

**IN THE MATTER OF**

**MODULE 5 OF THE COVID – 19 INQUIRY  
PROCUREMENT**

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**WRITTEN OPENING STATEMENT FOR  
THE LOCAL GOVERNMENT ASSOCIATION**

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The Inquiry will know that the Local Government Association (“LGA”), having all but two of the principal local authorities as members, represents the collected voice of local government.

This written Opening Statement for the LGA for Module 5 – Procurement seeks to highlight key points from the witness statement of its Chief Executive Joanna Killian.

It aims in particular to highlight the lessons that must be learned in order to enable Local Government to deal with Procurement in the context of any future pandemic with the greatest resilience and preparedness.

Ms Killian’s statement emphasises that future national planning processes must involve local authorities, along with those organisations and bodies (such as care provider bodies) delivering the services that require PPE.

This proposition should be uncontentious, but her statement makes clear why it is so important.

The fact is that the pandemic started in early 2020 –

- Local government had not been adequately engaged in the planning process such as Cygnus,
- There were founds to be inadequate supplies of PPE,
- The adult social care sector in particular was adversely affected because of this shortage both when supplies were redirected to the NHS or distribution networks were sub-optimal.

When the pandemic started in early 2020 the mismatch between the preparations that had been made and the actual need for PPE was soon very evident.

The greatest challenges with PPE procurement concerned the shortage of suitable PPE for those that needed it, the difficulty in procuring it given the surge in global

demand, and the lack of clear and accurate guidance about what types of PPE could be used in which settings (such as mortuaries, children's residential care homes and special schools), and for which client groups.

The responsibilities (including in producing plans) of councils in civil and health emergencies had already been set out in paragraphs 26-40, and 90-164 to in the witness statement the LGA provided to Module 1 of the Covid Inquiry (JK/13 - INQ000177803).

The issues of the shortage of suitable PPE and difficulties in procuring it had been considered in previous preparedness exercises, but they had proceeded on the wrong basis as the Inquiry has already noted.

It was therefore entirely predictable that when the pandemic started councils and the wider care provider sector, were very worried about the increased demand and associated cost of sourcing and providing PPE during the pandemic, a cost that the adult social care sector had previously not had to consider and was not prepared for. Councils and the wider care sector also struggled with changes in instructions and guidance on PPE use, which exposed staff, patients, clients and service users to risk.

Of course, it did not fall to the LGA to remedy these defaults.

Its primary role was to ensure that Government knew about the stresses and strains at the level of Local Government and that conversely Local Government were aware of the steps taken by Central Government including the changes of procedure such as the responsibility for procuring PPE and then holding and distributing stocks.

This role is fully explained in Ms Killian's statement and does not need to be repeated in this Opening. What can be emphasised is that through this role the LGA was in a very strong position to see the problems and to articulate them.

Above all else the LGA sought to improve understanding the practicalities of finding, holding and distributing PPE was absolutely essential.

That was an issue of crisis management of the greatest importance.

Ms. Killian has put it in this way –

*“ Due to the combination of –*

- Government planning and PPE stockpiling based on the assumption of an influenza pandemic,*
  - Reliance on a 'just in time' approach to delivery of equipment beyond pre-existing stockpiles,*
  - A lack of planning in the UK to be able to put in place alternative production plans to respond to the global shortage of PPE,*
- when the Covid-19 pandemic hit, the UK began from a place of*

*significant disadvantage, with insufficient PPE resources to supply the NHS, social care sector, and frontline workers, and inadequate mechanisms to rectify this.”*

It is obvious that if this were to recur in the future, no lessons would have been learned from this Inquiry.

That is why she has emphasised that UK national planning needs to consider-

*“ ...*

- Which settings, and workers will require access to PPE, what sort of PPE they will need, how much PPE will be needed as a result and the relevant specifications for that PPE.*
- Where that PPE is sourced from at a time when global demand for PPE will peak and supply chains will be disrupted, whether that is through stockpiles, the ability to make a step change in domestic production in a matter of weeks or a combination of both.*
- The distribution processes and plans needed to ensure PPE can be delivered in a timely manner to everyone who needs it.”*

The Inquiry is asked to make these points explicitly in its report on this Module.

If it does its recommendations can provide a firm foundation for rebuilding England's resilience and preparedness.

If this does not occur the same problems she has noted would recur. That simply cannot be allowed to happen.

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14 February 2025