390)**.

Financial support for those self-isolating

44. I am asked if I consider whether the government put in place adequate financial support for those required to self-isolate during the course of the pandemic. Such decisions were made before I assumed my post and I had no direct involvement in these decisions. That said, at the time, and based on the information available, I believed that we had struck an appropriate balance between the availability of free testing and isolation support. I was concerned that not enough was being done to assure those who were immunosuppressed but was told that a program of testing was being developed.

Involvement in the 'ramp-down' of use of consultants in TTI

45. I am asked if I had any involvement in the 'ramp down' strategy to reduce the number of consultants used in TTI. I have made reasonable efforts to ascertain my level of involvement in this matter.

46. While the record shows that either I or my Private Office reviewed relevant submissions, and that I participated in meetings where the matter was discussed, this was, to the best of my knowledge, only in connection with matters which cut across the portfolio split between myself and Minister Throup between UKHSA's core functions and UKHSA's Covid-19 response, respectively, as I have discussed at paragraph [17] above.

47. To illustrate this, on 24 November 2021 ministerial clearance was sought for submissions relating to the separate but interconnected issues of UKHSA's core funding position, and UKHSA's Covid-19 Strategy for the Spending Review period (FY 2022/23-2024/25). My Private Office cleared the submission relevant to the core component of UKHSA's funding position **(LK/16 - INQ000566366; LK/17 - INQ000566374; LK/18 - INQ000566375)**, but not the element relating to UKHSA's Covid-19 Strategy, which, on review, makes reference to the strategy regarding the 'ramping-down' of consultants used in TTI **(LK/19 - INQ000257115 and LK/20 - INQ000257114)**. I would also draw the Inquiry's attention to the fact this strategy was subsequently updated in response to the changing epidemiological situation due to the emergence of the Omicron variant **(LK/21 - INQ000566376)**.

48. In light of this, I do not provide a detailed account of the ramp-down strategy nor do I comment on its effectiveness, and instead refer the Inquiry to the witness statements of the Department which would be better able to provide a full account of these matters. In addition to the submissions exhibited above, I exhibit meeting readouts which the Inquiry may find to be of assistance:

    - 2 December 2021, 21 January 2022: I participated in meetings regarding UKHSA's Covid response and core funding, the readouts of which either make reference to a 'consultancy ramp down' or a 'ramp down' (**LK/22 - INQ000566380 and LK/23 - INQ000566387)**.

Collaboration and Co-working

49. I am asked to outline any core decision making groups/bodies/committees I was involved with in respect of TTI, and the nature of any such involvement. I am also asked to explain the extent to which I collaborated with other UK Government

departments, agencies, advisory bodies and other relevant stakeholders in respect of TTI policy and strategy.

50. Between the start of the pandemic and the formal handover of responsibilities to UKHSA, the Department worked closely with all related functions and other government departments (OGDs) to oversee the delivery of testing, contact tracing and self-isolation policy. I was not involved in this collaboration as I was appointed on 17 September 2021 and the handover occurred on 1 October 2021.

51. As I discussed at paragraphs [14] and [15], I was responsible for the sponsorship of a number of UK Government bodies including NHSD and NHSX and so regularly attended meetings, received briefings and cleared submissions or written ministerial statements. I also regularly met with UKHSA, MHRA and NHSE.

52. Scientific advice, modelling and data informed the development of policy and strategy to a great extent. Given I was not personally involved in policy development I have no insight into how this advice was gathered and acted upon. I do not recall personally considering scientific advice or engaging directly with experts on a regular basis. I do recall a discussion concerning Evusheld, a prophylactic antibody treatment, which had been found to be ineffective against the Omicron variant. I recall asking the Chief Medical Officer what further help could be given to those who were immunosuppressed, and I recall being assured that options were being considered including a program to test for antibodies.

53. Notwithstanding the fact that I was rarely personally involved in such matters, there was an open invitation to attend meetings held between the Secretary of State and UKHSA, and this included meetings which considered the spread of the Omicron variant, which I attended if I was available. I was not the lead in these meetings but would provide input where relevant. For example, I recall asking one person presenting the model of the likely spread of the Omicron variant, what he would do if he was the person making the decision on whether to lockdown or not. He replied that based purely on the modelling, he would recommend another lockdown but conceded that he did not have to consider the trade-offs such as the negative effects on the economy, on people's jobs, and on their mental health and wellbeing.

Devolved Administrations/International

54. I would have attended routine meetings with the Devolved Nations in which approaches, and policy would have been discussed. These would have taken place periodically over the time I was in post. The discussions would reflect the need to act consistently as far as possible but would also reflect the fact that health was a devolved matter and, as such, the Devolved Nations would make decisions as they considered appropriate without deference to the UK Government.

55. I recall having meetings with Commonwealth and G20 nations on a number of occasions. I do not recall the specifics of each meeting though recall discussing the Swedish model on occasion and answering questions on the differing approaches in the Lords. Due to the nature of my role, namely that I was physically present in Parliament from the commencement of my appointment, I regularly received questions informally from fellow peers and so a large part of my role was answering questions both formally and informally. I believe that my discussion of the Swedish model was in an informal setting.

Adherence and Enforcement

56. I am asked to explain my role in respect of adherence and enforcement.

57. The vast majority of the legislation and guidance relating to this subject area was developed prior to my assuming my post. As such I had no role in their development.

58. When regulations were laid that were subject to debate in the Lords, I would lead that debate on behalf of Government. In preparation for debates I would receive briefings, both written and then oral if necessary. I would engage with officials and challenge policy positions if I felt it appropriate. I have been asked to comment on my role in relation to the Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020. I led the debate on Amendment No. 3 of this Regulation on 26 October 2021 and on Amendment No. 6 on 15 December 2021.

59. I am asked about the development of financial support for those needing to isolate, but the majority of this was developed in the early stages of the pandemic so I had no role in this. I do, however, recall an occasion on 30 December 2021 when I provided feedback on a submission relating to refunds being issued to guests who were eligible for early departure from the mandated quarantine service **(LK/24 - INQ000566385 and LK/25 - INQ000566386)**. Similarly, powers for enforcement were developed before my time.

Inequalities and Vulnerabilities

60. I am asked about the extent to which inequalities and vulnerabilities were considered in TTI policy and decision making. My understanding is that impact assessments would have been undertaken, and advice provided to decision makers at all key stages of policy development. As explained throughout my statement, I had limited involvement in such development. However, I can recall receiving and clearing submissions in relation to strategies relevant to at-risk cohorts (see, for example, paragraph [35] in relation to asymptomatic testing). I was personally interested in the fact that there were some communities where people were hesitant to take the vaccine. In preparations for parliamentary questions in the Lords, I asked officials about programs or campaigns to encourage more people to take the vaccine. I continued to ask questions about vaccine hesitancy when I stopped being a minister.

Lessons Learned

61. I am asked for details of any lessons learned exercises or reviews relevant to the Provisional Outline of Scope for M7. I was not personally involved in any such exercises and would suggest that this would be most appropriately asked of the Department. I would anticipate that any such reviews would have been considered after I left my post.

62. The limitations of my involvement with the roll out of TTI and the decision making concerning it lead me to conclude that others would be better qualified to answer this question. I would only say that while there is the benefit of hindsight, there is also the fallacy of hindsight. When someone says, "if I had been in that situation with the

information available at that time, I would have done much better" or "I would have made this decision" (which proved correct with hindsight), there is no way of knowing whether that person would have acted in the way they claim, at that 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.

Signed:

PD

Dated: 29 May 2025