

Wednesday, 5 March 2025

(10.00 am)

SIR GARETH RHYS WILLIAMS (continued)

Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 5
(continued)

LADY HALLETT: Mr Wald.

MR WALD: Thank you, my Lady.

Mr Rhys Williams, just to recap where we had got to yesterday afternoon, you had been driven to the use of Anglo Saxon when you learned of the VIP Lane, and you gave evidence to the effect that the involvement of ministers or what you describe as ministerial pressure proved to be, to some degree, a distraction; do you recall?

A. Yes.

Q. Yes?

A. I think --

Q. Just two questions arising out of that. Can I be clear or could the Inquiry be clear as to what it is you mean when you say "ministerial pressure"?

A. That's -- thank you. Yes, I think that's important. I think what I said yesterday, what I say again today, ministers, or more particularly their offices, because ministers rarely do this themselves, their offices chasing for an update is one thing, annoying, gets in

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Q. But Mr Rhys Williams, that's not ministerial pressure. We subdivided the forms of pressure. First and foremost is the pressure that results from the urgent need to provide those on the front line with vital PPE.

A. Mm-hm.

Q. We are not now discussing that. Ministerial pressure came through periodic interventions in the procurement decision-making process; that's right, isn't it?

A. Well, I wasn't in the teams that actually made decisions apart from the ventilator team, which were -- I think we'll come to later. So I'm not aware of ministers directly talking to the people in the cells --

Q. All right --

A. -- but there was overarching pressure the whole time: "Civil Service go faster."

Q. We'll hear from some of those individuals who were in those positions tomorrow, and perhaps I'll leave those questions, then, for them.

But so far as distraction is concerned, I just want to put up on display, if I may, INQ003339149, and page 4 of it.

Apparently, this is -- just so we situate ourselves within the document, it's a PMO (Prime Minister's Office) update of 16 April 2020, and we can see, can't we, in the right-hand column, key points -- if you can

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the way, causes noise, wastes people's time. That is very different from how some people are using the phrase "pressure" meaning a minister putting pressure on someone to take a particular order and progress it and take it to contract for non-logical reasons.

Q. Yes, so you made that distinction yesterday, but your numerous references within your written evidence to "ministerial pressure" I take to mean that there were instances in which the contact that was made did result in pressure coming to bear on those who were responsible for making decisions in relation to procurement; is that right?

A. I don't think that translated into pressure on "take this offer over that offer".

Q. Well, no, you're answering a question that I'm not putting to you. You've referred to ministerial pressure, you've told us that there are different grades or ranges of intervention from ministers or their offices, but whichever they are, it must mean that they resulted in pressure. You used the phrase in your evidence.

A. Everyone was under enormous pressure to buy as much PPE or ventilators or whatever it was, laptops for schools, or whatever the subject was, because of the nature of the crisis.

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find your way in the third section, four down:

"VIP escalation is obstructing progress of more viable opportunities for larger/scalable manufacturers."

Is that what you were referring to yesterday when you gave evidence to the effect that ministerial intervention was proving to be a distraction?

A. So it's not one of my documents and not a meeting I was at --

Q. No, but it's a reference to something that I'm asking you.

A. Yes, so that sort escalation, that noise generation distracts people answering questions. They're the elected representatives, so you have to answer their questions, but if it takes time away from the job at hand, that's possibly not best use of their time. And I think that's probably what the writer was talking about there.

Q. You either answer their questions or you set up a system that discourages the asking of those questions or that automates responses, or that you avoid the introduction of a system at all that invites that form of intervention; that's right, isn't it?

A. That would be the ideal world, but ministers are elected -- you know, they are the elected Members of Parliament and I think they -- I wasn't -- I've never

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1 been a minister, but had someone sent in an offer that
 2 was brilliant, that they'd just -- their office pushed
 3 on to the teams, and for some reason the teams had
 4 overlooked it, hadn't done anything with it, and later
 5 it had turned out that that was the life-saving offer
 6 that would have saved hundreds of people, and they've
 7 done nothing, their office wouldn't let them get into
 8 that position. Their office would be chasing those
 9 things.

10 So I agree with you, in the ideal world -- and
 11 I agree with what Professor Sanchez-Graells said
 12 yesterday, in the ideal world, you just say, "Don't
 13 worry, we're working on it", but that's not a response
 14 that meets as such favour -- or met with much favour
 15 with ministers. And I can see why, because they were on
 16 the telly every night having to answer for why there was
 17 no PPE in hospitals, why there was no ventilators, why
 18 there was no this, that and the other.

19 So yes, but I think that's unrealistic.
 20 **Q.** Mr Rhys Williams, you were watching the telly most
 21 nights and you were aware of criticism that was raised
 22 in relation to the introduction of the VIP Lane, and
 23 it's for that reason that you commissioned or you --
 24 more accurately, as you pointed out yesterday, you asked
 25 for the commissioning of two GIAA reports, isn't it?

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1 And I didn't choose the six, I don't believe. They did.
 2 **Q.** Six is -- the six "most poisonous" ones, as you put it,
 3 is a relatively small sample size, isn't it, to draw
 4 general conclusions about the VIP Lane?
 5 **A.** They did another six -- I would rather it was a larger
 6 sample but they -- in GIAA 2 they did look for pricing
 7 against the whole dataset of hundreds of contracts, and
 8 that's what's in those pricing graphs.
 9 **Q.** Let's have look at the -- some of the GIAA phase 1
 10 reports.

11 It's INQ000478823 if I could have that displayed,
 12 please. And we want, within it, the summary of the
 13 findings, "VIP channel". It's page 7 of 17.

14 Do you see, a little bit further than halfway down
 15 the page there:

16 "One of the new procedures introduced was to have
 17 a high priority mailbox ... serviced by a dedicated
 18 team, which would review offers of PPE from a reliable
 19 source."

20 Yes?

21 And then what follows are these words:

22 "Examples of sources included senior politicians,
 23 ministers, senior executives of Government organisations
 24 and MPs."

25 There's a confusion there, isn't there, because

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1 **A.** As well as the ones I did myself, yes.

2 **Q.** As well as the -- now, I'm not going to ask you about
 3 pricing because we're going to deal with pricing with
 4 a later witness. I am, relatively briefly, going to ask
 5 you about the two GIAA reports now, if I may.

6 The first was commissioned in August 2020. Yes?

7 **A.** Yes.

8 **Q.** And it was to look into allegations of cronyism
 9 surrounding the VIP Lane. Yes?

10 **A.** Yes.

11 **Q.** It led to the --

12 **A.** And proper process -- and whether we were following
 13 proper process.

14 **Q.** Yes, I've put those together.

15 **A.** Yes.

16 **Q.** That led to the phase 1 report, which was published in
 17 October 2021, 1 October 2021. So fairly swiftly
 18 produced?

19 **A.** It would have been better if it had been swifter, but
 20 yes.

21 **Q.** It was able to be as swift as it was because it
 22 looked at a relatively limited number of specific
 23 contracts?

24 **A.** Yes, I asked the GIAA to pick the six that they felt
 25 were the most poisonous and worthy of investigation.

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1 those individuals, senior politicians, ministers, senior
 2 executives of government organisations, are not the
 3 source; they are the referrers, aren't they?

4 **A.** Yes, it depends what the audit team meant by the word
 5 "source"; do they mean the referral, do they mean the
 6 company behind it?

7 **Q.** Well, it must mean to "review offers of PPE from
 8 a reliable source", "examples of sources". Just using
 9 the language as it is commonly used, you wouldn't say
 10 that because a minister has referred in a company, that
 11 minister is the source of PPE, would you? You'd say
 12 that that minister is a referrer?

13 **A.** This is not my document, so, yes, I --

14 **Q.** Well, it's not your document but it's one that you refer
 15 to extensively in your evidence that you asked that be
 16 commissioned, and that gave you the comfort that the
 17 VIP Lane was unproblematic. Yes?

18 **A.** Yes, I'm also, if you look at the -- in the bold above,
 19 the "Phase 1 Summary of Findings":

20 "... controls had been designed and established that
 21 were proportion to the need ..."

22 So ...

23 **Q.** You assumed, didn't you, Mr Rhys Williams, that because
 24 an offer had come in via a particular referrer, that
 25 that offer was inherently more credible or more solid

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1 than offers that had come in by other means?
 2 **A.** No, I didn't write that report. So the -- each team --
 3 and there are varieties of Opportunities teams, seven or
 4 eight, and the VIP team, they each triaged all the
 5 offers they got so where we talk about there's been some
 6 comment about ministers triaging, I don't believe that
 7 was the case. Some of the offers might have been --
 8 they might have winnowed out some the obviously bogus
 9 ones, but the triaging one was done by the officials, so
 10 they just dealt with their -- they dealt with their
 11 inbox. I mean, I wasn't in the team, so you'll get much
 12 more on this from Max and Chris.

13 **Q.** Mr Rhys Williams, it's right that you didn't write the
 14 report but you did write your witness statement,
 15 INQ000536362 and you wrote, within it, paragraph 75,
 16 which is page 24 -- 25, I beg your pardon.

17 While it's being located, I'll just read back to you
 18 your own words from what I thought was -- and I think is
 19 paragraph 75 of this statement:

20 "It might reasonably be anticipated that the kind of
 21 offers which had been escalated to ministers and senior
 22 officials were coming from businesses with serious
 23 offers and that the referrers recognised them as such
 24 before sending them on."

25 Do you recall those words in your statement?

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1 That is what you assumed and we're going to have
 2 a look at it in a moment whether there is a basis for
 3 assuming it. You started a moment ago to give the
 4 reasons you assumed it, but it is what you assumed,
 5 isn't it?

6 **A.** Yes, but -- sorry, I'm not quite clear what you're
 7 getting --

8 **Q.** It's a very simple question, if I may say so, Mr Rhys
 9 Williams. There was an assumption on your part that
 10 offers coming in via the HPL were inherently more
 11 credible or more solid, or more promising than those
 12 that had come in by other means. A moment ago you
 13 started to give the reasons why you had made that
 14 assumption but it was an assumption that you made,
 15 wasn't it?

16 **A.** No, I'm saying here it's coming from businesses. It's
 17 perfectly possible that the business came up with
 18 non-useful offers. But the word here is -- I think the
 19 key word is "businesses".

20 **Q.** Well, there were business offers --

21 **A.** Well, sorry, I wasn't in the HPL team that then did the
 22 triaging when they actually looked at the detail of each
 23 of these offers. We've talked before about why it's
 24 inevitable that a group of people, a group of offerors,
 25 were likely to get in touch with ministers and MPs and

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1 **A.** Yes. But they were still triaged by the officials.

2 **Q.** They were triaged after they've gone in to the HPL?

3 **A.** So what I intended to mean by that is that -- so it
 4 might be anticipated -- so it's more likely that
 5 businesses are going to contact ministers than --
 6 I think you have to look at the nature of the people in
 7 the non-High Priority Lane, who those offers were from.
 8 A lot of those were from individuals -- again, my
 9 colleagues can talk more to the detail of that. So
 10 I think it's more likely that it was businesses that had
 11 got in touch with ministers and, therefore, more likely
 12 that they were able to deal with it. But that wasn't
 13 a decision stage. Most ministers, most offices just
 14 shuffled the referral to whoever they thought was the
 15 most appropriate person.

16 **Q.** But, Mr Rhys Williams, that is, if I may say so,
 17 an answer to my earlier question. You did make the
 18 assumption, and you've now given the reasons you made
 19 that assumption, that offers that came in through the --
 20 I can see it's on the screen now, at the bottom of 75:

21 "It might reasonably be anticipated that the kind of
 22 offers which had been escalated to ministers and senior
 23 officials were coming from businesses with serious
 24 offers, and that the referrers recognised them as such
 25 before sending them on."

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1 people in the Health Service and the health family that
 2 they knew, and I think those offerors were more likely
 3 to be businesses than they were citizens. That's,
 4 I think, all I'm trying to say.

5 **Q.** Once again, you're giving explanations for an assumption
 6 that you made. I'm asking for the answer first. You
 7 can then give whatever clarification or elaboration that
 8 you wish to afterwards but, for whatever reason, it may
 9 be because more -- a disproportionate number of
 10 businesses came to minister referrers, for example. You
 11 did make an assumption that the offers that came in via
 12 the HPL were more promising, were more credible, were
 13 more solid, than those on average that came in by other
 14 means, didn't you?

15 **A.** I think the -- I think the sentence here refers to the
 16 stats above, so this is analysing the stats *ex post* not
 17 *ex ante*.

18 **Q.** All right, I'm going to move on, Mr Rhys Williams. Can
 19 we go back to the GIAA report -- it's INQ000478823 --
 20 and it's findings, back to page 7. Just below the
 21 paragraph we were looking at, or two below:

22 "Approximately 450 companies came through this high
 23 priority mailbox ... of which 45 were awarded contracts,
 24 giving a conversion rate of 10%."

25 Yes?

12

- 1 A. Yeah.
- 2 Q. So "conversion rate" means the comparison of either
3 offers made or in fact here it is suppliers to contract
4 secured?
- 5 A. Yes, it's an important distinction to make and I think
6 yesterday Professor Sanchez-Graells made an error when
7 he said that it was 90% of the offers were HPL, and
8 I regret in your opening statement, as well, you,
9 I fear, may have mixed up "companies" and "offers"
10 because here it's 450 companies whereas on Monday you
11 used 450 offers and you compared offers in the non-HPL
12 with companies in the HPL, and we talked about this
13 offline. I think this is an important distinction
14 because lots of companies gave multiple offers.
- 15 Q. They did, and I'm going to come on to this. I gave
16 a figure in opening of 17, a conversion rate of
17 17 times, rather than 10 times?
- 18 A. Yes, and I think that number is not quite right, or
19 I think it's wrong by a factor of 3 or 4, because you
20 took 450 companies in the HPL and 20,000-odd offers in
21 the non-HPL. So I suspect, though colleagues will have
22 the actual data, there's more like 2,000 offers in the
23 HPL and therefore you should have compared 2,000 --
24 anyway --
- 25 Q. Do you reject this number, Mr Rhys Williams, the

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- 1 A. Yes, probably.
- 2 Q. With hindsight, do you think that the HMRC tool was too
3 narrow a check on due diligence?
- 4 A. Haha! Well, I think it was the best, probably, that the
5 team could find at the time and I think there are very
6 few tools that -- I mean, a directorship is something
7 that Companies House record and therefore HMRC data will
8 pick up and other data the commercial function would
9 pick up. Management below directors is rarely in
10 a useful database.
- 11 Q. You asked that another GIAA report be commissioned,
12 didn't you, that dealt more specifically with due
13 diligence?
- 14 A. Well, I asked them to, when they did the first six --
15 and you made a good point earlier about sample size but
16 six is all they said they could do -- I asked them to do
17 another six because there was still plenty of noise and
18 I wanted to be as thorough as their resource would
19 allow.
- 20 Q. Did you likewise select the six most poisonous cases for
21 the GIAA Phase 2 report?
- 22 A. Perhaps "poisonous" is a loose word. I asked them just
23 to pick the ones that they thought most concerned them,
24 rather than me giving them a list. I don't believe
25 I did that.

15

- 1 conversion rate of 10?
- 2 A. No, at the time this was written -- I think it changed,
3 you know, by the time the pandemic had finished. So
4 yes, 90% of HPL offers were rejected; 10% were
5 successful.
- 6 Q. All right. I'm going to come back to the 17 times
7 conversion rate in a few moments because I want you to
8 have a full opportunity to look at the figures. In
9 relation to GIAA report, due diligence decisions were
10 not fully recorded, were they?
- 11 A. No, they owned -- we all accept the paperwork was not as
12 good as it should have been in peacetime.
- 13 Q. That's right, that's a fair summary. You say at
14 paragraph 4.442 of your corporate statement, we can go
15 to it if it is necessary but it may not be necessary:
16 "As part of the due diligence, the directors of
17 potential suppliers were checked by the Markets and
18 Suppliers team using an HMRC tool that flagged whether
19 they were politically exposed persons. The results of
20 these checks, positive or negative, were recorded on the
21 due diligence report, forwarded to the closing team."
22 Do you recall that part of your evidence --
- 23 A. I can't find it but I'm sure you're right.
- 24 Q. This only runs checks on directors, doesn't it? It's
25 a fairly narrow search?

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- 1 Q. We understand from your evidence that two contracts were
2 selected at random and four were requested for review;
3 is that right?
- 4 A. Yeah, but -- on which one? On?
- 5 Q. The Phase 2 report.
- 6 A. Phase 2. Possibly, yeah, I mean, if that's what the
7 evidence pack says.
- 8 Q. In some cases, no due diligence had been carried out?
- 9 A. So I think you need -- if that's what it says then it's
10 right. I think you need to separate -- what sort of due
11 diligence are we talking about? Are we talking about
12 financial due diligence, which did take us a week or two
13 to set up, because we didn't have access to those. We
14 talked about systems before but we didn't have access to
15 all those systems.
- 16 So what was -- what then went forward to DHSC to
17 decide whether they took the order or not, would have
18 been a pack with some financial due diligence in it,
19 late increasingly, as we went on, or without it, and
20 then it was for them, on a balance of risks point --
21 this goes back to the red flags from the Transparency
22 International of Mr Bruce yesterday -- for DHSC to
23 decide balance of risk, do we take that offer? We
24 probably wouldn't in peacetime, but do we take it now?
- 25 Q. Let's have a look at the relevant section to the second

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1 report, to the Phase 2 report, it's INQ000501951, page 7
 2 of 51:
 3 "Our review found due diligence processes on
 4 a company's background and financials was documented and
 5 due diligence was carried out before an application
 6 would go to the Clearance Board ... However, where due
 7 diligence identified potential issues, in some cases
 8 limited documentation had been retained on the Defence
 9 Share to evidence how the issues raised were resolved,
 10 or where documentation existed, it would take
 11 a significant amount of time to locate and access.
 12 Also, we found some counter parties had due diligence
 13 done on them, but others had not, therefore Cabinet
 14 Office should consider being clear about what processes
 15 and checks ..."
 16 It's put in rather binary terms within the report,
 17 isn't it?
 18 **A.** Yes, and that's my point. Earlier we weren't doing
 19 financial due diligence; later, we were.
 20 **Q.** Okay, but two of the sample size here had none done at
 21 all?
 22 **A.** If that's what the report says, then yes.
 23 **Q.** All right.
 24 **A.** I'm not denying -- it would have been ideal to have had
 25 financial due diligence from day one but we weren't able

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1 granularity is lost. But yes, what you see here is that
 2 the non-HPL ones failed the earlier phases quite
 3 quickly. So the initial sifts of, you know, what size
 4 company, is this a large order, they fell out, as
 5 you would probably expect, from the nature of the people
 6 that were proposing them, that there were lots of very
 7 small -- but worthy, well intentioned, but very small
 8 offers that would have failed the -- or did fail in that
 9 initial sift. You know, a volume thing, or maybe they
 10 were the wrong product. So yes. That's not ... this
 11 didn't surprise me.
 12 **Q.** And what you should also bear, is this not right,
 13 Mr Rhys Williams, and we'll see this in tomorrow's
 14 evidence -- if that could just stay on the screen for a
 15 moment longer -- is that in the HPL offers, you had
 16 periodic interventions from ministers or their offices,
 17 chasers, "How is this offer progressing?", and so on and
 18 so forth, whereas you wouldn't have that on the blue
 19 funnel at the top of the page, the non-HPLs; that's
 20 right, isn't it?
 21 **A.** You have to talk to the team. I suspect some of the
 22 larger non-HPL offers -- I mean, bear in mind we spent
 23 almost exactly the same amount on non-HPL as we did HPL
 24 offers, so I suspect some of the larger ones, once they
 25 got known about, would have been chased. But, yes.

19

1 to set that up.
 2 **Q.** You also looked at dropout rate analysis, didn't you?
 3 **A.** That's right, yes.
 4 **Q.** You wanted to know what the funnelling down was, HPL
 5 compared to non-HPL?
 6 **A.** Yes, so this was -- the first analysis I did was the
 7 pricing analysis and then, second, it occurred to me
 8 that we should look to see where there were two streams
 9 giving an unusual rate of dropout, were -- by which, as
 10 you go through different steps, my Lady, was a pinch
 11 point where suddenly all the low priority ones vanished,
 12 which might indicate a bias of some description.
 13 **Q.** I think the quickest way to understand the result of
 14 that analysis is to look at a graphic that you've
 15 included within your corporate statement.
 16 It's INQ000497031, and page 192.
 17 You're familiar with this graphic. It was put up on
 18 display during the opening.
 19 **A.** Indeed.
 20 **Q.** And in broad terms it shows that the funnelling down is
 21 quicker, isn't it, on non-HPL offers at every stage?
 22 **A.** Yes. When this was put in -- I didn't create this
 23 chart. The one I worked on personally was split by
 24 category, which is more useful. This is an aggregation.
 25 So it may be, I don't know, it may be that some

18

1 **Q.** Do I need --
 2 **A.** HPL --
 3 **Q.** I will talk to the team, of course, and others will too,
 4 in questioning tomorrow, but do I need to talk to the
 5 team -- by which you mean Mr Cairnduff, Mr Hall, yes? --
 6 to understand whether the interventions were as frequent
 7 outside of the HPL than they were within the HPL? Is
 8 that evidence that you can help us with?
 9 **A.** The HPL was set up deliberately to handle ministerial
 10 office requests.
 11 **Q.** Of course.
 12 **A.** So yes, my assumption, therefore, is that most of the
 13 ministerial interest was in those offers, but there were
 14 some very large offers came through the non-HPL,
 15 normal -- the other eight-stage things from China,
 16 which, as I say, when they were large and, you know --
 17 I suspect, I do not know -- Mrs Lawson would know,
 18 Emily Lawson would know -- those briefings to the
 19 Prime Minister, I suspect they gave examples of offers
 20 that they were looking at. So I think you're right in
 21 terms of where the balance was but I can't say.
 22 **Q.** All right, now we've -- that's all I really wanted to
 23 ask you about the GIAA reports phases 1 and 2, save for
 24 this: they were done several years ago, they were done,
 25 both of them, with small sample sizes?

20

1 A. Yeah.

2 Q. And they were done with other suboptimals, if I can put
3 it that way, in relation to due diligence, we've looked
4 as an example, but they were, I think you were
5 indicating, the best that could be done within that
6 relatively short timeframe when you asked that they be
7 commissioned; is that fair?

8 A. Yes, the pricing analysis they did covered everything,
9 but they only looked at, six plus six, contract and
10 process in detail.

11 Q. All right. Since that time, a lot of data, information,
12 evidence, has been made available about the HPL, about
13 the VIP Lane, to this Inquiry. You're obviously aware
14 of that?

15 A. Sure.

16 Q. Yeah. and it deals with a great many more cases than the
17 six plus six that the two GIAA reports looked at, yes?

18 A. Absolutely, I readily concede the Inquiry's got much
19 more information on this than I had at the time, or in
20 fact, you know, now.

21 Q. Yeah. And that information includes, does it not,
22 witness statements from 36 of the referrers in? Were
23 you aware of that?

24 A. You sent me some tables last night. Is that what you're
25 referring to?

21

1 thought was the relevant person in the PPE team to deal
2 with without comment. That doesn't surprise me at all.

3 Q. So on that basis, whether it's a company offer, an
4 individual offer, whatever type of offer there is, there
5 is no objective basis for concluding that the offer that
6 had come in via a referral in was inherently more
7 credible or solid, to use the language that you did in
8 your witness statement? There isn't a basis for that,
9 is there?

10 A. As I say, they're more likely to be from businesses.
11 But that's why the HPL team, the high priority team, was
12 there to triage these offers to see if they were any
13 good.

14 Q. Another way of assessing the quality or the inherent
15 credibility or solidity of offers that came in via the
16 VIP Lane is to analyse the performance of the contract
17 compared to the performance of contracts outside the HPL
18 within a given timeframe, and that timeframe must be the
19 same for both. Yes?

20 A. Yeah.

21 Q. Whether there were problems with the contract or whether
22 the contract performed as it was supposed to do?

23 A. Yes.

24 Q. Well, you may be aware that the Inquiry has obtained
25 a lot of data from the DHSC providing information about

23

1 Q. Well, a bit earlier than last night, but nonetheless
2 you've been looking at some tables and I'm going to take
3 you to them.

4 But before I do that, were you aware that the
5 Inquiry has sought and secured a number of witness
6 statements from referrers into the VIP Lane.

7 A. Referrers? So --

8 Q. Referrers, yes.

9 A. Yes, I felt sure you would.

10 Q. Yes, we're going to look at referrers and we're going to
11 look at caseworkers, so we're going to look at the two
12 ends of the process, as it were.

13 Of those 36 referrers, just over two-thirds, 67% of
14 them, tell us they had conducted -- well, let's have
15 a look at the pie chart that results from that witness
16 evidence.

17 It's INQ -- thank you very much, it's there already:
18 "Evidence of referrers in respect of suppliers which
19 were awarded contracts."
20 67%, just over two-thirds, of referrers into the
21 VIP Lane tell us that they can ...

22 A. That they've done no due diligence.

23 Q. That they've done no due diligence.

24 A. Yes, and that's, I think, my point before. Their
25 offices just shuffled the incoming to whoever they

22

1 PPE; are you aware of that?

2 A. You sent me that last night, yes.

3 Q. Can we turn, then, to Inquiry document INQ000582366, and
4 it's page 4 of that, paragraph 1.5.

5 "Performance issue."
6 And we're looking at the top here:
7 "High Priority Lane."
8 And "No" means it's an offer that's come in outside
9 the High Priority Lane, "Yes" means it's come in through
10 the High Priority Lane.

11 Were there performance issues? Yes, there were.
12 For non-High Priority Lane offers, in 39% of the cases.
13 And that's compared to 55% for High Priority Lane
14 offers.

15 So we've dealt with the due diligence aspect,
16 whether referrers in simply passed them on, as you've
17 acknowledged was normally the case.

18 We now look at performance. On that second basis,
19 on that second measure, there is no objective basis upon
20 which to conclude that offers that came in through the
21 VIP Lane through referrals were performed better or were
22 therefore inherently more credible or more solid or more
23 promising. That's right as well, isn't it,
24 Mr Rhys Williams?

25 A. This isn't my data, it's DH --

24

1 Q. Of course not.

2 A. -- data. So I think the question is what sort of
3 performance issue, and I suspect DH have a breakdown
4 of it: was it an invoice incorrect, was it Customs
5 declaration done wrongly, or was it quality, as in
6 quality of product? And I don't think this jumps out.

7 What did jump out to me last night when I looked,
8 was China Buy, which is mainly direct from
9 manufacturers -- so the HPL and things that came into --
10 as I understand it, the things that came into the
11 HPL/non-HPL channels were mainly intermediary type
12 stuff, but it's quite interesting that China Buy is
13 mainly manufacturers and you see that lower down, 54
14 plays 55. You'd have thought that manufacturers would
15 have had the best paperwork, the best quality. So I --
16 but I can't really -- I'm happy to give some
17 observations but I -- this isn't my data.

18 Q. This is high level, and you're right that this chart
19 does not identify -- it would be a very much more
20 complicated chart, if it did -- the nature of the
21 defects in the contracts, the reasons for performance
22 failures. But what's sauce for the goose is sauce for
23 the gander. If there are performance issues inside the
24 HPL and performance issues outside the HPL, the details
25 of which are unknown in both cases, one can, broadly

25

1 advantageous if it happened to coincide with a moment of
2 need for whatever was being offered. Yes?

3 A. I think it's in one of my evidence packs but I would
4 struggle to find the paragraph, but I'll get it to you,
5 but I think I --

6 Q. I may have missed it, in which case I apologise. In any
7 event, broadly speaking, generally speed of processing
8 would be more advantageous than slowness of processing,
9 subject to the exception that you raise; is that fair?

10 A. Yes, and the distribution of the speed. If everyone was
11 in a day or two and a different group was within a day
12 or two, that might be one thing, but I suspect that the
13 range of speeds going through, which is why I didn't try
14 to do the analysis at the time, because I just think we
15 would have got mired in rubbish data, the distribution
16 of how long things take, I think, is probably -- and
17 luck, frankly, on whether this vendor took a week to
18 turn around a question that we'd asked them, or that
19 vendor took a day to turn around a question or an hour
20 to turn around a question, compared to our internal
21 processing, which is I think the valid or the -- you
22 know, very justifiable question that you're answering.
23 I don't think we know the speed of our processing rather
24 than the total time.

25 But again, this is not my -- you know, Chris Hall

27

1 speaking, make the comparison that is made in this
2 chart, can't one, because what you say would apply also
3 outside the HPL, wouldn't it?

4 A. There could be different mix in different channels of
5 different issues. I don't know that from looking at
6 this.

7 Q. These are averages?

8 A. Quite.

9 Q. But do you have contrary evidence upon which to base
10 a conclusion to say that VIP-referred offers performed
11 better within the same time period as non-VIP Lane ones?

12 A. No, but I wouldn't have. That's all for DH. This is
13 looking *ex post*, the question is *ex ante*, that's why
14 these -- that's why all the offers were triaged in the
15 same way. I said yesterday we were already in the place
16 of having inconsistent treatment of offers because to
17 the China Buy Team we're looking at one set, in -- and
18 we covered that yesterday. So I am happy to ask one of
19 my ex-team to work with DH to unpick this data a little
20 bit but I don't think I can help unpick an average.

21 Q. All right. You gave evidence yesterday afternoon to
22 some degree on speed, and I asked you whether the speed
23 of processing was advantageous and you raised a point,
24 I think for the first time in any of the evidence that
25 we'd seen, that slowness of processing may be

26

1 I think has spent more time on the timing data, and the
2 analysis he's done is they were broadly comparable,
3 HPL/non-HPL, good offer to contract.

4 Q. All right. In high-level terms, then, because if Chris
5 Hall is going to be able to give the more detailed
6 evidence, we can ask him about that, but the reason why
7 speed is advantageous is that we're dealing at that time
8 with a very volatile market, a fast-moving market, and
9 the sooner you can get an offer to an eventual decision
10 maker, the better, usually?

11 A. Correct.

12 Q. I mentioned some guidance and you expressed some
13 reservations about caveats within that guidance.
14 I think, in fairness, we should look at it now. It's
15 INQ000477274, page 2.

16 A. Sorry, what's this from?

17 Q. This is guidance on progressing offers, 7 May 2020.

18 A. This is instructions to people in the teams.

19 Q. It's an internal document, I think -- exactly -- to
20 inform the likes of Mr Hall when dealing with offers.

21 A. Yes.

22 Q. Yes? Did you produce it?

23 A. Not me personally, no. This was probably written by
24 Andy Woods or one of the people running the
25 Opportunities teams.

28

1 Q. With your involvement?
 2 A. No.
 3 Q. Without, okay. That may be why you're not on top of the
 4 detail of it. But let's have a look at that detail now:
 5 "Closing Team
 6 "An opportunity should only be progressed if ..."
 7 Then we go down, various different criteria here,
 8 and then the penultimate bullet:
 9 "The offer is less than two weeks old. Offers more
 10 than two weeks old are generally not credible in the
 11 current market and should not be progressed unless you
 12 have expressly confirmed with the caseworker that they
 13 remain valid."
 14 Now isn't that fairly clear? It may be something
 15 that you were not familiar with at the time or you're
 16 not familiar particularly with now but, on the face of
 17 the document, it's fairly clear, isn't it, that
 18 a speedier process for an offer will place it at
 19 an advantage, for this reason -- amongst others, for
 20 this reason alone, if one is to focus on this reason.
 21 A. So this is the Closing Team, so this is after technical
 22 assurance, after all the other processes. So I think it
 23 is a fair point they make: if the thing is old, talk to
 24 the case worker, who might well go back and check that
 25 the offer was still on the table or hadn't been sold to

29

1 Q. Excuse me, 61% of the referrers did chase for updates?
 2 A. That's the problem, yes.
 3 Q. That's the problem: why is that the problem?
 4 A. Because that's the noise that gets generated.
 5 Q. Indeed, it's a problem because it's a distraction, and
 6 it's a problem because it brings to the fore offers that
 7 may or may not have otherwise been to the fore. If
 8 you're getting emails from referrers, particularly
 9 senior referrers or their offices, it's only natural,
 10 it's only human, isn't it, to prioritise that, to use
 11 the word that features in the HPL, the High Priority
 12 Lane?
 13 A. So two things to say, I mean, yes, the intention is no
 14 one would -- I've said already, it would be much better
 15 if there was no ministerial office chasing but I think
 16 that's unrealistic. Procurers in government are trained
 17 to ignore things outside of the matter of the contract
 18 or the subject of the offer, and we had a particularly
 19 bruising court case that we lost, the NDA lost,
 20 £100 million that cost us because the procurement team
 21 were seen to be non-consistent.

22 So everybody knows to ignore stuff outside of the --
 23 you know, the case in question. But we were where we
 24 were, and so I can see why the team decided that an HPL
 25 was a better -- a single group of people handling these

31

1 somebody else.
 2 Q. It is a fair point that they make. Is it a fair point
 3 that I make, Mr Rhys Williams, that, if you can as far
 4 as here in the process within your two weeks, then
 5 you're in with a shot? Then you might be one of those
 6 that is part of a conversion rate, the
 7 1 to 10 conversion rate? That's fair also, isn't it?
 8 A. Yes, but it also says "unless you have ... confirmed
 9 with the caseworker that it remains valid", so --
 10 Q. Of course, there may be exceptions.
 11 A. Well, I don't know if there were exceptions or routine.
 12 The average time, according to Chris Hall's analysis,
 13 and apologies if I quote this wrongly, I think it's
 14 three and a half weeks. So that would slightly imply
 15 that anything over two weeks, lots of things were being
 16 referred back to the caseworker but I don't know that.
 17 You'd have to talk to the team on the ground.
 18 Q. All right, let's go back to some of the charts that
 19 arise out of the evidence obtained from the
 20 36 referrers, the witness evidence that was obtained
 21 from referrers.
 22 It's INQ000475005, and page 2.
 23 You can see there, can you not, Mr Rhys Williams,
 24 that 61 of the referrers did chase for updates?
 25 A. 61%.

30

1 chasings was a better way of doing it, certainly higher
 2 calibre people, rather than disaggregating those
 3 referrals on a cab rank basis to Opportunity team 1, 2,
 4 3, 4, 5, you know, round and round and round, which was
 5 then, given that the requests were bound to come in, the
 6 61%, you'd then have to work out who you'd given that --
 7 referred that to, find someone in that team who's
 8 probably, you know, more junior.
 9 So this a lesser of two evils problem, and I regret
 10 it. There are -- in my recommendations there are
 11 a number of ways where I think we could avoid this
 12 scenario, but --
 13 Q. Mr Rhys Williams, you say that everyone knows to ignore
 14 the noise. You mean the caseworkers, don't you? Those
 15 on the receiving end of these messages, these emails,
 16 whatever?
 17 A. Well, respond to them but not take, you know, not take
 18 heed of them.
 19 Q. Okay. The Inquiry --
 20 A. They'll use their own judgement, is perhaps a better way
 21 of putting it.
 22 Q. Use their own judgement. The Inquiry has taken evidence
 23 or has surveyed those caseworkers. It was provided with
 24 20 names of High Priority Lane caseworkers by the
 25 Cabinet Office, you may be aware --

32

1 A. I wasn't but --

2 Q. -- and it surveyed 17 of them, yes? Now, the team, it

3 reached levels of as much as 38 in number, didn't it,

4 for the High Priority Lane?

5 A. I'm not across that detail but, yes, if you can say --

6 LADY HALLETT: 38 what?

7 MR WALD: 38 individuals working within the VIP Lane.

8 LADY HALLETT: Thank you.

9 MR WALD: Let's display now, in order to see the result of

10 that survey, INQ000581860, and we start with the

11 representation of the answer to this question:

12 "Did any referrers to the HPL contact you directly?"

13 15 responses were given and 53.3% said yes, to that?

14 A. Yeah, I think that's the mirror of the previous pie

15 chart.

16 Q. It should be approximately, shouldn't it?

17 A. Yes.

18 Q. Let's just zoom out again, so that we can be clear:

19 "Where an individual indicated that they were not

20 contacted or unable to remember, they were not required

21 to fill in the remaining questions."

22 I draw that to your and the Inquiry's attention

23 because the next pie chart does therefore deal only with

24 the 53.3%, those that were contacted.

25 A. Uh-huh.

33

1 other non-HPLs". I don't know, I wasn't -- I haven't

2 seen the survey detail.

3 LADY HALLETT: Just before we go on, Mr Wald. Just so

4 I follow: 20 people surveyed because I find percentages

5 can sometimes be sometimes a bit misleading.

6 MR WALD: 17.

7 LADY HALLETT: Well, basically it talked about 20 on the

8 previous page but anyway.

9 MR WALD: Names of 20 provided.

10 LADY HALLETT: Let's take 20 because it's easier --

11 MR MANSELL: Okay.

12 LADY HALLETT: -- if it's 17 then my figures will be even

13 more complicated -- of which 53 -- so just over half, so

14 they were contacted.

15 MR WALD: Yes.

16 LADY HALLETT: So that would be 10, if it were 20.

17 MR WALD: It would be.

18 LADY HALLETT: Then 66.7% didn't think they'd be treated --

19 so we're down to about six. So when we're talking

20 individuals, we're talking five individuals, roughly?

21 I'm looking at Mr Stoate, if he knows those figures.

22 MR WALD: It was closer to 10. There were 15 responses, you

23 can see there, above on the pie chart. So we're talking

24 about 10, two-thirds of that is 10.

25 LADY HALLETT: In which case, my maths really is failing me.

35

1 Q. All right. If we could move, then, down to the next

2 one, is it page 9? There it is, yes:

3 "The survey also asked the following question:

4 "Do you consider contracts in the HPL were treated

5 differently throughout the process to contracts awarded

6 outside of the HPL? (For example in speed ... due

7 diligence, assessments of value for money.)"

8 Now you say that caseworkers knew to ignore this

9 stuff, the incoming requests for updates and other forms

10 of intervention but it looks from this survey result

11 that 66.7, two-thirds, just over two-thirds, of those

12 that responded in the affirmative, that they had been

13 contacted by referrers, did consider that the processing

14 of contracts was different as a result of those

15 interventions.

16 A. I'm not sure it quite says that, it says -- but this is

17 the whole purpose of the HPL, to respond to requests,

18 and we discovered earlier that the non-HPL didn't have

19 as many requests. So the whole purpose of the HPL was

20 to respond to ministerial requests. So it depends --

21 I don't have the detail below this, you've put "for

22 example", but if that's in -- if you gave those as those

23 are the only examples you wanted a yes to, then that's

24 fine, but one answer that would get a yes is "Yes, we

25 responded to the referrers and that didn't happen in

34

1 I'm going to have to take this away and think about it.

2 I think it might be more helpful if we did try to work

3 out how many individuals, because I find percentages,

4 you know, if you had 100% of people surveyed and you

5 only surveyed ten people it's -- you know, it doesn't

6 give you much help, does it?

7 MR WALD: Yes, it's not an enormous sample size. As

8 I understand this pie chart, it's two-thirds of 15, so

9 10.

10 LADY HALLETT: Yes, but the 66.7% is of the 53.3%, isn't it?

11 Isn't that what you just told us?

12 MR WALD: No, I'm sorry, I -- that's not right. That

13 applies to other pie charts, and those other pie charts

14 limit the number of responses. This one we know the

15 actual number of responses, because it's indicated --

16 LADY HALLETT: The 15.

17 MR WALD: -- on the screen and on the slide. It's 15

18 responses.

19 LADY HALLETT: So these aren't 15 people who said they had

20 been contacted, which the first pie chart showed us?

21 This is not relating to the first pie chart?

22 MR WALD: That's right. 15 responded, and all of them had

23 been contacted, and a quarter of them, approximately,

24 said no, they didn't feel like the result was anything

25 different within the HPL, but two-thirds said, yes, they

36

1 did think that there had been different treatment as
 2 a result of that contact.

3 **LADY HALLETT:** I think I'm getting a bit confused here.
 4 Could someone just take -- we're taking up time and it's
 5 not fair on Mr Rhys Williams. So if someone could try
 6 and work out for me exactly what these figures mean, in
 7 terms of individuals, roughly. I appreciate 7.1
 8 individuals doesn't exist, but just to give me a vague
 9 idea of how many individuals, as opposed to percentages.

10 **MR WALD:** We'll certainly do that, my Lady.

11 **LADY HALLETT:** Thank you but before we move on that --
 12 **A.** I'm sorry, and what element of difference because
 13 I think that's important. I would be disappointed if
 14 that meant that people had progressed things faster for
 15 no otherwise meritorious reason.

16 **MR WALD:** Well, this is --
 17 **A.** But they were there to respond to requests. So ...
 18 **Q.** This is the point I wanted to raise with you, Mr Rhys
 19 Williams. You said earlier that everyone knows to
 20 ignore this stuff, to use the phrase that you did.
 21 Everyone knows to use their judgement, rather than to
 22 respond to ministerial intervention, or contact, or
 23 communication. What is clear from this slide is that
 24 that isn't what was happening:
 25 "Do you consider contracts in the HPL were treated

37

1 **LADY HALLETT:** -- to back off, certainly?
 2 **A.** Well, if it's not interfere -- and Mr Wald makes a great
 3 point, and these questions are absolutely appropriate,
 4 for a minister to ask a question that directs -- what's
 5 called in Civil Service speak, directs you to do
 6 something is a very high stakes thing. But asking for
 7 an update, these are the elected representatives we work
 8 for Parliament, we work for them. They have a right to
 9 scrutinise our speed of work and make pithy comments
 10 about how we're doing it in all sorts of shapes and
 11 forms. And that is uncomfortable sometimes, but I --
 12 this is a slightly more philosophical question, but
 13 I think in our structure, you know, civil servants
 14 report to their ministers and then have to respond to
 15 questions for them.

16 **LADY HALLETT:** It's part of the DNA?
 17 **A.** Yes, and I tried to draw the distinction yesterday. In
 18 normal times, you publish a timetable of when different
 19 award stages -- again, when perhaps you go from five
 20 vendors down to three, down to two, down to one, and
 21 after those decision meetings have been had then it's
 22 appropriate to update the minister, or whoever, outside
 23 of the decision-making process but who has a legitimate
 24 interest, subject to confidentiality, and so on and so
 25 forth. But this was not that environment; this was

39

1 differently through the process outside ..."
 2 To say yes to that implies, does it not, that
 3 something different was done, in relation to speed and
 4 due diligence and assessment or value for money?
 5 **A.** Or other elements. I don't know. I mean, I'll have to
 6 talk to the ten people who ticked the blue box.

7 **LADY HALLETT:** Can I just ask a question, Mr Rhys Williams.
 8 The professor yesterday suggested that one of the ways
 9 you might have been able to deal with the update, the
 10 pressure -- let's call it "pressure", in inverted
 11 commas, for ministers, saying what's happening, was
 12 basically to tell the ministers to back off, in other
 13 words to send a message out, I don't know, from
 14 Number 10, or wherever, "Look, nothing is going to
 15 happen, you can put as much pressure on as you like but
 16 everything is just going to keep going on so, just stop
 17 wasting our time". Did anybody think about doing that
 18 rather than setting up the High Priority Lane?
 19 **A.** Much of the pressure emanated from people in Number 10,
 20 so I think, that's just -- find 100 civil servants and
 21 ask them that question and see how much they smile.
 22 I mean, I just --
 23 **LADY HALLETT:** What, it just is not realistic to tell
 24 ministers to back off, or tell -- (overspeaking) --
 25 **A.** Well, and it's --

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1 chaos, every minute.
 2 **MR WALD:** Thank you, my Lady. Just two more points on the
 3 graphs, if I may.
 4 You commissioned the two GIAA reports because of
 5 concern or reports in the media about cronyism, there
 6 were allegations about cronyism that you were concerned
 7 about and wanted to investigate, isn't that the case?
 8 **A.** I wanted to know if I had overlooked something, yes.
 9 **Q.** Yeah. Those reports allayed your concerns, didn't they?
 10 **A.** Insofar as they could do. I did a couple of other
 11 exercises myself that -- we've discussed one of them, we
 12 haven't discussed the pricing one.
 13 **Q.** The Inquiry was also concerned and conducted its own
 14 analysis, and the result of that can be displayed
 15 INQ000475005 at page 3.
 16 You were aware, were you not, that the successful
 17 awards were overwhelmingly, so far as we know, from
 18 referrals in of those that were members or supporters of
 19 the Conservative Party, the then Government?
 20 **A.** Sorry, the question is in several bits there. So this
 21 chart, I think, is talking through things coming through
 22 the HPL --
 23 **Q.** It is?
 24 **A.** -- rather than the total --
 25 **Q.** The HPL.

40

1 A. -- the total footprint.
 2 Q. It's looking at the degree to which successful contracts
 3 through the HPL were affiliated politically to the
 4 Conservative Party, rather than any other party?
 5 A. Well, I think most of the referrals came from
 6 ministerial offices, so there's no surprise they were
 7 conservative at the time. So I think the question is,
 8 "Was it causal", which is a very good question to ask.
 9 Q. The result of this analysis doesn't surprise you, is
 10 that what I take from your last answer?
 11 A. Well, I think it's only encouraging that more came
 12 through the Civil Service and probably by Civil Service
 13 you also mean NHS. I'm not sure you can draw a huge
 14 amount from this.
 15 Q. It doesn't concern you, Mr Rhys Williams, that there is
 16 no representation of referrals in relation to successful
 17 contracts through the HPL from any other party? That
 18 doesn't, to you, signal some problem with the HPL
 19 process?
 20 A. I think it is more than not believable that civil
 21 servants would winnow out a good offer because it came
 22 from the Labour Party. I would be appalled. I just --
 23 I just can't believe that.
 24 Now, you'll talk to colleagues to find out, you
 25 know, why -- it might be a good question to them --

41

1 Q. Mr Rhys Williams, would you allow me to take this in
 2 stages, because it's not obvious stuff and it needs to
 3 be --
 4 A. No, this is really complicated. That's why it's
 5 important to get it right.
 6 Q. Please allow me -- if I get it wrong, you'll say so, but
 7 wait for me to do so, if you wouldn't mind.
 8 430 potential suppliers, 51 suppliers awarded
 9 contracts. That is a conversion rate, in terms of
 10 suppliers, of 11.86%. Yes?
 11 A. And that, I think, correlates with the 10% that was from
 12 the dataset but only halfway through the pandemic, so
 13 I assume this is for the full pandemic data.
 14 Q. Non-HPL, many more potential suppliers -- we're still
 15 talking about suppliers --
 16 A. Yes.
 17 Q. -- 15,194. 173 suppliers awarded contracts.
 18 A. Yes.
 19 Q. That's a conversion rate of 1.13%, with suppliers.
 20 A. Yes.
 21 Q. Which gives an overall conversion rate comparison of ten
 22 and a half times, roughly ten, focusing on suppliers.
 23 Yes?
 24 A. Yeah --
 25 Q. Now the reason for the 17 times conversion rate, it

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1 referrals that came from non-Conservative sources, what
 2 was the issue with those offers? I don't have that
 3 detail. But civil servants are trained to be apolitical
 4 in -- the sort -- they're trained to look at the offer.
 5 Q. All right.
 6 Let's go back, as I said I would, to the figures.
 7 You've made your comments about the 90% figure from
 8 Professor Sanchez-Graells of yesterday. I'm not going
 9 to go back to that. I do want to go back to --
 10 A. I think it was 30 --
 11 Q. -- the 17 times conversion rate that I mentioned in
 12 opening.
 13 Let's start, if we may, with INQ000528391.
 14 It's a witness statement, not yours, but of
 15 Mr Jonathan Marron, who is due to give evidence after
 16 you today.
 17 Page 192, table 11.
 18 A. Yes.
 19 Q. We see there, within the HPL, 430 potential suppliers.
 20 A. Okay.
 21 Q. 51 were awarded contracts.
 22 A. And you used 430 in your chart that drove the 17 and
 23 a half by --
 24 Q. No, well, let's take it in stages --
 25 A. -- for -- for offers, not suppliers.

42

1 arises out of a focus not on suppliers but on offers,
 2 because, as you know, some suppliers secured multiple
 3 contracts.
 4 A. And lots of suppliers made multiple offers, yes.
 5 Q. Yes, exactly. So let's have a look at that.
 6 A. I'm just remembering that the table you put up in your
 7 opening statement had 430 in a box called "Offers", not
 8 suppliers, and you're comparing that with 22,000 --
 9 I didn't screenshot it -- of non-HPL offers. So
 10 I suspect, my Lady, that the HPL companies beneath it
 11 were probably bigger -- this is back to who they
 12 contacted -- were bigger and therefore likely more
 13 offers per company, but I don't know that. That's
 14 just -- and, you know, that is an assumption.
 15 Q. The total number of offers rather than suppliers is
 16 significantly higher than the number we looked at
 17 earlier. It's 24,000, I'm --
 18 A. That sounds about right, yes.
 19 Q. Yes. Of which 430 were offers in the HPL?
 20 A. No, 430 is the number of suppliers in the HPL. They
 21 would definitely have had more than one offer per
 22 supplier, and therefore -- I think you just picked
 23 somewhere -- I think it would be good if your analyst or
 24 Chris Hall or someone from DH could get together because
 25 these are really important numbers and to put out that

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1 it's 17.5 times more likely, I think it's probably
 2 a factor of 3 or 4 less than that. We need to get to
 3 the right answer, and there are lessons to learn about
 4 the data and I'm not trying to hide behind that.

5 **LADY HALLETT:** I agree, Mr Wald. What concerns me is that
 6 there could be a misleading headline if we don't get
 7 these figures correct --

8 **MR WALD:** All right.

9 **LADY HALLETT:** -- and that misleading headline would be
 10 unfair to everybody.

11 **THE WITNESS:** Sorry, I shouldn't -- I wonder do you have the
 12 slide that you gave us on the opening statement because
 13 I think that would make the point that I made.

14 **MR WALD:** I'm not sure I can summon it up at a moment's
 15 notice but certainly we will take up the suggestion of
 16 trying to agree the figure.

17 **LADY HALLETT:** Well, maybe if we take the morning break now,
 18 I don't know how much -- I appreciate that Mr Stoate is
 19 going to take over the questioning. How much more
 20 questioning have you got of the witness, Mr Wald?

21 **MR WALD:** Not very much, a matter of a few minutes.

22 **THE WITNESS:** My Lady, this is quite complicated. Perhaps
 23 we could write to you once we have all got together
 24 about this. Analysing this is really difficult and
 25 I don't --

45

1 whereas the 23,570 on the left-hand side, at 9 o'clock,
 2 I think that is much more likely to be actual offers,
 3 whereas the 430, I believe, is suppliers.

4 And I think the offers number is more like 2,000,
 5 2,500, something like that, but I defer to my
 6 colleagues.

7 **Q.** If it were offers, if, contrary to what you've just
 8 said, it were offers, then it would affect the
 9 conversion rate, wouldn't it?

10 **A.** No --

11 **Q.** If that is correct -- you say that that relates to
 12 suppliers, and that of course is what Mr Marron says in
 13 his evidence. We looked at his table.

14 **A.** I've not seen his --

15 **Q.** Well, but --

16 **A.** -- table, but I think -- can I put it the other way
 17 round: I think it is much more likely that there was one
 18 offer per HPL supplier. Only -- exactly one. I think
 19 that's --

20 **Q.** No, no one is suggesting that. Let's just --

21 **A.** Yes, you are --

22 **LADY HALLETT:** Well, except on another map -- sorry, forgive
 23 me, haven't we got 430 as the figure for suppliers under
 24 the High Priority Lane? Isn't that the point --

25 **MR WALD:** That's my point, my Lady.

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1 **LADY HALLETT:** I understand that, don't worry. I've
 2 certainly got that point, if I'm not following the
 3 figures.

4 I think I'll take the break now and the team can
 5 consider how much progress we're likely to make asking
 6 these questions at the moment before doing the work you
 7 suggested. I shall return at 11.20.

8 **(11.06 am)**

9 **(A short break)**

10 **(11.20 am)**

11 **LADY HALLETT:** Mr Wald, where have we got to?

12 **MR WALD:** My Lady, we'll see if we can get any further on
 13 this. And if not we will, as you suggest, Mr Rhys
 14 Williams, we'll take it offline, we'll try to agree
 15 figures.

16 You did ask that the representation, the doughnut
 17 diagram that was used in opening, be displayed. So
 18 shall we start with that so that we can understand your
 19 concern?

20 **A.** Sure.

21 **Q.** It's INQ000474992.

22 **A.** Yes, and that's what I'm getting at. In the top right
 23 there, my Lady:
 24 "High Priority Lane offers (430),"

25 That's, I believe, a transcription error, whatever,

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1 **LADY HALLETT:** In other words, it's a bit of a coincidence
 2 you've got 430 suppliers in one map and 430 offers,
 3 I think is the point that Mr Rhys Williams is making.

4 **MR WALD:** The source of the figure of 430 for suppliers is
 5 the table we looked at before the short break.

6 **A.** I think that is right, 430 suppliers. I think the
 7 offers number on this slide is perhaps where the
 8 transcription has gone wrong.

9 **Q.** Let's have a look at the source of the 430 figures for
 10 offers rather than suppliers, then.

11 Could we have INQ00565970, please.

12 **(Pause)**

13 **LADY HALLETT:** It doesn't look as if we're going to resolve
 14 this swiftly. We've got many other questions, I know
 15 Mr Stoate has, for Mr Rhys Williams. I think we'd
 16 better move on.

17 **MR WALD:** All right, my Lady.

18 **LADY HALLETT:** We'll try to resolve it offline with your
 19 assistance.

20 **THE WITNESS:** Thank you, my Lady.

21 Could I make one final comment, while the team are
 22 changing over, which we've not talked about but which
 23 I think is relevant? So in the early days of the
 24 pandemic, we bought everything, and there was maybe
 25 criticism that we bought too much. That's a slightly

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1 different thing. We bought everything we could. And
2 the market what's called cleared. So if we didn't buy
3 it, someone else bought it. There was no surplus PPE
4 anywhere on the planet for the first few months, I don't
5 know the date exactly, but the market cleared.

6 So it is surprising how few, like half a dozen or
7 so, I talk to them in my evidence pack, my Lady, of
8 people complained that we did not take their offer.

9 So I think -- we went through, or the team went
10 through, all the low priority ones, and, as we've
11 discussed, we bought everything we could. And so
12 I think there's a -- the pricing point, I don't --
13 I know we're going to talk about -- when I'm not here,
14 but I -- I don't understand where this 80% increase in
15 costs number has come from and I -- hopefully when you
16 see the charts, you will make your own mind up. But
17 also, very few other people complain.

18 So I don't see where -- the process has its faults,
19 as I've been very open about. We were where we were in
20 terms of process. And Professor Sanchez-Graells is very
21 right to make the comments that he did on that.

22 All the product that was sold by anyone who offered
23 anything. It went to us or other countries. I don't
24 think HMG lost out materially on price, although
25 that's -- obviously you must make your own mind up. And

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1 move air into and out of a person's lungs and which were
2 used or could be used to take over the body's breathing
3 process when Covid-19 caused the lungs to fail and
4 allowing the patient time to fight off the infection and
5 recover?

6 **A.** Yes.

7 **Q.** You say that in early March -- this is in your statement
8 of 2020 -- the advice from the Scientific Advisory Group
9 for Emergencies (SAGE) was that in the reasonable
10 worst-case scenario, excess deaths from Covid-19 could
11 be 520,000 within three months, and that some
12 781,000 people would require ventilation at some point
13 while hospitalised. Yes?

14 **A.** Those are SAGE's numbers, not --

15 **Q.** Yes, but they're what you cite to us.

16 Prior to the pandemic, the purchasing of
17 ventilators, along with most other medical equipment,
18 was carried out by individual NHS trusts; is that right?

19 **A.** Yes, subject to what we talked about yesterday with SCCL
20 doing mainly commodities --

21 **Q.** Yes.

22 **A.** -- but I believe equipment was mainly bought by trusts
23 directly.

24 **Q.** You note in your evidence there was no central list of
25 how many ventilators were held by the NHS or what model

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1 the process was not perfect but the GIAA and Boardman
2 said the process was -- you know, there were data gaps,
3 for reasons we've discussed, so I -- but I think that
4 market clearing and limited number of complaints --
5 suppliers to government complain at the drop of
6 a quarter hat, and there were half a dozen or so.

7 **LADY HALLETT:** Thank you.

8 Mr Stoate.

9 **Questions from COUNSEL TO THE INQUIRY**

10 **MR STOATE:** Thank you, my Lady.

11 Mr Rhys Williams, I'm going to ask you -- I'm going
12 to pivot to a completely new topic, if I may.

13 **A.** Goody.

14 **Q.** I'm going to ask you questions focused on the
15 procurement of ventilators during the pandemic.

16 Just a few background questions first. Given the
17 nature of Covid-19 as a disease, and its impact on
18 respiratory systems, and of course, as you've told us,
19 looking across from the UK to the EU, to Europe, the
20 availability of ventilators during the pandemic was
21 initially thought to be critical for treating those
22 suffering from the disease; is that right?

23 **A.** I believe so, yeah.

24 **Q.** In very simple terms, I think I use your phrase here,
25 ventilators, we're talking about medical devices that

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1 or specification they were?

2 **A.** That's correct, that's what I'd learnt at the time, yes.

3 **Q.** And you observed this:

4 "We had not anticipated the need for ventilators and
5 so started the pandemic with many fewer than I believe
6 is the case for other countries (on a per capita basis)
7 which ... meant that we were always going to be
8 scrambling to rectify the situation."

9 You say:

10 "Not having an inventory of how many ventilators:
11 what type, age, state of repair and where, made trying
12 to estimate how many we would need even harder."

13 Yes?

14 **A.** Yes.

15 **Q.** So you've given us those very large figures from SAGE.
16 In your evidence you say:

17 "In March 2020 ..."

18 Looking right at the beginning of the pandemic.

19 "... it was tentatively estimated by DHSC and
20 [NHS England] that the NHS had access to something like
21 6,000 to 8,000 ventilators ..."

22 Yes?

23 **A.** I believe so, yes.

24 **Q.** But that, on that reasonable worst case scenario we
25 looked at, 30,000 would be required by April of 2020,

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1 and some 90,000 required by November of 2020. In other
2 words, the modelling you were receiving indicated that
3 the number of ventilator beds required would exceed
4 supply both soon and essentially potentially very
5 significantly so; is that right?

6 **A.** Yes, by -- in their final case, 82,000.

7 **Q.** Yes. Briefly, the manufacture of ventilators is
8 a complex process, isn't it?

9 **A.** Yes, they are complicated machines.

10 **Q.** And very different from many of the PPE sectors which
11 will obviously receive attention from the Inquiry. It's
12 a sophisticated combination, isn't it, of electronics,
13 batteries, software, gas delivery systems, monitoring
14 alarms, many moving parts?

15 **A.** Yes, about 300 or so to 500 bits/components per --
16 depending on what the model, is my Lady.

17 **Q.** You say in your evidence, at this early stage, global
18 demand for ventilators -- because of course everyone was
19 seeing the same thing, weren't they -- meant that there
20 was no confidence that significant number of ventilators
21 could be sourced from existing producers and it was
22 likely to be difficult to purchase the key materials to
23 buy all those parts; is that right?

24 **A.** Yes. And I should add also, you know, a number of
25 countries had export bans. So -- yes, so.

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1 **A.** Yes, we always knew that was going to be a very long
2 shot but there were no other options available and to
3 put -- this is a different statistic that you haven't
4 mentioned but is relevant -- there was a chart that we
5 all saw at the beginning of the Ventilator Challenge
6 period that looked at cases and number of ventilators,
7 the 6,000 to 8,000 that you mention, and I think I'm
8 right in remembering that they -- someone reversed out
9 the numbers and said, well, after two weeks at, you
10 know, projected rates, which were projected rates,
11 3,000 people a week would die through lack of
12 ventilators.

13 **Q.** Putting a date on it, 12 March, what you tell us is that
14 the Secretary of State for Health, Matt Hancock, had
15 a call with the Prime Minister, Boris Johnson and the
16 Chancellor of the Duchy of Lancaster, Michael Gove,
17 along with members of the Government Commercial
18 Function, discussing an urgent need for ventilators, and
19 it's at this point the idea arose of getting a group of
20 UK-based companies together to assist with manufacturing
21 more of them; is that right?

22 **A.** Yes, I wasn't at that meeting but one of my colleagues
23 was who came back and talked to me about it immediately
24 afterwards.

25 **Q.** The next day you emailed Patrick Vallance, the Chief

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1 **Q.** Yes, this was a global problem, wasn't it, not just a UK
2 problem?

3 **A.** Indeed.

4 **Q.** Looking at the UK though, there were, as you say, no
5 large-scale domestic producers of any ICU -- intensive
6 care unit mechanical ventilators in the UK or domestic
7 companies with current lines of ventilators licensed for
8 sale. This is looking at March 2020; is that right?

9 **A.** Yes, there was one company, UK company, Diamedica, who
10 did have a product sold, I believe, in Saharan Africa
11 but that was not licensed for the UK, but it was a UK
12 company. But that's not an ICU ventilator, there are
13 different flavours of ventilators, which we might get
14 into.

15 **Q.** No, we don't need to get into that for these questions
16 but there might come a point when we do. But
17 summarising this, you've now got very significant excess
18 death estimates, very significant estimates of how many
19 ventilators needed, many fewer of those ventilators
20 available, an overheated global market and no domestic
21 production of those devices; is that right?

22 **A.** Yeah.

23 **Q.** As such, is this correct, your focus -- and this is
24 where you come in, effectively, isn't it -- your focus
25 became domestic production of ventilators?

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1 Scientific Adviser, and Steve Oldfield, the Chief
2 Commercial Officer, at DHSC seeking their views on
3 an idea to assemble a team of engineers basically to
4 design and make a new simple, mass-manufacturable
5 ventilator; is that right?

6 **A.** Yes, of a very simple sort. So I'd been thinking
7 overnight what could we do -- so I used to run a company
8 that made toilet hand dryers so I knew a bit about the
9 technology and I was meaning something that might be for
10 home use, very basic, but we could hopefully make
11 hundreds of thousands of. You'll probably come to this
12 but I was rapidly educated by the clinicians that this
13 was not what they wanted.

14 **Q.** Yes, we'll come to that but still at this very earlier
15 stage, you spoke to Sir John Manzoni, Chief Executive of
16 the Civil Service and Permanent Secretary of the Cabinet
17 Office, discussed a two-pronged centrally led approach
18 to your securing -- I think you were fairly rapidly
19 educated because you tell us at this stage what was
20 actually needed was more high-end ventilators for the
21 NHS; is that right?

22 **A.** That's right, yes, the doctors were very clear that they
23 didn't need what they referred to as "bag squeezers" and
24 this is because, my Lady, the ventilators -- the patient
25 is unconscious at the time, you've got tubes going down

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1 into you. That's rather different from a mask on your
 2 face which pumps air into, which that still goes through
 3 your lungs, and therefore your body can still protect
 4 yourself, and that was the education point that
 5 I rapidly understood.

6 **Q.** Yes, yes. These two prongs of this two pronged
 7 approach, firstly, first prong: buy as many ventilators
 8 as possible from the UK and global suppliers, that was
 9 an exercise led by the Department for Health and Social
 10 Care, with a joint unit to secure overseas
 11 opportunities, which included the FCO and the Department
 12 for International Trade?

13 **A.** That's right, yes, we should carry on -- they had
 14 already been trying to buy as many as they could but we
 15 should absolutely reinforce that and put more people
 16 into it and try and buy as many as we could in the
 17 market, obviously.

18 **Q.** Yes, and, secondly, to work with suppliers and
 19 manufacturers here to increase the production of
 20 ventilators in the UK, and that became what we now know
 21 as the Ventilator Challenge; is that right?

22 **A.** Correct.

23 **Q.** That was led by the Cabinet Office; is that correct?

24 **A.** Yes.

25 **Q.** Forgive me --

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1 period of time and they were UK based, and had a UK
 2 licence so, obviously, we wanted to scale them up and
 3 they wanted to scale up as fast as they could. But that
 4 was never going to cover the gap between what we could
 5 buy in the market, which was a few hundreds, and, you
 6 know, these thousands that were then predicted.

7 **Q.** In both cases, either increasing the production of
 8 existing designs or developing new designs, you tell us
 9 it was necessary for any such machines to secure the
 10 approval of the Medicines and Healthcare Products
 11 Regulatory Agency, the MHRA; is that right?

12 **A.** Absolutely.

13 **Q.** Before they would be put into production and receive
 14 contracts for manufacture?

15 **A.** Absolutely, yes.

16 **Q.** The aim at this stage clearly very ambitious, if we're
 17 looking back at those SAGE statistics and what you're
 18 told by NHS England, essentially to make 30,000
 19 ventilators in eight weeks; is that right?

20 **A.** Yes.

21 **Q.** In its early stages, a team called passage consulting
 22 was enlisted to undertake project management; is that
 23 right?

24 **A.** Yes, PA are a well-known management consultant but
 25 they're more about product development and operational

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1 **A.** Well, it was me and my team.

2 **Q.** You, because you've already told us, you had
 3 a procurement role and a private-sector engineering
 4 background?

5 **A.** And I'd worked in medical devices as it happened and,
 6 you know, I didn't know anyone else around who could do
 7 it so I allocated myself to this.

8 **Q.** Yes, it fell to you. You became the Senior Responsible
 9 Officer and the Accounting Officer for the Ventilator
 10 Challenge; is that right?

11 **A.** Yes.

12 **Q.** You tell us you dedicated most of your time until
 13 mid-April, and a still very significant amount of your
 14 time until the end of June, to that Ventilator
 15 Challenge; is that right?

16 **A.** Correct.

17 **Q.** Looking, then, at how this worked, you tell us that the
 18 approaches being taken to meeting Challenge, as it's
 19 being now called, first, identify and increase the
 20 production of existing designs and, secondly, develop
 21 new designs; is that right?

22 **A.** Because there were designs in -- there was a -- Smiths,
 23 who were excellent engineering company, had a -- what's
 24 called a transport ventilator, which is a low-end one.
 25 It's not -- you can't use it, you know, for an extended

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1 than other well-known strategy consultants, let's say.
 2 And I happen to know, because I worked with them before,
 3 that they had a medical base in Cambridge and Cambridge
 4 is a centre of medical device developers. So -- and PA
 5 were already contacted to government. So it was frankly
 6 a logical and quick route to get the external expertise
 7 that we were going to need because we needed a lot of
 8 people on this overnight immediately, with knowledge of
 9 the people we were going to be working with.

10 **Q.** Yes, you also tell us in addition to them, various
 11 design consultancy companies were contracted to deploy
 12 teams of scientists and engineers to support the supply
 13 chain and procurement and to assist in scaling up as
 14 quickly as possible. That was sort of the early work of
 15 the --

16 **A.** Two in parallel and that's what was unusual here.
 17 Normally you design the thing and then you work out how
 18 to scale it up. There was no time for that, so we
 19 engaged a whole lot of design teams, these medical
 20 device companies around Cambridge, and others that came
 21 in, at the same time as we were trying to work out if
 22 they came up with something that works, in the MHRA's
 23 eyes, in the clinicians' eyes, how would we scale it up
 24 to make -- well, essentially triple the UK stock, which
 25 we'd obviously acquired over many years.

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1 **Q.** You tell us on 16 March, the Prime Minister convened
 2 a meeting with around 60 leading manufacturers and
 3 suppliers to encourage them to participate. You
 4 describe that as the "targeted call to arms"; is that
 5 right?

6 **A.** Yes, because it's quite a small industry, medical
 7 devices in the UK, and there are -- we wanted to get
 8 urgent attention to senior people in those companies
 9 that we were serious about what -- on one level what we
 10 were trying to do was impossible. No one had ever
 11 thought that this was doable, so we needed people to
 12 participate and they were all keen to. So the meeting
 13 that the Prime Minister convened, that I was at was
 14 a mixture of medical device companies, the design
 15 companies, and the people who were likely to be able to
 16 help scale it up, and that's, you know, the major
 17 manufacturers of volume product, car companies,
 18 aerospace companies, and one of the things that we asked
 19 them to do was who else do you consider would be useful
 20 to get into the tent? And that's what I mean by
 21 targeted call to arms, rather than what happened with
 22 PPE where we just, you know, everyone in the country was
 23 invited to ring in, which, you know, we discussed
 24 yesterday.

25 **Q.** There seemed to be something of that, you say on the

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1 recommendations on proposed suppliers ventilator designs
 2 to ministers based on clinical observations; is that
 3 right?

4 **A.** That's right, the TDA was a mixture of clinicians, me,
 5 a couple of people from PA and the MHRA representative.

6 **Q.** Yes, so in this Technical Design Authority, you've got
 7 the MHRA for regulatory oversight and approval; is that
 8 right?

9 **A.** Yes.

10 **Q.** You've got senior clinicians, led by Professor Ramani
 11 Moonesinghe, the national clinical care director.

12 **A.** That's right.

13 **Q.** We'll be hearing from her later. She gives clinical
 14 sign-off, so not regulatory but clinical sign-off, and
 15 she tell us in her statement her role here was
 16 ultimately to decide go and no-go, in terms of designs
 17 in the Ventilator Challenge; is that right?

18 **A.** Yes, but she and -- she had a group of brilliant doctors
 19 working with her, also told us what they wanted in terms
 20 of the spec and they -- while the spec was signed by the
 21 MHRA and, as luck would have it, the document person who
 22 was the MHRA rep had also been an anaesthetist in his
 23 prior career and so knew what he was talking about, so
 24 the clinicians generated the spec with the MHRA
 25 explaining what we wanted -- what they wanted and, of

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1 same date, 16 March, the Department for Business, Energy
 2 and Industrial Strategy, BEIS, did publish a wider call
 3 for businesses to help make NHS ventilators. You
 4 describe it in your statement as the "wider public
 5 request for help". That received over 5,300 offers of
 6 support, eventually.

7 You said yesterday in your evidence that "nearly
 8 broke the back of the team"?

9 **A.** So those -- my Lady, those 5,000 or so, all well
 10 meaning, were mainly making components, components for
 11 air-conditioning systems, which is a similar problem but
 12 different, so they were relevant but they weren't
 13 designers of ventilators. We'd pretty much got that
 14 group, and they weren't the large manufacturers because
 15 we'd already identified Ford and Airbus and, you know,
 16 the obvious large manufacturers. But nonetheless,
 17 obviously, we had to go through each and every one
 18 because there might have been a nugget in there that we
 19 had missed, and it -- you know, so we went through all
 20 5,000, obviously.

21 **Q.** Yes. You discussed some of that with Mr Wald yesterday.
 22 In terms of how the Ventilator Challenge selected its
 23 designs, okay, so the proposals and prototypes that came
 24 to it, you established something you called the
 25 Technical Design Authority, the TDA, yes, to make

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1 course, over time as we learnt more -- perhaps we'll
 2 come to this -- that spec did evolve, as we learnt more
 3 about the disease, in the weeks -- days and weeks that
 4 followed.

5 **Q.** Yes, the initial spec wasn't the one at the end, was it,
 6 because understanding changed, and so forth?

7 **A.** The balance within the spec. There was a particular
 8 thing you may remember, my Lady, on the telly seeing
 9 patients having to be rotated because they generated
 10 a lot of mucus on their lungs, and that would --
 11 I think, for the clinicians -- I don't speak for them,
 12 Ramani will talk to this, I'm sure -- I don't think they
 13 had expected that. So the initial spec didn't include
 14 machines -- the requirement to deal with that mucus.
 15 But later that became a key, key item so that -- the
 16 spec evolved over the days and weeks -- and couple of
 17 weeks.

18 **Q.** Just finally on the Technical Design Authority, you've
 19 got MHRA senior clinicians and you also tell us
 20 Professor Tom Clutton-Brock, director of the Medical
 21 Devices, Testing and Evaluation Centre (MD-TEC), which
 22 actually carried out the testing of these prototypes and
 23 machines; is that right?

24 **A.** That's right. So he was part of -- he was not part of
 25 the MHRA but he was an approved testing house, and

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1 I think what is really noteworthy here is the MHRA, the
2 clinicians and Professor Tom, were all trying very hard
3 to not just wait for a design to come and then assess
4 it, like marking an exam; they were coaching all the
5 teams on what they wanted, "We don't think this will
6 work, have you tried this? Have you talked to them?
7 That might work. You can solve that problem by doing
8 this".

9 So it was a very -- the regulator had absolutely the
10 right to say no, and that's vital, but there was
11 a coaching to get an answer relationship and I think
12 that was a large part of why we were able to do this so
13 fast.

14 **Q.** This might be obvious but you do tell us in your
15 statement:

16 "As ventilators are used to push air into the lungs
17 of unconscious patients it is incredibly important that
18 they were clinically safe."

19 Was that the basis of the reason for this Technical
20 Design Authority and the way you'd structured it?

21 **A.** Well, I certainly -- so if it was a normal procurement
22 with an established spec and you would always have
23 evaluators who knew the subject matter -- I knew nothing
24 about ventilators worth talking about -- and so the
25 clinicians and the MHRA were the absolutely key

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1 materials, the list of componentry, so that we could
2 avoid someone accidentally, but for good intentions,
3 buying all of the oxygen valves, their machine then not
4 working or, even if it did work, if someone had all the
5 oxygen valves and someone else had all the flow meters,
6 you still couldn't put the kit together. So we were
7 very clear that we needed to control the components.

8 **Q.** You say you did this -- in terms of the Cabinet Office's
9 input to achieving that, there were dedicated points of
10 contact at the Cabinet Office, and you went about making
11 staff available -- staff of project management and
12 design specialists, supply chains support, manufacturing
13 development support, legal support and cost and auditing
14 support to provide tailored advice. So they were all
15 they're through the process; is that correct?

16 **A.** Yes, the design contracts were led on what's called time
17 and materials. We will come back to how we were
18 contracted, I suspect, but we needed -- we required all
19 of the suppliers to prove their costs, and we said we
20 would pay reasonable costs, reasonable and provable
21 costs, and we used a team from the MoD, who'd do this
22 the whole time for defence equipment, to go and audit
23 the fact that their -- their hour rates were reasonable
24 and had been what they had been pre-pandemic and we
25 weren't being gouged and that the components really had

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1 determinants of whether they thought a machine would
2 work. Now, it had to work, or be likely to work when it
3 was -- when the design was completed, but it was also
4 vital, my Lady, that we were able to scale it up.

5 And so simple designs, what's called design for
6 manufacture, was also a big issue, as was: do we think
7 we can get all the components to assemble this enormous
8 piece of Lego? 400 components per each. Because we
9 might have a brilliant design that was scalable, but if
10 we couldn't get one part of it, a ventilator with
11 399 parts is useless, obviously.

12 **Q.** So if I've understood your evidence, the way you tackled
13 that aspect, the clinical and the safety aspect, from
14 a commercial manufacture point of view, the idea was to
15 match companies with experience of manufacturing sort of
16 high-spec products at scale, with those who had the
17 expertise in designing actual ventilators; is that
18 right?

19 **A.** Correct.

20 **Q.** So you give the example of pairing Penlon, a medical
21 supplier, with Ford and McLaren motor company, Siemens,
22 Airbus and others who could manufacture at scale.
23 That's how you proceeded; is that right?

24 **A.** Exactly and we also forced each of the companies with
25 a design to give us what's called their bill of

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1 cost what they said and the meter for this or, you know,
2 the tool for that had cost what they had said it had
3 cost.

4 **Q.** Cabinet Office support could, on occasion, be financial,
5 couldn't it? You give the example of advancing sums of
6 money to design teams to enable them to buy components
7 that either had long lead times or were in danger of
8 selling out?

9 **A.** Correct.

10 **Q.** In terms of how many designs came through the process,
11 they were sort of whittled down, weren't they, through
12 this iterative process --

13 **A.** Yes.

14 **Q.** -- by the Technical Design Authority; is that right?

15 **A.** Yes, though three or four or five did join through a --
16 a week or so later. And bizarrely, one person we kicked
17 out, on their own dollar, progressed their design and
18 came back in with a much more improved thing, which
19 I think just shows the determination of the people in
20 the team to cooperate and get a result, for the UK.

21 **Q.** Um --

22 **A.** So it wasn't -- all I'm trying to say is it wasn't
23 a complete pyramid; there were people coming in and out
24 and joining later as they caught up.

25 **Q.** A whittling down but a slightly more nuanced one,

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1 perhaps?

2 **A.** Correct.

3 **Q.** In the end, is this right, three companies -- can you
4 recall, actually, before I go there, how many designs
5 did you start out with and -- can you recall? I've seen
6 different numbers, 18, 19.

7 **A.** Well, I would say it was 30 or so to start with, but
8 some of them were of the bag squeezer type which the
9 clinicians rejected, you know, as soon as they saw the
10 video: "No, not remotely."

11 So there was probably 15, 18 or so that we took into
12 serious -- that we spent money with, let's put it like
13 that.

14 **Q.** In the end, after the process of the Technical Design
15 Authority evaluation and progressive reduction, as you
16 describe it, and the number of prototypes being
17 supported, and taking into account, as you've
18 summarised -- can I summarise it this way -- the
19 evolution of the technical specifications and regulatory
20 requirements as more was understood about Covid-19, and
21 taking into account forecasts in relation to demand --

22 **A.** Yes.

23 **Q.** -- how many were needed or likely to be needed, and, you
24 say, commercial considerations. What do you mean by
25 commercial considerations?

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1 meet an emergency need, but once it looked -- it really
2 looked like the three that we will come on to were able
3 to manufacture the volume in the appropriate way with
4 appropriate designs, then the MHRA were clear that they
5 could not extend that emergency umbrella to the
6 remaining designs.

7 Now, as it happened, we managed to get all three of
8 the products that we did manufacture what's called
9 CE marked, with a little quality symbol, so -- which
10 allowed them then to be used in non-emergency mode after
11 the end of the pandemic, which obviously is much more
12 useful for the NHS.

13 **Q.** Is it correct that ultimately only companies that, at
14 the start of the pandemic, had a complete or --
15 a complete but unlicensed design, or a design that could
16 be adjusted to the specific needs of Covid-19-related
17 care, did in fact obtain contracts through the
18 Ventilator Challenge -- (overspeaking) --

19 **A.** No --

20 **Q.** -- supply of ventilators?

21 **A.** -- I wouldn't put it like that.

22 **Q.** Okay.

23 **A.** So, three manufacturers. Breas had a new product --
24 they're an established ventilator company in Switzerland
25 and we essentially arranged a licence with them and we

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1 **A.** So did they have -- did they have -- were they likely to
2 get the bits? Later, when it looked -- towards the end
3 of the programme, my Lady, when it looked like we did
4 have, amazingly, not -- it was amazing to get one viable
5 design; the fact that we got seven at the end of the day
6 was extraordinary -- the -- we did ask the clinicians
7 what mix of units would they like? We talked about
8 transport ventilators versus ICU ventilators. How would
9 they like us to buy that to optimise what they thought
10 they needed at the time? But that was a very late --
11 that was a later consideration.

12 **Q.** Yes.

13 As you say, three companies -- so, in terms of the
14 numbers, three companies ended up being awarded a total
15 of five contracts. They were the successful ones.
16 Another four had clinically viable prototypes, but
17 because demand by then -- by that stage had reduced, in
18 terms of the number of ventilators needed in the NHS,
19 no -- those other four didn't receive contracts. Are
20 they the sort of final figures?

21 **A.** They didn't receive build contracts. Yes.

22 It's perhaps worth explaining a little bit.

23 **Q.** Yes, please do.

24 **A.** So the MHRA is allowed -- they have emergency procedures
25 and they're allowed to authorise devices in a rush to

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1 paid for them to build a second line alongside their
2 first line in Sweden. There were no export bans from
3 Sweden, so that worked. So that is -- well, that was a
4 new product, they just launched it, but it was a new
5 product from an established player, so that's why we had
6 confidence it would work.

7 The Smiths product that we stood up, that's the
8 transport ventilator, they did amazing things. I think
9 they multiplied their volume by, I forget exactly, five
10 or six. Astonishing. But they were not useful in
11 hospitals. They were useful in the ambulances and for
12 moving people around in the hospital but they're not
13 useful for more than a few hours.

14 I'm sure Ramani will give you a -- much better on
15 that. The big volume that we got was from a company
16 called Penlon. Penlon made previously a very small
17 volume of anaesthesia machines, which I don't think --
18 actually, even them -- were licensed in the UK at the
19 time, and by luck, their product was modular, so we were
20 able to take one module from this machine, one module
21 from that machine, one module from that machine and bolt
22 them together. So, to say -- so that was a new product
23 in the MHRA's eyes. I mean, it would be a bit like
24 taking the gearbox out of one car, the engine out of
25 another car and the tires off -- is that a new car?

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1 Yes, probably. But it had components -- so it's not
 2 quite as clear-cut as your question.
 3 **Q.** Yes, well, I certainly didn't mean to imply any
 4 criticism, in --
 5 **A.** No --
 6 **Q.** Just in terms of --
 7 **A.** -- it's --
 8 **Q.** -- what came through the process, really. You talked in
 9 some detail there about the three companies that got it.
 10 Were any entirely new ventilator models procured as a
 11 result of the Ventilator Challenge --
 12 **A.** Yes.
 13 **Q.** -- or was it all --
 14 **A.** Yes, the Penlon one was a new product.
 15 **Q.** Okay. Based on a previous design, is that -- as you've
 16 said?
 17 **A.** Well, several previous designs for doing something
 18 different. So it's like saying, well -- to use the
 19 automated example -- you know, taking three different
 20 bits of a different tractors and making a sports car out
 21 of it.
 22 **Q.** Understood.
 23 **A.** It's a massive -- Ramani and other colleagues will talk
 24 about the detail but this is a massive piece of work
 25 they did.

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1 done?
 2 **A.** It was extraordinary.
 3 **Q.** To give a flavour of that, millions of components
 4 sourced, purchased and shipped from suppliers across the
 5 world, often in direct competition with other countries
 6 facing similar challenges, in very short timescales.
 7 **A.** Yes, I think 40 million -- we bought 40 million
 8 components to do this.
 9 **Q.** Testing equipment built and quality assured, sometimes
 10 from scratch, presumably?
 11 **A.** Yes. Particularly at Smiths they had to replicate their
 12 lines and that was a big difficulty for them, was
 13 building the testers for their line.
 14 **Q.** Manufacturing space previously used for non-medical
 15 industries, things like, as you said, automotive or
 16 aeronautical engineering, converted at speed to house
 17 new manufacturing lines building ventilators?
 18 **A.** Yes, Ford, Airbus, Siemens, all stood up new lines.
 19 I think the important point there is it's not just
 20 the space. The reason we went with the industrial
 21 partners, to call them that, my Lady, that we did, was
 22 that they were coming from industries that had
 23 manufac -- quality systems that are used to
 24 traceability.

25 So obviously in aerospace, you want to know where

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1 **Q.** Yes, in terms of what the Ventilator Challenge achieved,
 2 is this figure right, I think 14,000 ventilators were
 3 produced in three months during the early pandemic?
 4 **A.** Yeah.
 5 **Q.** That number was deemed to be sufficient to meet, along
 6 with ones acquired from abroad, some acquired overseas,
 7 and we're looking at that later, that was sufficient to
 8 meet the NHS demand, wasn't it?
 9 **A.** Yes, that plus the 6,000 to 8,000 they had, the NHS had,
 10 plus the few thousand that they bought.
 11 **Q.** Yes.
 12 **A.** That got it to the 30,000 that the ministers asked us
 13 for.
 14 **Q.** Yes. I think it -- well, I think in the end it was
 15 18,000, but by then the demand had reduced to 18,000 --
 16 **A.** Yes.
 17 **Q.** -- so the target was met, in what looks, in large part,
 18 by the procurement through the Ventilator Challenge?
 19 **A.** Yes.
 20 **Q.** You may have seen or may be aware, we've received
 21 witness statements from some of the suppliers and
 22 manufacturers. Many of them talk of quite significant
 23 pride in being involved in the Ventilator Challenge.
 24 **A.** Yes.
 25 **Q.** Does that reflect your overall experience of what was

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1 the wheel comes from that goes on your aeroplane -- I'm
 2 taking a bad example -- but in the medical industry,
 3 that is similarly vital. And so we'd -- and we were
 4 focused on people who were used to really tight quality
 5 management, because obviously that was crucial for the
 6 product we were trying to make.
 7 **Q.** Finally, training, devised and implemented for hundreds
 8 of people, staffing new manufacturing lines, as well; is
 9 that right?
 10 **A.** Yes, that was astonishing. We used some really novel
 11 new tools for explaining designs to people on the line,
 12 and we also designed training for each of the -- it
 13 might have been the seven products, or a long list, that
 14 was in the same format, to try to make it as easy as
 15 could possibly be, given these were new machines for the
 16 NHS, so that the training materials, the trainee videos
 17 were all done in the same way, same format, so that
 18 a nurse in the middle of the night could, you know, find
 19 what they needed to make the machines work properly.
 20 **Q.** The project, is this right, achieved, in manufacturing
 21 terms -- manufacturing and commercial terms -- in
 22 a number of weeks what would ordinarily have taken
 23 years?
 24 **A.** I think Penlon made, in eight weeks, what they would
 25 normally have done in 20 years, yes.

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1 Q. Yes. You'll understand that the focus of some of my
2 next questions is to understand whether lessons can be
3 learned from this programme, and you will have seen some
4 of the comments made by the Module 5 experts and others,
5 so you're aware of some of that.

6 A. Mm-hm.

7 Q. First I want to ask you about the involvement of the
8 appliance designer and manufacturer Dyson in the
9 Ventilator Challenge. I ask this partly because you say
10 in your fourth witness statement:

11 "I am only aware of one contract, the contract with
12 Dyson ... where I was asked to put a contract in place
13 against the commercial guidance."

14 A. Yes.

15 Q. You said in your evidence yesterday and today, it's
16 a distinction you've drawn a few times now, when asked
17 about ministerial pressure, you said:

18 "... pressure can take several forms and I think
19 a minister chasing 'Have you done this yet?', is one
20 thing. Their office more usually chasing up, 'You said
21 you would have done this by now, have you?', that is
22 also annoying but fair."

23 Then you said this:

24 "That is very different from a minister saying 'Buy
25 this from them' which is not right and, in my

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1 when these were -- these are companies of 10 or 20 or
2 30 people. They did not need that. So we'd agreed with
3 everyone there'd be no press. But that wasn't the case
4 with Dyson.

5 Q. Yes. We'll come back to that, I'm sure.

6 I'm just going to go through it in stages, if may,
7 in terms of the time, and I stress that the focus of my
8 questions is the system in place, the procurement
9 system, the system -- the Ventilator Challenge that you
10 put in place, how that responded to this example, and
11 what lessons we can learn in future. Okay?

12 A. Mm-hm.

13 Q. So that's very much the tenor of these questions.

14 The statement provided to the Inquiry by
15 Clare Gibbs -- I think she's your successor; is that
16 right?

17 A. Not actually -- but she ran the suppliers team and -- my
18 successor was appointed three weeks ago, so she was
19 covering part of my role --

20 Q. Your interim --

21 A. -- in the interim, perhaps is a better word.

22 Q. Your interim successor. Fair enough.

23 She tell us, on 13 March -- and I go to that date
24 because obviously it's very early on in your --

25 A. Yes.

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1 experience, only happened to me in one situation ..."

2 Were you referring to the Dyson situation?

3 A. Yeah.

4 Q. You were. I also ask about this because the witness
5 statement provided to the Inquiry by Dan Webster -- do
6 you know Mr Webster?

7 A. Yes, Dan is one of the Complex Transactions Team that
8 was working with me on this.

9 Q. Yes, deputy director of the Complex Transactions Team,
10 says:

11 [As read] "I was aware at the time that there were
12 political sensitivities around Dyson because, as
13 I understood it, James Dyson [that's the Chair, isn't
14 it, to the company] was a donor to the Conservative
15 Party."

16 A. Yes.

17 Q. Was that known to you as well?

18 A. I didn't know he was a donor, but he is -- he has a very
19 active PR department, so, you know, he was making a lot
20 of -- a lot of noise. We had agreed with all the other
21 participants not to issue any press at all. The
22 reason -- my thinking on that was these were very small
23 companies -- not -- Dyson is not a very small company,
24 Dyson is a huge company -- but with the smaller people
25 I did not want them doorstepped by gangs of journalists

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1 Q. In fact it's the same day that you sort of had the germ
2 of the idea for the Ventilator Challenge, wasn't it?
3 She says on that day there was a call between
4 Boris Johnson, the Prime Minister, and James Dyson about
5 ventilators.

6 Same day that you sent your message to
7 Steve Oldfield and Patrick Vallance suggesting this
8 group of engineers, getting them together.

9 In your message to Steve Oldfield, you specifically
10 mention Dyson. That's the only manufacturer you
11 mention:

12 [As read] "Maybe to work with, eg, Dyson, and a few
13 others, to see what might be possible, urgently."

14 Why did you suggest Dyson at that very early stage?

15 A. So, Dyson, fantastic company, they do the products we
16 all know: plastic tubing, air movement, filters. And
17 the product I was thinking about sort of from 2.00 in
18 the morning on the 13th until 6.00 in the morning was,
19 you know, a mask, some filters, a fan, how to get extra
20 air into the -- this is betraying my -- this is a good
21 reason why I'm not a doctor. So I was initially looking
22 for people in that space who could do that sort of work.

23 We also talked to Gtech, who are a competitor of
24 Dysons.

25 Q. Another appliance manufacturer; is that right?

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1 **A.** Correct, yes. And so -- and they are very good at
 2 scaling up manufacturing. But they went through the
 3 same process -- I'm sure we'll come on to -- as everyone
 4 else, and as -- we can perhaps talk through how their
 5 design developed and where it passed and where it
 6 failed.

7 **Q.** What I wanted to ask you was, Mrs Gibbs -- it's
 8 Mrs Gibbs, is it? -- tells us there was this call on
 9 this day, and the same day you email saying, "Let's work
 10 with, for example, Dyson"; did anyone suggest Dyson to
 11 you? Anyone political suggest Dyson to you?

12 **A.** No, but they're an obvious company who move air at
 13 speed. So they were separate. But I think -- they're
 14 a famous UK industrialist. JCV and, you know, Dyson
 15 come to mind as famous UK entrepreneurs who are
 16 brilliant, so I -- the Prime Minister didn't share his
 17 thoughts with me, though I think this --

18 **Q.** Not at that stage?

19 **A.** A separate discussion, yeah.

20 **Q.** Moving on a week, 20 March. By 20 March, is this right,
 21 Dyson has clearly undertaken some design work, which had
 22 been looked at by the Ventilator Challenge.

23 Can we have look, please, at INQ000233775.

24 Can we see here -- just zone out for one minute
 25 please, Lawrence. Can we see the top of this?

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1 all week.

2 "Matt Hancock [that's the Health Secretary, isn't
 3 it] said that James Dyson had been in touch, complaining
 4 about speed. His design had not been one of the better
 5 reviewed products."

6 So do I read this correctly: someone has looked at
 7 the Dyson prototype or model or proposal, and --

8 **A.** Yes, and -- it's --

9 **Q.** -- at this very early stage it's not received favourable
 10 feedback?

11 **A.** Another example of ministers and speed.

12 So, yes, the TDA had looked at an initial schematic,
 13 and we might -- I don't know if you've got that in your
 14 system, it's quite a detailed point, but the initial
 15 design from Dyson had some biggish -- or generated some
 16 big concerns --

17 **Q.** Mr Rhys Williams, can I -- I'm hesitant to interrupt.
 18 Can we come to that point in a moment, please. I'm
 19 going to take it in stages if I may.

20 **A.** Sure.

21 **Q.** Just looking at the action point:
 22 "Make sure Dyson gets clear feedback on what they
 23 need to do to advance their ventilator design."

24 **A.** That's the point I was making, that this was an
 25 iterative process, so that would have been, you know,

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1 This a meeting readout of the daily procurement
 2 meeting of 20 March. It might be obvious --

3 **A.** Yeah.

4 **Q.** -- the daily procurement meeting was?

5 **A.** So this is part of the confusion with the MIGs that you
 6 will have heard about. So initially all procurement was
 7 supposed to be running through the Cabinet Office but
 8 this meeting I think changed its name pretty quickly to
 9 focus just on ventilators, and the other things that we
 10 were left with. So you should -- you shouldn't read
 11 into that that we were buying everything, but you can
 12 see from here that was the initial purpose at -- or
 13 intent at this particular time. And you can see that
 14 from the attendees. Melinda Johnson from DH,
 15 Steve Oldfield from DH.

16 **Q.** And crucially, for the purpose of these questions, you.
 17 You were there.

18 Can we focus in, Lawrence, please, on the section
 19 entitled "Ventilator update".

20 "Gareth ..."

21 That's you presumably, is it?

22 **A.** Yes.

23 **Q.** "... updated on the ventilator situation."

24 Looking a few lines down:

25 "As of today, Gareth is most optimistic he's been

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1 from the MHRA or from Dr Tom about what the design did
 2 need to do and what was not going to be appropriate.

3 **Q.** Right. Okay.

4 Conversations --

5 **A.** But that feedback was going back to everyone.

6 **Q.** That was my next question.

7 So that's not specific, is it? You've not singled
 8 them out saying, "Make sure they get feedback on how to
 9 improve their design" --

10 **A.** We were working with everybody 24 hours a day on helping
 11 them with things that didn't work and sharing things
 12 that did work.

13 **Q.** That was a wider point. Okay.

14 Same afternoon, can we look, please, at
 15 INQ000048399.

16 This is --

17 **A.** Yeah.

18 **Q.** Yes, you may have anticipated. This some of
 19 Dominic Cummings' WhatsApps, to a group involving --

20 **A.** Yeah.

21 **Q.** -- seemingly the Prime Minister, the Health Secretary,
 22 him, and some others.

23 Can you see this message here? This is a message
 24 the afternoon of the 20th, so same day as the daily
 25 procurement meeting we were just looking at.

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1 Boris Johnson messages this:
 2 "Dyson freaking.
 3 "Action this day."
 4 A couple of minutes later the Health Secretary,
 5 Matt Hancock, says:
 6 "I have also received the same. I will talk to
 7 Dyson and Michael ..."
 8 I presume that to be Michael Gove.
 9 "... and sort it."
 10 "At the heart of this problem is [Cabinet Office]
 11 trying to do things like buy ventilators that are core
 12 DHSC responsibility. It's why I was clear this morning
 13 that we need to take responsibility for these things
 14 here -- with Michael [Michael Gove] checking progress --
 15 not have people falling over each other.
 16 "Despite that, the ventilator project is going well.
 17 We will fix."
 18 A few questions that might be obvious.
 19 "Dyson freaking.
 20 "Action this day."
 21 From Boris Johnson.
 22 Did that type of message, or indeed that specific
 23 message, reach you?
 24 **A.** No, and I only saw these, you know, as a result of the
 25 Inquiry's -- this document was released to me, you know,

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1 **Q.** Yes.
 2 **A.** Apart from everyone was constantly -- all the teams were
 3 constantly chasing for updates.
 4 **Q.** Thank you --
 5 **A.** But that was, you know, much the same for each of them.
 6 **Q.** We're coming to the 25th shortly and I know you've seen
 7 that message. That was the Dyson-specific question.
 8 Broader question: were, in your view, people falling
 9 over each other? Were there issues with how this was
 10 organised or set up?
 11 **A.** That's --
 12 **Q.** That's the Health Secretary's view but I'm asking you
 13 for your personal reflection, your comment on it?
 14 **A.** So -- you may have covered this in an earlier module,
 15 my Lady, but I sent a note to the Cabinet Office or one
 16 of the Cabinet Office delivery team members asking if we
 17 could have a little bit crisper clarity about which
 18 ministers were doing what because on a couple of days
 19 I remember I -- there's a note I think for me to
 20 Manzoni, it took me until 1.30 in the afternoon before
 21 I could get back onto the ventilator or whatever I was
 22 actually supposed to be doing because I'd spent all the
 23 other time in different ministerial update groups. And
 24 so I would read that problem into the "falling over each
 25 other" comment.

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1 as part of the Inquiry in the last month or so. I think
 2 what you see in that middle paragraph with the three
 3 lines in it, is what I talked about earlier, with who --
 4 which minister was responsible for what, at what stage.
 5 And so -- perhaps there's a misunderstanding going on
 6 here because always, DH was buying the ventilators, but
 7 DH hadn't set up a design and make team, whatever, and
 8 that had been thrown to me.
 9 So I think maybe there's a couple of different
 10 strands in that middle paragraph.
 11 **LADY HALLETT:** That's rather an ungrateful assertion if
 12 I may say so.
 13 **THE WITNESS:** Sorry?
 14 **LADY HALLETT:** It looks rather an ungrateful assertion by
 15 Mr Hancock.
 16 **MR STOATE:** Yes, if I may say.
 17 The Dyson-specific point is this: the Prime Minister
 18 is emailing his Health Secretary saying the manufacturer
 19 is "freaking, take action this day". Dyson-specific,
 20 did that pressure at this point reach you and your
 21 procurement colleagues?
 22 **A.** No, there's one further down in this page, which
 23 I didn't know about at the time but the first time that
 24 we had pressure on, you know, related to Dyson was on
 25 the 25th.

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1 **Q.** Right.
 2 **A.** But you'd have to ask Mr Hancock.
 3 **Q.** All right. Well, sticking with Matt Hancock, the diary
 4 entry -- you'll be aware of his pandemic diaries, I'm
 5 sure?
 6 **A.** Only recently. You sent me some --
 7 **Q.** I did.
 8 **A.** -- some extracts.
 9 **Q.** Yes, one extracts from the 25th, you've mentioned the
 10 25th, so around this time, this is what Mr Hancock
 11 writes:
 12 "James Dyson, the vacuum manufacturer, has been
 13 contacting numerous people in high places to ensure that
 14 he has a prominent role."
 15 This is referring to the procurement of ventilators.
 16 "He's continually on the phone, including to Boris,
 17 pushing to take part."
 18 We've moved on now to the 25th. Were you beginning
 19 to feel that kind of pressure?
 20 **A.** No, I wasn't aware of that.
 21 **Q.** Can we look, please, at --
 22 **A.** But there was a certain amount of press.
 23 **Q.** Yes.
 24 **A.** I don't -- so, you know, I was reading that press and,
 25 you know, there we are, that's a pity, Dyson have

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1 published, everyone else said they wouldn't but, you
2 know, there we are.

3 **Q.** All right. We can see, can't we, what is suggested is
4 contact, continually on the phone, to people in high
5 places. Boris, the Health Secretary, others. You
6 weren't aware of that?

7 **A.** That didn't get told to me directly but it's entirely
8 likely and I think it did come up in some of the press
9 articles.

10 **Q.** All right. Can I look at another WhatsApp message
11 I think you referred us to this one, in fact and I'm
12 referring you back to it.

13 Yes, thank you, INQ00048399, page 14.

14 7.53 in the morning, a message to the same group:

15 "Dyson has a ventilator ready to go. We can
16 have 3,000 a week in three weeks made in the UK. It's
17 safe, effective, and loses less oxygen. Rhys Williams
18 has blocked it under the misapprehension that oxygen
19 passes through the motor. That is total bollocks."

20 I don't know if that counts as Anglo Saxon.

21 "As far as I can see, we haven't actually ordered
22 a single UK-produced ventilator. We are at risk of
23 fiddling whilst Rome burns. I spoke to Matt [that's,
24 I assume, Hancock] and James Bethell [Lord Bethell]
25 about it and I've escalated the issue to everyone I can

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1 your lungs, and this is completely unacceptable.

2 So it is true that on the schematic that came with
3 the email that probably generated this text -- WhatsApp,
4 the oxygen doesn't go through the fan but the air does
5 and they are then mixed. So at the time that this was
6 written, the Dyson design was not going to pass the
7 MHRA's standards.

8 **Q.** Yes.

9 **A.** And I -- you'd hear from them about that, no question,
10 but that's my clear understanding at the time. But
11 that's not to say that they couldn't fix it, as they
12 eventually did. But so, whether Dyson -- Dyson, in the
13 form of Sir James -- understood that level of detail
14 with his product design, I can't speak to. Whether his
15 team had told him that, I can't speak to. The Prime
16 Minister clearly believed that there was a product ready
17 to go.

18 In my humble opinion, having looked at it and having
19 heard what the MHRA said, I didn't think that machine,
20 in its current state -- I wasn't blocking it, I was
21 trying to encourage them to solve this and a number of
22 other problems with the design at that stage.

23 **Q.** "Sorry [says the Prime Minister], I'm on a mission.
24 Dyson knows what he's doing."

25 Were you feeling that kind of pressure at this

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1 think of. When you see Matt this AM, you need to ask
2 about Dyson ventilator and what is blocking it. Sorry
3 but I'm on a mission. Dyson knows what he's doing and
4 won't risk his global brand reputation delivering dodgy
5 ventilators."

6 Well, you can see what the Prime Minister thought of
7 your apparent blocking of this design. Were you
8 blocking this design?

9 **A.** It's a lot to unpick in that short set of bullets.

10 **Q.** Yes.

11 **A.** So what this came from, and I believe the Inquiry has
12 got it, there was an email from Lord Feldman, which went
13 to the Prime Minister, to Lord Agnew, then to me, in
14 pretty rapid succession. I could give you the INQ
15 number if that's helpful, but within that there's
16 a schematic -- so schematic, my Lady, just a drawing of
17 a wire diagram of how the Dyson machine was going to
18 work. And yes, it is true that the oxygen did not go
19 through the fan. So the MHRA and the clinicians were
20 very clear -- I'm sure Ramani will talk to this --
21 crystal clear that you can't get air that's put into
22 a patient, because it's bypassing their lungs, through
23 a mechanical object, even as good a fan as the Dyson
24 fan, because if bits come off it, oil, bits of fan,
25 material, they get injected at high speed directly into

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1 stage?

2 **A.** No.

3 **Q.** All right.

4 **A.** But I --

5 **Q.** You say --

6 **A.** The Prime Minister couldn't possibly have taken the time
7 to understand that, to open that schematic, let alone,
8 I suspect, understand it. It seems harsh to say but he
9 was just -- I suspect he was just going with what he'd
10 been told by Dyson. Now, had that been true, a big
11 caveat, then to be able to make 3,000 a week in
12 three weeks, bearing in mind we'd only been going by
13 then less than a fortnight, so 3,000 in five weeks would
14 have been beyond unbelievably brilliant.

15 So I think -- there's context here. This
16 obviously -- the 25th, I believe, was only two days
17 after lockdown -- the first lockdown started. So
18 basically the country was still in complete panic. So
19 I can see why some of the language here is quite
20 emotive.

21 **Q.** You say, same day, 25 March, we've got this message, the
22 same day you say that there is -- I don't know if this
23 is Civil Service Code, perhaps you can help us:

24 "... a robust discussion about placing an order with
25 Dyson in advance of clinical approval being security."

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1 That was the same day.

2 **A.** There were several meetings that day on the subject of

3 the TDA, and it was -- yes, the Civil Service Code

4 was -- yes, it was a blunt meeting. Yes.

5 **Q.** Yes. After which you -- that afternoon, you send this

6 email. Can we look, please, at INQ000496699. This is

7 an email from you to the Chief Executive of the Civil

8 Service and Permanent Secretary of the Cabinet Office,

9 Sir John Manzoni.

10 "CDL", Chancellor of the Duchy of Lancaster -- just

11 pausing there, the most senior minister in the Cabinet

12 Office; have I got that right?

13 **A.** Yes.

14 **Q.** "CDL ..."

15 That's Michael Gove, isn't it?

16 **A.** Yes.

17 **Q.** In capitals, you've written to Mr John Manzoni:

18 "... INSISTENT we place an order with Dyson ...

19 contingent on passing clinical and passing MHRA

20 approvals ... they are working at full speed already ...

21 but if that's what CDL wants ..."

22 **A.** So ministers can direct civil servants to do things and

23 that has to be written down and it's very clear when

24 a direction is happening. And in the meeting -- there

25 were several meetings in the day and I think this is

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1 It's a contingent order but, as you say, "if that's

2 what CDL wants ..."

3 You've got concerns, haven't you, at this stage?

4 **A.** Well, there are two parts of that sentence and there

5 were several emails between me and Manzoni. So

6 I couldn't get hold of John in the meeting where this

7 discussion was had but neither could I get hold of

8 Graeme Tunbridge, who I believe you are hearing from,

9 who was the MHRA rep's boss, neither could I get hold of

10 June, who was Chief Executive of the MHRA, hence the

11 idea of a contingent order.

12 I think the second part of that was a complaint.

13 We're not work fast enough, we're not testing things

14 fast enough, there must be no bottlenecks in the

15 process, which, I would agree with. I don't believe

16 there were bottlenecks in the process. We had not at

17 this stage had a product to test from more or less

18 anybody, and so that's --

19 **Q.** Sir Gareth --

20 **A.** -- that's commenting there on the full speed but

21 everyone was already working 24/7.

22 **Q.** Yes, we'll see that evolve through the next email. Can

23 we look please, just a few minutes later, INQ000533247.

24 This is an email from Richard Hornby, we can see his

25 signature there, Chief Financial Officer of the Cabinet

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1 after the second or the third meeting, I think there

2 were five, I or others -- I can't remember, I think it

3 was me but it could have been someone else -- I suspect

4 Mr Gove came into that meeting having seen that text and

5 believing that the product was ready to go. I believed

6 very differently.

7 I felt that a better option from -- rather than the

8 Minister directing me to place that order, was to

9 suggest or agree that we placed an order contingent on

10 it being -- on it passing. What I was really trying to

11 protect was an order being placed which (a) turned

12 everyone else in the Ventilator Challenge off because

13 they would go "Oh, okay, well if there's 10,000 going to

14 Dyson, we pay as well pack up", which would not have

15 been what we wanted, but also it was vital that the

16 MHRA, you know, still controlled the approval and not

17 approval.

18 **Q.** Yes.

19 **A.** And if I'd been told to place an order non-contingently,

20 then my worry was that that might have led to poor

21 product making it into the market.

22 **Q.** Yes, Sir Gareth, we'll come to those step by step but,

23 at this stage anyway, this is 13.02, we can see from the

24 email:

25 "CDL INSISTENT we place an order ..."

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1 Office, to colleagues. So this is a few minutes later:

2 "Please accept this as authorisation to raise

3 a purchase order for £100,000 in favour of Dyson ...

4 prototype ventilators. Gareth Rhys Williams has been

5 instructed by the CDL to proceed at pace. Description

6 and conditions will come from Gareth and Dan.

7 "Thanks and happy to discuss."

8 Yesterday you told us two things. A minister

9 saying, "Buy this from this person", and/or saying, "Buy

10 this quicker, do this quicker", would be wrong. This is

11 both: instructed by CDL to fill this contract and to

12 proceed it at pace.

13 **A.** That might be why Rich wrote it. Rich was the Finance

14 Director so the procurement people in the Cabinet

15 Office, as I discussed yesterday, worked for Rich, so

16 they were the only people that could raise a purchase

17 order. I wasn't able to do that.

18 **Q.** Yes. It's more your comment on the fact that are you

19 normally instructed to proceed at pace on a particular

20 contract: buy this and do it quickly?

21 **A.** No, and -- but what we achieved by having the contingent

22 point is that we kept the -- underpinning that good

23 product -- sorry, that the product that had not been

24 passed by the MHRA was still not going to be bought and

25 that is the key point which the CDL agreed to.

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1 Q. That afternoon, I think you were in touch quite a lot
 2 with Professor Moonesinghe, the Clinical Care Director,
 3 who is the senior clinician on the Design Authority,
 4 with concerns about some of the risks, as you saw them,
 5 with the Dyson design. You've talked about the air mix.
 6 One email you sent to her simply said:
 7 "Did you hear the bit about not having the alarms?"
 8 A. Okay, so that was a meeting where Sir James Dyson was
 9 asked to come along by CDL, I think that was about
 10 12.00-ish, or something of that nature, 12.20. No,
 11 3.00. There were lots of meetings on that day.
 12 Q. Yes.
 13 A. And Sir James, or one of Sir James' team said that the
 14 prototype that they were apparently going to send us
 15 that day, which was the subject of have we got enough
 16 capacity to test it, and that was a concern that CDL
 17 had -- yes, we did, but that was his concern -- also was
 18 missing alarms. So these things, my Lady, are used over
 19 a period of days and they need to have alarms if someone
 20 pulls the power plug out, if they run out of oxygen.
 21 A whole range of alarms. These are not difficult to do.
 22 But the machine must have them.
 23 And when we were describing the status of the Dyson
 24 product in that meeting -- and there's a picture which
 25 is quite instructive, I don't know if you --

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1 I think I made the point we haven't yet seen a prototype
 2 so it may be ready to go but from the drawings that were
 3 sent in to the Prime Minister which then found their way
 4 to me -- and they were very similar to ones that I'd got
 5 by a variety of other routes, and I don't know if we're
 6 going to show it -- there's a picture of their prototype
 7 at that stage, which, my Lady, was what was called
 8 a bread board, so imagine a bread board and you just put
 9 the bits, the components on it, and nail them down with
 10 pins and you wire them were up, you know. It was not --
 11 you know, Fraser, the PA guy describes it as, you know,
 12 works like, looks like, is like. This is -- a bread
 13 board is very early stage --
 14 LADY HALLETT: So my question is really --
 15 A. Sorry I made that point and I said, "The pictures I've
 16 seen are only of the bread board and I would be amazed
 17 if these were ready to go".
 18 LADY HALLETT: Had you given that advice before you were
 19 given instructions to proceed with the contract?
 20 A. Well, that's what I think led to the agreement that it
 21 should be contingent and what bridged the gap between
 22 ministers perhaps being told, believing that it was
 23 ready to go by an eminent industrialist, and me saying,
 24 "No, I don't think so", and there are other notes where
 25 I say, "If it was indeed true" -- and I've put this in

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1 Q. I do, but yes.
 2 A. The fact that it didn't have alarms rather goes against
 3 the idea that this machine was ready to go. It's not to
 4 say that they wouldn't manage to achieve the alarm
 5 design in a three-week period but it was non-proven at
 6 that stage, in my opinion.
 7 Q. That same day a letter was in fact sent to Dyson signed
 8 by you placing, as you say, a contingent order for
 9 10,000 co-ventilators on terms that Dyson gained
 10 clinical and MHRA approvals; is that correct?
 11 A. That was the --
 12 LADY HALLETT: Could you pause there for a second. Just
 13 winding back a little, you've got the Prime Minister
 14 being fairly waspish and accepting what he'd been told
 15 by Sir James Dyson, maybe Sir James Dyson had been told
 16 that by his team, I'm not being -- whatever. You've
 17 then got Michael Gove instructing you to fulfil -- to
 18 agree a contract with Dyson. They've obviously just
 19 accepted the message that has come from the Dyson
 20 company. Did anybody come to you and ask you what you
 21 said about what was happening before you were given the
 22 instructions to proceed with this contract? Did they
 23 check with you whether they were being given the right
 24 information?
 25 A. Yes, so in the series of meetings we had, I'd said --

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1 my evidence to you, my Lady -- "If it was indeed true
 2 that it was ready to go, we absolutely had to buy it".
 3 But it would have been better, in my opinion, at the
 4 time to have let it run through the process and do as we
 5 did with everyone else. But I don't think it made any
 6 material difference because he didn't actually get
 7 an order because, as we may come to, the product didn't
 8 eventually pass those tests.
 9 LADY HALLETT: Sorry, I just want to rewind just again
 10 slightly.
 11 The email to which Mr Stoate took you a moment ago
 12 said that the Chancellor of the Duchy of Lancaster,
 13 Mr Gove, had instructed you, directed you, to enter into
 14 this contract; no reference to contingency. So my
 15 question really is: at what stage were you able to give
 16 the advice that this wasn't a project that was ready to
 17 go and so, in other words, were you being directed to
 18 enter into the contract before you'd that the
 19 opportunity to give the advice?
 20 A. That was the next sentence that would have happened,
 21 which is why I came up with the contingency part, but
 22 I think all the emails, the one from Rich that you just
 23 put up, that had the contingent point in it. My note to
 24 Manzoni had the contingent point in. So I think we'd
 25 got past that stage, by lunchtime on that day.

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1 So I'd -- no one -- we weren't going to -- it would
 2 have been entirely wrong to have had a non-contingent
 3 order, in that case.

4 **LADY HALLETT:** All right. So you think you had given advice
 5 because that's why you wanted contingency in there,
 6 nonetheless you were directed to enter into the
 7 contract?

8 **A.** Yes, it would have been better to have let the process
 9 wind forwards but I can quite understand if the
 10 politicians believed this was, you know, game changing,
 11 two days into lockdown, why they wanted, you know, to
 12 make sure we were making progress.

13 **MR STOATE:** But, Sir Gareth, even your contingency came
 14 under significant pressure, didn't it? Can we just
 15 look, please, at INQ000497116. This is the same
 16 evening.

17 Right? So we've got the "instructed to proceed at
 18 pace" email at 1.10, this is the same evening. Can we
 19 see at the top there it's Wednesday, 25 March, 18.38
 20 from Mr Gove's private secretary:

21 "Many thanks for the call with [Chancellor of the
 22 Duchy of Lancaster] and Lord Agnew."
 23 He was the Procurement Minister, wasn't he --

24 **A.** Yeah.

25 **Q.** -- in the department?

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1 that industry and so to set that all up in a couple of
 2 days was just never going to happen, in my opinion.

3 **Q.** Yes.

4 **A.** But I didn't read into that that the MHRA must approve
 5 it where they wouldn't if they weren't otherwise going
 6 to approve it. I read that more as there must be no
 7 blockages, get every tester you can to quickly assess
 8 this product and, if indeed it passes, get it done by
 9 Friday, underlined --

10 **Q.** All right.

11 **A.** -- rather than allow any blockages or delays to creep
 12 into the process.

13 **Q.** All right --

14 **A.** So I think it was accepted that the thing needed to pass
 15 the relevant tests.

16 **Q.** Well, it simply says:

17 "... to ensure that by the end of Friday the Dyson
 18 product had been tested and approved."
 19 In any event, a couple of hours after that,
 20 INQ000534490, you emailed Sir John Manzoni again, in
 21 these terms:

22 "Suggestions what to do?"

23 "I do feel that the [Chancellor of the Duchy of
 24 Lancaster, that's Mr Gove] is being unreasonable -- even
 25 if he is correct that we delayed anything, which I don't

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1 "Please find actions below."
 2 First bullet point:
 3 "Sir James Dyson and team to start buying the
 4 components needed to make their product ..."
 5 Fifth bullet point, and this is the one I wanted to
 6 ask you about:
 7 "MHRA and [Gareth Rhys Williams] to ensure that by
 8 the end of Friday, the Dyson product has been tested and
 9 approved by MHRA, a small number of products have been
 10 provided to hospitals for human testing, and the final
 11 product has started to be manufactured. [Gareth Rhys
 12 Williams] to immediately escalate any blockages to
 13 Ministers."

14 If I may say, Sir Gareth, you managed to negotiate
 15 in a contingency but the readout here he says, fine, but
 16 by the end of Friday, tested, approved, batches in
 17 hospitals for human testing and manufacture beginning.
 18 Dare I suggest it's completely unrealistic, isn't it?

19 **A.** Yes.

20 **Q.** Not very long after --

21 **A.** Sorry, and perhaps to explain, having seen the
 22 breadboard, having seen the schematic, and what is also
 23 important to realise, my Lady, you have to manufacture
 24 these with a quality management system. We talked about
 25 the other manufacturers. The way Dyson works is not in

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1 believe he is at all, his tone is ... regrettable. But
 2 see below. It would appear that the Dyson sample is not
 3 yet ready to be shipped, by them. MHRA could have been
 4 testing something else this evening. In the meanwhile
 5 we are getting, of course, more test rigs for them so
 6 that is no bottleneck."

7 Yes?

8 **A.** Yes.

9 **Q.** I may not need to ask you more about that but what we
 10 can see, when we trace it through, is that the next day
 11 Sir John Manzoni felt it necessary to email the MHRA
 12 directly, didn't he? He intervened personally.

13 **A.** Well, John sent a note around to everyone. By that time
 14 I'd talked to Graeme Tunbridge and others to make sure
 15 that (a) we were standing this up as fast as we possibly
 16 could because I thought we were, but it's always a fair
 17 thing to assume that you've overlooked something, and so
 18 I wanted to convince myself that there weren't any
 19 blockages as was being alleged by a variety of people,
 20 and ... yeah, so ...

21 **Q.** The following day, after Sir John Manzoni's
 22 intervention, INQ000497116. This a response from Graeme
 23 Tunbridge, who you've mentioned, Director of Devices at
 24 the MHRA, referring to Mr Manzoni's intervention. He
 25 says as follows:

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1 "The MHRA's Clinical Director of Devices, Duncan
2 McPherson, joined a call yesterday with the Chancellor
3 of the Duchy of Lancaster (CDL), James Dyson, John
4 Manzoni and others in the Cabinet Office to discuss
5 Dyson's proposal for a ventilator. The Dyson proposal
6 involves a totally new design, built in manufacturing
7 facilities normally used for standard industrial
8 products (or potentially decommissioned from producing
9 electric cars); for this reason it wasn't intended to be
10 pursued because of the risk involved and the additional
11 work that would be required to ensure that the
12 ventilator produced at the end is meeting appropriate
13 standards. James Dyson expressed his concerns with the
14 ministers and you will also have seen that he has been
15 speaking to the press this morning.

16 "The readout from CDL's Private Office and response
17 by John Manzoni are below -- in short, you will see that
18 CDL was keen to progress forward with Dyson's proposal
19 to a timescale that is totally unrealistic, based in
20 part on promises made by Dyson that are already not
21 being fulfilled. In addition, however, CDL [Mr Gove]
22 did not appreciate the level of risk involved in the
23 manufacture and use of ventilators and wanted to
24 circumvent the expedited regulatory process that has
25 been put in place", and it goes on there.

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1 concerns were of the clinician fraternity so there would
2 be hopefully less confusion or less misunderstanding
3 about what wasn't -- what was and what was not likely to
4 be acceptable.

5 **Q.** The story does continue somewhat into April though,
6 doesn't it? Can we just look, please, briefly at
7 INQ000512992. This is an email chain between you and
8 Lord Agnew, the Procurement Minister.

9 **A.** Yes.

10 **Q.** Towards the bottom of -- I think over the page, in fact,
11 one of the things you write to Lord Agnew is a list of
12 likely candidates to be struck off --

13 **A.** Yes.

14 **Q.** -- as in ventilator candidates in the Ventilator
15 Challenge who are going to be whittled out through that
16 process.

17 **A.** Yes.

18 **Q.** You say one of them is Dyson.

19 **A.** Yes.

20 **Q.** If we go back up to the top and look at Lord Agnew's
21 point (c), please, his response to you is as follows:

22 "We are going to have to handle Dyson very
23 carefully. I accept that contractually we can walk away
24 as he hasn't delivered by the due date. I also accept
25 that we have an indemnity battle ahead. But just

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1 In his witness statement to the Inquiry, Sir Gareth,
2 Sir John Manzoni says this, at his paragraph 62:

3 "I recall I was concerned that by virtue of the
4 meeting being called by the Chancellor of the Duchy of
5 Lancaster, indirect pressure was being placed on the
6 MHRA to approve the supplier's design at the stage of
7 selecting suppliers to progress in the Ventilator
8 Challenge. I felt that I had to and did intervene in
9 this meeting to ensure that the MHRA approval system, as
10 the regulatory system, was properly applied and to
11 protect the integrity of the process."

12 **A.** That's exactly the same point about why I was insistent
13 on an order contingent on passing the standards and it
14 was helpful of John to row in behind that.

15 **Q.** Yes, on one view, it might be said that this was
16 an example of the regulatory system you had been trying
17 to ensure the integrity of working, wasn't it? The MHRA
18 stood on its process and, not very long after this,
19 MD-TEC, Professor Clutton-Brock, did send the report
20 saying the Dyson model did not meet the essential safety
21 requirements?

22 **A.** Yes, and I started sending those test reports, because
23 there were multiple test reports, well for all the
24 machines. But for Dyson's, I sent them direct directly
25 to Sir James, so he could see firsthand what the

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1 killing off his design (assuming it gets through the
2 MHRA) won't be an option. I suspect we'll have to buy
3 a few machines, get them into hospitals so that he can
4 then market internationally being able to say they are
5 being used in UK hospitals."

6 Just pausing there, what was your reaction to the
7 receipt of this email, to that suggestion?

8 **A.** Well, it -- it's worth explaining a little bit of
9 background before this note. So Dyson -- the Dyson team
10 took away the advice from MD-TEC about the fan and the
11 air flow and they fixed it and they fixed a lot of the
12 alarms. That was all good. On the other hand, what
13 also happened was what we talked about before where the
14 clinicians realised about this problem with the mucus on
15 the lungs and a couple of other things which then, even
16 the improved Dyson machine was not looking like it's --
17 the underlying structure, the underlying way it worked
18 said to the clinicians, and Dr Tom particularly, they're
19 not going to be able to bridge that gap.

20 That's why the TDA was ranking, so every TDA we
21 ranked the machines to see, you know, where we were --
22 you know, in the way we discussed.

23 So I felt at that time, when we still hadn't -- so
24 the contractually -- the contractual point, the
25 contingency, my Lady, is that they were supposed to be

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1 in production by 13 April. Yes, 13 April. So they
2 weren't going to hit it by then. So the order would
3 have fallen away.

4 Now, the point here about the buy a few machines,
5 assuming it gets through the MHRA, I --

6 **Q.** Well, yes.

7 **A.** So I'd --

8 **Q.** So that he could then market --

9 **A.** So my view --

10 **Q.** -- internationally, being able to say they were being
11 used in UK hospitals?

12 **A.** Yes, well, so the MHRA wasn't going to be able to
13 approve -- what we managed to achieve here was making
14 sure the MHRA held the pen, and they were very clear, as
15 I explained at the beginning of this piece, my Lady,
16 that the MHRA was only allowed to give emergency licence
17 for the volume that we needed for our emergency
18 purposes.

19 And, by this stage, it was already looking like --
20 we hadn't got them but it was looking like the other
21 ones we had would be sufficient to cover what we needed
22 and, therefore, I was pretty confident that the MHRA was
23 going to stop issuing licences and, therefore, this was
24 a non-point.

25 **Q.** Lord Agnew continues:

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1 that point because they never got the MHRA approval.

2 **Q.** "So that he can market them internationally being able
3 to say they are used in UK hospitals"; that would be
4 appropriate, would it?

5 **A.** Well, lots of people will trial something in the UK and
6 then leverage off that. That's a matter for Dyson. By
7 this stage they were not planning to make in the UK but
8 to make in Singapore, where they had a big manufacturing
9 facility and, to my mind, that just underlined how
10 unlikely it was that they would get permission from the
11 MHRA because the MHRA needed to inspect the facility and
12 be confident that it had the quality management system
13 that we discussed earlier in place. And, of course,
14 travelling to Singapore would have been more or less
15 impossible during the pandemic.

16 So this was -- this, for me, was in the realms of
17 quite hypothetical. Not that they weren't trying very
18 hard. So, you know, Lord Agnew is absolutely right,
19 Dyson are a brilliant company, you know, brilliant
20 designers but, in this case, we were trying to do what
21 normal companies do in five or seven years, in a matter
22 of weeks. So we shouldn't be -- you know, they did
23 brilliantly to get this far but they didn't have
24 a product that made it far enough in the time.

25 **Q.** Well, can you complete the story for us? What did

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1 "I also probably have more faith than you that he

2 [James Dyson] will be somehow able to upgrade his
3 machines to get higher up your graph of functionality.

4 We should not underestimate his enormous design
5 firepower even if new to the medical devices industry.

6 I fully accept you are likely to disagree with me but we
7 both need to accept that it will be a bigger decision

8 than we can both make. Remember he got a personal call
9 from the PM. This can't be ignored."

10 What did you understand to be the significance of
11 a personal call from the PM? What did that mean to you?

12 **A.** Well, you'd have to -- the PM -- you know, we haven't

13 talked about it, but the PM went off on a number of
14 visits to lateral flow suppliers, so, to be honest,

15 I would shrug on that. It either passed the standards
16 or it didn't pass the standards, and I was not part of

17 the standard setting or evaluation team, that's not my
18 skill set. So this was all with the MHRA. What we had

19 got by this stage was complete acceptance by everybody
20 that the MHRA held the pen.

21 On the other hand, if the MHRA decided to approve
22 it -- if, nothing to do with me -- then if ministers
23 wanted to pay for us to get a few machines in the way
24 that Lord Agnew is talking about, then that would be the
25 subject of ministerial direction but we never got to

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1 become of Lord Agnew's suggestion that a few be

2 purchased to use in UK hospitals so that Dyson could
3 market them internationally to be able to say that they

4 were being used in hospitals?

5 **A.** It didn't happen because the MHRA didn't approve any,
6 and maybe sensing that or for whatever reason, there's
7 a series of emails from Dyson where they folded the
8 project and there's a whole discussion on licensing
9 where I was looking to recoup taxpayers' money if they
10 were going to do that, if the MHRA gave them permission.

11 But, in the event, that all became academic.

12 **Q.** You say in your fourth statement this sentence:

13 "Industry wishes to sell products or services to

14 Government and part of our job is to ensure that if

15 Government wants those products or services, a process

16 is used to assess the potential contract and to keep

17 people with conflicts out of the decision chain."

18 **A.** Sorry, I --

19 **Q.** Well, tracing through what Mr Webster describes as the
20 political sensitivity in relation to Dyson, we've seen

21 the involvement of the Prime Minister, the Health

22 Secretary, the most senior minister in your department,

23 that's Mr Gove, the Procurement Minister, Lord Agnew,

24 all trying to, seemingly, place this regulatory system

25 under pressure.

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1 In terms of your maxim, as it were, there --
 2 industry wants to sell us stuff, we try and keep people
 3 with conflicts out -- can you be assured that happened
 4 in this case?
 5 **A.** Yes, because the decision maker in this case was the
 6 MHRA, my Lady, and they were crystal about it, and
 7 Dr Tom, who ran the testing group, and Ramani and her
 8 group of clinicians. So I think I wrote that paragraph
 9 trying to distinguish, to answer a different question
 10 from the Inquiry on conflicts of interest, where I think
 11 I was saying that suppliers don't have a conflict of
 12 interest, they have an interest. So we shouldn't be
 13 surprised that suppliers pester everybody to get
 14 an order. That's what suppliers do. Of course, we
 15 should have anticipated that but that doesn't mean they
 16 get an order. They have to prove that they deserve the
 17 order and that's the job of the procurement team.
 18 So I don't think -- so, I don't think Dyson had
 19 a conflict of interest. He had an interest, obviously.
 20 **Q.** You're aware that Professor Sanchez-Graells has offered
 21 a comment on this?
 22 **A.** On the procurement methodology, yes.
 23 **Q.** Not just --
 24 **A.** Ah -- okay.
 25 **Q.** -- the procurement methodology but specifically -- can

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1 **LADY HALLETT:** The evidence of this witness is that it
 2 didn't. Well, we know it didn't. It didn't get the
 3 contract.
 4 I think we've pursued this enough.
 5 **MR STOATE:** Professor Sanchez-Graells also talks about the
 6 procurement method generally, in respect of the
 7 Ventilator Challenge.
 8 **A.** Yeah.
 9 **Q.** He says in his summary box, page 20 -- I think it came
 10 up on the screen yesterday -- in very short order, he's
 11 not convinced it was the best or the proper procurement
 12 process to have used. Do you have any comment on that?
 13 I wanted to offer you an opportunity to give us your
 14 view on that.
 15 **A.** Yes, I disagree with him completely, with respect.
 16 3,000 people a week after two weeks. The minimum time,
 17 assuming everyone processes the papers and the offers
 18 instantaneously, which is not the case, with a complex
 19 procedure like competitive dialogue or competitive
 20 procedure with negotiation, the average for those,
 21 my Lady, in the last year or two, I asked colleagues to
 22 do that, is 415 days to run the process. We had the
 23 first product from Penlon, a new product, in less time
 24 than the minimum legal requirement to run those complex
 25 procedures.

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1 I look, please, at INQ000539153. This is part of
 2 Professor Sanchez-Graells's report, the last paragraph
 3 there:
 4 "Favouring Dyson [he says] due to the political
 5 pressure ministers were under would have been clearly
 6 problematic and, in my view, beyond being objectionable,
 7 it would have raised serious questions as to its
 8 legality. It would also have raised questions on the
 9 origin of the political pressure, given that the
 10 decision was made [as we've seen] by the Secretary of
 11 State", in other words the Chancellor of the Duchy of
 12 Lancaster.
 13 Do you have a view on that?
 14 **A.** Well, yes, that's why we ended up down the route that we
 15 did, but in the end, at the end of the day, Dyson got no
 16 money from the public purse and didn't make any product.
 17 So had that happened, had that pressure translated into
 18 an otherwise -- a product, that would not have been
 19 approved, being approved and then marketed, then
 20 absolutely everything that Professor Sanchez-Graells
 21 said I would absolutely agree with.
 22 **Q.** It would have raised serious questions as to its
 23 legality?
 24 **LADY HALLETT:** Had it happened.
 25 **MR STOATE:** Indeed.

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1 Now, his argument that, well, normally designing one
 2 of these things takes five to seven years, therefore in
 3 that you would have had plenty of time to run
 4 a procurement procedure: well, yes, but the whole object
 5 of the exercise was to get product in a fortnight and we
 6 got product in a month, which, no credit to me but to
 7 the thousands of people who worked on this, it was just
 8 beyond astonishing. But to force us to use a procedure
 9 that would inevitably have meant at that time 6,000
 10 people would have died because we'd used -- not used the
 11 emergency regulations, I think it would be very hard to
 12 justify that. I think this was exactly what the
 13 emergency procedure was for.
 14 **Q.** So, Sir Gareth, looking at what we've gone through in
 15 this brief time, how you established the challenge, what
 16 the challenge achieved in such a short period of time,
 17 the pressure, the stresses and strains it came under,
 18 and some of the comment and criticism that's been made
 19 of it, drawing that together as briefly as possible,
 20 what would you say were the key lessons in the event of
 21 a pandemic in the future that requires the scaling up of
 22 any type of complex medical technology? Let's put
 23 ventilators aside, whatever it be. Give us your key
 24 lessons or recommendations for the future.
 25 **A.** Well, the key one is start with enough product. Whether

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1 that's PPE or ventilators or some other machine. And we
 2 very nearly ran out of -- and Ramani talks about it --
 3 syringe drivers, which are what we used to inject it.
 4 So has the NHS got however many they feel they need, and
 5 a bit, in a pandemic store ready to go at the start?
 6 And this whole problem was generated -- I think, in
 7 February, the DH/NHS thought they needed 60,000, so in
 8 a way that wasted a month.

9 So second lesson would be, as soon a gap appears,
 10 tell people, like me, who were mad enough to try to do
 11 what we did do, because that would have given us
 12 an extra month and maybe we would have got a better
 13 product, maybe, maybe, maybe, maybe. But this method,
 14 this rapid down-select is then what was very useful for
 15 the vaccine programme which used -- and I think the
 16 point was Treasury, the Civil Service machine, normally
 17 you don't procure like this. You'd do a test, you'd
 18 then try and scale up one, and la, la, la. Here we were
 19 with this pyramid effect that you talked about, really
 20 worked and that's exactly what Kate Bingham and the team
 21 were able to do with vaccines, what we're doing at the
 22 moment with small modular -- what my ex-colleagues are
 23 doing with small modular reactors.

24 This is an unusual way of thinking for government,
 25 it's a much more industrial, commercial way of thinking

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1 commitment to equity and inclusivity in healthcare
 2 practices. I'm sure you're aware that it's well
 3 documented that ethnic minority healthcare workers faced
 4 disproportionately higher risks during the pandemic,
 5 particularly due to inadequacies in PPE, and we've heard
 6 a lot of evidence in relation to this.

7 So my question to you is this: given your role and
 8 responsibility, it's essential for an organisation like
 9 FEMHO to understand how the Cabinet Office navigated
 10 these complexities, particularly adhering to the Public
 11 Sector Equality Duty under the Equality Act 2010.

12 So, as such, given this unprecedented global health
 13 crisis, number 1, firstly, could you please explain how
 14 the Cabinet Office ensured that its legal obligations
 15 under the Public Sector Equality Duty were met during
 16 the procurement activities for PPE?

17 That's the first question.

18 **A.** Shall I answer that, first of all?

19 **Q.** Yes, please.

20 **A.** So the Cabinet Office, *per se*, my Lady -- Mr Thomas,
 21 weren't buying things directly. The staff, mainly from
 22 the Complex Transactions Team but other people from
 23 Cabinet Office that we posted into the PPE buying teams,
 24 were working under the instruction of the Department of
 25 Health. So they had no role to play in what they were

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1 about product, and there's been a number of criticisms
 2 about the amount that was wasted on the products that
 3 didn't work. Fair enough. We'd have loved to have
 4 known which ones were going to work but we had no real
 5 way of knowing.

6 The net of it was that the machines we delivered,
 7 even allowing for the R&D cost, were less, were cheaper
 8 than the machines bought on the market. This was
 9 an astonishing success and I think the lesson is we can
 10 do this if we try but, obviously, we'd rather not be in
 11 the position that we started with.

12 **MR STOATE:** Thank you, my Lady.

13 **LADY HALLETT:** Thank you.

14 I think there's one question from Professor Thomas,
 15 who is hiding behind that pillar. He's not going to be
 16 hiding for long.

17 Questions from PROFESSOR THOMAS

18 **PROFESSOR THOMAS:** Can you hear me?

19 **A.** Yes, indeed. I can see you as well.

20 **Q.** Good morning, I represent FEMHO, the Federation of
 21 Ethnic Minority Healthcare Organisations.

22 Just a little context behind my question. I am sure
 23 we can agree that the procurement of personal protective
 24 equipment, PPE, during the pandemic was not just
 25 a logistical challenge but also a critical test of our

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1 asked to buy. They were told what was required and they
 2 bought it.

3 So the Cabinet Office didn't really play a role in
 4 the way that the question is framed, I think. And the
 5 same for ventilators. We were just -- we were -- built
 6 what the clinicians asked us to build.

7 **Q.** All right. So let me come on to my last question,
 8 I think you may have answered it but I'll put the
 9 question to you, just in case.

10 So was there any specific measures implemented to
 11 align the procurement processes with the requirement of
 12 the Public Sector Equality Duty to ensure that the
 13 needs, particularly of ethnic minority healthcare
 14 workers, were adequately addressed?

15 **A.** The short answer is no, for the reason I gave, that the
 16 demand that we were asked to buy came from the
 17 Department of Health. So I would not -- and I don't
 18 think any of my team would have known which products
 19 were useful for which minority group or majority group.
 20 So we just took what we were told to buy by the PHE or,
 21 as it turned into, UKHSA, and bought that. So --

22 **Q.** I understand that. But you accept that the Public
 23 Sector Equality Duty did apply to the Cabinet Office?

24 **A.** Well, the contracts were placed by DH, the -- so I'm not
 25 sure that I do, with respect, because the people that

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1 were employed by the Cabinet Office were working, you
2 know, under DH management and to acquire materials, PPE,
3 that DH required.

4 So we had to assume the number, the types that they
5 asked for, it was a matter for their consideration.

6 None of the buyers would have been remotely qualified
7 to -- you raise very real concerns. I'm not diminishing
8 the concerns at all and, you know, I think later or as
9 the pandemic progressed we all realised that there were
10 fit issues with that product, but that specification of
11 the product was outside of what the Cabinet Office
12 people were able to --

13 **Q.** All right. I think we can end it here. We can agree on
14 this, we can agree on, if I've understood your evidence
15 correctly, there was no specific oversight by the
16 Cabinet Office of those who were buying in or putting in
17 the orders for the equipment? Would that be fair?

18 **A.** Um --

19 **LADY HALLETT:** I think what you said was that, essentially,
20 yes, of course the Public Sector Equality Duty applies
21 to all government departments but, essentially, it was
22 the DHSC upon whom it would have been particularly
23 relevant in this instance?

24 **PROFESSOR THOMAS:** I shall pick that up later.

25 **LADY HALLETT:** Thank you.

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1 **MR SHARMA:** Mr Marron, could we start, please, with you
2 confirming your full name.

3 **A.** I am Jonathan Marron.

4 **Q.** Mr Marron, you have provided four witness statements to
5 the Inquiry. I'd be grateful if you could confirm that
6 they're true to the best of your knowledge and belief?

7 **A.** They are true to the best of my knowledge and belief,
8 yes, I confirm.

9 **Q.** Prior to the pandemic, you were Director General in DHSC
10 for Prevention, Community and Social Care.

11 **A.** That's correct.

12 **Q.** And your involvement in PPE commenced on 18 March 20,
13 when you took on PPE responsibility at the Reasonable
14 Worst-Case Scenario Oversight Board. Is that correct?

15 **A.** Yes, broadly. So at that board a set of things were
16 discussed. There were a couple of particular actions
17 relating to PHE and the government's PIPP stock. I took
18 those actions away to resolve. That was the start of my
19 involvement in PPE.

20 Over the course of the next two or three weeks
21 I became more and more involved, and eventually became
22 the DG responsible for PPE in the Department of Health
23 and Social Care.

24 **Q.** And DG means Director General?

25 **A.** Sorry, Director General, my apologies.

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1 **PROFESSOR THOMAS:** Okay, thank you.

2 **LADY HALLETT:** That completes our questions for you. You've
3 been very modest about your role in the Ventilator
4 Challenge, but as you say, it was an extraordinary
5 achievement, and I think a huge amount of the credit
6 plainly goes to you. So whatever other people say about
7 procurement generally, as far as the Ventilator
8 Challenge is concerned, on behalf those who needed them,
9 may I thank you for all that you and your colleagues
10 did.

11 **THE WITNESS:** Thank you very much.

12 **LADY HALLETT:** And thank you for all the help that you've
13 given to the Inquiry.

14 **THE WITNESS:** Thank you.

15 **LADY HALLETT:** I shall return at 2.00.

16 (1.01 pm)

(The Short Adjournment)

17 (2.00 pm)

18 **LADY HALLETT:** Mr Sharma.

19 **MR SHARMA:** My Lady, the next witness is Jonathan Marron.

MR JONATHAN MARRON (affirmed)

Questions from COUNSEL TO THE INQUIRY

22 **LADY HALLETT:** I hope you were warned we might not get to
23 you until this afternoon?

24 **THE WITNESS:** I was.

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1 **Q.** I'd like to start, please, with the stockpile, if we
2 may.

3 Could we have up on the screen INQ000528391.

4 This is a table, Mr Marron, which is taken from your
5 witness statement. This is the amount of PPE within the
6 PIPP stockpile as of 3 October 2019.

7 You can see on the left-hand side the "Product
8 Type". And then, across the top, the "PIPP Stockpile
9 Target Volumes", the "PIPP Quantity", the "[Percentage]
10 of PIPP Target Volume", and then what's called the
11 "JICJIT Split".

12 Would you help us, please, Mr Marron, with what the
13 figures in the second-to-last column and then the final
14 column say?

15 **A.** I can.

16 If you don't mind, may I just take one moment just
17 to add my condolences to all of the people who were
18 affected by Covid, and indeed to thank all of the
19 workers on the front line who did so much to keep us
20 during that period. Our thoughts about all of this work
21 that my team and others were doing on -- were really
22 with the people in the front line, those who were
23 affected. I just think I would just like to say that
24 before I start and then I will turn to the question.

25 **Q.** Of course.

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1 A. Apologies.

2 So I think the columns you're asking me for are the
3 last two. So the first one, entitled "[Percentage] of
4 PIPP Target Volume". So PIPP is the Pandemic Influenza
5 Preparedness Programme. So essentially this is the
6 stockpile that the government held in case of
7 a pandemic, an influenza pandemic, at the base of our
8 planning.

9 What the number then tell you is, of the target
10 volume, how much we thought we should hold against the
11 pandemic influenza, we actually held. And this is of
12 3 October 2019.

13 So as you can see, there is a -- some of them we are
14 at target volume or indeed over, or in some cases there
15 is significantly less stock from the target volume.

16 This comes around with a -- the stockpile was
17 originally created in 2009 in response to swine flu and
18 it was on a rolling programme of updation. So there
19 were a set of contracts that were delivered in 2020 that
20 would have brought some of these under-target areas --

21 Q. Sorry to interrupt, I wonder if you would slow down
22 a little for the benefit of the transcript.

23 A. My apologies.

24 So the areas that are below target, so, you know,
25 significantly less than 100%, in many of those cases

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1 A. Well, the procurement contract in this case was not
2 fulfilled at all. It was -- the intention was to
3 procure gowns in -- using our normal procedure that
4 would take nine to 12 months. That is a normal amount
5 of time to do the market analysis and then run the full
6 competition. Remember, of course, that was a contract
7 not to meet an emergency requirement but a normal
8 process of replenishing a stockpile when we had made the
9 first decision.

10 Q. And the final column please, those three letters, JIC
11 and JIT, Split. What is JIC and JIT, please?

12 A. JIC is just in case, and what it essentially means is we
13 actually held the product in a warehouse in the UK.

14 In Haydock, as it happens.

15 JIT is just in time. Here we had entered into
16 a contract with a supplier who would then deliver the
17 materials in the contract in the event of them being
18 required for a pandemic. So the idea being that we will
19 reduce the holdings in the UK, and of course reduce the
20 costs, both of storage -- and indeed these products have
21 a shelf life, so after a particular period of time they
22 need to be replaced.

23 So it was an attempt to have a more efficient way of
24 holding stock. I'm sure we may come to it later but
25 I think we all now know that the just-in-time contracts

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1 there were contract processes in place to buy more stock
2 that would have seen the stockpile brought back up to
3 target over the course of 2020.

4 Q. But as at 3 October 2019, it's right, isn't it, that
5 there are significant deficiencies in the stockpile in
6 respect of aprons, which is at 21.9%, and gloves, which
7 is at 24.4%. And then at gowns and clinical waste bags,
8 it was at 0%.

9 A. Yes. That is all correct. Can I mention gowns?
10 Because I think gowns is a particular case.

11 Q. Of course.

12 A. So from the 2009 decision to -- gowns were not start of
13 the stockpile. I believe in July of 2019 NERVTAG, the
14 expert advisory body, advised that gowns should be part
15 of the stockpile. This was agreed in the Clinical
16 Countermeasures Board in October of 2019, and the
17 procurement --

18 Q. The Clinical Countermeasures Board is what, please?

19 A. The board that oversaw the management of the PIPP
20 stockpile. So it was accepted that gowns should be
21 added, and that a plan was in place to procure gowns for
22 the stockpile. That procurement was under way but was
23 not complete by the time the Covid pandemic hit the UK.

24 Q. I think that is perhaps, now, the infamous procurement
25 contract that took nine months to fulfil?

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1 did not actually deliver in the Covid pandemic.

2 Q. And on those just-in-time contracts, it's right that
3 none of them delivered, did they?

4 A. No, I believe none of them delivered.

5 Q. That's the position on 3 October 2019. I wonder if
6 I could fast forward, please, to 28 July 2021.

7 And could we display, please, INQ000534966. Page 8.

8 Mr Marron, if I can draw your attention, please, to
9 the figure which is highlighted in red at the bottom of
10 table 1. This is a "Snapshot of volume and value excess
11 stock from 7 June 2021".

12 So after the pandemic, the figure here is "Excess
13 stock plus 'do not supply' stock" sits at 6.9 billion
14 units. I wonder if we could zoom out from that for
15 a moment.

16 And looking down, please, at paragraph 3, it says
17 this:

18 "The PPE network in the UK is currently storing
19 1.3 [million] pallets of PPE. This costs DHSC in the
20 region of £300 [million] per year in operational costs
21 ... of which £120 [million] is attributable to excess
22 stock. At current pandemic usage, we estimate that
23 £3.8 [billion] of stock ... will expire before it can be
24 used."

25 So the position prior to the pandemic was that we

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1 didn't have enough PPE in the stockpile, and the
2 position following the pandemic, or in the later stages
3 of it, was that there was too much. Do you agree with
4 that.

5 **A.** I certainly agree that the -- the pandemic -- the PIPP
6 stockpile, was not to its target volume, and I think
7 actually we may have a discussion about the target
8 volume, whilst I think, based on reasonable assumptions
9 at the time, our experience of Covid was that
10 significantly higher volumes are required, and indeed
11 our current holdings against a future pandemic are at
12 a higher level than the PIPP stock. So I think -- on
13 that.

14 And it is also, I think, the case that our
15 procurement of PPE during the pandemic led to having
16 significant excess stock. Again, I think we produced on
17 our best understanding of the model designed for PPE.
18 The experience of the pandemic is that we did not use
19 all of that stock. So yes, these numbers are all
20 correct.

21 **Q.** Could we have a look, please, at a table which is in
22 your witness statement.

23 INQ000528391, page 231 and 232.

24 Mr Marron, this is the value of contracts that had
25 been entered into that had technical and quality issues
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1 supply", essentially a holding category for us to come
2 back to and check that ...

3 So these 176 contracts are essentially everything
4 that went into "Do not supply". And then as we walked
5 down the table we explained, you know, why we went in
6 there and what happened.

7 So the first block, "No. of contracts reviewed and
8 found to be fit for purpose", so 19 of that first 176,
9 these were actually fine, the stock had arrived, the
10 documentation was fine, we had, you know, not -- our
11 first check we'd been nervous but we should have --

12 **Q.** Slow down, please.

13 **A.** Thank you.

14 The next block, so that's the 400 million.

15 The next block, "Value of products designated safe
16 to be used following receipt of new documentation".
17 Essentially the product arrives in the country, we were
18 nervous about the documents, we went back to the
19 manufacturers or the wholesalers. They then provided
20 documents that met our requirements and these could then
21 be released. So then this is another 500 million of the
22 total that, actually, these were good.

23 The next block, again, so here the product was
24 delivered according to the contract standards, so it is
25 what we bought. But -- it was. However, we bought some
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1 or the documents for the contracts were incorrect or
2 incomplete.

3 I wonder if you could help me, please, with the
4 figures in this schedule.

5 **A.** Would you like me to walk through?

6 **Q.** Yes, please.

7 **A.** So obviously at the top it starts with the number of
8 contracts that we've reported, contractual performance
9 issues. I think we should explain how we did this.
10 Essentially, as -- if you go back, we were procuring in
11 a pandemic scenario. The normal checking of your
12 product in advance simply wasn't possible. So whilst we
13 were taking documentation and other forms of evidence
14 from the manufacturers to suppliers, until we actually
15 had the stock in our own hands, in the UK, it was
16 largely -- we were unable to do a proper quality check.
17 So we were therefore cautious at what arrived in the UK.

18 We were --

19 **Q.** Slow down, please.

20 **A.** My apologies. If you keep reminding me, it will help.

21 So we were very cautious on the materials arriving
22 in the UK, because we wanted to ensure that we only sent
23 stock to the front line that actually met the quality
24 standards. So anything that arrived that we had any
25 doubts about was put aside into what we called "Do not
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1 things that NHS doesn't like to use, of which I think
2 the easiest to explain is aprons. So if you go into any
3 NHS hospital you'll find that aprons are on a roll
4 essentially and they get pulled off.

5 In the pandemic we found that quite hard to buy at
6 times and so we also bought aprons in a box. So lots of
7 these things are things like the aprons in a box that
8 simply the NHS didn't use and, you know, has -- the
9 other stock was available to it, it chose that instead.
10 So again the contract is fine but the product doesn't
11 get used for that reason.

12 Shall we go to the next one? Next block, by the
13 time we've got to this product, it's expired. So,
14 again, if we'd used it immediately it would have been
15 okay but by the time it's checked it's not, it's beyond
16 its useful date.

17 Then I think then we start getting into the things
18 where actually there were significant issues with what
19 we've bought. The first block here, "Value of product
20 delivered to contract but could not be used", we have
21 bought a product that does not meet the standards that
22 are in place in the UK.

23 **Q.** So, to pick it up from there, so at that point, looking
24 at the box ahead of that, the product has been delivered
25 according to the contract but it's expired before use,
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1 and so that's £322 million which has been spent on items
 2 which can't be used; is that right?
 3 **A.** That is correct.
 4 **Q.** Then if we keep following it down, another 125 million
 5 where the contract has been met, but it I can't be used;
 6 is that right?
 7 **A.** Yes. And if I could give an example of what might be in
 8 there --
 9 **Q.** Just allow me for a moment.
 10 Then in the final box, "Contract Not Met", and then
 11 the "Value of the claims [have been] waived or
 12 abandoned". What does that mean?
 13 **A.** This is the total value where we have ... sorry, sir,
 14 I -- I believe -- can I -- I believe this is the total
 15 value where the contract has not performed, and we have
 16 accepted that we will not recover that amount of the
 17 value of the contract.
 18 **Q.** All right. So if I add up those figures, the ones I've
 19 pointed out to you, at those rows, I end up, I think,
 20 with about £1.2 billion; is that right?
 21 **A.** Sorry, can I check which rows you've added up?
 22 **Q.** Yes, so the rows 707 million at the bottom.
 23 **A.** Yes.
 24 **Q.** 125 million.
 25 **A.** Yes.

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1 **A.** Sorry, I'm trying to go back to the document you showed
 2 me previously. It was a snapshot in time, so I don't
 3 know how much of that was then followed up -- used in
 4 the two years. So we've continued to provide free PPE
 5 to the NHS and social care through the period after the
 6 pandemic, so we may have used some of it, but -- sorry,
 7 I don't have an exact number to confirm your position.
 8 I can certainly check. It is true there's a significant
 9 volume that has not been used.
 10 So, broadly -- (overspeaking) --
 11 **LADY HALLETT:** How do we get --
 12 **A.** -- broadly, yes.
 13 **LADY HALLETT:** Sorry to interrupt. How do we get into the
 14 position of £320 million-odd worth of product that
 15 expires before you even get to use it? How does that
 16 happen?
 17 **A.** So some of the products have relatively short shelf
 18 lives. And I think there the key challenge is our
 19 modelling of what we thought we would use compared to
 20 what we actually used turns out to be very different.
 21 I think it's part of the challenge of actually -- the
 22 modelling was actually a very complex and difficult
 23 task. There's no previous experience to rely on, we
 24 hadn't had a pandemic, so it's not as if we could look
 25 back and say, "What did we use in the past?"

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1 **Q.** And then 322 million.
 2 **A.** Yes.
 3 **Q.** I'm going to take the figure that we had on the document
 4 you saw a moment ago, 3.8 billion, and then 1.2 billion,
 5 the total we have from those two documents of stock that
 6 can't be used is approximately £5 billion, isn't it?
 7 **A.** I think the document you showed me before will include
 8 these numbers.
 9 **Q.** Right.
 10 **A.** If we were to go back to it, I would have a better view
 11 and could say.
 12 **Q.** So the £3.8 billion figure you think includes these
 13 figures here?
 14 **A.** Yes, because I believe it said it was "Do not supply"
 15 stock and others", and this would all have been in "do
 16 not supply", so I think --
 17 **Q.** All right.
 18 **A.** -- I think it's included.
 19 **Q.** Well, the figure we have that was spent on PPE both by
 20 DHSC and SCCL was 13.8 billion.
 21 **A.** That is correct.
 22 **Q.** And the figure from the previous document was
 23 3.8 billion; yes? So approximately a quarter of the
 24 stock that was purchased, both by DHSC and SCCL
 25 together, couldn't be used; is that right?

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1 What we had to do was essentially model a whole
 2 series of things, if I can walk through. So the first,
 3 of course, was understand the pandemic itself. So for
 4 that we took the reasonable worst-case scenario
 5 estimates that came out of SPI-M. So the same models
 6 that you'll see everybody else using. Of course there
 7 was less Covid than those models, so they're already
 8 slightly over.

9 The next challenge was to take: okay, if that's how
 10 much Covid we have, and if we take the professionally
 11 produced Infection Prevention Control guidance, which
 12 says when you should use PPE, can we convert the number
 13 of patients we think we'll have into the number of
 14 interactions in the health service and in social care?
 15 So that's a technical task in itself. So we modelled
 16 that with the help of external consultants.

17 Then the third block is to actually just manage the
 18 normal use of these products.

19 So if you think of the complete PPE ensemble, some
 20 of it is very rarely used in the NHS, so the FP3
 21 respiratory mask, it had been really only used in this
 22 sort of scenario. But some of it is immensely common,
 23 gloves, aprons. Used all of the time. When we were
 24 buying, we were buying for the entire use. There wasn't
 25 an uninterrupted BAU supply chain and then an additional

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1 one for Covid. It was all interrupted.

2 Our following -- so the modelling for how many
3 patients the NHS would see was based on NHS England's
4 predictions of how much activity there'd be in the NHS.
5 Again, that turned out to be -- the predictions were
6 slightly higher than the forecast.

7 So I think as you go through the model, whilst
8 I think we made reasonable assumptions at each stage, we
9 ended up with a total demand that was higher than what
10 we then saw.

11 And I think the real comparison if you're looking at
12 what we learnt from this, if we look at the second or
13 third waves of Covid, when really there's not a shortage
14 of PPE, you know, we can -- we can provide to the whole
15 of the healthcare system, I think that gives us the
16 level that actual usage was.

17 **LADY HALLETT:** Can I ask a question. In relation to the
18 stockpile, let's call them PPE -- I appreciate it may be
19 more than just PPE -- but do products go into the
20 stockpile and stay there for an emergency or do you draw
21 down on the stockpile for normal usage?

22 **A.** So I think the PIPP stockpile before the pandemic was
23 largely held for emergency. Now, some things had been
24 drawn down so I think, actually, if you go back to some
25 of the earlier evidence and I believe aprons in

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1 looked like prior to the pandemic and we've looked at
2 some of the figures as they were following the pandemic.
3 I want to turn with you, please, to what the situation
4 looked like when you arrived and became the Director
5 General in the PPE Cell and took the lead for it.

6 The Inquiry has already heard in opening that
7 chronology which follows the just-in-time contract
8 failing, and the realisation that they had failed, and
9 the movement from SCCL's confidence that there was going
10 to be enough provided from those contracts to realising,
11 a short period of time later, I think a period of nine
12 days, that, actually, those contracts were going to fail
13 and that the UK was going to be catastrophically short
14 of PPE. So can you explain to the Inquiry what the
15 position was when you took your role and what were the
16 challenges you faced?

17 **A.** Yes, thank you, as you've outlined, at the point
18 I became involved in PPE and indeed many of the
19 colleagues that then became the PPE Cell, we describe in
20 our document, this came about as the Government's
21 response to understanding that our existing supply chain
22 simply wasn't going to be able to deliver the volumes of
23 either procurement of PPE we required or indeed the
24 distribution of that PPE to the front line that, whilst,
25 you know, we had plans in place, we had, you know,

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1 particular, there'd been a BAU shortage and some of them
2 had been released to help with that.

3 **LADY HALLETT:** Business as usual.

4 **A.** Sorry, I'm doing very badly on the acronyms, I will try
5 and do better, business as usual. So -- but PIPP stock
6 are really used for out of the ordinary events. What
7 we're trying to do now is have the stock rotated
8 through, which, certainly for something like gloves,
9 even though you want very high volumes, because they're
10 used at such high volumes you can push them through the
11 stockpile without them ever -- you know, they won't ever
12 reach their shelf life date.

13 For other items, you know, the respirator masks
14 particularly, there's such little usage of them that,
15 essentially, you're going to have to hold them for
16 a pandemic, you can look at the shelf life extension at
17 the end of their manufactured shelf life but they will
18 at some stage need to be replaced.

19 So I think we are trying to think much more about
20 what is it we can just flow through the system to get
21 better value for everybody and then what things,
22 actually, there's no alternative other than just to hold
23 the stock, just in case.

24 **MR SHARMA:** Thank you, my Lady.

25 Mr Marron, so we've covered what the stockpile
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1 a stockpile that we thought was going to be
2 extraordinarily important, we needed more.

3 And we needed more not in four to six weeks' time
4 but we needed more immediately. So I think the sense as
5 we -- for that cell is that we were all absolutely aware
6 of the position that we were in, that there were
7 significant shortages of PPE, you know, at the end of
8 March. We have already talked about gowns, which were
9 an immediate problem, but --

10 **Q.** Pause for a moment. When you say "significant
11 shortages" and that you became aware of them, how were
12 you becoming aware of the shortages of PPE within DHSC?

13 **A.** Can I talk through a day of how it was then and maybe
14 that will -- if I think back to March, how would my day
15 start? I would wake up at 6.00 in the morning, I'd
16 start by logging on to the Cabinet Office dashboard,
17 which told us the overarching PPE, so I'd look at the
18 number of new cases, number of hospitalisations and
19 number of deaths -- which was an incredibly sobering
20 start.

21 **LADY HALLETT:** Take your time, have some water.

22 **THE WITNESS:** Thank you.

23 I then travelled to work. I had, I think, the good
24 fortune to be part of the command cell that was in the
25 office, and we were socially distanced but we were

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1 there, I think that made it much, much easier and helped
2 our resilience. We would start with an 8.30 meeting
3 where we would go through where we are in the day, so
4 what was the action did we take yesterday, what do we
5 know, what's our best intelligence for where supply and
6 demand is? By this stage we have brought together the
7 PIPP stockpile, the material that SCCL has, there was
8 a Brexit stockpile as well, which is in the evidence,
9 and it's now operating as one. We know what we've got.

10 We're also looking on a daily basis at what we have
11 ordered and its progress and again I think everybody
12 understands that in this period the global supply chain
13 was significantly interrupted, simply placing an order
14 didn't guarantee that it then arrived on the date that
15 it had been promised, so the tracking through, the
16 making sure the logistics worked, that was a major part
17 of our --

18 **Q.** Slow down please, Mr Marron.

19 Let me ask you this question, please. In terms of
20 what you've just described, making that first order,
21 what exactly does that mean and what does that entail?
22 So the supply chain has effectively collapsed, the
23 just-in-time contracts have failed and, in DHSC, what is
24 happening in order for you and other officials to try to
25 procure PPE on a day-to-day basis?

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1 following up procurement leads that are coming in to the
2 organisation and indeed starting on our own.

3 **Q.** This team is being drawn from across government, isn't
4 it?

5 **A.** Yes.

6 **Q.** It's not only officials from DHSC?

7 **A.** No.

8 **Q.** There are people from the Ministry of Defence, for
9 example, from the Cabinet Office and elsewhere, they are
10 coming together to form what I think is called the PPE
11 Cell; is that right?

12 **A.** That is correct. So, look, there's lots of people came,
13 lots of people from the Government Commercial Service,
14 who may have belonged to different departments but had
15 commercial expertise and then we drew on -- the MoD had
16 specific expertise in contract assurance, so we -- their
17 team came to help, and then alongside, if you like, that
18 buy effort we have distribution and logistics effort,
19 again with military support. SCCL's existing
20 distribution stays in place to do everything but PPE and
21 delivery to hospital and we contract with Clipper
22 through SCCL to provide additional logistic and
23 distribution support, additionally a new warehouse --

24 **Q.** Pause for a moment. So there is a PPE Cell which is
25 concentrating on procurement within DHSC?

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1 **A.** So I think the supply chain -- the existing supply chain
2 is not going to deliver what we need. Roughly half of
3 all of the products we bought were bought by SCCL, and
4 indeed their procurement team becomes the existing buy
5 team in the PPE Cell. So we didn't simply look for
6 different solutions; we worked really hard on do our
7 existing networks and existing networks work? And
8 that's about half of the total volume.

9 We have assembled in the Department of Health a team
10 that raises up to about 450 people, essentially
11 organised to try and do this work. There is a buy team,
12 drawn from the government commercial service, a call
13 from, I think, the Complex Transactions Team, Andy Wood
14 is I think a witness following me, he ran that team, and
15 with the complex transactions making the core of that,
16 we then had other commercial sessions from Whitehall to
17 give us a new buying force.

18 They spend their time looking at the offers that are
19 coming through to us, trying to triage those, the ones
20 that we think are credible then being taken through
21 a technical and commercial due diligence phase which
22 then allows a procurement. So that the activity is
23 assembling a team of volunteers with commercial
24 experience but not experience in buying PPE or
25 healthcare, that can then start on the process of

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1 **A.** The PPE Cell, as a whole, I'd describe as having a Buy
2 team doing procurement and, if you broke those down,
3 existing Buy, essentially SCCL, continuing, China Buy
4 working with the British Embassy in Beijing to really
5 understand can we get close to the Chinese
6 manufacturers? That's a very successful route for us.
7 A UK Make team, which eventually manages to get,
8 I think, about 25 contracts for manufacture of PPE in
9 the UK, and then the New Opportunities Team which is
10 really chasing down a whole range of potential routes
11 and avenues to buy PPE.

12 **Q.** We're going to come on to the New Opportunities Team in
13 a moment. I wonder if we could have up, please --

14 **A.** Sorry could I just do the -- because that's Buy.
15 I think we've then got a Logistics team that are doing
16 two things: we're transporting goods from China back to
17 the UK. Normally in this market you buy your gowns or
18 whatever else with transport. Transport was no longer
19 available --

20 **Q.** Pause for a moment, I just want to bring up a figure so
21 everyone can understand what you're talking about.
22 I wonder if we can bring up Mr Marron's witness
23 statement, INQ000528391, page 205. Just over the page,
24 please, if we can zoom into the top. This is an
25 "Overview of the PPE Supply Chain" which you've been

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1 describing?

2 **A.** Yes.

3 **Q.** On the left-hand side are the entities you've been

4 describing, so DHSC Buy --

5 **A.** Yes.

6 **Q.** -- UK Make, and then SCCL.

7 **A.** Yes.

8 **Q.** Then on the right-hand side of the diagram are all of

9 the issues with distribution?

10 **A.** Yes.

11 **Q.** On top of that, you've described the fact that PPE at

12 the same time is being flown in from China and from

13 other countries to interlock with this diagram?

14 **A.** That's right.

15 **Q.** But in terms of the DHSC operation, it's centred here,

16 DHSC Buy, it's split into teams, and those teams are --

17 forgive me, you were going to tell me something?

18 **A.** All of this is the DHSC operation, so the PPE Cell

19 managed this entire process, and then the Buy teams in

20 the cell managed the procurement process.

21 **Q.** What is established is something which is called the

22 Parallel Supply Chain --

23 **A.** Yes.

24 **Q.** -- which we're going to look at, and the offers that

25 were coming in to DHSC were organised or they were

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1 know, do the commercials work?

2 And then the technical review really looking at

3 well, what is the product and does it meet our

4 standards? And, of course, this was a really important

5 phase for us of really are we buying PPE that meets the

6 standards of the NHS?

7 **Q.** As an offer is being progressed through this eight-stage

8 process, does it have to complete one stage in order to

9 progress to the next stage, and then so on?

10 **A.** So it gets through the first three, to be handed on to

11 commercial and technical. They ran in parallel. So, if

12 you like, there's a process of like is this a sensible

13 offer for us to pursue? And, if no, then we can stop

14 without doing the detailed due diligence work. Once we

15 think it's worth pursuing, then the due diligence can

16 work on both Technical and Commercial. If they are both

17 satisfied, it moves to the final stage of closing, where

18 really we're looking at, well, now what are the -- what

19 is the deal on offer? Is the price within the range

20 that we're prepared to pay? When is delivery? The

21 normal things you would think of in closing a contract.

22 **Q.** All right. I want to have a look, please, at what lies

23 underneath this eight-stage process. Could we bring up,

24 please, INQ000551580, and page 14, please. This is the

25 process flow, isn't it, that an offer comes into once

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1 triaged in something which is called the eight-stage

2 process, which we're going to come on to. I wonder,

3 please, if we could have another diagram up. Page 121.

4 If we could zoom into the top. This is called the

5 end-to-end process, Mr Marron, a process which I think

6 you'll be familiar with?

7 **A.** That's correct.

8 **Q.** At number 1 is "Initial Data Triage". What's that,

9 please?

10 **A.** So this is -- I think the first three steps on this

11 process are really about understanding what's coming in

12 to the organisation, the basic information around the

13 offer, what has been offered what volumes, at what

14 times. Then moving into is that what we want and should

15 we be prioritising it? And then, of course, the third

16 one is contact so this is, if you like, the initial

17 triage phase of does this look like a worthwhile offer

18 for us to continue?

19 And then the next stages, which are highlighted in

20 orange in the diagram, are really the detailed stages of

21 looking at is this the right opportunity? So in

22 financial and commercial due diligence, really looking

23 at the organisation we're entering a deal with, is this

24 is an appropriate vendor of PPE? Is it sufficient of

25 financial status to take the weight of contract? You

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1 it's received in DHSC?

2 **A.** Yes.

3 **Q.** It has to follow each and every one of these procedural

4 steps in order for it to move on to the next stage of

5 the eight-stage process; is that right?

6 **A.** This sets out in diagrammatic form the steps that

7 a worker would go through. So there may be different

8 routes, in so, for example, if you look at the very top,

9 there's a contract via -- contact via email, which would

10 then take you back to send the webform link back to the

11 provider. Obviously start 2, if the webform comes

12 direct, then you don't need to do that step. So the way

13 to think about it is you start at the start points and

14 then follow the arrows through and it takes you through

15 what a worker, a caseworker would do in each case.

16 **Q.** Can we turn over to be the next page, please. The next

17 page. This is a continuation, isn't it, of the same

18 flowchart but, in this stage, it's at stages 3, 4 and 5,

19 which are being demonstrated on here?

20 **A.** Yes.

21 **Q.** And if we turn over the page again, please, this is

22 a continuation, isn't it, of the eight-stage process?

23 This is what's happening underneath what looks like

24 an elegant system. Eight steps, it looks clean and

25 simple but, in reality, what's happening beneath is

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1 something which is very complicated, isn't it?
 2 **A.** I'm not sure I'd accept that these are very complicated.
 3 I mean, what we've done here is set out schematically
 4 all the steps that we'd have to take. Look, for
 5 example, "Send rejection letter" is a step here, I don't
 6 think it's a complicated thing but it is what you must
 7 do to complete when you get to a "No". So I would
 8 accept that, if you're not familiar with these sort of
 9 diagrams, they look incredibly complicated but I think,
 10 actually, for somebody who was working in the -- in
 11 a commercial team, this is a relatively comprehensive
 12 way of putting together the flow of what the work would
 13 have to do.

14 Now, that is not to say that the tasks were
 15 straightforward and easy. I mean, we were buying
 16 critical products for the protection of our health
 17 workers and our patients, and we had to be able to do
 18 that in a way that was effective. So I think ensuring
 19 that we had the right technical specs, which at times
 20 was very difficult -- I mean, again, if we just reflect
 21 on normally, we'd simply buy something with a CE mark,
 22 where we could do that, great, but we were also buying
 23 obviously from manufacturers that hadn't supplied to
 24 Europe before, didn't have CE marks and so we needed to
 25 check that their specifications were equivalent, get

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1 triage the most likely offers to take forward. So it is
 2 not that 24,000 offers we attempted to put through all
 3 of the eight steps, and indeed, these first -- the first
 4 three steps on the chart are really about can we
 5 identify which of these offers were the most likely to
 6 be successful?

7 I think if you're asking questions about could this
 8 have been done better, I'm sure that is true. And
 9 indeed, we've looked at this since the pandemic, the
 10 Boardman Review particularly looked at this. And
 11 I think some higher level of both automation and indeed
 12 a higher bar to get through those initial gates, could
 13 we automatically filter out offers that didn't have
 14 particular volumes? I think that would have been a more
 15 effective process.

16 **Q.** We'll come to automation in a moment. If I can take
 17 you, please, through this eight-stage process on here,
 18 could we have a look at slide two. The next step was
 19 "Identifying ... opportunities and triaging". That was
 20 itself accompanied by another set of guidance, and then
 21 there was a stage in which initial due diligence was
 22 conducted.

23 Stage 3, please.

24 Opportunities had to be validated, and that meant
 25 that what caseworkers were doing was they were

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1 derivations from our regulators and ensure that we could
 2 use those products. So it is a complicated thing to do,
 3 I would accept that. I don't think we made an overly
 4 complicated process out of it.

5 **Q.** Could we a look, please, at INQ000474996. These are
 6 infographics which have been prepared by the Inquiry,
 7 based on your witness statement, Mr Marron. In order to
 8 demonstrate at each stage the quantities of material in
 9 the context of the Decision Tree and the process charts
 10 that we've looked at, I'm going to take you quickly
 11 through these.

12 The first step, "Initial data collection". Looking
 13 at those process charts and then putting them into the
 14 context of the numbers of offers which were being
 15 received, 24,000 is the approximate figure, across
 16 50,000 categories of PPE from over 15,000 suppliers, all
 17 of that information is being fed in to that what I would
 18 say is a very complicated and, dare I say, labyrinthine
 19 process flow that we just looked at, and the members of
 20 staff, the officials looking at those offers, at the
 21 initial stage, would have been overwhelmed by that,
 22 would they not?

23 **A.** So I certainly think that we struggled to process all
 24 24,000 offers. The steps that we were looking to do in
 25 these early phases were about trying to identify and

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1 contacting suppliers, they were having conversations
 2 with them, they were trying to get details of what was
 3 being offered, estimates on prices, lead times,
 4 researching the manufacturers, and then another set of
 5 guidance for them.

6 Step 4, please, "Commercial due diligence". Another
 7 team separate from the other, a due diligence form
 8 requesting a large amount of information: company name,
 9 company number, registered address, some of which had
 10 already been collected at stage 1. So there's an
 11 element of duplication here, is there not?

12 **A.** Well, I think these -- the descriptions that we set out
 13 in the witness statement looked at the things we were
 14 doing. As you know, the process evolved over time.
 15 I don't think we asked people to redo the steps that had
 16 already been taken but, in thinking about commercial due
 17 diligence, this is what we expected to have. I don't
 18 think you can avoid looking at this information. In
 19 fact, I think we took a great deal of risk on commercial
 20 due diligence. You have to remember this was
 21 an emergency procurement. We are looking at companies
 22 that we haven't worked with before. Some of these
 23 companies, you know, not established for very long. We
 24 needed to have a proper assessment of the risks we were
 25 taking.

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1 We took some contracts with firms that had, you
2 know, a limited history of PPE but it turns out from
3 their business in China or other places had connections
4 that did deliver PPE for us. So it was worth looking at
5 these -- can I say "unconventional providers"? Would
6 that be an appropriate term?

7 But it did mean that we had to do the due diligence.
8 I think it would be very difficult to have placed
9 contracts, you know, with public money without looking
10 at these challenges.

11 So I think the things we were looking at were
12 appropriate. I think on commercial due diligence
13 particularly we improved our process over time.
14 **Q.** Forgive me, I'm not suggesting for a moment that DHSC
15 did not consider some of this information. The question
16 is as to how the information was being absorbed, how it
17 was being looked at by DHSC, where it was being stored,
18 what systems there were for managing --

19 **A.** Yes.

20 **Q.** -- large quantities of information, which were being
21 provided by potential suppliers within the context of
22 a system that we've looked at, with all of those flows
23 and processes and questions and, at each stage of this
24 process, it's right, isn't it, that the information
25 wouldn't have come in in one direction? This would have

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1 another set of guidance to look at. They had to check
2 certificates of compliance, test set data, quality
3 management system. They had to keep up, in that bottom
4 left-hand corner, with the technical specifications
5 which were changing.

6 So, again, a caseworker in this team here that
7 another enormous set of information that they had to
8 absorb, to triage, to manage, and to look at; is that
9 right?

10 **A.** That is right and I think having a technical phase where
11 the people were dedicated, looking at this, I think
12 helps. And part of this process is trying to break up
13 those expertise, you have a -- is this worth pursuing in
14 those first three steps? You've got a set of commercial
15 questions about is the risk of entering into a contract
16 with this counterparty appropriate? And then you've
17 got, actually, when we buy this PPE is it going to be
18 what we need? And, frankly, that was not a difficult --
19 lots of people were selling PPE that did not meet the
20 standards of specification so doing this properly was
21 absolutely critical to protecting frontline workers and
22 indeed members of the public.

23 **Q.** Where, then, were the bottlenecks in this system, if one
24 part of this system had to be completed, if one step had
25 to be completed before the next, then there were areas,

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1 been a dialogue with -- or potentially a dialogue with
2 those suppliers. For example, if a piece of information
3 were missing, then a caseworker would have to contact
4 the company to get it and this would be an ongoing
5 conversation.

6 **A.** In terms of the storage of information, it's certainly
7 true in the very early days of this programme, as we,
8 you know, pulled together a team to do the emergency
9 procurement, I think our first DHSC procurement is on
10 the 22 March, I think, so very early in the process.
11 The team were relying on really recording things on
12 Excel spreadsheets, which we absolutely understood was
13 not the way we should be doing this. By April we moved
14 to a tailor-made management system called Mendix, which
15 the Cabinet Office team provided. So, at that stage,
16 all of this information is stored on Mendix.

17 As we get to the end of this procurement phase and
18 we move to a more regularised position, we then move on
19 to the Department of Health's database, which is Atamis,
20 and the Mendix information has been retrospectively
21 moved over to Atamis. Again, some challenges with that
22 process.

23 **Q.** We will come on to that. Can we move on, please, to
24 step 4, the next stage in which the offer had to be
25 processed was a technical review. Again, this team had

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1 were there not, in which there were bottlenecks in
2 offers being processed, and so what this system was
3 doing in part was doing what you suggest, which is
4 making sure that public money was being spent properly,
5 but what it was also doing was slowing down those offers
6 because of bottlenecks which had been created as
7 a result of the process?

8 **A.** We were certainly challenged on the capacity of the team
9 and the speed we were going. I think we improved this
10 over the course of the time. Indeed, you might come to
11 the Rapid Review Team that was established to try to
12 really accelerate the highest -- the offers that looked
13 the most likely to give us significant results.

14 **Q.** Forgive me, we'll come on to the Rapid Review Team in
15 a moment but one of the reasons, was it not, for the
16 creation of the Rapid Review Team was in part to deal
17 with this problem of the complexity of the eight-stage
18 process, that what was happening was that good offers
19 were getting stuck within the system, they needed to be
20 picked up, they needed to be identified quickly, and
21 they needed to be put through the eight-stage process,
22 and so the Rapid Review Team, when it was created in
23 April, was there in order to deal with that problem; is
24 that right?

25 **A.** Yes, but they did the same things. So it wasn't that we

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1 dropped the stages of the process. We didn't put in the
2 Rapid Review Team and not do due diligence or not do
3 (*unclear*). It was a way of saying, "Can we do that in
4 a different way that would be quicker?"

5 So I think this is the learning of how do we really
6 drive through our most likely deals.

7 And I again come to this whole process, we start
8 from not having -- this is an emergency procurement
9 of PPE, the government stepping in because we know our
10 existing channel isn't going to work, and we developed
11 our processes whilst buying PPE. So I think there is
12 definitely a sense of things improve over this time.

13 And indeed, as we move to a regularised PPE model,
14 we don't use this model, you know, we move away to
15 a category model rather than a steps in the process
16 model. So --

17 **Q.** Why has it moved from the steps in a process model to
18 a category model? Is it because that's more efficient?

19 **A.** We moved as we brought in -- the stabilised model for
20 PPE was led by a set of external procurement experts.
21 They thought it would be more effective to move that
22 model, and particularly to manage our understanding of
23 what was required. So I think if you looked at a normal
24 procurement model in the private sector, you are likely
25 see a category managed model. Here we got this, I think

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1 early weeks. Obviously, once we had the step -- I can't
2 remember if it's four or five, I always think of it the
3 wrong way round -- once we had the commercial due
4 diligence team in place, that's where this happened.

5 So in the first few weeks the closing team were
6 looking at due diligence, we then established a properly
7 staffed commercial due diligence team and then this step
8 was not then carried out at stage 6, this is stage --
9 it's either 4 or 5, the technical and commercial
10 backstop.

11 **Q.** Nevertheless, at this stage now prices are being
12 negotiated; the supplier, if it's in a foreign country,
13 there has to be a liaison with the FCDO.

14 **A.** Yes.

15 **Q.** Government legal advice has to be sought. And at this
16 stage -- it's only at this stage that the offer is
17 discussed in detail with the supplier and so, by the
18 time the offer has reached this stage, it's already
19 consumed a number of resources before it gets to
20 stage 6.

21 **A.** I think the offer is discussed with the supplier in the
22 very first stages.

23 **Q.** All right?

24 **A.** So what we get to here at this stage is that we are
25 confident that the supplier is somebody that we are

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1 largely in those opening weeks, because we absolutely
2 needed to get going, and that ability to triage which
3 offers we were taking and which ones looked most likely
4 to provide the product we needed was important, and that
5 allowed us to then only take the technical review and
6 the commercial due diligence on those that looked
7 likely, rather than having to do all of the work on all
8 of the offers.

9 **Q.** Had DHSC had any experience in creating systems like
10 this before?

11 **A.** So they, I think this team was put together and its
12 processes by the experts from the Government Commercial
13 Service who came to do the Buy Cell. So this wasn't
14 designed by Department of Health civil servants, it was
15 designed by the people who then went and ran the
16 process.

17 **Q.** Thank you. Can we move on, please, onto step 6. At the
18 stage here, "Close terms and conditions and pricing", at
19 this stage there's another level of assurance.

20 **A.** I think here -- I think the cost assurance analysis
21 that's on the left of this diagram, that really is the
22 commercial due diligence.

23 In the very, very early weeks the closing team were
24 doing commercial due diligence so that's why it features
25 here. You've picked it up from that description of the

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1 prepared to do business with, which wasn't always the
2 case, that the stock that they're offering meets our
3 standards, which certainly was not always the case and
4 it's now into a closing part of the deal what is the
5 price that we're prepared to pay? So this really is
6 closing the deal.

7 **Q.** All right. Can we move to step 7. Now we're completing
8 the approval documentation, and that results in an email
9 being sent, and we'll come on to the next step, to the
10 AOs, the accounting officers. And if you turn back to
11 the preceding page, and there are the documents which
12 have to be prepared, the terms and conditions, the order
13 form, notice of advance payment, new supplier form,
14 supplier letter, CaPA approval, technical documentation
15 the Department's requisition form, and so on.

16 And all of those are sent to an accounting officer,
17 step 8, who then has to check all of those documents
18 against the managing public money guidance?

19 So starting off with where we were at the beginning,
20 all of these offers are coming through the system, the
21 numbers of accounting officers who then have to then
22 deal with the proposals to purchase, only number 3,
23 don't they? There's only three of them. So is that
24 another point, rather like technical assurance of which
25 there was a bottleneck.

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1 **A.** No, I don't think we had a bottleneck at accounting
2 officer. I think by this stage the eight-step process
3 we've been through has provided the evidence on -- you
4 know, the way this is the product we need to buy,
5 whether actually it is appropriate to go ahead with the
6 counterparty, and whether it's technically efficient.
7 Now, I think the accounting officer needs to know those
8 things in order to authorise the spending of what was
9 quite significant sums -- not quite, very significant
10 sums of public money.

11 I do think having the accounting officer separate
12 and signing off the appropriate deal gave us an extra
13 layer of protection against deals that we shouldn't have
14 been doing and I think having that independent review at
15 this stage a helpful step.

16 **Q.** Well, we'll be hearing from them in due course. Could
17 I have up, please, an email which was sent by Mr Hall,
18 who is the Interim Government Chief Commercial Officer,
19 to Max Cairnduff, who was the Head of The High Priority
20 Lane, it's INQ000534626.

21 This is what Mr Hall is saying in the middle of the
22 page:

23 "We have designed the least efficient process
24 possible."

25 Then his second comment is:

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1 So I think that led to two things. We were prepared
2 to look at our very, very wide range of offers, which
3 I think was right. Our processes were -- I think people
4 used the expression "designed in flight", I don't really
5 like it but it portrays that we were trying to buy and
6 design at the same time. We didn't have a month to
7 think about how we'd do it, and then start. And I think
8 we did make improvements over those three months and
9 then, as we got out of this period, we looked again at
10 how we should manage our process.

11 As it happens, we did very little procurement of
12 PPE. After we get to about June 2020, we simply have
13 ordered enough. Our modelling suggested a rather larger
14 level of demand. So I think beyond that time we really
15 only buy gloves, which obviously the NHS uses in vast
16 quantities anyway, so that needed to be stocked up. We
17 may have made some small purchases of masks, but I would
18 need to confirm that.

19 **Q.** The Inquiry has heard about that 100 days and, as you
20 say, quite right that the DHSC was trying to build
21 a system whilst it was purchasing --

22 **A.** Yes.

23 **Q.** -- PPE at the same time. Had it ever been involved in
24 such a design and creation of a process before or was
25 this the first time?

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1 "The lag in the process and shipping is killing our
2 demand signal."

3 He makes a comment about competition and then makes
4 a final comment about the fact that "IT [was] killing
5 us", he said. Do you have any observations to make
6 about that Mr Marron?

7 **A.** Well, Chris is a highly-experienced procurement expert
8 so I think we should take his comments very seriously.
9 He was working in the team and, indeed, I think Chris is
10 instrumental in the Rapid Review Team and trying to make
11 sure that we are doing this properly. In one way, I'm
12 really pleased to see that we were engaging in how we
13 improved our processes. I mean, if you think about the
14 time -- this process was only in place between the very
15 end of March and, I think, probably the very end --
16 beginning of June, beginning of July so, actually, wave
17 one, that we spent each day looking at the newspapers of
18 just how critically short of PPE we were, we spent each
19 evening looking at our demand signal, you know, what we
20 thought we used, we knew was coming in, we would see the
21 shipments we thought were coming in getting struck off
22 our incoming list because they weren't turning up and
23 I think there was a great deal of concern about we
24 should do all that we can to get the PPE that was
25 needed.

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1 **A.** I think the Department of Health, as a corporate
2 organisation, no, not at all. Whether the individuals
3 that came to help us had been involved, I think many of
4 the Cabinet Office and the Government Commercial Service
5 people will have been involved in commercial deals, how
6 to -- but whether they would -- I don't think they would
7 have been involved at this scale. Chris Hall may be
8 a good witness to ask this question. Over this 100 days
9 we added a range of experts who could bring logistic
10 skills, the management of the scope of procurement
11 processes. But again, I think the scale of what we put
12 together over a very short period of time, I think
13 probably is unprecedented for a government department.
14 You know, we essentially doubled our procurement
15 capacity versus the existing SCCL, and we went from
16 a distribution capability, which I think was a few
17 hundred hospitals, to being able to deliver to over
18 50,000 sites as we delivered PPE to every social care
19 provider, every GP, every pharmacy in the land.

20 So I think over this 100 days, there was an absolute
21 transformation in our capability to both procure and
22 distribute PPE. And, indeed, I think if we look over
23 the second and third waves of the pandemic, the sorts of
24 difficulties we see on PPE in the first wave are not
25 repeated. We've really managed to get a process in

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1 place that allows us to get the materials to the people
 2 who need them.

3 **Q.** Nonetheless, noting what you say about buying quantities
 4 of PPE at speed, as you describe, it remains the case,
 5 doesn't it, that the UK overboard buy a significant
 6 quantity of the PPE which it needed?

7 **A.** Yes, but I think we bought -- we bought to both our
 8 target for what we believed demand was, which, as I have
 9 explained earlier, was a model, a model that we put
 10 together during the pandemic, which I think also bears
 11 thought. I think, you know, when you're doing these
 12 things, the model is based on assumptions. Whether we
 13 put, you know, conservative assumptions in at each stage
 14 because we were so worried about having the PPE we
 15 needed, I think that could be looked at.

16 I think it's really difficult in the height of
 17 a pandemic, when you can see the impact on the front
 18 line, on people in the country, to really think, "Oh,
 19 actually, no, we don't need to buy this". And I do
 20 remember we had conversations that -- something along
 21 the lines of we are not going to get this right. It's
 22 just not possible to do, so we're either going to do one
 23 of two things: we're either going to underbuy and we'll
 24 get into the second wave, which we all knew was coming
 25 and we'll have repeated scenes like we'd seen in March

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1 You've mentioned automation; is there anything else you
 2 would suggest?

3 **A.** I think the first thing, I think the biggest lesson is
 4 about our capability and resilience going into this sort
 5 of a crisis. I think lots of our difficulties came from
 6 the fact that we essentially were an emergency response
 7 bolted on top of a system that hadn't been able to grow
 8 quick enough. So I think our real lesson --

9 **Q.** Forgive me, what do you mean by that?

10 **A.** So the existing procurement system in health and care
 11 was a company called SCCL, Supply Chain Coordination
 12 Limited, which we talk about, and then the NHS itself
 13 procuring directly.

14 As you described earlier in the hearing, when we got
 15 to March, we were clear that wasn't going to work. Now,
 16 if we had been in a position that we were able to scale
 17 that system more effectively, I think that would have
 18 been better. I think where we look at other countries'
 19 experience, where they were able to build on their
 20 existing systems they found that easier to do than to
 21 build something brand new in flight.

22 So I think my first thing, I think, as a lesson is
 23 we really must look to the resilience of our existing
 24 procurement and, indeed, SCCL are taking a range of
 25 steps to be in a better position. Not least their PPE

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1 and April, and indeed into May and June; or, you know,
 2 if we, you know, take more cautious assumptions on
 3 demand, we will overbuy and I think we were all
 4 convinced that, actually, if that's the choice then
 5 overbuying was better than underbuying.

6 Now, I'm sure we could spend more time examining,
 7 you know, the effects of our model, what we should have
 8 in future and being better prepared, and just on the
 9 future part of it, I do think that running through this
 10 experience, and really seeing how PPE is used in the
 11 front line gives us a much, much better basis for
 12 understanding what the stockpile should be and what we
 13 should buy in future than trying to work it out
 14 mathematically which, whilst I think we did good
 15 modelling, that sort of modelling is very, very hard to
 16 do.

17 **Q.** If I may, to draw upon your experience, if you were
 18 going to choose one, two or three of the lessons which
 19 you learned from being the Director General in the PPE
 20 Cell, and from seeing the system being designed and from
 21 seeing the pressures and the strains it was under, what
 22 would be those three key lessons that you would suggest
 23 ought to be learned about the system which was managing
 24 and triaging the offers that were coming in, and about
 25 the processing of information generated by those offers?

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1 procurement is now taken back in-house -- sorry,
 2 I should -- SCCL had contracted out much of their work
 3 to other organisations. PPE is now an in-house team, so
 4 they've got a core of expertise that can explain that.

5 We're also working on much better data and
 6 visibility, I think SCCL have an inventory management
 7 pilot going, so they can see frontline stocks. Not
 8 being able to see the stocks in the front line was
 9 a significant problem, I think, in the pandemic, not for
 10 the amount we bought but for the decisions we were
 11 making on a daily basis on which hospitals, which
 12 services got PPE. Knowing that, actually, they had some
 13 in stock would have made it easier to make sure it got
 14 to others. I think that's the first lesson.

15 I think if we do get into this situation again, and
 16 let's hope we do not and our systems are resilient
 17 enough, but if we need to move into this sort of broader
 18 net of catching offers, I do think that having a higher
 19 bar at the front of the system would be helpful.

20 **Q.** What do you mean by that?

21 **A.** So the -- we basically allowed everybody to fill in
 22 a webform, you know, and that included, you know,
 23 multinational corporations, who absolutely could help us
 24 and people with -- well, a small business that might
 25 have some work with China but really was never going to

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1 be a credible offer. And I think our system required to
2 us look at both of those in that first phase to triage
3 out the ineffective ones. And I think we, in future,
4 should think about can we add more on the company side
5 of demonstrating what they've got as they come forward
6 to allow us to have not 24,000 offers but, you know,
7 a significantly smaller proportion of good offers? So
8 I think that's there.

9 **LADY HALLETT:** Isn't it difficult to set the bar? Because
10 you might --

11 **A.** Yes.

12 **LADY HALLETT:** -- set it "How long you've been in
13 business?", you might set it, "What is the nature of
14 your business?" But there again, you don't necessarily
15 just want people who can produce PPE --

16 **A.** No.

17 **LADY HALLETT:** -- because they could be people who could
18 adapt. So how do you set the bar?

19 **A.** You've absolutely gone to the heart of the problem.
20 I think we could look more at what volumes they could
21 provide in speed, and I think this is a difficult thing
22 to do because for exactly, as you say, you don't want to
23 rule out people that, actually, whilst at first sight
24 don't look like -- they might be applied for PPE, their
25 business -- I mean, we had, I think, people who worked
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1 made, one of which is about the effect of the call to
2 arms on the PPE Cell. Do you have any reflections to
3 offer on the call to arms? Do you think it was a good
4 idea or a bad idea?

5 **A.** So I think I have sort of broadly three reflections. So
6 one, people came forward in that call to arms, and
7 through I think it was the Coronavirus Business Support
8 website, I think, was the formal title. People came
9 forward that we would not have reached out to. And, we
10 secured PPE for them. So there was definitely
11 an upside. The downside is the conversation we've just
12 been having. Lots of people came forward and then it
13 was lots of work for trying to triage which of those
14 were credible, even if they were unusual, and which of
15 them -- actually there was nothing here for us. So
16 I think that was the challenge.

17 And the third reflection is, before that website
18 went live, we were already getting unsolicited offers of
19 people who could provide us with PPE. Everybody knew we
20 had a problem. It was in the newspapers every day, the
21 politicians were highly concerned about how we were
22 going to fix it. It was at the top of the nation's list
23 of challenges. So I think the scheme at least provided
24 a way of bringing that together. I do thin if we were
25 going to reflect on lessons then thinking about was the
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1 in waste, you know. Obviously, they use PPE as well, it
2 ends up being the same stuff so, actually, they -- you
3 might not have looked at those, if you've looked at
4 healthcare providers. So you do need some width but
5 I think you could do a better job at limiting.

6 Final bit, just one last one --

7 **MR SHARMA:** Yes, go.

8 **A.** I think, as we went through this process, we spent more
9 time trying to get upstream and get into the
10 manufacturers directly and that we had success as we go
11 through the months. Again, I think if you were in this
12 position again you'd want to have better relationships
13 with the manufacturers, let's face it, you know, the
14 real challenge is can you get into their manufacturing
15 slots quickly and ahead of other people? Prior to the
16 pandemic almost all of our business in PPE was done
17 through wholesalers. The market was simply a commodity
18 market, bought cheaply, through people who, you know,
19 through intermediaries, I think that was severely
20 challenged in the pandemic, and future model where
21 you've got a clearer view of your supply chain from your
22 intermediary right the way back to the manufacturer
23 would be helpful in understanding where you might be
24 able to get more supplies.

25 **Q.** Can I pick up on two of the points which you've just
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1 gateway into the scheme in fact too widely drawn,
2 I think is the thing I'll come back to.

3 **Q.** Secondly, in relation to manufacturers, we will hear
4 evidence next week and the week after about the strategy
5 of the UK Make team, which found and selected two dozen
6 or so domestic manufacturers and approached them to
7 procure and supply PPE for the UK.

8 The approach of the PPE Cell and the New Suppliers
9 Team was, by contrast, quite different. As you say, it
10 threw the doors open to any offers that were coming in.

11 Was there a reason as to why the PPE Cell did not
12 actively go out to seek manufacturers and to try to get
13 down to the bottom of the supply chain?

14 And just to follow on from that, the reason for
15 asking the question is because the more intermediaries
16 there are in the supply chain, the higher the price of
17 the goods become. So if you can get closer to the
18 manufacturer, that would be a better approach. So
19 rather than sitting -- and I don't mean that
20 pejoratively, but waiting for the offers to come to you,
21 to proactively go out to find the manufacturers at the
22 bottom of many of these supply chains.

23 **A.** Yes, so, I absolutely agree with the premise and I think
24 we were trying to do that.

25 So we went back -- as we described, there are
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1 different Buy Teams in the PPE Cell. The first one was
 2 the thing we called China Buy. This was essentially
 3 a -- working with the Foreign Office and the embassy in
 4 Beijing, who were working to get as close to the Chinese
 5 manufacturers as possible. So that was a very
 6 proactive -- we knew that's where the action was, and
 7 can we use the contacts of the embassy to do the best
 8 possible job there? So I think that is following the
 9 strategy that you have set out.

10 Obviously we continued to use the SCCL networks and
 11 their contracts. So where we had existing relationships
 12 with people, we would --

13 **Q.** Pause for a moment, the SCCL networks, were those
 14 suppliers who were, prior to the pandemic --

15 **A.** Yes.

16 **Q.** -- supplying into SCCL --

17 **A.** Yes.

18 **Q.** -- then on the NHS?

19 **A.** Yes -- they may have been providing to the NHS as well,
 20 but they certainly had contracts with SCCL. Actually,
 21 again, I think largely they would have been
 22 intermediaries. That's just the way this business
 23 worked. But we pushed doors.

24 The Coronavirus Business Support Scheme, you know,
 25 that caught people coming in, I think we chose, largely

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1 process maps [which we've covered], due diligence,
 2 technical assurance and financial controls were used,
 3 regardless of which team handled the potential contract,
 4 including the [High Priority Lane]."

5 Does that reflect your experience, when you were in
 6 the PPE Cell?

7 **A.** Yes. I mean, I think the very first stage we know was
 8 slightly different. The High Priority Lane wouldn't
 9 wait for a company to fill in a form, but would ring the
 10 company. In the non-High Priority Lane, the form would
 11 be filled in first, that would be the first point of
 12 contract, and then the company would be rung.

13 So I think apart from that very small difference at
 14 the very first stage of -- stage 1 on the eight-stage
 15 process map, we then followed exactly the same process.

16 **Q.** Did you ever hear of incidents in which contracts and
 17 offers that were being progressed through the PPE Cell
 18 were not following what you've set out in paragraph 382?

19 **A.** We certainly had -- we certainly had unusual -- some
 20 unusual processes came up, but it wasn't that we
 21 deviated from these steps. The one that's in my
 22 personal witness statement that we had an unusual
 23 process, the counterparty in that case actually bought
 24 the PPE themselves and put it on a plane. So we agreed
 25 to pay for that after it arrived, once we checked it.

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1 because we knew that our existing networks weren't
 2 delivering enough and we needed to find the unusual, and
 3 given this is a market that's full of intermediaries in
 4 its normal business, then it felt like it was -- could
 5 be appropriate. We've talked about the downsides.

6 UK Make. I think the UK Make team talked to over
 7 500 firms in terms of identifying possibilities, and
 8 I think -- as you say, I think about 25 actually became
 9 contracted to deliver PPE manufactured in the UK.

10 **MR SHARMA:** Thank you.

11 My Lady, I wonder if that's a convenient moment.

12 **LADY HALLETT:** Of course. Certainly.

13 I shall return at 3.30. We shall definitely finish
 14 you today, Mr Marron.

15 (3.13 pm)

(A short break)

16 (3.30 pm)

17 **LADY HALLETT:** Mr Sharma.

18 **MR SHARMA:** Mr Marron. High Priority Lane, please.

19 I wonder if we could bring up your witness statement
 20 again, INQ000528391. And the bottom of page 101,
 21 paragraph 382.

22 There you say that:

23 "In progressing offers within the Parallel Supply
 24 Chain, the same guidance, criteria to assess suitability

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1 So I think there were some times when that's
 2 the thing, but that's the only one that comes to mind.

3 **Q.** I wonder if we could bring up, please, INQ000551580.

4 This is from the document that we looked at earlier.

5 The "Initial data triage criteria". This says:

6 "Data triage criteria are reviewed and updated
 7 weekly.

8 "At publication efforts have been prioritised as
 9 follows: ..."

10 And then it says:

11 "A product will be marked as high priority if
 12 (A + B) OR C are true: ..."

13 Then under A and B it lists factors that you've
 14 described are relevant to the triaging process: company
 15 size, the volumes of the offers.

16 Then if you take it down to the bottom, then at C it
 17 says:

18 "If [a] donation or VIP (this is also captured by
 19 the VIP and destination flags in the system as well)."

20 **A.** Yeah.

21 **Q.** So what this seems to suggest, Mr Marron, is that
 22 a product will be marked as high priority if A and B, so
 23 the company size and the volumes they're offering, are
 24 true, or if C is true, if it's a VIP offer, it went
 25 straight through. Could you help me with that, please.

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1 A. My understanding is certainly that in these initial
2 triage stages we were looking at whether the products
3 were the ones that we thought were a priority. They did
4 change. You know, gowns at the early stages, FFP3 masks
5 later. And my understanding was that we were then
6 applying those in a consistent way. And certainly as we
7 get past this triage stage, all of these offers move to
8 a -- well, the rest of the eight-stage process we talked
9 about, financial due diligence, commercial due
10 diligence, and then closing, when I think the same
11 processes were used on the same tests across those.
12 That's what I --

13 Q. Why would it be that if a donation is marked as a VIP,
14 that it therefore wouldn't be required in the triage
15 process to have criteria A and B attached to it? What
16 is it about being a VIP offer that means that at that
17 initial triage stage it doesn't have to fulfil the
18 requirements of being a company size of greater than
19 250 employees, or being able to offer a certain quantity
20 of PPE? What is it that's particular and unique about
21 a VIP in C that means that that criteria is overridden?

22 A. Yes, so my understanding at the time of this is that
23 essentially the VIP Lane, or the HPL lane as it's
24 sometimes called, was essentially a handling process.
25 It was put in place -- put in place -- it really evolved

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1 which you have said that it's there to stop the bad
2 offers from being progressed. And yet in this document
3 it suggests, actually, that some of the criteria can be
4 set aside, at least at the initial stage, if you have
5 a connection which is a VIP?

6 A. So I do think that we need to look at the first three
7 stages, which really are together, in deciding whether
8 we should prioritise a particular deal.

9 I think that my memory is that high priority --
10 I think, over 7,000 offers were marked as high priority.
11 So this is not a fast track through to a contract,
12 there's -- a significant volume of our offers put this.
13 So it is that very first stage of the triage.

14 Q. What, may I ask, was the difference between the
15 treatment of an offer that was marked as a VIP offer and
16 that that was treated by the rapid response team?

17 A. So I think the rapid response team -- well, again, so
18 these are my understandings, that -- I did not run these
19 processes or indeed take any of these decisions. You
20 have witnesses coming that were intimately involved and
21 will be able to answer.

22 My understanding is that the rapid response team was
23 developed to speed up the offers that came through this
24 initial triage and looked the most promising.

25 Q. And they would be sped up, wouldn't they, on the basis

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1 to allow us certainty that contracts that had be -- come
2 to the attention of ministers and others, a certainty
3 that they were being followed up. The problem we faced
4 was, given the significant shortage of PPE, there was
5 real concern that offers that were coming that may not
6 be followed up and actually could have been the ones
7 that solved the problem. There was lots of attention
8 from ministers and others around: "Are you doing the
9 right thing? Is this being advanced?"

10 The VIP Lane was our response to being able to
11 identify those and have an easy way that allowed us to
12 say, "Yes, that's been progressed", without having to
13 ask every single member of the team whether a particular
14 contract had gone. So we were trying to limit the
15 number of people that were involved in that.

16 That -- that is what I understood the process to be.
17 Whether, then, as this developed, further things were
18 added, this might suggest --

19 Q. I take what you're saying about the contact with people
20 with a VIP connection, but this is not about contact, is
21 it? This document sets out not, "Are you being chased
22 by a VIP referrer?" but "If you are a VIP, you've come
23 in via a VIP, there is criteria here which you do not
24 have to obey in order to be moved on within the
25 eight-stage process", that you've just described, for

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1 of objective criteria about what the content offered?

2 A. My understanding is the rapid response team was looking
3 at the highest volumes offered on the products that we
4 most meet needed, independent of where the source had
5 come from.

6 Q. And by contrast, the donation or connection to a VIP is
7 not part of that objective criteria, and yet it does
8 still have an advantage?

9 A. So, again, this is the initial data triage, the
10 prioritisation is next. I thought we were using
11 consistent terms over the prioritisation.

12 Q. All right.

13 LADY HALLETT: I mean, the fact is that, basically, if
14 somebody was put into a process by the VIP Lane, they
15 were passing base 1, weren't they? They weren't being
16 subject to the initial triage, simply as that?

17 Whether or not you approve of it now --

18 A. Yes.

19 LADY HALLETT: -- whether or not it was your idea, isn't
20 that what was happening?

21 It may have been ministerial management. I suspect
22 that's partly to do with it. But that's the effect,
23 isn't it?

24 A. Well, look, I think that -- so I do think that when we
25 were trying to set this up that we were trying to make

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1 reasoned decisions about how do we quickly move on and
 2 manage -- I'm trying to find the right word, some people
 3 said "noise", I don't want to use the word "noise".
 4 There was legitimate interest in -- so we needed to
 5 manage that. I think as we look back on how we did
 6 this, we didn't do it in a good way at all. I mean,
 7 frankly, we've reviewed it several times, the Boardman
 8 Review said this wasn't the right thing to do, and
 9 frankly, if we'd had a better process in terms of
 10 triaging the offers, as we talked about before the
 11 break, we probably wouldn't have needed this. I think
 12 that's a very valid observation.

13 We've been tested in the High Court on this
 14 particular process, actually, here, that the unfairness
 15 in this very first stage was found to be unlawful,
 16 although actually our justice found -- generally found
 17 that actually we would have awarded -- she thought the
 18 contracts would have been awarded --

19 **LADY HALLETT:** There's no causative effect, yes.
 20 **A.** . So I think we were trying to do reasonable things, at
 21 the time, whilst trying to do everything else. I would
 22 not do this again. And whilst I think it's hard to show
 23 that there was a particular beneficial effect, I mean we
 24 may come back to some of the data. I know that
 25 Chris Hall has tried to do analysis on the data about
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1 find a way of handling what we thought were both
 2 legitimate concerns and things which would get in the
 3 way of our teams doing the work.

4 And as we talked about before the break, it was
 5 a complicated task to get this done. Getting
 6 distractions removed from people was actually a helpful
 7 thing but, in retrospect, not the right thing.

8 **LADY HALLETT:** You mentioned there -- don't worry, and I'm
 9 sorry we've had to press you, but it is important, as
 10 you know, to a number of people.

11 You mentioned there about "had we thought about it
 12 before", basically we're going back to the contents of
 13 my Module 1 report, planning and preparedness.

14 **A.** Yes.

15 **LADY HALLETT:** What work has been done in the Department to
 16 make sure that a mistake like this -- and plainly it was
 17 a mistake, everyone seems to agree that now -- that
 18 mistakes like this don't occur next time round?

19 **A.** I think it comes back to some of the things we were
 20 talking about before the break. The first bit is we are
 21 building the resilience of SCCL so that it has a clearer
 22 role in the future and has the capacity to build on.
 23 I think part of our challenge here was we built a new
 24 process live, with new people that hadn't been part of
 25 this business before.
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1 whether it sped things up. I think that's an
 2 interesting question, I genuinely don't know.

3 But I certainly -- the perception that we gave
 4 a channel that some people could go quicker I think has
 5 been extraordinary damaging to the reputation of the
 6 programme. I don't think it's reflected well on the
 7 public confidence in what we did and it would have been
 8 better that we hadn't done it, undoubtedly.

9 We would have had to find a different way to manage
 10 those expectations.

11 Again, if this had been something that we had
 12 a run-up to and we'd thought about, I'm absolutely sure
 13 we wouldn't have gone with this answer. But in the
 14 moment of "Bloody hell, what do I do with this?",
 15 I think, you know, we started to pass things to
 16 individual workers. They were -- also had been --
 17 worked on things that we thought were high priority, the
 18 two things got a bit merged, I think. I think this
 19 evolves as opposed to any deliberate attempt to set up
 20 a channel.

21 And then clearly we have, you know, been talking
 22 about it ever since, in a way that I think has been
 23 deeply unhelpful.

24 We certainly didn't intend to give an advantage to
 25 people going through this way; we intended to try to
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1 Actually, we should just remember we did that while
 2 they were in their bedrooms. You know, this is the week
 3 of lockdown this all happens.

4 We were on Skype in the Department of Health at that
 5 time -- I don't know whether people remember Skype --
 6 but that wasn't easy either; once you had more than
 7 about ten people on the call it fell off.

8 So the first thing: better resilience in our
 9 structures.

10 The second, I think we've learned lessons around how
 11 do you structure these sort of processes, which would
 12 reduce the need, as Boardman set out in his review, for
 13 this kind of checking it's all right, because it's
 14 clearly been managed in a way that's moving things
 15 quickly. So I think going faster in your core process
 16 is very important.

17 Then I think, really, it's -- it's just really clear
 18 you just -- you can't do this in your procurement
 19 process. So, I mean, I think Gareth Rhys Williams
 20 yesterday was talking about, you know, if you ever did
 21 have to do this, having a separate administrative
 22 function that would look at it and just keep it totally
 23 clean from the procurement, if you had to, would be
 24 helpful and better than the sense we've got of having
 25 a different process.
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1 Now, I am -- I mean, the charts say what the charts
2 say, so I'm sure that's there. At the time it was
3 described to me as: basically that first bit of triage
4 that got you from either webform or email in to "This is
5 something worth pursuing" was slightly different, but
6 after that, commercial assurance, technical assurance,
7 was exactly the same process.

8 So we took confidence from that, and indeed the fact
9 that the PPE Cell itself, and the Buy Teams, made no
10 decisions on whether to award a contract. You know,
11 they made recommendations. The accounting officer of
12 the Department of Health, who had been wholly separate
13 from this process, made the final decision. So that
14 also gave us some assurance that, actually, our process
15 was justifiable and fair.

16 But I mean, it's impossible, in retrospect to say
17 that this was the ...

18 **LADY HALLETT:** Yes.

19 **MR SHARMA:** Thank you, Mr Marron, we will be hearing from
20 Mr Young during the course of these hearings.

21 Another subject, please.

22 Could we have up INQ000575086.

23 This is the DHSC schedule. One of the topics or
24 themes which has been running thorough this module so
25 far is that of data. The Inquiry requested DHSC to
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1 there's been an issue with the contract and so the value
2 of the contract has been reduced.

3 **A.** Yes.

4 **Q.** The supply chain, the workstream through which it came
5 through, which we've already touched upon, UK Make,
6 China Buy, or New Buy.

7 The vexed issue of the "High Priority Lane", whether
8 it came in through the High Priority Lane.

9 If so, what was the Source of [the] Referral". And
10 then the "Actual Referrer" being the person that
11 actually took it into the system, as it were.

12 And if we keep moving across, the account -- the AO,
13 the "Accounting Officer Decision Maker",
14 Christopher Young and Jon Fundrey -- you'll be hearing
15 from Christopher Young during the course of this
16 module -- whether the contract was awarded directly to
17 the manufacturer, conflicts of interest declarations,
18 standards terms and conditions used.

19 We'll keep going across.

20 Modern day slavery clauses, prepayment made,
21 percentage of prepayment. And so on and so forth.

22 An enormous quantity of data is represented in this
23 schedule. In respect, if I may, of some of the
24 contracts which are the subject of the thematic reviews
25 or case studies, if we can have a look, please, at
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1 provide it with contract data in respect of the
2 PPE Cell.

3 Mr Marron, are you all right? Would you like
4 a break?

5 **A.** I'm all right, yes. I've just seen the table you're
6 bringing up, which I know is a very complicated table.

7 **LADY HALLETT:** Are you looking at my face, Mr Marron?
8 Perhaps you were.

9 **MR SHARMA:** I will try to take this as quickly as I can.

10 This is a DHSC schedule which sets out the PPE
11 contracts which were entered into by DHSC, in particular
12 in the hundred days which this Inquiry is focusing on in
13 this module.

14 Each of the contracts is given an "Original
15 Offer No.", which is the box on the top left.

16 There's the offer date.

17 They're then allocated a reference number, then the
18 contract and supplier name, which are usually the same.

19 Moving across, the company status, the date on which
20 the contract was signed, the contract start date, the
21 type of PPE to which it relates.

22 Sections have been redacted which are irrelevant.
23 If you keep scrolling across, the "Original Contract
24 Value", the "Current Contract Value". And as
25 I understand it, that's what happened in the event
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1 row 18, Ayanda. One that we'll be coming on to
2 tomorrow.

3 If we just scroll across, it will be seen that, in
4 that redacted column, current contract value is
5 unredacted because it's a thematic review and we'll be
6 considering the detail of that contract, for example,
7 tomorrow, with Mr Blackburn, who is referred to there as
8 the actual referrer.

9 Mr Marron, this schedule has been produced for the
10 Inquiry by the Department of Health and Social Care.

11 **A.** Correct.

12 **Q.** As I say, it contains a vast quantity of data and
13 information. The only way in which we can understand
14 that is by way of graphics that the Inquiry has put
15 together. It's based on the data contained in this
16 schedule and I just want to take you to some of those,
17 if I may.

18 The first one is INQ000565970. Page 16.

19 Although the schedule we've looked at does contain
20 an enormous amount of data, there are contracts for
21 which some data has not been provided. Could you help
22 us, please, with why that is.

23 **A.** Yes, so clearly this has been an enormous task, and
24 we've worked closely with the Inquiry to ensure that we
25 do as much as we can.
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1 We have found -- it's been prepared by the
2 Department of Health and Social Care, so it's been
3 prepared off sources that are available for the
4 Department of Health and Social Care in the time
5 available, so we have been able to look at our own
6 contract database Atamis. As I think the Inquiry may be
7 aware, Atamis was not in place at the time we did this
8 work, it was all stored -- well, in the very, very early
9 stages, on Excel spreadsheets, and then quickly, in
10 April, moving on to a dedicated database called Mendix,
11 which is owned by the Cabinet Office.

12 So one thing we have not done is search Mendix.
13 I think it may be a helpful thing if the Department of
14 Health and the Cabinet Office were to cooperate on
15 trying to fill in the blanks from their data.

16 **Q.** So one of the problems that you have is that your
17 information is stored in different places, so it's
18 stored in some cases on Excel, or Mendix and on Atamis.

19 **A.** Yes.

20 **Q.** So you're not sure which of those relevant systems has
21 got the data or whether you've got access to it?

22 **A.** Well, I think the reality is that in this hundred-day
23 period, the data was stored on Mendix. And if you think
24 about the PPE Cell, which we talked about earlier,
25 essentially this was a DHSC-governed team that drew

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1 for which prepayment was made. Prepayment was made on
2 256 contracts which is represented there on the bottom
3 right-hand corner, representing 68% of the contracts by
4 number.

5 **A.** Yes.

6 **Q.** I wonder, please, if we could turn to page 14.

7 **A.** Could I comment on this?

8 **Q.** Of course.

9 **A.** I think this illustrates the position that we faced.

10 I mean, prepayment just doesn't normally happen, right?
11 It's not what government does.

12 You know, we're a reputable buyer, everyone knows
13 that we're going to pay our bills, you don't have to
14 pre-pay.

15 In this period in the PPE market, everybody
16 pre-paid. And if you weren't prepared to make a payment
17 upfront, you simply didn't access the PPE. It was
18 absolutely a seller's market. As you know, the sales
19 are concentrated in -- the manufacturing was
20 concentrated in a very small number of countries and
21 everybody was competing for it.

22 So I think if we're looking for an example of just
23 how extraordinary a period it was, this brings it home,
24 that you simply couldn't do the deal unless you were
25 prepared to take these very unusual circumstances.

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1 together people from lots of different organisations.

2 The Cabinet Office, with their lead role in the
3 Government Commercial Service, provided a core of those
4 commercial excerpts, and they provided the Mendix system
5 from the Cabinet Office.

6 At the time we of course had full access to the
7 Mendix as we only had one team. You know, as we have
8 prepared for this, we have access to the Department of
9 Health's corporate records but we have not been asked to
10 cooperate with the Cabinet Office on theirs, we've been
11 trying to -- separate organisations. I think we could
12 work with the Cabinet Office and fill this in but that
13 would be a next step.

14 **Q.** All right. Well, for the data that is missing, for now,
15 from that schedule, you've got the statistics there for
16 each of those categories, for conflicts of interest, as
17 to whether they were declared. The number of contracts
18 to which it relates is 150. I think there are
19 394 contracts on the schedule?

20 **A.** Yeah.

21 **Q.** And that represents 40% of the total. Whether a modern
22 slavery clause was included, that affects 131 contracts
23 and so on and so forth.

24 I wonder, please, if we could turn to page 12 of
25 this schedule. This a representation of the contracts

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1 And I think we've been clear in our evidence that in
2 order to do business in this period we really had to
3 take a completely different risk appetite.

4 We accepted doing business with firms that frankly
5 I don't think we would normally go anywhere near, we got
6 pre-contract terms that we wouldn't normally accept, and
7 we paid prices that outside of the pandemic would not be
8 acceptable. But that was needed in order to get the PPE
9 that was required for the country, and I think the
10 government was very clear in its instructions to us that
11 we were to go out and secure that PPE.

12 And I think it's a period in procurement -- well,
13 I mean, I'm not a procurement expert, but I've certainly
14 seen nothing like it in my 30 years in government, and
15 I think it just shows the efforts that we went to in
16 order to secure PPE from a position in March where we
17 were very, very worried about supply to a point in June
18 or July where actually I don't think we were worried
19 about PPE again over the course of the pandemic.

20 **Q.** You referred to contract terms.

21 Can we turn, please, to page 14 of the schedule.
22 Again, all of this -- this chart I mean, all of it
23 derived from the DHSC schedule that we've looked at, to
24 summarise the content of it. You've referred to
25 standard government terms and conditions. So although

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1 prepayment was unusual during the course of the
2 pandemic, it says here that 67% of the contracts that
3 were signed, by number, 252 contracts in total, still
4 had standard terms and conditions.

5 **A.** Yes, I think this reflects a set of standards and
6 conditions that the Department of Health and Social Care
7 used and a slightly different set from the Foreign
8 Office, so, you know -- but we were getting largely
9 a set of standard contracts.

10 I think this is our standard terms and conditions in
11 the pandemic. I'm not sure it's a non-pandemic standard
12 terms of conditions, if you see what I mean.

13 **Q.** But nonetheless, the parties on the other side of the
14 contracts for 67% of the cases were prepared to
15 contract --

16 **A.** Yes.

17 **Q.** -- with the government on the terms on which it had
18 already, for want of a better word, dictated to them:
19 "These are the terms that we would like to contract with
20 you on, you're prepared to agree with those."

21 And that's 252 contracts; is that right?

22 **A.** Yes. Now, of course, this includes contracts with the
23 prepayment.

24 **Q.** Yes.

25 **A.** So this is not a -- so, just for clarity, this is not --
193

1 out.

2 The High Priority Lane contracts are 115, at the
3 top, the non-High Priority Lane contracts are 259, at
4 the bottom.

5 For 3% of High Priority Lane contracts, the contract
6 was terminated. For 43% there was no contractual
7 performance issue. And for 55% there was a contractual
8 performance issue.

9 Now, by contrast, for contracts were not in the
10 High Priority Lane, the important figure is that which
11 is on the right. 39% had a contractual performance
12 issue.

13 So, at least according to the data in the DHSC
14 schedule which this chart interprets, High Priority Lane
15 contracts, 55% of them had a performance issue, and
16 non-High Priority Lane contracts, only 39% of them had
17 an issue.

18 **A.** So --

19 **Q.** Is there anything you would like to comment on about
20 that?

21 **A.** Yes. So I think we talked about contractual performance
22 early on in this session.

23 **Q.** Yes.

24 **A.** So this data, I think you've taken the column of
25 contractual performance issues, yes or no, which I think
195

1 if you were thinking about what a normal government
2 contract would look like, I don't think it's that. This
3 is, we had a standard set of terms that we were trying
4 to use in these procurements and for most -- well, for
5 67%, that was a success.

6 **Q.** Yes, of course. So in each of these charts, the data
7 has been isolated to one of those columns?

8 **A.** Yes.

9 **Q.** And in this case it's the contract with standard terms
10 and conditions?

11 **A.** Yes.

12 **Q.** The number of contracts it affected there on the left,
13 252, and then those for the others are beneath, and then
14 the percentage is set out in the chart itself?

15 **A.** Yes.

16 **Q.** And you're quite right, it doesn't affect at all what
17 the prepayment conditions were.

18 **A.** Yeah.

19 **Q.** All right.

20 Page 18, please. One of the columns in the chart is
21 headed "Contracts which had performance issues". So the
22 purpose of looking at this is to consider whether
23 contracts which were in the High Priority Lane, compared
24 to contracts which were not in the High Priority Lane,
25 had performance issues. And so that's been filtered
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1 from memory is 165 or 175 contracts in total. As we
2 went through earlier, a substantial proportion of those
3 contracts in the end turned out not to have
4 a performance issue.

5 So I think what we've got here is you've essentially
6 got everything that came into "Do not supply" that we
7 may or may not have been worried about it. I think the
8 total numbers of contracts -- we're starting with 176 as
9 the total numbers that had an issue. If we take away
10 those that were released, that were brought to contract,
11 I think we are left with 40 contracts. So I think,
12 actually, it's that 40 contracts that we should look at
13 if we want to look at is there a difference on the
14 performance between the High Priority Lane and the
15 normal.

16 **Q.** Can I just ask you this question, then: if we were to
17 take a snapshot in time of the hundred days or
18 thereabouts that we were considering earlier, if you
19 were the Department of Health and Social Care, looking
20 at the contracts within the hundred days or close to
21 those --

22 **A.** I wouldn't know. So you have to remember how this
23 worked. We were buying contracts in those hundred days,
24 that's when we were placing our orders. Our due
25 diligence was on documentation. Faxed, emailed,
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1 whatever it could be. Until the material arrived in the
2 country, we weren't sure. I mean, frankly we were very
3 worried that significant volumes of it when it arrived
4 in the country wasn't going to be up to standard, and
5 that is one of the reasons that the buying is higher
6 than turns out to be necessary.

7 So the actual point at which we understand there may
8 be a problem is when it arrives. Clearly it doesn't all
9 arrive in those three months. In fact, very large
10 proportions of it start to arrive in September and
11 October and November of that year.

12 So I think the reality is, as the material comes in,
13 we start to understand whether it's: clearly fine,
14 straight to the NHS and released; "Actually, ooh, we're
15 not so sure", off to "Do not Supply"; and then
16 a resolution process in our warehouses about whether
17 that works.

18 Some of those things were resolved very quickly.
19 You know, further checks, we are quite happy that this
20 is what it says it is, it can be used. Other elements
21 have taken longer, you've given back to manufacturers.

22 So I think it's not a question of at a point in time
23 you knew. If you really want to look at did the
24 contract perform to contract standards, we have to
25 follow this process through to the end.

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1 have seen from some of the exhibits, earlier we have
2 already reached agreements on. Some we are proceeding
3 to court cases to try to recover our money. And in
4 others we're still in negotiation with the firms
5 themselves over whether to -- so that is an active
6 recovery process. But it is on 40 contracts not on
7 175 contracts, because actually, as we work through the
8 175, lots of them the problem was not a contractual one;
9 it was we were unsure about the documentation, which
10 turns out to be fine. We've bought ear looped FP2
11 masks -- when you've signed the contract for FP2 masks,
12 it's not a contractual failure, it's -- they're just not
13 the right product. So I think it's 40 contracts that
14 we're really worried about, not 175. These numbers
15 are 175.

16 **Q.** Is what you're saying there, is that true in respect of
17 High Priority Lane contracts and non-High Priority Lane
18 contracts?

19 **A.** Yes. Yes, so it made absolutely no difference from the
20 point of ordering and coming through. We have basically
21 carried out the same due diligence ahead of buying, and
22 the same caution on arrival in country. I mean, it was
23 really -- you can imagine that we are buying this very,
24 very important kit that people's lives depend on without
25 being able to have it properly tested in advance. You

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1 I know it's highly unusual to take that long to get
2 to "did your contract work", but this is a function of
3 the way that PPE arrives, and it arrived during
4 a pandemic.

5 So our focus in November/December of 2020 is making
6 sure we are getting the things that we are absolutely
7 convinced are good to our warehouses in Daventry, that
8 are then distributed to the NHS. And we then
9 prioritised that over the things that we thought might
10 not be.

11 **Q.** To follow your point, if I may, to its logical
12 conclusion, that would mean, based on what you've said,
13 that in the fullness of time, in two or three or four or
14 five or more years, it would be possible for the
15 contractual performance issue, the number of contracts,
16 simply to disappear --

17 **A.** No.

18 **Q.** -- because over time --

19 **A.** No.

20 **Q.** Am I wrong? Please tell me --

21 **A.** No, that is not what I'm saying. So I think we have
22 a clear number, I think it's around 40, of contracts
23 that we have identified as failing to perform against
24 the expectations. We have a dissolution team in place
25 that is pursuing all of those contracts. Some, as you

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1 know, we were obviously cautious about the way it came
2 through the department's warehouses.

3 And the other reflection, as you have already
4 commented, we had more PPE arriving than we needed.
5 Essentially that allowed us to push the good stuff out
6 to the NHS quickly, and come back to this.

7 **Q.** Just to be clear on this one point, the point you're
8 making would affect this chart of High Priority Lane --

9 **A.** Yes.

10 **Q.** -- and non-High Priority Lane contracts; is that right?

11 **A.** Yes.

12 **Q.** It's not just in respect of one category?

13 **A.** It's not just in respect of one category. I think there
14 are -- sorry, I'm now reading my briefing, so this is
15 always a bit -- I think there are 21 contracts from the
16 High Priority Lane that are in our dissolution team, and
17 I think there are 19 from the others. So it is a higher
18 proportion, I think, but I don't think it's quite the
19 same as the graph you've got here.

20 I'm very happy to share those numbers if it's
21 helpful. I think they are in the table but that table
22 is very difficult to understand, so if it would be
23 helpful to provide a breakdown we can do.

24 **Q.** I'm grateful, thank you, Mr Marron.

25 The next chart to look at, please, is that on

200

1 page 24. The question which is answered in this chart
2 are whether contracts were awarded to the manufacturer,
3 and comparing whether the contracts awarded were in the
4 High Priority Lane or not in the High Priority Lane.
5 And the key figure from this chart is that in the High
6 Priority Lane, 79% of contracts were not awarded to
7 a manufacturer, ie, they're awarded to an intermediary.

8 **A.** Yeah.

9 **Q.** Whereas in the non-High Priority Lane, only 47% of
10 contracts were awarded to a manufacturer.

11 So what that means is that in the High Priority Lane
12 there are more intermediaries that are being awarded
13 contracts than there are compared to non-High Priority
14 Lane contracts; is that right?

15 **A.** Yes, and I think that's what I expect. I mean, the
16 actual size of the discrepancy I'm not so sure on, but
17 if you think about what we were doing, the High Priority
18 Lane is really part of that, that first stage, in that
19 eight-stage process for new offers. So this is, we've
20 opened up the Coronavirus Business Support Scheme we're
21 asking people to come forward who might be able to find
22 PPE. This includes all of the unusual providers who are
23 intermediaries largely and have contracts. We are
24 trying to get their PPE into the country using those
25 networks. So I think that is unsurprising.

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1 **A.** I think the key thing was that -- well, manufacturers or
2 intermediaries, people who had access to PPE for
3 immediate delivery in this period were demanding much
4 higher prices. They were often intermediaries. The
5 challenge in the market was, do you accept to pay those
6 prices with those intermediaries or do you not buy? So
7 I think we were in a position that we were buying
8 intermediaries -- from intermediaries at high prices,
9 but that was the necessary step to secure immediate
10 supplies of PPE.

11 This is, I think, I understand, and again, you will
12 ask the commercial experts, that much of the buying in
13 normal times is through intermediaries in this market,
14 so it's not something where, you know, we've had direct
15 relationship with manufacturers. You know, gloves,
16 masks, these are not complicated products; they were
17 sold as commodities on lowest price.

18 So I do think that initial response, where we need
19 to get it quickly, we looked at as many people as
20 possible and we had to look at intermediaries. You will
21 see, I think you have an exhibit on dates, I think over
22 the course of the period as we get better at reaching
23 out to the Chinese manufacturers, understanding our
24 supply chain better, bringing on UK Make, we
25 proportionately shift to manufacturers. I think there's

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1 So if you think some of the other lanes, UK Make,
2 China Buy, we are there going to manufacturers
3 deliberately so I think this is what I'd expect, so if
4 you took --

5 **Q.** Forgive me, you would expect that contracts in the High
6 Priority Lane were more likely to be awarded to
7 intermediaries?

8 **A.** I think I expect the whole of the New Suppliers Lane to
9 be more likely to go to the intermediaries and I think
10 the HPL was largely that. Now I know we have marked
11 China Buy and some UK Make as HPL. I think those two
12 teams worked completely separately, so I think what
13 we've really done there is marked that the HPL team had
14 an initial email and they've passed it on. My
15 understanding which would be worth testing with the
16 teams, is that the UK Make process and the China Buy
17 process ran essentially independently of the New Supply
18 Team.

19 **Q.** Tell me if I'm wrong but, if an intermediary is involved
20 in the supply chain, doesn't that make the prices which
21 are being paid for the goods higher and, therefore, that
22 contracts, which are being awarded in the High Priority
23 Lane, because there is a preponderance of intermediaries
24 within them, will therefore have a higher contract price
25 or am I wrong about that?

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1 high value in shifting to manufacturers if you can do
2 it. Your point is that you delay us or that sort of
3 cost coming out, I think you've also got more security,
4 more confidence. So I would agree the premise that the
5 more you can move up the supply chain, the better, but
6 in the moment facing we haven't got enough PPE, I think
7 we were right to look at the intermediaries and we were
8 right to buy at the prices.

9 **Q.** All right, the final chance, if I may, page 32. This is
10 looking at the average unit cost of PPE items by
11 workstream. This comes with the caveat, if I may put it
12 in these terms that a number of contracts in the
13 schedule refer to multiple categories of PPE. Those
14 have had to be stripped away because it's not possible
15 to separate out the different pricings. So for example
16 if a contract had gowns and gloves, there is a single
17 contract price. One cannot understand from the data
18 which has been provided, which proportion of the
19 contract is for gowns and which proportion of the
20 contract is for gloves. So this chart on price relates
21 only to those contracts which have a single type of PPE
22 on them: gowns, eye protection, face masks and gloves.

23 It's been separated out into the three lanes of
24 supply, and what is apparent from this chart is that for
25 gowns, the most expensive route of supply is New Buy.

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1 For eye protection the most expensive route of supply is
 2 UK Make. For face masks it is also UK Make. But
 3 consistently -- and -- forgive me, for gloves UK Make
 4 doesn't appear -- but consistently the cheapest place
 5 from which to procure PPE is the China Buy lane.

6 **A.** Yes, so I think there were quite a few caveats about
 7 this data so the one you mentioned, which we may be able
 8 to help, if we have enough time to look, we should break
 9 it up. But I think the other big thing, there were two
 10 things that really drove price. The first one was
 11 delivery and when you wanted it. If you wanted it
 12 immediately, it was far more expensive, so I think if we
 13 looked at breaking down when these things were delivered
 14 you would see that gowns, eye protection, face masks to
 15 be delivered in March, April, May would have had
 16 a significant premium compared to taking something in
 17 September, October, November, or indeed into the next
 18 year. So that's one thing. So I think we would really,
 19 if we wanted to do a proper price analysis we would need
 20 to look over time and when the deliveries started.

21 I think the second one we would really look at is
 22 volumes. Again, this is from memory, so I may not be
 23 quite correct, but I remember very significant volume
 24 contracts being placed in China Buy, so it may be that
 25 we were buying large quantities, which brings your price
 205

1 tailor-made system to run procurement and records.
 2 I think that is now in place. I think I'm right in
 3 recalling that we'd initially produced that at the
 4 autumn, perhaps, of 2019, to be rolled out for June/July
 5 2020 so it was sort of coming.

6 **Q.** So Atamis is one develop?

7 **A.** Yes, so I think, if we were doing that now, then all of
 8 the material would be stored on Atamis from the
 9 beginning. There would be no need to use Excel
 10 spreadsheets in the first couple of days and no need to
 11 use the Cabinet Office Mendix document.

12 **Q.** Does Atamis allow you to automate and triage the offers
 13 that are coming in or not?

14 **A.** I understand that it's a tailor-made procurement system.
 15 One of the procurement experts you are talking to
 16 will have a much better view of its capabilities. I am
 17 not a procurement expert. But I think in certain -- the
 18 issue of data recording access, have we got that,
 19 I think that will be better and (*unclear*). So I think
 20 that is definitely an improvement.

21 Then I think, in a pandemic, I think the other thing
 22 you have to be prepared for, if we get into the position
 23 that we are doing emergency procurement, you really have
 24 to be ready to build and pull together all the data you
 25 had, so the things that were really important to us.
 207

1 down.

2 So I think that takes you back, actually, to the
 3 premise that you are pushing, that, if we were able to
 4 buy in large quantities from manufacturers, we should
 5 get better prices. I think that is correct but, again,
 6 in a position where we felt we were critically short, we
 7 had to look at other options and, indeed, we accepted
 8 that we would pay higher prices in order to secure the
 9 PPE that we needed.

10 **Q.** Now, of course this analysis has been conducted by the
 11 Inquiry on the basis of the DHSC schedule which we've
 12 referred to. One of the themes that you've mentioned
 13 earlier was data, and you've referred to automation, and
 14 if I may, in my penultimate questions, just ask you,
 15 please, about, given your experience in the PPE Cell,
 16 looking at the process that was established, the
 17 experience of those that were working in the PPE Cell,
 18 and also looking at the importance of data in working
 19 out prices and quality of supply and contract
 20 performance, what do you think could be done better in
 21 the future, in the event of a pandemic that required
 22 emergency procurement when it comes to data?

23 **A.** Yes, so I think in sort of the basic question of
 24 recording, I think we're in a much better position in
 25 the Department of Health, the Atamis system, the
 206

1 **Q.** Pull together all of the data?

2 **A.** All of the data. I'm trying to give a sense of the data
 3 challenge. So we have talked about pricing and
 4 contracts, which is clearly a critical part of this, we
 5 were running a price comparison process, looking at the
 6 average prices paid over the time, and variation, you
 7 know, trying to avoid any contracts over 25% higher than
 8 the two-week run rate. That's the sort of thing you
 9 have to do in the pandemic. I mean, I don't think you
 10 can do that in advance, so you have got to set up those
 11 systems that you're monitoring in-line.

12 The other bit on data that was, I think, much, much
 13 more challenging was really understanding the usage in
 14 our system. We had no frontline data on actual usage of
 15 PPE or indeed inventory.

16 **Q.** I think that's what's sometimes described as the burn
 17 rate?

18 **A.** Yes.

19 **Q.** So the inventory, the quantity which is stored onsite --

20 **A.** Yes.

21 **Q.** -- in NHS trusts and hospitals and in the care sector,
 22 and the burn rate is the speed at which --

23 **A.** Yes.

24 **Q.** -- that PPE is being used?

25 **A.** Yes.
 208

1 Q. What you're saying is that if you had data on the burn
2 rate, you would be able to better predict the --
3 A. Yes.
4 Q. -- types and quantities of PPE which you would need to
5 buy?
6 A. Better prediction, and at any point where you are
7 running short of supply, better targeting of where it
8 needs to go. I mean, essentially if somebody has got
9 significant inventory locally, you don't need to send
10 them any more. We simply didn't know that. So, I mean,
11 I know that everybody struggled but having that sort of
12 information, I think, would be really helpful.

13 Then the other thing that we, I think, need to be
14 really clear, the military team that helped us with the
15 Command Cell really helped us build a model to track our
16 incoming supply first of all. I think one of the things
17 that perhaps we don't talk about very much is the
18 disruption was not just to the production of PPE and the
19 contract but actually the global systems for moving
20 these things around also were severely challenged in the
21 pandemic, and so there was significant work doing that.

22 Q. Mr --

23 A. One last point, I do remember --

24 MR SHARMA: I'm very sorry, but there are a number of
25 questions to be asked by the Core Participants.

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1 around for the whole range of PPE, having the right
2 sizes for everybody is really important. Now I think
3 that is more -- is broadly applicable.

4 I think if we looked at some of the challenges we
5 had in providing the right equipment to ethnic minority
6 staff, I think the real challenge came in what we call
7 the FFP3 respirator masks. So for people not familiar,
8 this is the very close-fitting mask that needs to make
9 a seal. Now, obviously those masks, they don't fit all
10 face shapes and sizes, and I think if we particularly
11 look at the sort of distribution of face shape and
12 sizes, I think for some of our ethnic minority
13 colleagues they found it very hard to get a fit in
14 a mask.

15 We did two things, one a really significant
16 programme of fit testing. Essentially, you have
17 a liquid put in front of the mask, if you can taste it,
18 it doesn't fit. So it's really making sure that, for
19 everybody who had a mask, we knew whether it fit or not,
20 and without a fit-tested mask, you couldn't work on
21 aerosol generating procedures. So the highest level
22 risk wasn't allowed.

23 We became aware of these difficulties and we moved
24 to try to have a much broader range of masks, simply to
25 give a different range of sizes and fits, so that more

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1 Thank you very much for the evidence which you've given.

2 My Lady, I don't know if you have any questions or
3 if we can turn to --

4 LADY HALLETT: No, thank you.

5 I think it's Professor Thomas first of all.

6 Questions from PROFESSOR THOMAS

7 PROFESSOR THOMAS: Good afternoon, Mr Marron. Can you hear
8 me?

9 A. I can hear you.

10 Q. I represent FEMHO, the Federation of Ethnic Minority
11 Healthcare Workers. I have two short topics, four
12 questions.

13 Mr Marron, I'm sure you're aware that concerns have
14 been raised and were particularly pronounced regarding
15 the fit and suitability of PPE for ethnic minority
16 healthcare workers, correct?

17 A. Yes, I am aware.

18 Q. Now, in terms of inclusivity of the PPE design and
19 procurement, how did the DHSC assess the needs of ethnic
20 minority healthcare workers during the procurement
21 process, and what steps are being taken to address the
22 specific needs in ongoing and future PPE procurement
23 strategies?

24 A. Yes, thank you. So I think two points are really
25 important here. One, there's a very general point

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1 people could find a mask that would work for them.

2 At the start of the pandemic, our pandemic
3 stockpile, I think, had four different shapes of mask.
4 By the time we got to the end, we'd procured 12
5 different shapes, so we really made an effort to make
6 sure that we had a much broader range of PPE that would
7 meet everybody's needs, and I think that was one of our
8 significant learnings.

9 Q. Let me move on. I've got three questions and I want to
10 get through them quickly. What modelling methods were
11 used to predict PPE demands in primary care, and did
12 these models account for the demographic diversity
13 amongst end users, particularly for higher-risk groups,
14 including ethnic minority healthcare workers or was
15 a one-size-fits-all approach adopted?

16 A. No, we didn't have a one-size-fits-all approach. We
17 worked very hard across the whole range of PPE to make
18 the wide range of sizes so that people could find
19 appropriate PPE available. And indeed, as I've talked
20 about the respirator masks, really significant steps to
21 change the range of masks that were available, so that
22 everybody could find something to fit and, indeed, as we
23 made PPE available, we tried to make the widest possible
24 range available both to our hospitals and later to
25 primary care and social care.

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1 And I think our work on the e-portal allowed primary
2 care -- so that's GPs, dentists, pharmacists, small
3 social care providers, to order their PPE direct from
4 the department in, you know, a wide range of --

5 **Q.** Mr Marron, I don't mean to cut across you but you're
6 making it sound as if there were no problems, but we've
7 heard in various modules that have preceded this, there
8 was a number of problems with the fit.

9 **A.** I'm sorry if I've given that impression. I do not
10 intend in any way to minimise the challenges. I think
11 I was clear that at the start of the pandemic we had
12 very few masks and were very (*unclear*). People found
13 that very difficult to secure fit. We did take steps to
14 broaden that and I think this is one of the things that,
15 as we go forward, ensuring that we've got a wider range
16 of masks available in our stockpiles so that we'll have
17 them, I think, is very important.

18 **Q.** Let me move on to my last topic, and I'll get through
19 this very quickly. So following on from what you've
20 just said, let's turn to transparency and representation
21 in the procurement decision making. Your witness
22 statement reflects significant role in the
23 decision-making process, highlighting the opportunity to
24 engage with various stakeholders, including
25 organisations like whom I represent.

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1 could do a much better job of communication. I felt
2 that many times there was real concern and fear amongst
3 staff, and particularly ethnic minority staff, about
4 what they were being asked to do, and I think the
5 changes in the guidance, I think, were very difficult
6 and I remember the BMA being involved in a judicial
7 review against our IPC guidance, where, you know, the
8 litigants came to see myself and Susan Hopkins of the
9 IPC cell, and we managed to work through that.
10 Actually, they felt that our guidance was sensible but
11 they simply hadn't understood. So I think how
12 communication could be much, much better.

13 **Q.** So finally this: how are you going to ensure going
14 forward that groups like the one that I represent,
15 FEMHO, and similar organisations are represented and
16 involved in the procurement decision-making processes?

17 **A.** I think we are very open to having a broader
18 conversation about procurement and I'm very happy to
19 talk to you about how we might do that and I think the
20 Department has really sort of taken on the need to
21 really think through how we run our procurement and our
22 pandemic preparedness so we're ready to meet the needs
23 of all of our community and I think we generally believe
24 that we could have done more earlier in the Covid-19
25 pandemic and we will try to do it next time.

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1 So question. Can you help her Ladyship with this:
2 what key questions were learned regarding the
3 procurement and distribution of PPE during the pandemic
4 and how are these lessons being incorporated into future
5 emergency preparedness policies to better serve diverse
6 healthcare populations?

7 **A.** So I think the key lessons we've taken, one making sure
8 that we've got a stockpile of PPE available that allows
9 us to respond. We're holding a much wider range of
10 products than we did before. I think we have learnt
11 that lesson. Again, I think the specific challenge for
12 ethnic minority staff was in the respirator masks. We
13 have built a wider range of masks which should fit a far
14 greater range of face sizes.

15 We also, indeed only in small amounts, provided
16 a small amount of powered hoods that could be used
17 instead of masks. There are particularly important for
18 people who have beards and are not able to remove their
19 beard for religious or other reasons. So there was
20 experimentation in how we could make sure that people
21 could take this forward and I think, as we think about
22 our pandemic preparedness for a future event, ensuring
23 that we have those things in place is important.

24 I think the other thing, it's not quite the same
25 issue but I think it is really important, I think we

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1 **PROFESSOR THOMAS:** That's very fair of you. Thank you.
2 Thank you, my Lady.

3 **LADY HALLETT:** Thank you.

4 Ms Campbell is just there.

Questions from MS CAMPBELL

6 **MS CAMPBELL:** Thank you, Mr Marron. I ask questions on
7 behalf of the Northern Ireland Covid Bereaved.

8 Two topics, please, and can I say at the outset, if
9 you're not the right person to answer my questions, it's
10 important that you say so, because I appreciate you've
11 given a corporate statement and these may not be within
12 your direct expertise or experience.

13 **A.** Yes.

14 **Q.** The first question is about supply routes to community
15 providers and we looked briefly when you were being
16 asked questions earlier at a chart -- I think it's
17 page 205 of your statement -- in which, on the
18 right-hand side, we can see how distribution to
19 community providers was to be organised. The background
20 to the question is the commitment by the government to
21 provide PPE free of charge, including to, if you like,
22 health and social care providers in the community, GPs,
23 dentistry, pharmacies, even prisons. Okay.

24 **A.** Yes.

25 **Q.** In your statement, it's actually at paragraph 636 for

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1 the record, you go on to explain that there were two
2 main routes of supply, one was via commercial
3 wholesalers, and the other was via local authorities,
4 local resilience forums. Just to give it some context,
5 the commercial wholesalers received about 337 million
6 items and about 637 million items went through the LRFs,
7 all right?

8 Am I right that the obvious difference between the
9 two routes is that the local resilience forums would
10 distribute PPE from their hubs for free, whereas the
11 commercial wholesalers would distribute PPE or make it
12 available to be purchased, having bought it or acquired
13 it from the DHSC or another source?

14 **A.** Yes, so I can answer for England. I know what we did in
15 England.

16 **Q.** Yes.

17 **A.** So I should break this down. So before the pandemic
18 struck, the plan to supply social care and the sort of
19 small primary care providers was that they would
20 continue as they had in normal circumstances to buy from
21 wholesalers.

22 **Q.** Yes.

23 **A.** The Department would release stock from the PIPP
24 stockpile and others to those wholesalers so that could
25 continue.

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1 registered --

2 **Q.** My question is slightly different: when you use the
3 commercial wholesalers, which was a significant source
4 of supply, if not the primary one --

5 **A.** Yes.

6 **Q.** -- to what extent was it considered that commercial
7 suppliers would sell PPE to community providers for
8 profit and, therefore, was inconsistent with the
9 government commitment to providing it for free?

10 **A.** Yes, so I think -- so this is my own understanding, I've
11 checked this in advance -- I think my memory is that the
12 process intended that we would sell -- the government
13 would sell to wholesalers at a normal PPE price and they
14 would sell it on at that price, so -- or maybe with
15 a small margin. It certainly wasn't the idea that they
16 would sell it on at the pandemic prices which, as we've
17 talked about, were significantly high. So I think it
18 was not a role of free PPE at that time. We moved away
19 from that very quickly to providing free emergency PPE
20 from the LRFs and then, of course, by the time we get to
21 the summer we are providing free PPE to everybody.

22 **Q.** I think we'll leave it there and pick it up with another
23 witness next week because I want to ask you also about
24 the four nations distribution of PPE and you address it
25 in your statement over a fairly lengthy section that

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1 **Q.** Yes.

2 **A.** I think whilst we did release -- I hope you have the
3 numbers.

4 **Q.** Yes, we do.

5 **A.** We did try this and it had some, we were concerned very
6 early in the pandemic that this route was not
7 sufficient. The local resilience forums, which I think
8 we started at the very beginning of April but I would
9 need to check the exact date, was our first response to
10 how do we get more PPE to social care, primary care, all
11 of the small providers that you can't take a huge pallet
12 and drop it on their doorstep like you can a hospital.
13 The LRF, so that's a local resilience forum, we
14 definitely saw that as an emergency channel, we were
15 trying to do that as a top-up so that the people in most
16 need could get it.

17 We never saw that as a continuous way of doing this
18 and you see that by the time we get to June and July of
19 2020 we have small providers of primary care, social
20 providers and indeed all providers by the time we get to
21 the autumn registered on what we called the e-portal,
22 which was essentially an --

23 **Q.** Yes, I really don't want to go as far as the e-portal.

24 I think that kicks in about September, as you say --

25 **A.** I think by June we've got small providers basically

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1 culminates with reference to a protocol issued by the
2 Secretary of State for Health on 1 March 2021, which
3 essentially indicates that each devolved administration
4 would control its own share of the funding envelope,
5 would share information between them, would seek value
6 for money by minimising competition between the four
7 nations, within the international market and would
8 collaborate in terms of need and resilience.

9 **A.** Yes.

10 **Q.** We had invited you, and I hope you've had the
11 opportunity, to look at an email exchange between
12 representatives of the Northern Irish, Scottish and
13 Welsh administrations. For the record, it's
14 INQ000377395. In that email exchange, I hope I'll jog
15 your memory, there are concerns about the proposal from
16 the DHSC that it would manage the PPE fund on behalf of
17 all four nations and the time of this email is mid-May
18 2020. Those involved in the email were concerned that
19 really it left more questions than it answered and it
20 certainly didn't answer their concerns about procurement
21 on their behalf.

22 They suggested in that email in May 2020 a new four
23 nations PPE procurement group, that each administration
24 would be an equal partner, that they would plan future
25 PPE in that group in terms of expenditure and, where the

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1 requirements of each nation overlapped they could work
2 together to get best value.

3 Now, is it fair to observe that there's not a great
4 deal of difference between what was being proposed by
5 the devolved administrations in May 2020 and that which
6 ultimately was in the protocol issued in March 2021?

7 **A.** So I think broad reflections on the work with the
8 devolved administrations --

9 **Q.** Well, keep them narrow because we're --

10 **A.** Yes, before --

11 **LADY HALLETT:** We're running out of time, I'm afraid,
12 Mr Marron, sorry.

13 **A.** Yes, so we operated separately before the pandemic.

14 **MS CAMPBELL:** Yes.

15 **A.** As the crisis hit, we worked closely together. There
16 was a proposal that the Department of Health would lead
17 for everybody, and for -- we worked on that basis for
18 a short period of time. We then agreed that, actually,
19 it was better to devolve the fair share of the resources
20 we were given to each of the nations and we would all
21 run our own procurement efforts, with the co-ordination
22 you talk about so that let's everybody's procurement
23 team be part of this use everybody's networks. So
24 that's where we ended up.

25 And then the other bit that I think was really
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1 position you landed in May 2021 onwards, with that
2 protocol coming in to play?

3 **A.** I believe it was around that period, I would need to
4 check.

5 **MS CAMPBELL:** Thank you.

6 **LADY HALLETT:** Thank you, Ms Campbell.

7 Dr Mitchell.

8 Dr Mitchell is that way, directly in front of you.

9 **Questions from DR MITCHELL**

10 **DR MITCHELL:** I'm instructed by Aamer Anwar & Company on
11 behalf of the Scottish Covid Bereaved, and it's really
12 the flip side of the questions that you were being asked
13 there by my learned friend, Ms Campbell.

14 The question I was going to ask you about was, from
15 your perspective, would there have been merit in having
16 one pandemic plan where single procurement and
17 distribution was involved but, in fact, you've answered
18 that question by saying that you thought it was better
19 to devolve. So I suppose the question then is: why was
20 that?

21 **A.** So I think, in the position that we faced, it was really
22 helpful to be able to use the experience, skills,
23 networks of all the procurement teams. I mean, if --
24 maybe it would be possible to bring all the procurement
25 teams together into one group. We didn't attempt to do
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1 important throughout this period, we were sharing
2 information about our stocks and what we had, and all
3 four nations helped the others through the mutual aid
4 of, you know, moving masks or gowns, whatever the
5 challenge might be, between the four nations.

6 **Q.** It might be reasonably inferred from that answer of
7 evolution in terms of arrangement --

8 **A.** Yes, definitely.

9 **Q.** -- that it would have been significantly more helpful to
10 have a protocol in place pre-pandemic about what four
11 nations PPE procurement would look like?

12 **A.** I think the four nations worked really closely together.
13 We had a Four Nations PPE Board that met between April
14 and August to really try and coordinate. I think the
15 immediate task of ensuring the PPE across the four
16 nations was used where it was most needed, I think we
17 did an excellent job of. I think the questions of how
18 to do procurement, we've talked at length about the
19 challenges we faced setting up a new Parallel Supply
20 Chain. I do think that the position that we landed in
21 that allowed us to take advantage of the expertise of
22 procurement in Scotland, Northern Ireland and Wales, as
23 well as the NHS English procurement, I think was
24 a sensible place to end.

25 **Q.** Just, finally, in terms of that position, is that the
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1 that. I think doing that at the point we had lockdown,
2 I think, would have been too difficult. So I think, in
3 the end, ensuring that everybody was able to bring in
4 supplies was really helpful.

5 We continued to coordinate it. We didn't want
6 a position where, you know, the English procurement was
7 bidding against the Scottish procurement for the same
8 contract in China. That clearly would be unhelpful. So
9 we continued to coordinate to try and avoid that. But
10 I think we really were in a position where we wanted as
11 much capability and capacity as possible on this task,
12 and I think this allowed us to do that.

13 **Q.** So it was just employing as many people who had that
14 skill set as possible, and looking at it from all four
15 nations?

16 **A.** I think, in the immediate period we've been talking
17 today about how did we make this emergency response,
18 I think that was the right thing to do, as we think
19 about our resilience going forward, it may be worth
20 considering whether there are other ways of doing this.

21 **DR MITCHELL:** Thank you.

22 Thank you, my Lady.

23 **LADY HALLETT:** Thank you, Dr Mitchell.

24 That completes the questions we have for you,
25 Mr Marron. I appreciate how hard you and your
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1 colleagues must have worked during the pandemic and how
 2 distraught, I'm sure, many of you are -- I think you've
 3 shown signs of it this afternoon -- that all your hard
 4 work has been undermined by the creation of the VIP
 5 Lane. I hope you understand why we had to examine it.
 6 **THE WITNESS:** Absolutely.
 7 **LADY HALLETT:** But I'm extremely grateful to you and your
 8 colleagues for the work that you did and, of course, for
 9 the work you're doing helping the Inquiry. I know you
 10 probably have to arrange some of the response to us, and
 11 it's a huge burden. I know that. So thank you for
 12 that, and thank you for your help this afternoon.
 13 **THE WITNESS:** Thank you very much.
 14 **LADY HALLETT:** Very well, I shall return at 10.00 tomorrow.
 15 **(4.36 pm)**
 16 **(The hearing adjourned until 10.00 am the following day)**
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