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Committee of Public Accounts

Initial lessons from the government's response to the COVID-19 pandemic

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to the report*

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The Committee of Public Accounts

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Summary

The COVID-19 pandemic has tested government's preparedness for, and ability to respond to, a major emergency with wide-ranging health, social and economic impacts. The Government's response to the pandemic has been least effective in areas that we have repeatedly reported on, including data quality and data sharing, co-ordination between central and local government, and staffing and resilience in the health and social care sectors. The pandemic response has highlighted the importance of clear, timely and effective government communications to enable the public to understand the reasons for key decisions, the trade-offs being made and what it needs to do.

Following our earlier examinations of personal protective equipment (PPE) procurement, we remain concerned that despite spending over £10 billion on supplies, the PPE stockpile is not fit for purpose. Of the 32 billion items of PPE ordered by the Department of Health & Social Care as of 17 May 2021, 11 billion have been distributed, 12.6 billion are stored in the UK as central stock, and 8.4 billion are on order from other parts of the world and are not yet in the UK. Potential waste levels are unacceptably high, with 2.1 billion items of PPE unsuitable for being used in medical settings, equating to over £2 billion of taxpayers' money. For the excess PPE suitable for a medical environment, the Government is yet to create any robust plans and arrangements for repurposing and distributing this essential stock in a way which ensures value for money and protects staff and patients.

Introduction

The scale and nature of the COVID-19 pandemic and the government's response are unprecedented in recent history. By the end of March 2021, the estimated lifetime cost of measures announced as part of the government's response was £372 billion. By 10 June 2021, we had held 20 evidence sessions on various aspects of the government's response to the COVID-19 pandemic. These have included the employment support schemes, the Bounce Back Loan Scheme, NHS Test and Trace, supporting the vulnerable during lockdown, and government procurement and the supply of personal protective equipment.

This report sets out our views on what government can learn from its response to the pandemic and what it should do to ensure that those lessons are applied and improve both its ability to respond to emergencies and its business-as-usual service delivery. This report is the first in a body of evidence that we are developing and which will inform the future independent public inquiry into the government's handling of the COVID-19 pandemic. The public inquiry is expected to start in spring 2022 and may take some years to complete. We are clear that government cannot wait for the review before learning important lessons.

Conclusions and recommendations

1. **We remain seriously concerned by the extent of PPE supply that is not fit for purpose.** The Department of Health & Social Care (the Department) has ordered 32 billion items of personal protective equipment (PPE) at a cost of approximately £15 billion. As of 7 June 2021, 2.1 billion items of PPE had not passed the initial quality assurance for use in medical settings, representing 6.8% of the items purchased. This is over five times more than the estimate of the amount of PPE which was unfit for purpose that the Department provided to us in January 2021. The Department has committed to ensuring that it makes the best use of the large number of items which are unsuitable for medical settings, but we are concerned that its planning on how to repurpose them is not yet complete. Storing its central stock of PPE currently costs the Department approximately £6.7 million a week, down from £11.7 million a week in January 2021.

Recommendation: *The Department should update us with the following data on a quarterly basis:*

- *the number and cost of PPE items which, during the quarter: have been received; have been cancelled, with all relevant prepayments recovered; have been (received and) quality assured; have been distributed; have failed the initial quality assurance and are not fit for use in medical settings (i.e. 'not fit for intended purpose'); have failed the initial quality assurance and are not fit for any purpose ('exit stock');*
 - *the percentage of the total items of PPE ordered in the last complete quarter which were manufactured in the UK;*
 - *the number and cost of items of PPE currently held in central/pandemic stocks;*
 - *whether there are any types of PPE for which the central stocks do not contain at least 4-months' supply under the Department's current planning assumptions (if yes, describe); and*
 - *the weekly cost of storage of the central stocks of PPE (or, if preferred, the total running cost to date of PPE storage).*
2. **Government's ability to make well-informed decisions and address issues as they arise during the pandemic has been hampered by slow progress in addressing longstanding issues with data and legacy IT.** We have repeatedly highlighted longstanding data issues within government, including the lack of data standards, ageing IT systems, fragmented leadership, and a culture that does not support sharing data across departmental boundaries. These issues came to a head during the pandemic. For instance, missing or inaccurate telephone numbers within NHS patient records meant that the shielding programme was unable to follow-up letters to 375,000 vulnerable people with phone calls. Similarly, local government lacked access to key information from NHS Test and Trace and public health officials lacked timely information on tests conducted in privately-run sites, hindering their ability to understand and manage outbreaks within their communities. HM Treasury and

the Cabinet Office recognise that a key lesson from the pandemic has been the need to improve the quality of data available and assert that investing in data and dealing with legacy IT issues is high on their priority list.

Recommendation: *HM Treasury and the Cabinet Office should write to us by 31 October 2021 setting out how they plan to reflect the need to address data and IT issues when prioritising bids for the next spending review. The Cabinet Office should also provide us with a list of its ongoing projects aimed at improving the quality and interoperability of the data available to government by 31 October 2021, detailing goals, target dates and progress for each project.*

3. **Government risks undermining public trust and accountability for the pandemic response because of departments' repeated failure to provide a full rationale for key decisions.** We recognise that the pandemic has required departments to work at speed in difficult circumstances. But, as we have found in our previous examinations of the response to the pandemic, proper record keeping of how decisions are made and by whom is key for public confidence and to demonstrate value for money for the taxpayer. A key element of this is being transparent about the data on which decisions are made, the assumptions which have been used, and the uncertainty and limitations of the data used. Yet, government has often failed to publish full cost-benefit analyses or the data and statistics that it cites as evidence for key policy decisions. Government has also failed to publish the details of contracts awarded during the pandemic in a timely fashion. Of the 1,644 contracts awarded across government up to the end of July 2020 with a value over £25,000, 75% were not published within the 90-day target. This risks negatively affecting public perception of government's openness and accountability for public money. Most of the contracts awarded up to the end of July 2020 were awarded by the Department and its national bodies.

Recommendation: *The Department should update us by 31 October 2021 on the number of contracts awarded during the pandemic that are yet to be published.*

- *In the longer term, the Cabinet Office should ensure that lead departments for each of the main pandemic response programmes publish post-project evaluations in a timely manner. These should provide an evidence-based assessment of each project's impact and the extent to which it met its objectives.*

4. **A lack of clarity, timeliness and the volume of government communications has, at times, hindered the public's understanding of guidelines and ability to comply with them.** Government published a large amount of guidance during the early stages of the pandemic. Some departments, for example HM Revenue & Customs, developed effective, clear and consistent communications and engagement plans for initiatives such as employment support schemes. Communications from other areas of government were not always clear or timely. The Department for Education alone published 148 new guidance documents or updates to existing materials between 16 March and 1 May 2020. Guidance was often published at the end of the week or late in the evening, putting schools under additional pressure, especially when guidance was for immediate implementation. Stakeholders have identified a wide range of language-related issues in government's official communications,

ranging from complex use of vocabulary and grammar to vague references and inaccurate information. Some intended recipients may have also been excluded from communications. Government communications have focused on medical data far more than on the social and economic consequences of the pandemic, potentially limiting the public's ability to form a complete picture of the pandemic's impact. Announcements surrounding restrictions in Bolton and Blackburn on the 14 May indicate that communication errors are still taking place.

Recommendation: *The Cabinet Office should write to us by 31 October 2021, setting out what lessons it has learnt regarding communicating with the public and stakeholders and what guidelines or procedures it has implemented to minimise issues concerning the volume, clarity and timeliness of communications.*

5. **Government has yet to improve its approach to managing risk or set out which trade-offs it intends to make in future emergencies.** The pandemic has highlighted the importance of carrying out robust risk planning and being clear about risk appetite and risk tolerance. Government lacked pre-existing plans for many aspects of its response such as employment support schemes, support for people shielding and disruption to schooling. In the interests of speed, government took decisions which it recognised would lead to an increased risk of fraud and error, including relaxing some controls and streamlining spending approvals. The estimated financial consequences of this are large. Between £2.1 billion and £4.2 billion of employment support payments may be due to fraud and error. Similarly, between £16 billion and £27 billion in loans from the Bounce Back Loans scheme may not be repaid. Government's decisions on imposing or easing restrictions involve considering a wide range of factors, including health risks with, social and economic risks, yet government has lacked a formal process to balance these risks and decide which trade-offs to make. Government has acknowledged that it needs to strengthen its management of cross-cutting risks and has accepted a recommendation, from the Boardman review, that it establish a cross-department risk management profession and training programme for risk managers.

Recommendation: *The Cabinet Office should, by 31 October 2021, write to us detailing how, and when, it will implement the Boardman review's recommendation to establish a risk management profession and training programme and provide us with a quarterly progress update until this has been fully implemented.*

6. **Government needs to do more to support the health and social care workforce, who have been under constant pressure during the pandemic, to ensure its resilience going forward.** The pandemic has compounded pre-existing challenges in the health and social care sectors. In February 2020, the NHS had about 40,000 nursing vacancies and 9,000 vacancies for medical staff, while patient waiting times were continuing to slip and the number of patients on waiting lists for non-urgent treatment was rising. Longstanding staffing issues and backlogs, arising from failures in workforce planning and recruitment, have exacerbated the impact of the pandemic not only on the public, but also on the health workforce. NHS and frontline workers, already under pressure before the pandemic, have had to deal with the mental and physical strain of the response and are now tackling backlogs whilst carrying high numbers of vacancies. The NHS estimated in December 2020 that it had nearly 89,000 full-time equivalent vacancies across secondary care settings in

England. We are concerned about the impact of the pandemic on the mental health of key workers and burnout levels, which may result in more individuals leaving the medical profession and even higher vacancies rates going forward. This makes the publication of the long overdue NHS People Plan even more urgent.

Recommendation: *The Department should write to us by 31 October 2021 setting out what it is doing to provide mental health and emotional support to NHS staff, what metrics it is using to track the effectiveness of the measures adopted, and how it is performing against those metrics. It should also write to us by 31 December 2021 to provide an update on the substantive long-term NHS workforce plan to ensure the resilience of the health and social care workforce.*

1 Lessons from the government's health and social care response

1. On the basis of a Report by the Comptroller and Auditor General, we took evidence from the Cabinet Office, the Department of Health & Social Care (the Department) and HM Treasury on initial lessons from the government's response to the COVID-19 pandemic.¹

2. The scale and nature of the COVID-19 pandemic and the government's response are without precedent in recent history. By the end of March 2021, the estimated lifetime cost of measures announced as part of the government's response was £372 billion. By 10 June 2021, the National Audit Office (NAO) had published 18 reports and we had held 20 evidence sessions on various aspects of the government's response to the COVID-19 pandemic. These have included the employment support schemes, the Bounce Back Loan Scheme, NHS Test and Trace, supporting the vulnerable during lockdown, and government procurement and the supply of personal protective equipment (PPE).²

Personal protective equipment

3. In our inquiry on government procurement and the supply of personal protective equipment we found that, while government had plans and a stockpile of PPE, this proved inadequate for the COVID-19 pandemic. From February 2020 onward, the government purchased and distributed vast amounts of PPE.³ We asked the Department what was the amount and value of the PPE stock that it now held. The Department told us that, as of 17 May 2021, it had ordered 32 billion items of PPE at a cost of approximately £15 billion. Of these, 11 billion items had been distributed, 12.6 billion items were stored in the UK, and 8.4 billion items had yet to be manufactured or were not yet in the Department's UK storage.⁴

4. We previously reported that, due to the urgent need for PPE, the Department accepted more risks when buying PPE than it usually would. We concluded that the Department had wasted hundreds of millions of pounds on PPE which was poor quality and could not be used for its intended purpose.⁵ We asked the Department how much of its PPE supply it now thought was not fit for use. The Department told us that, of the 12.6 billion items of PPE stored in the UK as of 17 May 2021, 2.9 billion were not suitable for use in medical settings. These items cost £2.7 billion.⁶ The Department told us that the size of the stock identified as not suitable for use in medical settings could go up or down as new stock was quality assured and as the Department worked with regulators on quality assurance. The Department wrote to us after our evidence session and told us that, as of 7 June, the items stored in the UK which were unsuitable for medical use had reduced to 1.6 billion, on which it had spent £2.0 billion. The Department explained that this was, in part, the

1 C&AG's Report, *Initial learning from the government's response to the COVID-19 pandemic*, Session 2021–22, HC 66, 19 May 2021

2 C&AG's Report, para 3 and Appendix One

3 Committee of Public Accounts, *COVID-19: Government procurement and supply of personal protective equipment*, Forty-Second Report of Session 2019–21, HC 928, 10 February 2021

4 Q 1; Letter from the Department of Health & Social Care, 9 June 2021

5 Committee of Public Accounts, *COVID-19: Government procurement and supply of personal protective equipment*, para 7

6 Qq 1, 52, 61; Letter from the Department of Health & Social Care, 9 June 2021

result of regulators agreeing a way forward on biocompatibility, the assessment that PPE is biologically safe for humans to wear. However, the total number of unsuitable items, including those located outside of the UK (such as those stored in China or in transit) was 2.1 billion as of 7 June 2021, amounting to 6.8% of the items purchased.⁷ This is over five times higher than the estimate of 1.3% PPE unfit for its intended purpose that the Department provided to us in January 2021.⁸

5. When we examined government procurement and supply of PPE in February 2021, the Department hoped that some of the items which were unsuitable for their intended purposes could be used for other purposes.⁹ We asked the Department what its plans were for the items of PPE which did not pass quality assurance for use in medical settings, and where could these now be used. In its letter to us after our evidence session, the Department confirmed that it was continuing to explore other options for where this PPE could be used and asserted that it had made good progress on repurposing items. It told us that, of the 2.1 billion items which are unsuitable for medical settings, it had identified two-thirds (1.4 billion) as being suitable for potential use in non-medical settings. The Department set out four options for using these items: stockpiling them for future emergencies; donating them to other countries; selling them; and supplying them to non-medical settings. It estimated that it had supplied over 140 million items to other sectors such as schools, polling stations, transport operators and prisons. The Department acknowledged at our evidence session that its planning on how to repurpose the large number of items which are unsuitable for medical settings was not yet complete.¹⁰

6. In our previous examination, the Department told that its PPE contracts contained clauses which allow it to reclaim costs for substandard PPE or PPE that was not provided, but it could not tell us how many of these contracts it was pursuing or how much progress it had made. We recommended that the Department should update us on the number and value of contracts on which it was seeking to recover costs for undelivered or substandard PPE.¹¹ We again asked the Department whether it planned to reclaim any of the money that it had spent on PPE which did not pass quality assurance. In its letter to us, the Department told us that, when products are unsuitable for medical use due to suppliers' breaches of contractual obligations, it works to reclaim the money spent. The Civil Procedure Rules require the Department to explore all available options (such as commercial solutions), and most contracts require the Department to engage in mediation, prior to issuing formal proceedings. The Department receives legal advice in relation to its efforts to reclaim money owed to it in respect of defective PPE.¹²

7. We asked the Department how much PPE it expected to need over the next 12 months. The Department estimated that it will require around 11.7 billion items of PPE from 1 June 2021 to 31 May 2022, although it noted that this estimate was highly uncertain. As of 17 May, the amount of PPE that the Department had ordered was 2.7 times this estimated requirement. It explained that it had purchased PPE on the basis of reasonable worst-case

7 Letter from the Department of Health & Social Care, 22 June 2021

8 Q 62; Committee of Public Accounts, *COVID-19: Government procurement and supply of Personal Protective Equipment*, para 14

9 Committee of Public Accounts, *COVID-19: Government procurement and supply of personal protective equipment*

10 Qq 56, 59, 61; Letter from the Department of Health & Social Care, 22 June 2021

11 Committee of Public Accounts, *COVID-19: Government procurement and supply of personal protective equipment*, para 8

12 Letter from the Department of Health & Social Care, 22 June 2021

scenarios, and that it was in the “lucky position” that these had not materialised, so it expected to have more PPE than it needed. Excess stock was especially high for certain types of PPE. The Department told us that it aims to hold safety stock of at least four months’ supply at peak usage. Based on the figures that the Department provided us, as of 7 June, it was holding an estimated 13 years’ worth of stock of eye protectors (after recycling 22 million items to make food containers); over 6 years’ stock of hand hygiene products; and over five years’ stock of gowns and clinical waste bags.¹³ In its written evidence to us, the Department told us that, as of May 2021, storing its central stock of PPE had cost the Department approximately £6.7 million a week, down from £11.7 million a week in January 2021.¹⁴

Support for the health and social care workforce

8. We have repeatedly highlighted the longstanding funding and workforce challenges facing the health and social care sectors. In 2018 we examined the adult social care workforce in England and reported that levels of unmet social care need were high and rising, while staff turnover was as high as 27.8% and spending on care by local authorities had fallen by 5.3% in real terms between 2010–11 and 2016–17.¹⁵ In February 2020, the NAO reported that the NHS was carrying about 40,000 nursing vacancies and 9,000 vacancies for medical staff, while patient waiting times were continuing to slip and the number of patients on waiting lists for non-urgent treatment was rising. The percentage of patients admitted, transferred or discharged within four hours of arrival in Accident & Emergency had decreased from 91.9% in 2015–16 to 88.1% in 2018–19 and the number of patients on waiting lists for non-urgent treatment had increased from 3.85 million in March 2018 to 4.23 million in March 2019.¹⁶ The level of open vacancies persisted during the pandemic. The British Medical Association noted that, based on NHS data, in December 2020 there were 88,801 full-time equivalent vacancies across secondary care settings in the NHS in England.¹⁷

9. The pandemic placed great stress on some health and social care workers already under pressure. In our report *Readying the NHS and social care for the COVID-19 peak*, we found that thanks to the commitment of thousands of staff and volunteers and by postponing a large amount of planned work, the NHS was severely stretched but able to meet overall demand for COVID-19 treatment during the pandemic’s April 2020 peak. We warned that staff in the health and social care sector could not be expected to be ready to cope with future peaks and also deal with the enormous backlogs that had built up. In May 2020, about 45% of doctors responding to a survey by the British Medical Association reported suffering from depression, anxiety, stress, burnout, emotional distress or other mental health conditions relating to or made worse by their work.¹⁸ We received written evidence from Dr James Gilleen, University of Roehampton, who carried out a study on the impact of the COVID-19 pandemic on NHS healthcare workers. The study, based on a survey with 2,775 respondents, found that the number of workers with the most

13 Qq 1, 3, 46; Letter from the Department of Health & Social Care, 22 June 2021

14 Q 1; Letter from the Department of Health & Social Care, 9 June 2021

15 Committee of Public Accounts, *The adult social care workforce in England*, HC 690, Session 2017–19, 9 May 2018, paras 4, 7, 20

16 C&AG’s Report, *NHS financial management and sustainability*, Session 2019–20, HC 44, 5 February 2020, paras 8, 19 and Figure 3

17 British Medical Association (Ev ILG004); *NHS Vacancy Statistics*, England, April 2015 - December 2020

18 Qq 80–82; C&AG’s Report, para 39; Committee of Public Accounts, *Readying the NHS and social care for the COVID-19 peak*, Fourteenth Report of Session 2019–21, HC 405, 29 July 2020

severe levels of stress, anxiety and depression quadrupled in April 2020 compared to pre-COVID-19 levels. This was primarily associated with inadequate training, extra workload due to staff absences, and inadequate preparation for a pandemic.¹⁹

10. In our July 2020 report on *Readying the NHS and social care for the COVID-19 peak*, we recommended that the Department and NHS England and NHS Improvement (NHSE&I) should identify and agree with relevant professional bodies specific actions to support health and social care staff to recover from the impact of the first peak and how they will monitor and provide further support to staff through to the end of the pandemic.²⁰ In its response, the government noted that NHSE&I had established the NHS COVID-19 support programme that includes resources or individuals, line managers and teams that includes one-to-one and group support; health and wellbeing apps and guides; and access to two national helplines.²¹ We asked the Department what more it was doing to support staff across the health and social care sector. The Department acknowledged that the NHS workforce had been under intense pressure and that research was being undertaken to better understand this. It recognised that “one of the biggest things we can do to support the workforce is to ensure that our hospitals and other places are fully staffed” and this would require more people. It explained that the government had committed to increasing the number of nurses by 50,000 over the current parliament. It asserted that it had 10,800 more nurses than 12 months ago, as well as more doctors, and that training numbers were “very encouraging”. The Department told us that the NHS was working to support the existing workforce, including investing £15 million in 2021 and £37 million in 2021–22 in providing mental health support and counselling services for its workforce. It also noted that the NHS People Plan was focusing on flexible working and improved rostering.²²

11. The Department has yet to publish a long-term plan to improve the resilience of the health and social care workforce. Our NHS nursing workforce report, published in September 2020, noted that there had been further delay to the overdue NHS People Plan, which was originally due to be published in 2019 and still had not been published. We also found that there was a risk that the NHS was focusing on short-term pressures at the expense of the necessary long-term strategy. We recommended that NHSE&I and Health Education England prioritise publication of the substantive long-term workforce plan as soon as possible utilising the NHS's existing long-term funding allocations.²³ In its response, the government noted that the NHS People Plan was an ongoing programme of work and that in July 2020, NHSE&I and Health Education England published the next stage of this programme, *We are the NHS: People Plan 2020/21 – action for us all*. This set out the national and local steps that needed to be taken for the rest of 2020–21 to support staff in the NHS and help manage the pressures of COVID-19 through the winter of 2020–21.²⁴ We asked the Department if it was formulating a plan in terms of numbers of people

19 COVIDA Study (Ev ILG012)

20 Committee of Public Accounts, *Readying the NHS and social care for the COVID-19 peak*, Fourteenth Report of Session 2019–21, HC 405, 29 July 2020

21 HM Treasury, *Treasury Minutes: Government responses to the Committee of Public Accounts on the Fourteenth to the Seventeenth reports and the Nineteenth report from Session 2019–21*, CP 316, November 2020

22 Qq 80–83

23 Committee of Public Accounts, *NHS nursing workforce*, HC 408, Session 2019–21, 23 September 2020, para 1

24 HM Treasury, *Treasury Minutes: Government responses to the Committee of Public Accounts on the Eighteenth and the Twentieth to the Twenty-Fourth reports from Session 2019–21*, CP 363, January 2021

needed to create a resilient NHS and social care sector. It told us that this work has been done but does not necessarily define the decisions being made because the government needed to balance this with its wider priorities.²⁵

2 Lessons from the government's wider pandemic response

Data quality and data sharing

12. We have repeatedly highlighted longstanding issues with the quality of data held by government and with its ability to use data effectively to support policy interventions. In our 2019 report *Challenges in using data across government*, we noted the lack of government-wide data standards, ageing IT systems, fragmented leadership, and a culture that does not support sharing data across departmental boundaries.²⁶ In its response, the government agreed to appoint a Chief Data Officer who would act as a single point of accountability for government's use of data and agreed on the importance of winning the hearts and minds of departments to ensure good data use. It also agreed to identify the main data standards that would benefit government and the main ageing IT systems that, if fixed, would allow government to use data better and to review departments' data-sharing guidance.²⁷ At the evidence session, the Cabinet Office told us that investing in data and dealing with legacy IT issues was high on the government's priority list and that it has a programme of work over the next three years to move old systems on to new, modern, easy-to-use, cloud-based systems.²⁸

13. The pandemic has again highlighted the role of high-quality data in enabling effective service delivery, monitoring and improvement. For example, due to missing or inaccurate telephone numbers within NHS patient records, the shielding programme was unable to follow-up letters to 375,000 vulnerable people with phone calls. Local authorities, which were passed the details of individuals who could not be reached, struggled with inaccurate contact information. Difficulties sharing data also hindered local authorities' ability to understand and manage outbreaks.²⁹ We received written evidence from the British Medical Association, which told us that GPs and public health officials had been unable to receive timely, detailed information on tests conducted in privately-run sites despite government's commitment to link data from privately run centres with patient medical records. It noted that this missing information limits the usefulness of the test results in understanding and managing outbreaks within a community, putting public health at severe risk.³⁰

14. All of the witnesses highlighted the importance of data in responding to the pandemic and acknowledged a key lesson from the last year was the need to improve the quality of data available to citizens and to government, including the quality and granularity of regional economic data, and improving the ability of different systems to talk to each other. Witnesses highlighted several initiatives that government is undertaking to achieve this. In addition to HMRC's longstanding Making Tax Digital programme, government is digitising paper records, developing a new digital identity system which will include

26 Committee of Public Accounts, *Challenges in using data across government*, HC 2492, Session 2017–19, 25 September 2019, para 1

27 HM Treasury, *Treasury Minutes: Government responses to the Committee of Public Accounts on the One Hundred and Twelfth to One Hundred and Nineteenth reports from Session 2017–19 and the First and Second reports from Session 2019*, CP 210, January 2020

28 Qq 43–45

29 Qq 36–37; C&AG's Report, paras 18, 20, 22

30 British Medical Association (Ev ILG004)

a tell-us-once service for changes of address and mobile phone number, and building a national situation centre with 24/7 data feed to support rapid decision-making.³¹ We asked what could be done to ensure the better use of data, whether during a pandemic or other spheres of Government. The Cabinet Office told us that it wanted to ensure that data was available in a form that could be shared, and followed appropriate processes, but also that the sharing of data was not overly inhibited by the necessary regulatory and legal requirements.³²

15. The NAO found that the pandemic had disproportionately impacted specific groups of people. For example, disrupted schooling is likely to have longer-term adverse effects on children from disadvantaged backgrounds. The Education Endowment Foundation predicted that schools closures in the 2019/20 academic year could widen the attainment gap between disadvantaged children and their peers by an average of 36%.³³ We therefore asked the Cabinet Office about the widening of the education attainment gap between disadvantaged children and their peers during the pandemic and how the government was monitoring the catch-up schemes set up by the Department for Education to determine if they were effective. It explained that the Department for Education had evaluation frameworks in place for these programmes and progress was reported regularly to the Prime Minister, who monitored the effectiveness of interventions through the newly established Delivery Unit. The Cabinet Office acknowledged that monitoring educational attainment in real time is challenging and that gathering information on this takes time.³⁴

Transparency and openness

16. In responding to the COVID-19 pandemic, government departments and public bodies have needed to procure enormous volumes of goods, services and works with extreme urgency. Our report on *Government procurement and supply of PPE* found that, by the end of July 2020, government had awarded over 8,000 contracts for goods and services in response to the pandemic, with a value of £18 billion. The Department and its national bodies awarded 86% of the contracts. We were concerned, however, that government's response to the need to procure very quickly opened up significant procurement risks.³⁵ Whilst the government is permitted under 2015 regulations to award contracts without tendering in emergency circumstances, this ability to bypass the normal rules should always be accompanied by transparency, as it is taxpayers who will foot the bill.³⁶

17. Our February 2021 report found that for fast procurements where there is no competition, it is important that awarding bodies document why they have chosen a supplier and how any associated risks from a lack of competition have been identified and managed, and that transparency also helps to ensure accountability for procurement decisions, particularly when no competition is involved. We have regularly highlighted instances of poor record keeping and late publication of contracts. For example, of the 1,644 contracts awarded across government up to the end of July 2020 with a value above

31 Qq 16, 35, 37, 45, 89

32 Q 35

33 C&AG's Report, para 36

34 Qq 75, 78–79

35 Committee of Public Accounts, *COVID-19: Government procurement and supply of Personal Protective Equipment*, para 2; C&AG's report, *Investigation into government procurement during the COVID-19 pandemic*, Session 2019–21, HC 959, 26 November 2020, paras 10, 11

36 Committee of Public Accounts, *Fifth Annual Report of the Chair of the Committee of Public Accounts*, HC 222, Session 2019–21, 24 May 2021

£25,000, 75% were not published on Contracts Finder within the government's 90-day target and 55% had not had their details published by 10 November 2020.³⁷ We asked the witnesses how government can be more transparent about its contracts and the awarding of contracts while still working at pace. The Cabinet Office accepted that proper record keeping of how government had taken decision was "important for public confidence and trust and for being able to demonstrate good value for money over time". It explained that government had accelerated efforts to publish its contracts in a "very timely way" and acknowledged that most, but not all, contracts had yet been published. In its letter to us after our evidence session, the Cabinet Office stated that it had now published all of its contracts awarded under emergency procurement regulations, but it had limited visibility of the contracts published by other departments.³⁸

18. We received written evidence from the Royal Statistical Society, from Northumbria University on behalf of the Observatory for Monitoring Data-Driven Approaches to COVID-19, and from Civitas: Institute for the Study of Civil Society. This emphasised the need for government to be more transparent in publishing the data and rationale behind key policy decisions in order to strengthen public trust. They recommended the publication of cost-benefit analyses, impact assessments and explanatory justifications setting out the additional factors, judgements and assumptions considered as part of policy decisions and limitations or uncertainties within the data.³⁹ The Cabinet Office told us that government had improved how it provides the data it uses to inform its decisions. It also highlighted that its COVID-19 response strategy published in February 2021 included a large amount of data to explain the evidence that underlies decisions.⁴⁰

19. Our previous work has shown a mixed picture in terms of the views of end users regarding the satisfaction and success of programmes introduced in response to the pandemic. Gathering feedback from end users and frontline workers is vital for monitoring the effectiveness of interventions and improving existing processes.⁴¹ We asked what structures had been put in place to take soundings from end users. The Cabinet Office highlighted three structures: a fieldwork team within the COVID Taskforce, which had been examining what worked and the impact of policy in its implementation; the Department's local action committee, which had helped ensure that information from frontline workers fed into local decision-making; and 10,000 community champions, who were tasked with gaining the trust of local communities and explaining why government took specific actions. The Cabinet Office told us that government might continue to use these structures after the pandemic to ensure that feedback from end users and frontline workers informed government's actions.⁴²

20. We have previously highlighted the danger that reluctance to evaluate COVID-19 measures will result in departments learning lessons too late and embedding problems of design, delivery and effectiveness of response schemes which will need to adapt over time.⁴³ HM Treasury told us that for the government's major support schemes, it had been trying

37 Q 27; Committee of Public Accounts, *COVID-19: Government procurement and supply of Personal Protective Equipment*; C&AG's Report, *Investigation into government procurement during the COVID-19 pandemic*, para 23

38 Qq 25–27; Letter from the Cabinet Office, 24 June 2021

39 Royal Statistical Society (Ev ILG0017); Rachel Allsopp (Ev ILG0011); Dr Jim McConalogue (Ev ILG0013)

40 Q 19; HM Government, *COVID-19 Response – Spring 2021*, CP 398, February 2021

41 Q 89; C&AG's Report, para 26

42 Qq 14, 89–90

43 *Fifth Annual Report of the Chair of the Committee of Public Accounts*, para 26; *Committee of Public Accounts, COVID-19: Support for children's education*, HC 240, Session 2019–21, 20 May 2021

to learn lessons as it went and, where necessary, it had adapted the schemes to incorporate those lessons. It noted that fuller evaluations of these schemes will be conducted later this year.⁴⁴

Government's communications

21. Government published a large amount of guidance during the early stages of the pandemic. The NAO found that effective communication and public engagement are crucial to ensuring that COVID-19 response programmes succeed. Some departments, such as HM Revenue & Customs, developed clear and consistent communications and engagement plans for initiatives such as the employment support schemes.⁴⁵ Communications from government in other areas, however, were not always clear or timely. Guidance on PPE changed 30 times up to 31 July 2020 and social care representatives had found the frequency of changes confusing. The Department for Education published 148 new guidance documents and updates to existing material between 16 March and 1 May 2020. This guidance was often issued late on a Friday evening, putting teachers, schools and governors under great pressure, especially when guidance was for immediate implementation. When the guidance was updated, schools were not always clear what changes had been made.⁴⁶ We asked witnesses about their approach to communication, including the example in mid-December 2020 when Government announced that mass testing of pupils would take place from the first day of the new year, giving schools only a few weeks to prepare for this change and causing criticism from school staff. The Cabinet Office accepted that there had been a lot of information put out before the end of the year but told us that it had improved its approach “quite rapidly” and as the information picture concerning the pandemic had become more stable, guidance had been issued less frequently. It also explained that learning about the timeliness of communication had informed the spring strategy, which stated that decisions on easing restrictions should be communicated to the public at least one week before they enter into force.⁴⁷

22. Written evidence from Birmingham City University, which analysed a large body of government's and public health bodies' Twitter messages relating to COVID-19, identified a wide range of language-related issues in communications. These included: messages without specific content; a lack of clarity about who messages were directed to; the use of long sentences with complex vocabulary, grammar and syntax; and issues which could raise ambiguity and confusion and can make government's messages less likely to be understood, less likely to engage a wide audience, and more likely to elicit negative reactions and to exclude some intended recipients (for instance, through the use of the term ‘house’, which designates a specific type of abode, rather than the more general term ‘home’).⁴⁸ We acknowledged that government had communicated medical and scientific information extensively, but raised concerns from our constituents that “at times this has completely drowned out” information on the social and economic impacts of the pandemic. The Cabinet Office acknowledged the need to balance public health data alongside social and economic data and considered that government's ability to do this had improved over the course of the pandemic.⁴⁹

44 Qq 16, 23

45 C&AG's Report, para 16

46 Qq 29, 30, 69, 74; C&AG's Report, para 17

47 Qq 29, 30, 74; Cabinet Office, *COVID-19 Response – Spring 2021*, 22 February 2021

48 Dr Tatiana Tkacukova, Dr Andrew Kehoe and Matt Gee (Ev ILG0010)

49 Q 19

23. We asked the Cabinet Office about recent communications about travel in and out of local areas. On 14 May 2021, the GOV.UK website advised the public against travel out of areas with high levels of the delta variant of the virus, including Bolton, Blackburn with Darwen and Kirklees. This led to confusion and to a change in guidance on 25 May to clarify that the government was not imposing local restrictions. The Cabinet Office acknowledged that this had not been its “finest hour” and that the guidance was not communicated as well as it should have been. It attributed this to the fact that government focused on the communication on what it could offer the public (surge testing), rather than on the guidance asking people to be more cautious. It admitted that this had been a mistake and had now been rectified to clarify that asking people in the affected areas to take extra care and minimise travel was guidance, not law. It also stated that, following this incident, communication with local authorities in areas affected by high rates of the delta variant had improved, “taking it back to what we should always have been doing”.⁵⁰

Risk management

24. The pandemic has highlighted the importance of carrying out robust risk planning and being clear about risk appetite and risk tolerance. Our previous work, including on support for children's education during the pandemic and on the Bounce Back Loans Scheme, has found that the government lacked pre-existing plans for many aspects of its response such as employment support schemes, support for people shielding and disruption to schooling.⁵¹ In the interests of speed, government took decisions at the start of the pandemic which it recognised would lead to a “massive increase in scale” of fraud, including relaxing some controls and streamlined spending approvals. HM Revenue & Customs' planning assumptions were that between 5% and 10% of payments from the Coronavirus Job Retention Scheme (CJRS) and between 1% and 2% of payments from the Self-Employment Income Support Scheme (SEISS) were due to fraud and error. In September 2020, this amounted to between £2 billion and £3.9 billion for the CJRS and between £130 million and £270 million for the SEISS. The Department for Business, Energy & Industrial Strategy, in conjunction with the British Business Bank, has estimated that between 35% and 60% of loans from the Bounce Back Loans Scheme may not be repaid. In March 2021, the estimated value of these loans was between £16 billion and £27 billion based on loans to date.⁵²

25. Our recent report on fraud and error highlighted that the taxpayer is expected to lose billions of pounds from the increased risk of fraud and error in the government's COVID-19 schemes. It found that the cost of fraud and error within the tax and benefits system is fairly well understood by government, and HMRC and DWP have well-established approach to tackle and address fraud and error in their areas. But for many areas of spend outside the tax and benefits system there is still no formal measurement and limited capability to tackle fraud and error, risking large amounts of fraud and error being unidentified or untackled.⁵³ We therefore asked HM Treasury what it was doing to ensure that Departments pay greater attention to identifying and addressing fraud and error and complied fully with requirements set out in *Managing Public Money*. HM Treasury and

50 Qq 4–6

51 C&AG's Report, paras 5–11; Committee of Public Accounts, *COVID-19: Support for children's education*, Committee of Public Accounts, *COVID-19: Bounce Back Loan Scheme*, HC 687, Session 2019–21, 16 December 2020, para 1; C&AG's Report, para 6

52 Qq 21, 41; C&AG's Report, paras 7–8

53 Committee of Public Accounts, *Fraud and Error*, HC 253, Session 2021–22, 30 June 2021

the Cabinet Office explained that, as well as departments with established counter-fraud capabilities, such as the Department for Work & Pensions and HM Revenue & Customs, other departments such as the Department for Business, Energy & Industrial Strategy, the Department for Digital, Culture, Media & Sport and the Department for Environment, Food & Rural Affairs had to deal with increased fraud risks. It told us that government was supporting those departments with additional resource and capability, strengthening the counter-fraud and finance functions, and reminding accounting officers of their responsibilities with regard to fraud and error.⁵⁴

26. The NAO found that government had made other trade-offs during the pandemic, for example paying higher prices for goods than it would have paid before the pandemic.⁵⁵ It also had to balance the risks to the economy of enacting lockdowns and other restrictions with the risks to public health of easing those restrictions. When asked how government balanced risks within different areas in making a final decision, witnesses stressed that this involved “setting out all relevant aspects of the impact” and using modelling to try to reach a consensus. The Cabinet Office explained that this modelling was primarily health-related, and that the economic and social aspects needed to be added, but that decisions were made with the relevant Ministers and “properly played out and debated, as they should be, at each step”.⁵⁶

27. In May 2021, the government published the Boardman review into government procurement during the COVID-19 pandemic. It aimed to understand what lessons the government could learn from the procurement of PPE, ventilators, vaccines, test and trace and food parcels for the clinically extremely vulnerable to be better equipped to meet any future similar challenge. It made 28 recommendations across five broad themes of preparedness and strategy, organisational structures, resourcing, purchasing, and governance and regulation.⁵⁷ The Cabinet Office wrote to us in May and informed us that the Prime Minister had agreed to accept all of the review's recommendations.⁵⁸ The Cabinet Office acknowledged that it needed to strengthen its risk management capability and to improve its ability to monitor risks that affect multiple departments and told us that it was developing a plan to make the risk management function “a very strong profession across Government as a whole, with additional expertise, capabilities, training and accreditation”.⁵⁹ It had also introduced a quarterly review of the risks that can affect the performance or reputation of the civil service as a whole, as part of the work of the Civil Service Board. In their letter to us after our evidence session, the Cabinet Office and HM Treasury told us that the Risk Management Centre of Excellence, which is part of the Government Finance Function, had produced guidance on managing risks during the COVID-19 response and recovery; had worked with the commercial, grant and counter-fraud functions to embed risk management and control within their guidance; and had published guidance on risk appetite, which was currently being refreshed. They also stated that enhanced requirements for identifying and managing risks had been embedded within the Spending Review, upcoming Outcome Delivery Plans, and disclosures in annual reports and accounts.⁶⁰

54 Qq 40–41

55 C&AG's Report, para 9

56 Qq 20, 32

57 *Boardman Review of Government Procurement in the COVID-19 pandemic*, 7 May 2021; Committee of Public Accounts, *COVID-19: Government procurement and supply of Personal Protective Equipment*

58 Letter from Cabinet Office, 4 May 2021

59 Q 34

60 Letter from the Cabinet Office and HM Treasury, 21 June 2021

Formal minutes

Monday 19 July 2021

Virtual meeting

Members present:

Dame Meg Hillier, in the Chair

Mr Gareth Bacon

Sarah Olney

Sir Geoffrey Clifton-Brown

Kate Osamor

Mark Francois

James Wild

Draft Report (*Initial lessons from the government's response to the COVID-19 pandemic*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 27 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the Thirteenth of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Thursday 22 July at 9:15am]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Thursday 10 June 2021

Simon Case, Cabinet Secretary, Cabinet Office; **Alex Chisholm**, Permanent Secretary, Cabinet Office; **James Bowler CB**, Permanent Secretary of the Covid Task Force, Cabinet Office; **Sir Chris Wormald**, Permanent Secretary, Department of Health and Social Care; **Sir Tom Scholar**, Permanent Secretary, HM Treasury

[Q1-107](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

ILG numbers are generated by the evidence processing system and so may not be complete.

- 1 British Association for Parenteral and Enteral Nutrition ([ILG0014](#))
- 2 British Dietetic Association ([ILG0014](#))
- 3 British Medical Association ([ILG0004](#))
- 4 College of Paramedics ([ILG0014](#))
- 5 Edwards, ([ILG0002](#))
- 6 Fresh Air NHS ([ILG0014](#))
- 7 Gee, Matt (Birmingham City University) ([ILG0010](#))
- 8 GMB ([ILG0014](#))
- 9 Gortz, Dr Christoph (University of Birmingham) ([ILG0003](#))
- 10 Gortz, Dr Christoph (University of Birmingham) ([ILG0005](#))
- 11 Green, Dr Mark (University of Liverpool) ([ILG0007](#))
- 12 Green, Dr Mark (University of Liverpool) ([ILG0008](#))
- 13 Kehoe, Dr Andrew (Birmingham City University) ([ILG0010](#))
- 14 Lancaster University ([ILG0009](#))
- 15 McConalogue, Dr Jim (UK Future Governance Project, Civitas) ([ILG0013](#))
- 16 McGowan, Dr Danny (University of Birmingham) ([ILG0003](#))
- 17 McGowan, Dr Danny (University of Birmingham) ([ILG0005](#))
- 18 MedSupplyDrive UK ([ILG0014](#))
- 19 Northumbria University ([ILG0011](#))
- 20 Osborn, Mr David ([ILG0015](#))
- 21 Price, Professor Blaine (The Open University) ([ILG0006](#))
- 22 Protect ([ILG0018](#))
- 23 Royal College of Nursing ([ILG0014](#))
- 24 Royal College of Speech and Language Therapists ([ILG0014](#))
- 25 Royal College of Surgeons of Edinburgh ([ILG0001](#))
- 26 Royal Statistical Society ([ILG0017](#))
- 27 Stevenson, Professor Clifford (Nottingham Trent University) ([ILG0006](#))
- 28 Stuart, Dr Avelie (University of Exeter) ([ILG0006](#))
- 29 The COVIDA Study / University of Roehampton ([ILG0012](#))
- 30 Tkacukova, Dr Tatiana (Birmingham City University) ([ILG0010](#))
- 31 Unite the Union ([ILG0014](#))
- 32 University of Liverpool ([ILG0009](#))
- 33 University of Warwick ([ILG0009](#))
- 34 Yeromonahos, Dr Mallory (University of Birmingham) ([ILG0003](#))
- 35 Yeromonahos, Dr Mallory (University of Birmingham) ([ILG0005](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2021–22

Number	Title	Reference
1st	Low emission cars	HC 186
2nd	BBC strategic financial management	HC 187
3rd	COVID-19: Support for children's education	HC 240
4th	COVID-19: Local government finance	HC 239
5th	COVID-19: Government Support for Charities	HC 250
6th	Public Sector Pensions	HC 289
7th	Adult Social Care Markets	HC 252
8th	COVID 19: Culture Recovery Fund	HC 340
9th	Fraud and Error	HC 253
10th	Overview of the English rail system	HC 170
11th	Local auditor reporting on local government in England	HC 171
12th	COVID 19: Cost Tracker Update	HC 173
1st Special Report	Fifth Annual Report of the Chair of the Committee of Public Accounts	HC 222

Session 2019–21

Number	Title	Reference
1st	Support for children with special educational needs and disabilities	HC 85
2nd	Defence Nuclear Infrastructure	HC 86
3rd	High Speed 2: Spring 2020 Update	HC 84
4th	EU Exit: Get ready for Brexit Campaign	HC 131
5th	University technical colleges	HC 87
6th	Excess votes 2018–19	HC 243
7th	Gambling regulation: problem gambling and protecting vulnerable people	HC 134
8th	NHS capital expenditure and financial management	HC 344
9th	Water supply and demand management	HC 378
10th	Defence capability and the Equipment Plan	HC 247
11th	Local authority investment in commercial property	HC 312

Number	Title	Reference
12th	Management of tax reliefs	HC 379
13th	Whole of Government Response to COVID-19	HC 404
14th	Readying the NHS and social care for the COVID-19 peak	HC 405
15th	Improving the prison estate	HC 244
16th	Progress in remediating dangerous cladding	HC 406
17th	Immigration enforcement	HC 407
18th	NHS nursing workforce	HC 408
19th	Restoration and renewal of the Palace of Westminster	HC 549
20th	Tackling the tax gap	HC 650
21st	Government support for UK exporters	HC 679
22nd	Digital transformation in the NHS	HC 680
23rd	Delivering carrier strike	HC 684
24th	Selecting towns for the Towns Fund	HC 651
25th	Asylum accommodation and support transformation programme	HC 683
26th	Department of Work and Pensions Accounts 2019–20	HC 681
27th	Covid-19: Supply of ventilators	HC 685
28th	The Nuclear Decommissioning Authority's management of the Magnox contract	HC 653
29th	Whitehall preparations for EU Exit	HC 682
30th	The production and distribution of cash	HC 654
31st	Starter Homes	HC 88
32nd	Specialist Skills in the civil service	HC 686
33rd	Covid-19: Bounce Back Loan Scheme	HC 687
34th	Covid-19: Support for jobs	HC 920
35th	Improving Broadband	HC 688
36th	HMRC performance 2019–20	HC 690
37th	Whole of Government Accounts 2018–19	HC 655
38th	Managing colleges' financial sustainability	HC 692
39th	Lessons from major projects and programmes	HC 694
40th	Achieving government's long-term environmental goals	HC 927
41st	COVID 19: the free school meals voucher scheme	HC 689
42nd	COVID-19: Government procurement and supply of Personal Protective Equipment	HC 928
43rd	COVID-19: Planning for a vaccine Part 1	HC 930
44th	Excess Votes 2019–20	HC 1205
45th	Managing flood risk	HC 931

Number	Title	Reference
46th	Achieving Net Zero	HC 935
47th	COVID-19: Test, track and trace (part 1)	HC 932
48th	Digital Services at the Border	HC 936
49th	COVID-19: housing people sleeping rough	HC 934
50th	Defence Equipment Plan 2020–2030	HC 693
51st	Managing the expiry of PFI contracts	HC 1114
52nd	Key challenges facing the Ministry of Justice	HC 1190
53rd	Covid 19: supporting the vulnerable during lockdown	HC 938
54th	Improving single living accommodation for service personnel	HC 940
55th	Environmental tax measures	HC 937
56th	Industrial Strategy Challenge Fund	HC 941