

IN THE MATTER OF THE INQUIRIES ACT 2005
AND IN THE MATTER OF THE INQUIRY RULES 2006

UK COVID-19 INQUIRY

DEPARTMENT OF HEALTH AND SOCIAL CARE
FIRST CORPORATE STATEMENT OF SUZY POWELL
SUPPLEMENTARY CORPORATE STATEMENT MODULE 5

I, Suzy Powell, Director of Emergency Preparedness and Health Protection, at the Department of Health and Social Care, 39 Victoria St, Westminster, London SW1H 0EU, will say as follows:

INTRODUCTION

1. I make this statement in response to requests from the UK COVID-19 Public Inquiry (the Inquiry) dated 10 September 2025 made under Rule 9 of the Inquiry Rules 2006 (the Request) asking for a corporate statement on behalf of the Department of Health and Social Care (the Department).
2. I am Director for Emergency Preparedness and Health Protection, a post that I have held since 4 November 2024. From July to November 2024, I was Deputy Director for the Darzi investigation into the performance of the NHS. Prior to this I was Deputy Director and Director in roles focused on Special Educational Needs and Disabilities (SEND) in the Department for Education. I first joined the Civil Service in 2009.
3. As this is a draft corporate statement on behalf of the Department, it necessarily incorporates matters not within my personal knowledge. I have consulted with colleagues working in and with the Department, including SCCL, on matters addressed in this statement. This statement is to the best of my knowledge and belief, accurate and complete at the time of signing.
4. This statement describes the role the Department now plays in pandemic Personal Protective Equipment (PPE) stockpile arrangements (including relevant governance structures), decision-making in relation to the contents and provision of the PPE stockpile and the purchasing and distribution of PPE stock.

5. This statement is divided into 3 sections:

Section 1: The first section of the statement sets out the current key decision makers and departmental responsibilities related to the module, including the structures within the Pandemic Preparedness Portfolio and Supply Resilience Directorate.

Section 2: The next section recaps, for fuller context, information shared in Jonathan Marron's First Witness Statement to the Inquiry (dated 16 December 2024) (**SP1/1 - INQ000528391**) regarding the department's pandemic preparedness before the COVID-19 pandemic. This primarily covers the Pandemic Influenza Preparedness Programme (PIPP) and its relevant governance structures, the PIPP stockpile and 'just-in-time' (JIT) contracts.

Section 3: The final section of this statement describes current pandemic preparedness activities and structures relevant to the Rule 9 questions I have been asked. This includes the Pandemic Preparedness Portfolio (PPP), the Supply Resilience Directorate and their governance structures. It also includes pandemic PPE stockpile arrangements, including accountability and ownership for the stockpile, for the bodies responsible for agreeing the contents of the stockpile, and for the purchasing, storage, inventory management and distribution of the stockpile.

SECTION 1: KEY DECISION MAKERS AND DEPARTMENTAL RESPONSIBILITIES

6. This section sets out the key decision makers and departmental responsibilities relevant to this supplementary corporate statement. While substantial information has already been provided to the Inquiry as part of Module 5, this provides more recent context relevant to the supplementary statement.
7. The Department has already provided a general overview of its responsibilities for the procurement of PPE in paragraphs 37 to 91 of Jonathan Marron's First Witness Statement. This includes setting out key decision makers and how the Department worked collaboratively with Devolved Governments and other government departments (OGDs) and organisations from July 2018 to 28 June 2022. This included work on pandemic stockpile arrangements prior to the COVID-19 pandemic, the management and release of these stockpiles during the pandemic, and subsequent pandemic preparedness work undertaken until July 2024 (the period covered by Jonathan Marron's statement).

8. In addition to the information already submitted, I am now providing an updated list of the key decision makers as of the date of this statement. This list, which is provided in response to the Inquiry's questions received on 11 September 2025, is provided to ensure that the statement reflects the most up-to-date and relevant context, leadership structure and decision-making responsibilities within the Department.

Departmental Key Decision Makers

9. The next paragraphs in this statement describe the ministers and senior officials in the Department who have decision-making responsibilities or oversight of policy areas that relate to pandemic stockpile arrangements as of the date of this statement.

Ministers

10. I am listing here the relevant ministers within the Department, along with a brief explanation of their responsibilities.
 - a. Secretary of State for Health and Social Care, responsible for the work of the Department including overall financial control, oversight of NHS policy and performance, and oversight of social care policy. This role has been held by the Rt Hon Wes Streeting MP from 5 July 2024 to present.
 - b. Minister of State for Health, responsible for NHS secondary care, NHS workforce, NHS capital, land and estates, NHS finance, urgent and emergency care, and health and social care integration. This role has been held by Karin Smyth MP from 8 July 2024 to present.
 - c. Minister of State for Care, responsible for adult social care (including workforce, funding and innovation), neighbourhood health, primary care (general practice, dentistry, pharmacy, eyecare), community healthcare, dementia and end-of-life palliative care. This role has been held by Stephen Kinnock MP from 8 July 2024 to present.
 - d. Parliamentary Under-Secretary of State for Public Health and Prevention, whose responsibilities include health protection, sexual health and HIV, health improvement, major, long-term and rare conditions, secondary prevention, screening, work and health, and men's health. This role includes leading the sponsorship of the UK Health Security Agency (UKHSA). This role has been held by Ashley Dalton MP from 10 February 2025 to present.

Permanent Secretary

11. The Permanent Secretary supports the Secretary of State, who is in turn accountable to the Prime Minister, Cabinet, Parliament and the public, for the Department's performance.
12. The current Permanent Secretary is Samantha Jones, a position she has held since 16 June 2025 (appointed on 22 April 2025). She succeeded Chris Whitty, who served as Interim Permanent Secretary between December 2024 and June 2025. Prior to this, Sir Christopher Wormald held the position of Permanent Secretary from 1 May 2016 to 16 December 2024.
13. As the Department's most senior civil servant, the Permanent Secretary is responsible for:
 - a. Ensuring ministers receive advice on strategy and objectives for the health and social care system;
 - b. Acting as the Department's chief executive, setting standards and managing risk and assurance;
 - c. Acting as the Department's Principal Accounting Officer (PAO), reporting to Parliament.

Second Permanent Secretary

14. The current Second Permanent Secretary is Tom Riordan, a position he has held since 23 September 2024 (appointed on 10 September 2024). The role of the Second Permanent Secretary in the Department was created in response to the COVID-19 pandemic. The Second Permanent Secretary is the Department's second most senior official. Shona Dunn previously held this position from April 2021 to May 2024.

Chief Medical Officer (CMO) and Deputy Chief Medical Officers (DCMOs) for England

15. The CMO acts as the UK government's principal medical adviser and the professional head of all Directors of Public Health (DPH) in local government and the medical profession in government. This is an independent position at permanent secretary level in the Department and the CMO is a member of the Department's executive committee and Departmental Board. The CMO advises ministers across government on medical

matters. He works closely with CMO colleagues in the devolved administrations. The current holder is Professor Sir Chris Whitty, who took office on 1 October 2019.

16. The CMO is assisted by Deputy Chief Medical Officers (DCMOs), one of whom is specifically responsible for health protection, which includes infectious threats. The DCMO for health protection from July 2021 is Professor Thomas Waite, initially as interim DCMO and then permanently from April 2022. He remains in post.
17. The second main DCMO normally covers health improvement (non-communicable diseases) but in an emergency is expected also to cover health protection issues. Dr Jeanelle de Gruchy became the DCMO for health improvement in October 2021 and remains in post.
18. Each of the devolved administrations has its own CMO and DCMOs. The UK CMOs meet regularly and there is collaboration and coordination between the CMOs across the UK government and the devolved administrations, which supports coordinated scientific advice to the UK Government and the devolved administrations.

Departmental Senior Civil Servants

19. Under the leadership of the Permanent Secretary and the Second Permanent Secretary, the relevant Directors General (DGs) in post as of the date of this statement are:
 - a. Catherine Frances, the DG for Global, Public Health and Emergencies since 7 January 2025. Clara Swinson previously held this role until 13 September 2024. Directors relevant to this statement who report to Catherine Frances include:
 - i. Director of Emergency Preparedness and Health Protection, which is the role I have held since November 2025, following the departure of Emma Reed, who had been in this post from February 2018 to November 2024.

The Stockpile Governance Board reports to and is chaired by Catherine Frances as part of her role overseeing emergency preparedness and response.

- b. Tom Riordan, Interim DG for Commercial and Growth since November 2025. He is responsible for leading commercial and growth strategy, departmental and system commercial functions, building strategic partnerships and the Office for Life Sciences, medicines and medical/care technology. He is responsible for

stockpile resilience and distribution. Directors relevant to this statement who report to Tom Riordan include:

- i. David Simmons reports to Tom Riordan in his role as Director of Supply Resilience, a position he has held since December 2021.
- c. Elizabeth O'Mahony, the DG for Finance since November 2025. She is responsible for ensuring financial accountability of the health and social care system and the management of HR, communication, commercial, information management and transformation within the Department. Andy Brittain previously held this position from April 2021.
- d. Sally Warren, the interim DG for Adult Social Care since July 2025. Sally is also responsible for the 10-Year Health Plan. She succeeded Michelle Dyson, who held the position, initially in an interim capacity, from 17 September 2020 to July 2025.
- e. Jonathan Marron was the signatory for the previous Module 5 PPE statement (**SP1/1 - INQ000528391**) as the DG responsible for PPE during the pandemic. He first became involved in PPE during March 2020, when he took on PPE-related actions at a reasonable worst-case scenario (RWCS) Oversight Board. In the following week, he became the Department's DG Lead for PPE, and this was formalised on 27 April 2020 when he became DG for PPE and Prevention. This was until 1 October 2021, when he then took up roles as the DG for Health Improvement and Disparities and the DG for Primary Care and Prevention, respectively. In July 2025, Jonathan left the Department to become the Chief Transition Officer of the NHS Business Services Authority.

Arm's Length Bodies

20. The Department delivers many responsibilities through close cooperation with a number of ALBs. This includes through the Department's executive agencies, UK Health Security Agency (UKHSA - formerly Public Health England (PHE)) and the Medicines and Healthcare products Regulatory Agency (MHRA), as well as partner organisations, such as NHSE.
21. Background on these organisations was first set out in Sir Chris Wormald's First Witness Statement (**SP1/2 - INQ000184643**) at paragraph 61 which noted "*DHSC is supported by*

two executive agencies, UKHSA (and its predecessor bodies) and MHRA, and partner organisations, for example NHSE’.

22. This section focuses specifically on the ALBs that are relevant to current pandemic preparedness.

Public Health England (PHE)

23. Described in Sir Chris Wormald’s First Witness Statement, at paragraph 423, “PHE was the principal route for discharge of the Secretary of State’s public health protection duty and health improvement responsibilities (s.2A NHS Act 2006), and it also acted under the Secretary of State’s public health improvement power (s.2B NHS Act 2006)”. For the first time, health protection and health improvement responsibilities were combined in the new agency.
24. PHE provided technical leadership and input in assessing the public health risk to the UK during the pandemic. PHE was responsible for the management of the pandemic preparedness stockpile prior to the outbreak of COVID-19. During the COVID-19 pandemic, scientific expertise on infection risk was used by PHE to create guidance on effective infection prevention and control (IPC), including the use of PPE.

United Kingdom Health Security Agency (UKHSA)

25. PHE was replaced by UKHSA and the Office for Health Improvement and Disparities (OHID) in October 2021.
26. UKHSA is an executive agency of the Department with operational autonomy. UKHSA has a permanent standing capacity to prepare for, prevent and respond to threats to health. Its responsibilities are for England, across the UK on reserved health matters, and in partnership with lead agencies in Scotland, Wales and Northern Ireland on devolved issues where relevant.
27. It provides national leadership on health security and health protection and ensures a cohesive response across public health functions. UKHSA embeds effective clinical, scientific and operational functions in the public health system.

NHS England (NHSE)

28. NHSE is responsible for allocating budgets to Integrated Care Boards (ICBs) (and formerly Clinical Commissioning Groups (CCGs)), holding them to account, as well as

leading on commissioning specialised services and primary care. With the merger with NHSI under the Health and Care Act 2022, the organisation also became responsible for overseeing and holding NHS providers to account.

29. NHSE has responsibilities under pandemic preparedness that include ensuring that both itself and ICBs are properly prepared for dealing with emergencies, such as a pandemic. It also monitors its service providers' (including hospitals, ambulances, community services, etc.) compliance with arrangements imposed upon them to ensure they are properly prepared for emergencies, and for maintaining the National Pandemic Flu Service (NPFS).

Supply Chain Coordination Ltd (SCCL)

30. SCCL is the legal entity through which 'NHS Supply Chain' undertakes its procurement services and oversees operational management of the NHS supply chain and its service providers. It was owned by the Department and then transferred to NHSE on 1 October 2021.
31. Whilst NHS Trusts were not obliged to use it, about 50% of the NHS PPE market was supplied by SCCL prior to the COVID-19 pandemic (**SP1/3 - INQ000551662**). NHS organisations and SCCL had their own commercial capabilities and procurement procedures, compliant with the Public Contracts Regulations 2015 (PCR 2015, as amended 'PCR').
32. Prior to the COVID-19 pandemic, PHE contracted SCCL to manage the PIPP stockpile and to provide them with advice on logistics and supply chain management. The Department now works directly with SCCL on the pandemic PPE stockpile. More information on this change can be found at paragraphs 938 to 948 of Jonathan Marron's First Witness Statement and at paragraphs 55 to 59 and 89 to 92 in this statement.

Expert Scientific and Analysis Advisory Groups

33. Whilst the Department draws on a range of expert and scientific advice, I will highlight here the sources of expertise and analysis that are particularly relevant to the procurement of PPE and the activities described in this statement.

Advisory Committee on Dangerous Pathogens (ACDP)

34. The ACDP is a scientific advisory committee with an independent chair, operating through the Department. Its work spans multiple organisations, including the Health and Safety Executive (HSE), UKHSA and the Department for the Environment, Food and Rural Affairs (DEFRA).
35. The Committee's purpose is to provide independent scientific advice to HSE, to ministers through the Department, DEFRA, and to their counterparts under devolution in Scotland, Wales and Northern Ireland. This advice covers all aspects of hazards and risks to workers and others from exposure to pathogens, including recommendations on the PPE ensemble required based on the pathogen's route of transmission.

New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG)

36. NERVTAG is an expert committee of the Department, chaired independently by Professor Nicola Lewis (from June 2024 to the present).
37. NERVTAG's role is to advise the CMO (and through the CMO, ministers and the Department) by providing a risk assessments and mitigation advice on threats posed by new and emerging respiratory viruses. NERVTAG has provided scientific assessments on various aspects of PPE use, including PPE stockpile recommendations.

The Scientific Pandemic Infections Group on Modelling (SPI-M)

38. Before and during the pandemic, SPI-M stood for the 'Scientific Pandemic Influenza Group on Modelling'. In 2022, it was renamed the 'Scientific Pandemic Infections Group on Modelling'.
39. SPI-M is primarily composed of experts in epidemiology and disease modelling from UK universities and research institutions. At the start of the COVID-19 pandemic, it became a formal sub-group of the Scientific Advisory Group for Emergencies (SAGE) and provided regular consensus statements on the spread of the virus and the impact of interventions.
40. In non-emergency periods, SPI-M provides expert advice to the Department and the wider UK Government based on infectious disease analysis, modelling and epidemiology. The Department has sponsorship of SPI-M and determines its programme of work (**SP1/4 - INQ000023133**).

41. While SPI-M does not issue PPE guidance directly, its modelling of disease spread, hospital admissions, and intervention effectiveness informs government planning for PPE supply and distribution.

Health and Safety Executive (HSE)

42. The Health and Safety Executive (HSE) is the UK's national regulator for health and safety in the workplace. Its aim is to ensure that workplaces are as safe and secure as possible, regulating performance and taking enforcement action where necessary.
43. HSE provides guidance and advice to workplaces on a wide range of health and safety matters, including PPE. For example, it offers specific guidance on fit-testing staff for respiratory protective equipment (**SP1/5 - INQ000496891**).

The Medicines & Healthcare Products Regulatory Agency (MHRA)

44. The MHRA is an Executive Agency of the Department and is responsible for regulating medicines, medical devices, including some that are used as PPE (such as surgical masks and examination gloves). Its responsibilities include:
 - a. Conducting market surveillance of medical devices available in the UK and making decisions regarding their marketing and supply; and
 - b. Designating and monitoring UK conformity assessment bodies (**SP1/6 - INQ000551697**).

Office for Product Safety and Standards (OPSS)

45. OPSS, created in January 2018, is the UK's national product regulator. It has a broad remit and is responsible for ensuring that a wide range of consumer and business products are safe, compliant, and meet the required standards. This includes regulating PPE, such as masks, gloves and face shields.
46. OPSS oversees standards under the National Quality Infrastructure (NQI), a framework of standards, agreements, codes and regulations designed to ensure that businesses and consumers receive products that meet expected quality and safety standards.
47. During the pandemic, the OPSS was part of the Department for Business, Energy and Industrial Strategy (BEIS), which was then replaced by the Department for Business and Trade (DBT) in February 2023.

SECTION 2: PANDEMIC PREPAREDNESS PRIOR TO 2020

48. The Department has provided extensive information relating to preparedness planning prior to the COVID-19 pandemic. Its broader preparations for a pandemic are described in Sir Chris Wormald's First Witness Statement (**SP1/2 - INQ000184643**). This included details on the Department's Emergency Preparedness, Resilience and Response (EPRR) function, which was brought into the newly formed Operational Response Centre (ORC) in January 2019. It also included roles and responsibilities, stakeholders the Department engaged with, and the Department's PIPP, which was a fundamental part of its pandemic planning.
49. Further details of these structures and activities are provided in Jonathan Marron's First Witness Statement, with a particular focus on PPE. This includes arrangements made to secure ongoing supply of goods in case of disruption, the development of PPE stockpiles that were part of the PIPP and EU Exit planning, and the exercises that informed planning and the EU stockpile. This information can be found at paragraph 154 to 220 of that statement.
50. In this section, I will restate information related to the Department's pandemic preparedness before the COVID-19 pandemic, as previously set out in Jonathan Marron's First Witness Statement. This information has been included to provide context to the Department's current pandemic preparedness, which is described in Section 3. In the paragraphs below, I describe the PIPP and its relevant governance structures, the PIPP stockpile and JIT contracts.

The Pandemic Influenza Preparedness Programme (PIPP) and Governance Structures Prior to 2020

51. Before the COVID-19 pandemic, the Department-led a programme of work across the health and social care sector to both prepare for and mitigate against the risk of an influenza pandemic. This was known as the PIPP, reflecting the Department's focus (at the time) on a potential pandemic being an influenza virus, based on the risk of an influenza pandemic being the top-rated natural hazard risk in the Government's National Risk Register (**SP1/7 - INQ000022804**). Since November 2022, this has been replaced by the Department's PPP, which is described in more detail below at paragraphs 63 to 65.

52. The PIPP Board was responsible for delivering the entirety of the PIPP's work to prepare to respond to a future influenza pandemic in England, including those areas where operational delivery was delegated to delivery partners following the enactment of the Health and Social Care Act 2012 (HSCA). The PIPP Board was chaired by the Department's DG for Global and Public Health (during this period, that was Clara Swinson). The PIPP Board was supported by NHSE and PHE (and then UKHSA), with the respective management structures of each organisation overseeing their own elements of the programme.
53. One of the relevant governance structures was the PHE-chaired Clinical Countermeasures Management Board (CCMB), which included representation from Department officials and SCCL (**SP1/ 8 - INQ000184084**). The CCMB provided governance and oversight of the procurement, management and storage of the UK's clinical countermeasure stockpiles, including decisions about PPE stockpiles, and the agreements required to ensure that the UK was well prepared to respond effectively to a pandemic. This involved reviewing procurement and approval timelines, tracking progress of activities and ensuring contracts were fulfilled and that stockpile levels were maintained.
54. Another relevant governance structure was the Department and Cabinet Office (CO) co-chaired cross-government Pandemic Flu Readiness Board (PFRB). The responsibility of PFRB was to co-ordinate and ensure the delivery of work across government departments and Devolved Governments on preparations for a future influenza pandemic. PFRB was subsequently replaced by the Pandemic Diseases Capabilities Board (PDCB) in July 2021. The first meeting took place on 7 July 2021 (**SP1/9 - INQ000057649**).

The Pandemic Influenza Preparedness Programme (PIPP) Stockpile Prior to 2020

55. A key outcome of the PIPP was to ensure that the UK had rapid access to clinical countermeasures that could be deployed at pace to health and social care settings. This included ensuring the Government maintained a centralised stockpile of relevant products, and that contracts were agreed in advance to provide further stock if needed.
56. The procurement, management and distribution of the PIPP stockpile was overseen by PHE, with storage responsibilities subcontracted to Movianto UK Limited, on behalf of the Department. Decisions about the volume of products to be stockpiled were based on reasonable worst-case scenario (RWCS) modelling for an influenza pandemic. The PIPP

stockpile targets were based upon the estimated requirements for products to treat symptomatic flu patients only over the first 15-weeks of a RWCS pandemic flu outbreak, excluding business-as-usual (BAU) demand (**SP1/10 - INQ000496791**).

57. Most of the stock was held in centralised stockpiles on a 'just-in-case' (JIC) basis. Holding physical stock 'just in case' it was needed would facilitate rapid distribution in times of need and mitigate potential risks to supply chains in the event of a global pandemic.
58. In addition to but separate to the physical stock held in the JIC stockpiles, additional contracts, using a JIT approach, provided the means for further stock to be delivered at pace if needed. JIT contracts are not methods of procurement. They refer to contracts that stipulate that deliveries of products bought are made 'just in time' for their consumption, and not in advance. They are used as an inventory management method in which goods are received from suppliers only as they are needed, typically for higher value, lower consumption items. The main objective of this method is to reduce inventory holding costs and increase inventory turnover. The principle is that essential supplies and priority products are provided as needed, reducing both waste and operating costs.
59. Contracts on the JIT frameworks were awarded to suppliers that had capacity over and above the UK's BAU requirements. Individual supplier capacity, and the overall capacity of all JIT suppliers was checked with each supplier on a six-monthly basis. The JIT frameworks were contractual to ensure suppliers would meet the operational obligations at costs determined in the pre-pandemic period.

SECTION 3: CURRENT PANDEMIC PREPAREDNESS (FROM JUNE 2022)

60. The Department continues to be responsible for protecting the health and adult social care workforce and reducing the spread of infection and disease in health and care settings by ensuring that both the NHS and adult social care sectors have access to PPE in the event of a future pandemic.
61. In Jonathan Marron's First Witness Statement, at paragraphs 885 to 900, he sets out how the Department continued to prepare, up to the time his statement was being prepared (July 2024), for a future pandemic including lessons learned on modelling, PPE stockpiling and considerations for a variety of different pandemics.
62. Following on from Johnathon Marrons First Witness Statement, this section provides additional context and updated information on the Department's continued actions and

decisions relating to pandemic preparedness. In the paragraphs below, I cover the Pandemic Preparedness Portfolio (PPP), the Supply Resilience Directorate and their governance structures. It also includes pandemic PPE stockpile arrangements, including who is ultimately accountable and holds ownership for the stockpile and the bodies responsible for agreeing the contents of the stockpile, and for the purchasing, storage, inventory management and distribution of the stockpile.

Structures Within the Pandemic Preparedness Portfolio (PPP)

63. In November 2022, PIPP formally transitioned to the PPP, a broader, more comprehensive programme, designed to strengthen the UK's readiness for future infectious disease threats. This transition reflected lessons learned from the COVID-19 pandemic, and the recognition that preparedness needed to extend beyond influenza to encompass a wider range of pathogens. The PPP therefore ensures that systems, capabilities, and stockpiles are designed to respond effectively to pathogens transmitted through any of the five routes of transmission (respiratory, vector-borne, contact, oral, sexual/blood).

Pandemic Preparedness Portfolio (PPP) Delivery Board

64. The PPP Delivery Board is the central governance body responsible for overseeing and coordinating delivery of the entire pandemic preparedness portfolio. It was established in November 2023 (**SP1/11 - INQ000658588**); **SP1/12 - INQ000496890**), to ensure clear strategic direction, accountability, and integration across the numerous programmes that sit within the PPP. I currently chair the Board in my capacity as Director of Emergency Preparedness and Health Protection. Its membership comprises Directors leading programmes across UKHSA, the Department, and NHSE, reflecting the cross-system nature of pandemic preparedness and response.

65. The PPP Delivery Board is responsible for delivering the overall portfolio, of which PPE is one of the programmes. Other programmes cover vaccines (policy, supply, storage and distribution), medicines, (policy, supply, storage and distribution), emerging and infectious diseases (EID) including high-consequence infectious disease (HCID) policy, research and development and scientific advice, legislation, international pandemic preparedness, diagnostics, surveillance, risk assessment and data analysis, case contact and outbreak management, ports and borders health, public health and social measures, communications, NHSE, social care resilience and minimising transmission.

Clinical Countermeasures Policy and Programme Board (CCMPPB)

66. In February 2024, the CCMPP Board was established as part of the programme governance structures that report to the PPP Delivery Board (as described above).
67. The CCMPPB sets the strategic direction for, and assures delivery of, clinical countermeasures programmes and policies to build UK resilience to pandemics and emerging infectious disease (EID) outbreaks (including high consequence infectious diseases). The scope of the CCMPPB includes PPE and allows for oversight of the whole programme to regularly ensure that the activities undertaken by the programme meet these wider objectives.
68. The Department's Pandemic Preparedness Policy Lead for PPE formally updates the CCMPPB on the status of the pandemic stockpile (based on data from SCCL's monthly stockpile data report) and the progress on policy developments related to the health and social care sector's access to PPE and hygiene consumables in a pandemic.
69. CCMPPB is chaired by the Department's Deputy Director for UK Health Security, part of the Emergency Preparedness and Health Protection Directorate. The CCMPPB has met 7 times up to and including September 2025. I exhibit the terms of reference, and meeting minutes (**SP1/13 - INQ000496886; SP1/14 - INQ000496887; SP1/15 - INQ000658590; SP1/16 - INQ000658591; SP1/17 - INQ000658592; SP1/18 - INQ000658594; SP1/19 - INQ000658598; SP1/ 20 - INQ000658601; SP1/ 21 - INQ000658604; SP1/ 22 - INQ000658589**).

Clinical Countermeasures Management Board (CCMB)

70. The CCMB, formerly chaired by PHE and now by UKHSA, includes representation from Department officials and SCCL (**SP1/8 - INQ000184084**). Before the COVID-19 pandemic, the CCMB provided governance and oversight of the procurement, management and storage of the clinical countermeasure UK stockpiles, including decisions about PPE stock, and the agreements required to ensure that the UK was well prepared to respond effectively to a pandemic. This involved reviewing procurement and approval timelines, tracking progress of activities and ensuring contracts were fulfilled and that stockpile levels were maintained.
71. The CCMB continues as a governance structure, chaired by UKHSA, but its remit has been updated to reflect the fact that it no longer covers PPE (**SP1/23 - INQ000658603**).

This decision was taken by the Advisory Board for the Review of Emergency Clinical Countermeasures [Ref relevant papers].

The PPE Working Group (PPEWG)

72. In November 2024, after responsibilities for procuring and managing the stock within the pandemic PPE stockpile moved from UKHSA to the Department, the Department established the PPEWG. The PPEWG reviews and informs policy development and implementation for PPE and hygiene consumables for pandemic preparedness purposes in England, including advice regarding the management of stockpiles. The PPEWG ensures input from all relevant stakeholders and reports into the CCMPPB. It oversees risks and issues, facilitates their review and escalates issues as appropriate. It also assures the adequacy of relevant project plans.
73. It is chaired by the Department's Head of Pandemic Preparedness Policy, part of the Emergency Preparedness and Health Protection Directorate. It is attended by representatives from across the Department, NHSE, UKHSA and SCCL. The Department coordinates the administration of these meetings and manages the documentation for consideration at that meeting. The PPEWG has met 10 times up to September 2025. I exhibit the terms of reference and meeting minutes from the meeting(s) here (**SP1/24 - INQ000549233; SP1/ 25 - INQ000658593; SP1/ 26 - INQ000658595; SP1/ 27 - INQ000658596; SP1/ 28 - INQ000658597; SP1/ 29 - INQ000658599; SP1/ 30 - INQ000658600; SP1/ 31 - INQ000549230; SP1/ 32 - INQ000549231; SP1/ 33 - INQ000549232; SP1/34 - INQ000658614**).

Structures Within the Supply Resilience Directorate (SRD)

74. In this section, I will provide an overview of the Supply Resilience Directorate (SRD), its origins, purpose, and ongoing role within the Department. I will explain why the Directorate was established, outline its core functions, and describe how it continues to evolve to strengthen the resilience of medical product supply chains in response to emerging risks and global challenges.
75. Paragraphs 909 to 910 of Jonathan Marron's First Witness Statement set out the purpose of the SRD. The statement explains that the Directorate's role is to ensure the continuity of supply of medical products and to promote long-term supply chain resilience. The SRD works across the entire supply chain, engaging with trade associations, suppliers, manufacturers of medicines and medical products, and logistics providers. It uses

intelligence and data to horizon scan for risks, track emerging issues, and implement mitigations where needed, including bespoke interventions in cases of critical supply disruption that could impact patient care. The SRD also leads the Department's relationships with the CO and the DBT on supply resilience policy, promotes resilience as a global priority, and collaborates extensively with OGDs, ALBs, the Devolved Administrations and industry partners.

76. The SRD was established in June 2020, during the COVID-19 pandemic. Its formation reflected the Department's recognition of the need to understand and monitor medical supply chains as a core organisational function. The Directorate was created as a direct response to the dual pressures of Brexit and COVID-19, both of which highlighted vulnerabilities in global supply chains and the importance of ensuring secure and resilient access to essential healthcare supplies. The Directorate was created by bringing together existing teams and expanding capacity to provide coordinated oversight of critical medical supply chains.
77. When the Directorate was established, it consisted of three functions:
 - a. Firstly, the National Supply Disruption Response function, which during COVID-19 was to manage international freight needs, particularly for PPE and Lateral Flow Devices, and – alongside other structures stood up specific to the pandemic response – acted as a point of contact for the UK's health and care system and medical supply industry in the event of medical supply disruption that may require national support to help mitigate the impact on patients and/or service delivery (**SP1/ 35 - INQ000551696**);
 - b. Secondly, the Continuity of Supply function to help ensure that external risks, including any EU Exit legacy risks, to the supply of medical products were identified and mitigated;
 - c. Lastly, a Strategic Supply Resilience function, a new area of activity, to lead the Department's interface with cross-Government work on long-term supply resilience (largely led by, at the time, Department for International Trade) and coordinate activity on cross-cutting themes impacting more than one product area, such as International Trade.
78. The Directorate continues to operate with these original three functions and broad overarching purpose. It has evolved to respond to the changing nature of global risks and supply chain pressures, including those arising from the war in Ukraine, disruption in the

Red Sea, and the impact of international tariffs decisions. The SRD continues to adapt its approach to ensure that the Department can anticipate and respond effectively to future challenges affecting the resilience of medical product supply chains.

Stockpile Governance Board (SGB)

79. In this section, I will set out the governance arrangements that were introduced to strengthen oversight of the Department's stockpiles, as part of the SRD's wider role in ensuring supply continuity and resilience. This is relevant to this statement, as it demonstrates how the Department has applied the lessons learned from the COVID-19 pandemic to improve the management, accountability, and coordination of critical stockpiles.
80. Following a review of the Department's stockpiles in September 2023, led by the SRD, the Permanent Secretary (Sir Chris Wormald at the time) advised the creation of the 'Stockpile Governance Board' (SGB) to improve oversight of, and coordination between the Department's stockpiles. One of which is the pandemic PPE stockpile, with stockpile volumes being reported into the SGB for Department oversight. The SGB is chaired quarterly by DG Global and Public Health and its membership comprises of SROs responsible for individual stockpiles, plus commercial and clinical experts, Director-level stockpile owners (or relevant senior officials).
81. The SGB has met 6 times since 23 May 2024. I exhibit the terms of reference and meeting minutes from these meeting(s) here (**SP1/ 36 - INQ000658615 ; SP1/ 37 - INQ000549225; SP1/ 38 - INQ000549226; SP1/ 39 - INQ000549227; SP1/ 40 - INQ000549228; SP1/41 - INQ000549229; SP1/42 - INQ000658602**).

Current Pandemic PPE Stockpile Arrangements

82. The Department continues to develop how it is preparing for future threats in response to lessons learned from the COVID-19 pandemic. This includes how it plans which products to stock and how procurement is managed.
83. In this section, I will outline the key reports and reviews that have informed the Department's current pandemic preparedness planning. I will then set out the Department's current approach to the pandemic PPE stockpile, including who has ultimate ownership and accountability of the pandemic stockpile, delegated responsibilities, governance structures, plans for the provision, storage, management and

distribution of PPE stock, as well as the Department's target stockpile volumes and the current position against those targets.

Reports, Reviews and Recommendations

84. The Department continues to affirm that the single most important information that it has available, when reflecting on lessons learned, is the Technical Report published on 1 December 2022 (**SP1/43 - INQ000203933**). This report includes a chapter on non-pharmaceutical interventions, including PPE at pages 233-311.
85. The Department has been very keen to act on lessons learned to improve resilience in the system for future health emergencies. This includes implementing the recommendations of a number of reports including:
- a. The Boardman Review, published in December 2020, which made several recommendations for the Department, including preparing for future pandemic threats (**SP1/44 - INQ000055876**);
 - b. The 'Supply of PPE During the COVID-19 Pandemic' report, dated 25 November 2020 (**SP1/45 - INQ000145895**) and
 - c. The 'Investigation into the Management of PPE Contracts' report, dated 30 March 2022 (**SP1/46 - INQ000551754**).
86. Consistently recommended across these reports is the advice that the Department should not restrict pandemic preparedness and stockpile arrangements to one type of airborne virus and that non-hospital settings should also be considered. In line with key learnings from the COVID-19 pandemic, published by UKHSA (**SP1/ 47 - INQ000549224**), the Department has expanded its approach to clinical countermeasures stockpiling to cover all five routes of transmission:
- a. Respiratory;
 - b. Contact;
 - c. Sexual/blood;
 - d. Oral; and
 - e. Vector.

87. As part of this expanded approach, the Department convened a Review of Emergency Preparedness Countermeasures (Review of EPCM) to inform policy on countermeasures and ensure that its approach is applicable to a broader range of pathogens with pandemic potential and other emerging infectious disease risks (**SP1/48 - INQ000502138; SP1/49 - INQ000502139; SP1/50 - INQ000502140**). Building on the lessons of COVID-19 and the latest clinical and scientific evidence, the Review of EPCM sought advice on materials, including PPE, that should be held, or otherwise contracted for, to expand UK preparedness to this wider range of risks.
88. Policy development on PPE as part of the Department's Pandemic Preparedness Portfolio is ongoing and is based on the recommendations and advice from the Review of EPCM. Policy development also considers the impact of the pandemic on fragile global supply chains, the potential to stand up UK manufacturing in an outbreak, and the demand for products observed in a respiratory pandemic with asymptomatic transmission.

Accountability for the Pandemic PPE Stockpile and Delegated Responsibilities

89. The Department holds ultimate accountability for the pandemic stockpile of PPE and retains ownership of the PPE stock within the stockpile, including determining which PPE items should be procured for the stockpiles. This is underpinned by the findings of the Review of EPCM, and expert clinical and scientific advice including from the ACDP.
90. SCCL remains responsible for the procurement, storage, inventory management and distribution of the PPE stock for health and social care in England and Wales, which is set out in a Service Level Agreement (SLA) between the Department and SCCL, signed in September 2025 (**SP1/ 51 - INQ000658611; SP1/ 52 - INQ000549235; SP1/ 53 - INQ000658605; SP1/ 54 - INQ000549234; SP1/ 55 - INQ000658612; SP1/ 56 - INQ000658613**). SCCL's responsibilities for management of the pandemic stockpile of PPE were previously set out in schedule 11 of a Service Level Agreement between the Department and SCCL signed in April 2023 (**SP1/57 - INQ000496880**). The Department's pandemic preparedness team has worked directly with SCCL on the pandemic stockpile of PPE following an interim decision by the Review of EPCM (governance and management subgroup) in April 2022 (**SP1/58 - INQ000496875**); meaning UKHSA was no longer involved in the procurement or management of pandemic preparedness PPE stock. This was made permanent with the recent SLA with SCCL.

91. Whilst the manufacturer is responsible for ensuring its products are compliant with regulatory requirements and fit for purpose at the point of production, it is SCCL's responsibility to ensure PPE stock remains fit for purpose through compliant and appropriate storage, handling and maintenance. This is set out in the SLA.
92. The SLA also sets out that SCCL is responsible for monitoring stock (including expiration dates), product cycling and the disposal of expired stock. The pandemic stockpile is designed to operate – wherever possible - on a dynamic rotation basis, where BAU usage allows, with stock sold into the NHS before expiration, the proceeds of which fund the replenishment of stock for the pandemic stockpile. This means that a required level of PPE is to be maintained to respond to an emergency, but at the same time, that some stock will be rotated through normal BAU usage. This approach represents better value for money, minimising waste and costs to a greater degree than possible with static stockpiles and reducing the requirement to dispose of and replace expired stock.
93. The theoretical operating model provides that stock is replenished when approximately three months of shelf life remain. Three months is stipulated as product must have a minimum shelf-life of 60 days upon arrival at health or adult social care settings, if it is to be reliably accepted on delivery. Only considering product with a minimum of three months shelf life remaining as 'usable', additionally allows up to 30 days for product delivery from warehouse to health or adult social care setting. In practice, the timing of procurement initiation will vary depending on factors such as the procurement route chosen, supplier base, and production and delivery timelines. Future procurement processes are therefore initiated in sufficient time to maintain continuity of stock, ensuring new supplies are in place before the existing stock reaches the three-month threshold.

Provision of Pandemic Preparedness PPE Stockpiles

94. Pre-COVID-19 target volumes for the PPE stockpile were based on the volumes of PPE the NHS workforce would require in treating symptomatic pandemic patients only during a RWCS influenza pandemic. The underpinning analysis was based on assumptions about the numbers of each item needed for each patient interaction, for pandemic influenza symptomatic pandemic patients only. It did not account for wider uses of PPE, such as sessional use when treating non-symptomatic patients.
95. Although the Department is preparing for a wide range of possible future pandemics, it is not possible to know the precise nature of any future pandemic. The Department can make reasonable assumptions based on the best available clinical advice, the types of

PPE required in patient interactions, and the situations where PPE will be required (including, for example, treating infected cases or to support staff in treating non-symptomatic patients). The lessons learned during the COVID-19 pandemic add to that approach by allowing us to consider the volume of items requested and used in real time during the pandemic. This demand modelling and demand data is described in Part B, Section 8 of **Jonathan Marron's First Witness Statement**. As a result, the volumes of PPE used during Winter 2020-21 provide a valuable benchmark that the Department can adjust and refine to address different types of pandemic and different types of risk.

96. The department is responsible for ensuring the health and adult social care sectors in England (where DHSC has policy responsibility) have timely access to relevant PPE in a pandemic. This is provided by the PPE pandemic stockpile, which makes provisions for all health (including GPs, dentistry, pharmacies, orthodontists, optometrists, hospices, local authority services and vaccination centres) and adult social care settings (e.g. care homes, domiciliary care, daycentres, supported living).
97. Decisions about which products to include in the pandemic stockpile of PPE were informed by clinical advice on PPE products required in different pandemic scenarios, including those set out in the draft Review of EPCM Report of 12 December 2023, and updated advice from scientific advisory groups such as ACDP. Target volumes are based on the volume of PPE that the Department expects the health and adult social care sector to use in the number of weeks it takes for further stock to arrive in a pandemic, when we would expect markets to be stressed (ranging between 16 and 22 weeks, depending on the product). This modelling uses the top-down analysis of PPE distribution during the second wave of the COVID-19 pandemic response, using distribution data as an indicator of demand or need (**SP1/59 - INQ000496884; SP1/60 - INQ000551776**).

Ongoing Use of 'Just-in-Time' Contracts to Supplement the PPE Stockpile

98. As previously discussed in Section 2, as part of its pre-pandemic COVID-19 preparedness planning, PHE had contingency arrangements in place that used JIT contracts to augment the physical stockpiles of PPE and other clinical consumables held across the four nations. The concept of utilising JIT contracts is described at paragraph 58 to 59 of this statement.
99. It was felt that these contracts could provide a useful way of ensuring fast access to products without having to provide large storage capacity on the frontline; however, as experienced during the COVID-19 pandemic, suppliers faced unprecedented challenges

as a result of acute global supply issues. One effect of this was that countries banned exports of PPE, resulting in suppliers being unable to fulfil their pre-agreed JIT contracts and the subsequent failure of the Department's JIT contracts intended to supplement the PIPP stockpile.

100. As of the date of this statement, there are currently no JIT contracts in place as part of pandemic preparedness arrangements; however, the Department continues to consider a range of options available to ensure ready access to product in the event of a pandemic and to minimise the use of static stockpiling in peacetime (e.g. by maximising dynamic stock rotation into BAU NHS usage, and exploring alternative contractual arrangements that do not involve the same risks as JIT contracts).

Arrangements Regarding the Devolved Administrations

101. The Department has responsibility for the PPE stockpile for England only. Scotland, Wales and Northern Ireland now maintain their own stockpiles of PPE and all questions relating to their stockpiles should be referred to them directly. This includes information about the replenishment of those stockpiles. The Department's pandemic preparedness team meets monthly with devolved governments to discuss pandemic preparedness in relation to PPE, including sharing information about stockpile volumes, methodology for stockpile targets, and procurements. Devolved governments are represented on the CCMPPB.

Inventory Management, Warehousing and Distribution of Pandemic Stockpiles

102. As set out in paragraph 90, SCCL remains responsible for inventory management, warehousing and distribution arrangements of the PPE stock held in the pandemic stockpile across England and Wales. As of 1 October 2025, SCCL agreed a new logistics contract with GXO Logistics Incorporated (formerly Clipper Logistics, the storage provider to SCCL's subcontractor, Unipart Group Limited, during the pandemic).

103. PPE is currently held at multiple sites managed by GXO and a second storage provider contracted via SCCL's agreement with GXO; however, over the coming months, the storage arrangements for stock held by the second provider will fall under the GXO contract, and GXO are assessing the most suitable ongoing arrangements for warehousing this stock. None of these sites utilise 'deep stores' and all facilities holding stock to be distributed in the event of a pandemic are fully operational facilities capable of distributing volumes that are in line with the mobilisation plan agreed with the

Department in Schedule 1 Annex B of the SLA (SP1/52 - INQ000549235; SP1/61 - INQ000658607).

Target Volumes and Current Volumes of the Pandemic PPE Stockpile

104. As of 30 September 2025, the Department’s pandemic PPE stockpile contained a total of over 1.588 billion items of PPE, which is considerably more than the 323 million items the Department held on 9 October 2019 (SP1/62- INQ000104772). The target volumes and current volumes of the PPE products in the stockpile are summarised below:

Target volumes agreed by Health and Social Care ministers in August 2024 and Current Volumes in September 2025:

Product	Target Volume ¹ (total eaches, unless specified otherwise) rounded figures ²	Current Volumes (with minimum 3 months shelf life, as of 30/09/2025)
Aprons	Stock is below target volumes	
Eye Protection		
Fluid resistant surgical masks (Type IIR)		
FFP3 respirators		
Gloves		
Gowns		

¹ Target volume for a stockpile, or for a combination of a stockpile and contractual arrangement

² Rounded to the nearest 1000.

105. Excess stock procured during the COVID-19 pandemic has been used to replenish the current pandemic PPE stockpile, where possible and appropriate. Where the excess stock was insufficient to meet target volumes, additional stock was and continues to be procured to reach and maintain target volumes, subject to normal business case approvals. The budgets for PPE are set by Ministerial prioritisation. As part of the 2024 Spending Review, the Department secured c.£434.6m funding from 2025/26 to 2028/29 for additional PPE procurement. Further procurements will be needed in future years to maintain target volumes on a rolling basis.

106. The table above represents a snapshot of the stock levels, as requested by the Inquiry, in September 2025. The Department has several procurements underway, and further procurements planned, to bring products in the stockpile up to target volume. Due to long delivery timeframes, the Department is currently unable to advise on when it will have reached target volume, however current estimates indicate that it will have reached target volume for all product lines by the end of financial year 26/27.

107. In addition, the Department is continuing to explore other forms of contractual arrangement. One form of contractual arrangement currently under consideration, specifically for detergent tablets, is a Supplier Managed Inventory Solution (SMIS). A SMIS is a contractual arrangement where a manufacturer retains a stock of raw materials and packaging and contractually guarantees to prioritise supply to the customer in a future pandemic. The SMIS approach is different to the previously used JIT model and SCCL have indicated that a SMIS, for detergent tablets, provides greater resilience against the impact of supply chain disruption. It is believed that a combination of a physical stockpile and the use of SMIS, to meet target volumes for detergent tablets, offers better value for money compared to only holding a static or dynamic stockpile of detergent, and lower risk than a JIT contract, whilst maintaining resilience for a future pandemic. The Department's current tendering notice for chlorine tablets stipulates an agreement that the supplier must be able to deliver product on a weekly basis without delay to a specified UK depot in border-closed or restricted scenarios (**SP1/ 63 - INQ000658609**). A SMIS may be considered for PPE products in the pandemic stockpile; however, this will be explored individually for each product, recognising that a one size fits all approach is not suitable.

108. The Department will keep target volumes under review based on expert advice and data.

Reporting on Pandemic PPE Stockpile

109. As set out in paragraph 90 above, the Department's Pandemic Preparedness Team now works directly with SCCL on the pandemic stockpile of PPE. Schedule 3 of the SLA sets out responsibilities of the Department and SCCL in relation to governance and reporting **(SP1/54- INQ000549234)**.

SCCL Responsibilities

110. SCCL coordinates the administration of monthly and quarterly business review meetings and manage the documentation for consideration at each of the meetings. This includes accurate minute taking and circulation, recording actions and explicitly agreeing matters for approval from the Department.

111. SCCL submits monthly finance reports to the Department covering costs associated with management of the pandemic stockpile of PPE. The SLA sets out that by the 8th business day of each month, SCCL is to submit a finance report to the Department, including spend to date and forecasted spend for the rest of the financial year, broken down by category of spend and month.

112. SCCL submits monthly stockpile data reports to the Department. The SLA sets out that by the 14th business day of each month, SCCL is to complete, and submit to the Department, a stockpile data report **(SP1/64 - INQ000549234)** on the pandemic stockpile from the previous month. The report provides up to date data on volumes, storage, rotation, expiry, disposal, procurements and quality assurance. SCCL must inform the Department where data has materially changed from the previous month, and why, and SCCL should also inform the Department if accuracy of the data is uncertain. The Department determines the template for the monthly stockpile data report which SCCL complete.

113. On a quarterly basis, SCCL provides a quality assurance report **(SP1/ 65 - INQ000658608)**, on the quality of items held within any PPE stockpile to share with the Department as a paper to be discussed at the monthly business review meeting once a quarter. This report is escalated to the quarterly business review meeting if required (i.e. if there is an issue). The reports should include results of:

- a. Visual inspections of pallets of newly receipted products;

- b. Visual checks of 5% of goods receipted, checking: batch ID, expiry date, stock keeping unit, and condition of packaging;
- c. 13-week cycle counts;
- d. Visual checks of 5% of goods despatched (for deployment or rotation); and
- e. At the Department's direction and specification, SCCL will procure services to carry out additional quality checks or testing of products as required.

114. Additionally, when required, SCCL is to:

- a. Advise the Department where stock can be rotated through NHS BAU usage, including advice on a suitable rotation strategy for these products and those that could be partially rotated through BAU (**SP1/66 - INQ000658610**);
- b. Test plans annually with logistics providers to ensure the mobilisation plan is fully functional. SCCL is to provide the Department with an annual report with an assessment of readiness to deploy healthcare products from the pandemic stockpile, evidenced by annual testing. This will include any risks or issues identified and mitigating actions; and
- c. Alert the Department if demand from NHS trusts is projected to reach the point where SCCL is unable to fulfil orders through its BAU stock, if this is ahead of a decision from the Department to deploy the pandemic PPE stockpile.

Decision-Making in Relation to the Contents of the PPE Stockpile

115. As set out in Schedule 1 (Services) of the SLA (**SP1/52 - INQ000549235**), the Department, as the owner of the stockpile, has responsibility for any decisions to deploy the pandemic PPE stockpile in both pandemic and non-pandemic related scenarios. This requires approval from relevant senior civil servants within the Department and may require Ministerial approval.

116. With input from NHSE and UKHSA, the Department will inform SCCL of deployment requirements, including the health and adult social care settings in scope, which may include non-standard healthcare settings set up as part of a pandemic response, and the quantities of product categories to deploy. This includes ensuring SCCL has access to information about adult social care and primary care locations to deploy stock to.

117. The Department is required to provide no fewer than five business days' notice before deployment of pandemic stock may commence; however, SCCL is able to deploy limited consignments to secondary care locations within 24 hours. Following cross-government coordination, the Department will confirm where public sector organisations can support mobilisation if required.

Planned Changes to PPE Stockpile Arrangements

118. As of the date of this statement, there are no planned changes to the current stockpiling arrangements set out in this statement; however, stockpiling arrangements are regularly reviewed based on expert advice. Future changes to stockpile arrangements, including changes to roles and responsibilities, could be made as the Department continues to consider lessons learned and recommendations from the Inquiry, findings from Exercise Pegasus and recommendations from the COVID-19 Counter Fraud Commissioner.

119. The Department is currently undertaking Exercise Pegasus, a national exercise on the UK's preparedness for a pandemic, involving all regions and nations of the UK and thousands of participants. This exercise involves a data-driven simulation of a pandemic to assess significant elements of the UK's preparedness, capabilities and response arrangements in the context of a new infectious disease. Core objectives of the exercise include examining processes for the scaling up of relevant capabilities that would be needed as part of a cross-government pandemic response and identifying and reporting on relevant areas of learning to improve pandemic preparedness.

120. Exercise Pegasus focuses on the first seven weeks of an outbreak and spread of a novel pathogen with pandemic potential. Thus, activities undertaken in advance of an outbreak as part of pandemic preparedness, such as quality assurance and inspection, were not tested during live play; nor were longer-term activities, such as excess purchasing, waste and disposal. Furthermore, use of a VIP Lane is not included as part of our current pandemic response plans and thus was not in scope.

121. The extent to which the matters, as set out in the COVID-19 Module 5 List of Issues, were captured in Exercise Pegasus was driven by the requirements of the scenario. Broadly, with regards to matters most relevant to PPE, the exercise focused on the following key issues: the extent and scope of pandemic stockpiling; the skills, expertise, structures and processes for procurement during a pandemic; international trade and supply chain disruption; and logistics and distribution, and how this is prioritised to different sectors in

the early weeks of a pandemic. Feedback and review of the live exercise findings is ongoing.

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.

Name: Suzy Powell

Date: 11/11/2025

Signature:



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