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1		Monday, 10 March 2025
2	(10	.30 am)
3		(Proceedings delayed)
4	(10	.35 am)
5	LAI	DY HALLETT: Mr Sharma, I gather we've got a slight
6		technical hitch but we seem to be ready to go.
7	MR	SHARMA: We are.
8		My Lady, the first witness is Professor John
9		Manners-Bell.
10		PROFESSOR JOHN MANNERS-BELL (sworn)
11		Questions from COUNSEL TO THE INQUIRY
12	MR	SHARMA: Professor Manners-Bell, you have provided the
13		Inquiry with an expert report. The reference is
14		INQ000474864. It extends to approximately 200 pages.
15		I wonder if you'd be kind enough to confirm that that
16		report is true to the best of your knowledge and belief.
17	A.	Absolutely.
18	Q.	Professor Manners-Bell, you are the chief executive of
19		a global market research organisation, Transport
20		Intelligence Limited, the founder of the Foundation for

formerly the honorary visiting professor at London Metropolitan University Guildhall Faculty of Business and Law; is that correct?

Future Supply Chain, a fellow of the UK Chartered

Institute of Logistics and Transport, and you are

cases are offshored, outsourced to China, to Asia. Those products move through the supply chain, through a variety of different companies, assembling those goods. They're shipped usually, you know, internationally by sea freight or by air cargo. They then arrive in the western market, where they go through, again, a whole process of different organisations, such as wholesalers, distributors, retailers, before they arrive at the consumer.

And at every stage, value is being added by all the different companies which are involved in that supply

And as you have one flow of goods from Asia, usually -- I mean, not always but in many cases it is -from Asia to the west, you also have flows of information, of data, which go up and down the supply chain, which provide levels of visibility, tracking, where are your goods, at what part of the process, the order process, are they --

Q. Thank you, professor. Can I ask you just to pause there. Perhaps during the course of your evidence I'm going to take you through a number of charts which you've very helpfully provided in your report. The first one is at page 15 of your report, and it touches on just what you've been explaining to the Inquiry.

That is correct. Δ

2 Q. You are also the former chair of the Supply Chain and 3 Logistics Global Advisory Council of the World Economic 4 Forum?

A. Yeah. 5

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6 Q. You are the author of several published works, including 7 texts on global logistics and supply chain risk 8 management?

9 A. That is correct.

10 Q. I wonder, Professor Manners-Bell, if we could start, 11 please, with an introduction to supply chains, what they are, why they matter, and what they comprise of. 12

13 Certainly, and I think the first thing to recognise with 14 supply chains is that, in usual times, they work away in 15 the background, nobody really understand or recognises 16 that they're there, and the first time that people will 17 understand that supply chains actually exist is when 18 they break and when you can't get food on the shelves or 19 you can't get the right medicines at your hospital, or 20 indeed, as we're all here today, is because you can't 21 get hold of the right PPE.

> And so I would say up until 2011 or so, there is really very little understanding of what could go wrong in supply chains, but as a whole, supply chains relate to the movement of goods from suppliers, who in many

1 There it is on screen. What you've just described to the Inquiry is that 2 3 moving in one direction is the flow of goods from the 4 supplier to the manufacturer, to the distributor, the 5

retailer, and ultimately to the customer. The flow of funds in the opposite direction.

And then could you help us, please, with the arrow pointing in two directions, which refers to the flow of information. You've referred to "visibility". Could you help us, please, with what they mean in the context of supply chains.

12 Certainly. And this is absolutely a critical issue 13 related to supply chain and the efficiency and the 14 effectiveness of how the supply chain works.

> If you're a customer, just to work through an example, and you place an order via -- maybe it could be on an online retailer, e-platform or whatever, then that triggers the release of an order process throughout the whole supply chain and the -- whoever the retailer may be or whoever is fulfilling that will order to its suppliers to replenish the stock, which has moved on to the customer. Those suppliers will then place orders further up the supply chain, internationally usually, as I was saying, in terms of manufacturing, especially with consumer goods, until it triggers a whole range of

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different events throughout that supply chain.

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And so that's what I mean by the data flowing back up the supply chain. But once that order has been placed by the supplier, then they will upload some data to their platform that they are using which will inform every other member of the supply chain all the way back to the consumer when that goods will be delivered, when that order will be fulfilled. So that is the flow up and down.

10 Q. Now, this figure, of course, is a simplification of 11 something which is far more complicated happening 12 underneath.

> Could we have, please, figure 2, which is at page 16 of your report.

A. Yes, and as the Inquiry can see, things are much 15 16 more complicated than the first diagram, which we 17

> There are multiple tiers of suppliers, and many of those tiers will work for other companies within the supply chain as well. And this is getting closer to the reality of a PPE supply chain, which we'll come on to a lot later.

- 23 Q. So, just looking at figure 2, on the left-hand side 24 there are "2. Tier Suppliers". What are they, please?
- 25 Α. They are suppliers who are working for other companies

1 other suppliers, other manufacturers within the 2 industry, but at the same time as that, they may also be 3 supplying direct to the end manufacturer, the original 4 equipment manufacturer.

5 Q. What are the problems, just in general terms, which are 6 created by that combination of complexity and the lack 7 of visibility within the supply chains? What happens? 8 Α.

Well, absolutely, the -- it is the lack of visibility which is the problem because data will be existing at various different silos, they're called, within the supply chain. So each supplier has its own resource of data which, because it may be competing with other companies, with other suppliers, with other manufacturers within the supply chain, it may not want to share, for competitive reasons, commercial reasons.

So consequently, getting visibility throughout the whole supply chain is very, very difficult, especially when we're talking about multiple tiers of suppliers.

19 Q. Is that because each of these entities within a supply chain is trying to protect the data which it holds about 20 21 the products which it's buying and selling and about 22 what it knows about the market?

- A. That is correct, yes. 23
- 24 I'd like to turn, please, to some of the features of the 25 healthcare supply chains that this module is concerned

1 within the supply chain. So a tier 1 supplier would

2 have a contact and link with the main customer, who was

3 organising the manufacture of a particular product.

4 Tier 2 suppliers will work for those tier 1 suppliers.

5 And in many cases you can go down to tier 5, tier 6

6 suppliers. So many, many tiers of suppliers all working

7 for each other, all undertaking different processes

8 within the supply chain, as they are being subcontracted

9 to manufacture components, intermediate goods, which

10 then are assembled at a later stage within that supply 11 chain. So it is highly complicated.

So there are a high number of different relationships at 12 Q.

13 different layers involved, ultimately, in making sure 14 that goods pass from one side of this diagram,

15 ultimately to the other, the right, to the consumers?

16 A. Exactly. That's right.

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17 **Q.** And in the course of this, the movement of goods from 18 one side to the other, you refer in your report to there 19 being a combination of collaboration and competition 20 between different entities in a supply chain. Could you 21 help us with that, please.

22 A. Yes, certainly. In many cases, many of these suppliers 23 who are manufacturers in their own right will also be 24 competing for the same business as -- for the main 25 customer. So many times they will also supply goods to

with and some of the unique characteristics there are with PPE, with ventilators and with testing equipment. I wonder if we could start, please, with PPE supply chains.

What is it about PPE which marks it as, perhaps unique and different to other consumer goods which may be purchased in supermarkets and elsewhere?

8 A. Well, exactly, at some level they do look very similar 9 to many consumer goods because they are low cost, 10 they're manufactured remotely, offshored, and in that 11 respect, it does resemble a consumer goods manufacturing 12 supply chain.

But of course, as we saw throughout the Covid-19 pandemic crisis, one of the key areas of differentiation is the criticality of those goods to public health, to health care workers. And so if in a consumer goods supply chain, you're not able to get hold of whatever it may be that you want to buy, it's not the end of the world. If you're not able to get a face mask or if you're not able to get any other item of PPE, then it becomes absolutely critical, which means that the supply chains need to be highly robust, highly resilient in order to ensure the supply.

24 Q. Each of those categories of healthcare equipment, they 25 have slightly different characteristics. So for PPE,

- 1 you've touched upon the fact that they are low volume 2 and low cost; is that fair?
- 3 A. Yes, low value and high -- low value and high volume.
- 4 Q. Thank you. And what about with respect to ventilators,
- 5 by contrast to items of PPE? We've heard evidence from
- 6 witnesses last week that describe the manufacture of PPE
- 7 as being something which is actually quite technical and
- 8 specific, but for ventilators it's another level of
- 9 complexity, isn't it?
- 10 A. Absolutely. They resemble high-tech goods and the 11 supply chains resemble high-tech supply chains. Very,
- 12 very different from consumer goods and PPE.
- 13 And what about with respect to testing equipment? Q.
- 14 A. For the testing equipment, again, we see there are
- 15 differences. For example, in one item of PPE you may
- 16 have five different components coming together. In some
- 17 types of testing equipment, it may be 60 different parts
- 18 which are being brought together within a kit. It's
- 19 different types of materials. Some of those materials
  - used are also hazardous and so it's far more complicated
- 21 in terms of the manufacturer. And in terms of the use
- 22 of testing equipment, when the tests are being sent back
- 23 to be analysed, there's a whole new loop, as well, in
- 24 terms of life of that testing equipment, which you don't
- 25 get with PPE.

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right condition, of the right quality, and at the right price.

And are those the means by which one can measure the success or failure of a supply chain?

- A. Yes, I believe so. It's a well-used rubric within the industry, within the commercial industry, of how to measure the effectiveness of a supply chain and it applies equally well to the PPE sector as well, and other healthcares.
- 9 10 Q. And in terms of the supply chains which this Inquiry and this module is considering, namely PPE, ventilators and 11 12 testing equipment, is there any doubt in your mind about 13 the success or failure of the supply chains for that 14 equipment?
- 15 A. Yes, and I've written down a quote from the Welsh 16 Government, and it applies equally to all the devolved 17 administrations and the UK Government, but they said 18 that "delivering PPE stock to local health boards did 19 not necessarily mean it reached the right hospital or 20 the right ward", and that is an example, it really 21 provides an illustration to the six Ps -- the six 22 "rights" we were talking about. Because in supply chain
- 23 terms, not getting the PPE to the right place means
- 24 a critical supply chain failure. You may not have
- 25 bothered to have had those goods in the first place if

PPE, you'll use, it's usually single use and then 1 2 it's disposed of, and maybe we'll come back to that 3 later on

4 Q. So there are a number of different ways in which the 5 categories of healthcare equipment that this module is 6 considering, they vary, and their supply chains are 7 different owing to the characteristics of the items 8 which are being bought and sold?

9 A. Absolutely right.

10 Q. Just to touch on what you described as a closed -- is it 11 a closed loop that you referred to with respect to

testing equipment? 12

13 That's right. A.

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14 Q. And is that because the tests or some kinds of tests 15 have to go to the consumer and then they have to be 16 returned?

17 A. Yes, that is correct, and then, because some of the 18 testing equipment is manufactured specifically to the 19 testing companies, they have to be sent back to 20 a specific location which adds an air of complexity 21 within the supply chain.

22 Q. I'd like to move on, please, to how one measures the 23 success of supply chains. You refer in your report to 24 what is called the six Rs, and they are the right 25 products in the right place, at the right time, in the

1 you're not able to get them to where they're needed at 2 the right time, to the right people.

> Could we have, please, another chart that you've produced in your report on page 33? Figure 7.

This is "Volatility in demand and supply variables during Covid", and you've described it as creating a "dysfunctional market". And on the left-hand side are what are described as "demand variables", so those variables coming from the demand side of the equation, and under there it says:

"[The] unknown infection and patient hospitalisation rates affects the underlying demand for PPE."

Another factor was the changing government guidance on the frequency of use of PPE in medical settings; changing government guidance on extension of use of PPE by the general public and businesses; multiple health procurement organisations in competition and making multiple orders; and then finally, the bullwhip effect.

What is the effect of the combination of the demand variables on this side of the equation?

A. Well, in simple terms it leads to huge volatility in demand. Supply chains work best in a more stable environment, and once you have multiple demand variables, all of which are highly volatile, then it goes back to what I was referring to in the first slide

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1 when that data is transmitted up the supply chain. But 2 the uncertainty, the instability which is being 3 transmitted up the supply chain then causes a whole 4 range of signals in terms of production, the 5 requirement, the demand that's required for PPE goods, 6 which then leads to, as we say, a market dysfunction.

- Q. There are, of course, at least on the left-hand side, some areas in which the government does have control in terms of its policy. One or two of them are the guidance on the frequency of use of PPE and the rate at which that changes. Could you help us, please. What particular effect does changing guidance or changing guidance regularly have on supply chains?
- 14 Yes, I think the -- probably the biggest impact would be 15 on the usage of PPE, whether it should be single use or 16 sessional use, how many items of PPE are required 17 throughout a single day, for example, relating --18 referring to the patient involved, whether -- the level 19 of hospitalisation, for example.

So that is very clearly one of the biggest impacts on demand, but I think many of the other issues which are also highlighted, also had similar effects.

23 Q. And in terms of the multiple health procurement 24 organisations, are you referring to the fact that each 25 devolved administration in the UK had its own

visibility.

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Taking all of these together, what effect did this have on supply chains which were providing PPE to the UK and worldwide?

A. Well, it had a devastating effect on them, and in the first -- putting it in context, in the first two months of 2020, actually more PPE was being shipped to China than was being shipped out of China, and that's because of the progress of the pandemic around the world.

The pandemic, of course, hit China and it also impacted very much on the suppliers, the manufacturers, in China as well. And so consequently, when the pandemic had spread to other regions, first to Italy in Europe and then the rest of Europe, there were these systemic problems in terms of supply.

And then, in terms of the international transportation element, if you look at the air cargo industry, for example, the air passenger sector was impacted by a lack of services flying to China, and so consequently there were bottlenecks in terms of being able to get available capacity when it came back on stream to Europe.

So there was a whole host, a concatenation, you might say, of supplied variables which came together to cause this huge stress.

1 procurement system and its own body that was buying 2 items such as PPE?

A. Yes, I mean, it's a very fragmented demand side from the -- from NHS Supply Chain to the various health trusts that we have in England. Obviously in the devolved administrations there is centralisation of procurement, across the four nations. But then, when you look further in terms of the primary healthcare and social care, these organisations were also buying their own PPE. But beyond that, you could also add other government departments such as the MoD, for example. They all had -- they were all buying PPE, they were all holding stocks of PPE as well.

But just to put this in the global context as well, it's not just the UK, obviously. Every country around the world had similar problems and this was all feeding back to the suppliers largely based in China to create this dysfunction.

19 Q. Turning to the other side of this equation, the supply 20 variables you describe on this side of the equation, 21 material bottlenecks and production capacity, and 22 inability to meet regulatory standards, government 23 intervention in trade processes, disruption to air 24 transport and shipping industry, and that point which 25 you've referred to before: the lack of supply chain

1 Q. Could we touch, please, briefly on one of the points 2 which is referred to on the demand variable side with 3 another chart, which is at page 22 of your report: "Figure 5: The 'Bull Whip Effect'". 4

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6 Q. Thank you. Could we zoom in.

> This is figure 5, the bullwhip effect. On the bottom it's referred to "Customer Demand", referring up to the supplier, and on the left-hand side it says:

"Small change in Customer demand."

Seems to create an exponential effect up the supply chain.

Could you please talk us through what's happening here and how this affects supply chains in an emergency.

Yes, and this is partly industry practice, partly psychological behaviour of people involved in the procurement process, but when there is even a small change in customer demand, the supplier will then obviously fulfil that demand, but when they replenish, they will pass on their orders further up the supply chain and at each stage within that, their supplier's supplier will add more and more to each order, because the worst thing that could possibly happen, in terms of supply chain, is being out of stock.

So, consequently, the whole behaviour of every

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company within that supply chain is to over-order to make sure that they don't run out of stock.

They think there's nothing wrong with that at their stage of supply chain, but of course if that's passed on right the way down, through many of those tiers that we saw in some of those earlier graphics, then we see that there is a huge demand which is actually not illustrative of the real demand, actually, in the market at the time. But it is passed on down the supply chain. Q. Thank you.

Can I take you, please, moving perhaps away from some of the theory about the way in which supply chains operate, and dealing with what the practical consequences are of the matters that you've referred to in your evidence. So market dysfunction, the bullwhip effect, and so on. What effect does that have on those who are on the front line trying to procure items such as PPE?

19 A. Well, it creates a hugely difficult market for them. 20 A lot of the -- as I think much of the evidence you 21 heard last week will suggest, the supply chains in 22 the UK were very much set up for business as usual --23 I think you heard that term a lot over the last week --24 rather than actually to deal with these major peaks of 25 demand.

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1 over the last 20 years.

> So there were certainly preparations put in place but they weren't anywhere near to being sufficiently robust enough to deal with the demand of the pandemic.

5 LADY HALLETT: So some work but not enough?

6 A. Yes.

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7 LADY HALLETT: Sorry to interrupt.

8 MR SHARMA: Professor Manners-Bell, one of the reviews which 9 you conducted during the course of your report was into 10 the exercises which my Lady considered in Module 1 in relation to preparedness for pandemics. What did you 11 12 discover about procurement and supply chains in the 13 exercises which you reviewed?

A. Well, I think there are two -- I mean, if we go back to my Lady's point, yes, work had been done in terms of the preparation, but I think there were two key areas where there was -- it was lacking. And the fundamental problem of the exercises, as far as I can see, from what I have read, was that a global shortage or pandemic was not taken into account.

So, in supply chain terms, the downstream element was dealt with: get moving PPE from warehouses through the supply chain to the healthcare workers who needed it. So work was done on that part. But nobody, as far as I am aware, actually looked at the possibility that

As I mentioned earlier on, supply chains work very well at times of stability but they need the flexibility and agility to work in times of emergency, crisis, as we see

So what we found was that the supply chain and the logistics in the UK just wasn't able to cope with the demands which were being placed upon it. The systems were not set up, whether they were the warehousing systems or whether they were the procurement systems. The framework system which had been set up by the NHS Supply Chain wasn't able to cope with the demand either, and maybe we can talk about that a little bit later on as well.

14 LADY HALLETT: Can I just interrupt for a second.

15 During Module 1, I think it was 1, it may even be 2, 16 I thought I was told by a number of certainly 17 politicians that, as a result of preparations for 18 Brexit, a lot of work had been done on the supply chains 19 that was of use. Would you agree with that assertion?

20 A. Yes, I do. I certainly agree with that. And there 21 was -- a lot of work was also being put into -- in terms 22 of the preparedness for pandemics and influenza in terms 23 of the PIPP stocks, which I'm sure we'll come on to as 24 well. And some of that work went back to 2003, when we 25 saw the first pandemic, and there have been iterations

1 there would be a global constraint of PPE.

2 Q. And one of the recommendations which you make, and we 3 don't need to turn to it, is that such exercises in the 4 future do take into account such factors as strains in 5 the supply chain and difficulties with procurement; is 6 that right?

7 A. That is absolutely right, yes.

8 Q. Turning, please, to the global trend in supply chains leading up to the pandemic and how it was that supply 9 10 chains had the structures and features that they had in 2020, is it right that since the 1980s there's just 11 been generally a move towards offshore manufacturing to

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13 lower cost markets for items such as PPE? 14 A. Yes, indeed, there's -- and I think almost every sector

15 will have been impacted by this offshoring and 16 outsourcing trend, largely driven through the low-cost 17 manufacturing resources which exist throughout Asia. 18 That has been underpinned by improvements in data flows,

19 which gives more visibility of what's happening

20 throughout Asia as well. And also the -- very

21 importantly, that since the 1950s and the

22 containerisation of shipping, it's been very cheap to

move goods around the world. 23

24 Q. So in those countries the labour is obviously of lower 25 cost, there's greater production scalability, I think

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1 you describe it as. It means that there is less 2 inventory holding in the countries in which the stock is 3 required, and as a consequence, the supply chains that 4 supply the UK and other countries for critical items 5 such as PPE, they are more vulnerable, aren't they?

- 6 **A.** They are. They are, from a whole range of different 7 risks. I think I mentioned 2011 was probably when risk 8 really came onto the agenda, and the reason for that was 9 that there were some very important natural disasters 10 around that time, there was a tsunami in Japan, there 11 was floods in Thailand, and people, certainly from the 12 commercial sector, started to understand that an event 13 happening on the other side of the world could still 14 lead to automotive production being halted, for example, 15 in Sunderland, and/or in the high-tech sector, that it 16 would have huge ramifications in parts of the western 17 world, in terms of high-tech manufacturing, for example.
- 18 And have those trends continued since the pandemic or Q. 19 has there been some change in the trends?
- 20 A. Yes, now it's what I call a hybrid approach is being 21 adopted. So if we take a step back further before the 22 offshoring and outsourcing trend it was very much a case 23 that there would be -- high levels of inventory would be 24 held, just in case there was a major problem. Much of 25 that inventory was held within Europe or in the UK close

one witness called a sort of analogue. So paper and pen. Others would be using spreadsheets as well. And there was no, sort of, interrelation or integration or the ability to integrate those different data silos as well

But just to add to that in terms of complexity, of course, that's all in the downstream inventory. If you take into account the many distributors and manufacturers involved as well, there was no single view of the truth, as it's called, of the single view of inventory throughout the whole of the supply chain which is just as critical, in my mind.

- 13 Q. The Inquiry will be hearing evidence from Mr Webster and 14 Ms Lawson, we don't need to turn the statements up, but 15 what they say in their witness statements was that there 16 was no way of tracking what the individual trusts had 17 and there was no way of tracking what the individual 18 products were that were being bought by institutions 19 such as SCCL?
- 20 A. That is absolutely right, yes.

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21 **Q.** Could we have up, please, one of your recommendations. 22 It is at pages 79 and 80 of your report. You've made a 23 number of recommendations, I think 29 in total. We'll 24 just touch on some of them during the course of your 25 evidence. It begins at the bottom of page 79. What you

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to the end markets.

When you have offshoring and outsourcing, the risk elements of holding inventory goes down, and along with that, the financial costs of holding inventory goes down, but all these other risks increase, whether those are political, economic, societal, technological, or environmental, as I was saying.

- 8 **Q.** Touching, please, on what you've just mentioned that 9 stockpiles and inventory and the practicality of 10 stockpiles and inventory within the UK, could you help 11 us with this, please: prior to the pandemic was there 12 a single UK-wide complete inventory of items such as 13
- 14 A. Nowhere near, no. I mean, a huge fragmentation of data 15 relating to inventory. 16 Q. And is it right that that was aggravated not only by the
- fact that inventory was held by the UK Government, it 18 was also held by devolved administrations; it was held 19 by trusts and boards and other health organisations. 20 And so there's an enormous amount of data about what 21 inventory holdings there are, but nobody knows or rather 22 nobody knew, prior to the pandemic, what there was?
- 23 A. That's right, and many of the organisations you've just 24 mentioned had different stages in their technological 25 development as well. So some may be using I think what

have suggested is that there be maintained a digital twin of the complete UK inventory of PPE and healthcare equipment through an inventory management system. You've described it as an aspirational post-pandemic goal, and you go on to provide details of that.

What effect do you think having such an inventory system, a central inventory system would have on procurement and the supply chains going into a pandemic if it were to happen in the future?

- A. Well, it would definitely forearm the people in charge 10 11 of the supply chain, whether that sits the NHS Supply 12 Chain or within the Department of Health and Social Care 13 or even the politicians, to give an accurate view of 14 what inventory is being held, what types of PPE are 15 being held, the volumes that are being held and where 16 they are being held as well, which is absolutely crucial 17 in any supply chain, not just PPE, to know how much you 18 already have of a particular item.
- 19 Q. Could I turn, please, to market concentration. We'll be hearing, the Inquiry will be hearing from witnesses 20 21 later this morning and this afternoon about China being 22 the dominant market in PPE, and just some figures, if 23 I may. You've described in your report that in the year 24 before the Covid-19 pandemic, it was estimated by the International Finance Corporation, IFC, that China 25

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accounted for 50-60% of the world's supply of masks, 40% of cover-alls, 40% of aprons, 40-45% of eye protection and 30-40% of shoe covers, and then you refer to the United States taking up about 20-25% of the remaining market share. And then within those figures there's a little nuance, because gloves, for example, are manufactured predominantly in Malaysia and Thailand. They make up collectively about 85% of the market.

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What are the risks that come from markets and suppliers and manufacturers being concentrated in a particular part of the world?

- 12 There's a whole range of risks. I mean, if we look at A. 13 the political risks, for example, those can manifest 14 themselves in terms of trade measures. Certainly at the 15 outset of the pandemic, China restricted the supply of 16 PPE because it was really focused on its own domestic 17 issues. If -- and that is the case for all countries, 18 I'm not just highlighting China, because actually, 19 Germany and France also restricted the exports of PPE.
- 20 Q. So that is a phenomenon which means that no matter where 21 you are going to source your PPE and other medical 22 equipment from, that you have to take account of when 23 you're building supply chain resilience?
- 24 A. If you don't manufacture in the UK, there is always 25 a very significant political risk to supply, in

1 world which would mitigate this particular risk. 2

Q. Turning to that recommendation, could we have up, please, on the screen recommendation 22 of your report, which is at page 138. This is a recommendation that combines a number of features, some of which you've touched on, and others that we will come on to.

You've referred to the UK and devolved administration governments adopting an approach to stockpiles which combines elements of three potential options: firstly, strategic supplies, which we'll come back to; secondly, longer-term relationships with Chinese and critically -- your emphasis -- non-Chinese suppliers must be maintained or developed, taking into account the possibility that these channels may be rendered ineffectual in a pandemic.

Then the third point which you raise, which we'll again come on to, is some contingency for national production to be put into place.

So rather than happening upon one solution, if I may, to the supply chain problem, your recommendation is a combination of three or three and a half elements. Could you take us through why exactly that is?

23 A. Yes. Well, this is absolutely my recommendation: that 24 we require a multi-faceted approach to building 25 resilience in the PPE supply chain. Absolutely. It's

1 a pandemic.

2 Q. What is the solution, to put it bluntly, to 3 concentration of market supply in one particular region, 4 country or area in the world? You've referred, on the 5 one hand, to diversification in your report; are there 6 other areas which would limit or mitigate the risk to 7 supply chains in a pandemic?

Yes, well, I think -- starting with diversification. I think that is absolutely critical and again, this is something which is a trend which is being undertaken throughout, not just PPE but throughout the whole of industry now, especially with the advent of more tariffs and the potential US-China trade war. So looking at multiple countries outside of China is a first step. But, of course, if we have a pandemic which actually develops and evolves from Asia, then the likelihood is all those countries may implement trade measures.

And so consequently, what I suggest and recommend is that we need to look at other markets, including near-shoring, near-sourcing from other parts of the world, which may not be impacted at the same time. And as the pandemic evolves throughout the world, then it would -- if you had a very proactive supply chain manager in charge of the PPE, they would be able to switch on manufacturers located in various parts of the

because if we look at a timeline of the development of the pandemic, I see -- and some of this actually relates to the preparedness plans which have been put in place already which we need to have inventory stocks in hand to deal with the pressing need urgency at the beginning of a pandemic.

Now, in the original plans it was hoped that JIT contracts would then kick in to replenish those stocks.

9 Q. Forgive me, they're just-in-time contracts?

10 A. Just-in-time contracts, yes -- would kick in to be able 11 to replenish those stocks. That didn't happen, and the 12 reasons behind that need to be addressed, and my 13 approach, I suppose, really tries to provide a solution 14 for why the JIT manufacturing didn't work in this sort 15 of situation. And there are reasons for that, much 16 because we relied on distributors rather than 17 manufacturers, but if we were able to source goods from 18 other parts of the world and have deeper engagement with 19 those suppliers as well, that will be critical to this 20

21 So does that mean building up longer-term relationships 22 with potential suppliers and manufacturers, not only in 23 China but globally?

approach.

24 A. Absolutely, yes. You need core -- in my mind, in my 25 opinion, what needs to happen is that the core 28

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1 relationships with these manufacturers are developed, 2 long-term relationships, which means that in -- when 3 there's stress in the system, you're not suddenly 4 scrabbling around for many hundreds or many thousands of 5 smaller suppliers that you have no relationship with, 6 you have no understanding of the quality or the quantity 7 that they might be able to provide but you have these 8 very long-term, very deep strategic relationships with 9 core suppliers which are already in place.

10 Q. Forgive me, what would be the difference between what 11 you are suggesting and what the UK Government, for 12 example, had in place when it came to just-in-time 13 contracts? Surely, if those suppliers are based 14 overseas, there's a possibility that those contracts, 15 strategic though they might be, would fail equally. 16 What is it that you suggest would stop that from 17 happening?

A. Well, I think in some cases the JIT was relying on 18 19 distributors rather than manufacturers. That's the 20 first point. My second point is that if you have those 21 long-term relationships in place, there is a less 22 likely -- there is a smaller likelihood that when there 23 is stress, that those manufacturers will be driven by 24 short-term benefits from the price of PPE. But 25 I completely agree that the only way you could

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normal supply chain as business as usual, and are always being used. So the likelihood of them going out of date is very much smaller.

Now, a virtual rotating stockpile is when that is undertaken by manufacturers throughout the rest of the supply chain. So not held in a specific government-controlled warehouse, for example, but actually the responsibility is with the manufacturers, and they will hold more stock in a relationship with the procurement, with government procurement, on the government's behalf.

Q. I'd like to turn, please, to another element of what you suggest would assist in building the resilience of the UK supply chains and that is the potential for domestic manufacturing, but before I turn on to it, could I please ask you, what is it, what are the structural reasons, at least in the UK, that limit or prohibit the building of domestic supply of items such as PPE?

A. In the first instance, as already mentioned, it is the cost of labour. Some of the process can be very labour intensive, in some cases, and which is why China in particular has gained a competitive advantage, because of its low-cost labour force, and also the scale of its labour force as well.

It goes deeper than that, because the offshoring

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absolutely ensure that you had supplies of PPE would be 1 2 to develop on onshored manufacturing sector within 3 the UK.

Q. We will turn to that in a moment. In your report, Professor Manners-Bell, you are quite blunt and you refer to a number of minimum requirements that the UK Government has to achieve in order to build supply chain resilience in the long term. The first we've touched upon, which is establishing a control tower to 10 look at the inventory. The second is that you've 11 referred to initiating what you describe as virtual, 12 rotating stockpiles to address problems of PPE stock 13 control. Could you help us, please, with that second 14 point, virtual rotating stockpiles? What does that

15 16 A. That is a technique that is used quite widely within 17 industry in order to ensure that stocks do not run out 18 of date. I think one of the witnesses, I think 19 Mr Marron from last week, also referred to the rotating 20 stockpile which was being implemented for gloves. 21 And -- but in my mind, there is no reason why it should 22 be limited to one particular type of PPE. By rotating, 23 what we mean is that, instead of holding a separate 24 inventory, a separate stock of goods for a particular 25 event such as the pandemic, those goods flow into the

1 trend, as we've been talking about, goes back, you know, 2 two, three, four decades now. And so actually, it's not 3 just the labour and those -- the manufacturing processes 4 which are being offshored but a lot of the knowhow, the 5 experience, the expertise in manufacturing has been

6 lost. And it's usually said that if you lose that 7 ability, the capability to manufacture, and you lose the 8 know-how, then it will take a generation to build that

9 back up starting from scratch.

10 Q. You refer in your report to some areas in which the UK 11 in the manufacturing sector has what might be described 12 as a competitive advantage. There are areas in which 13 the United Kingdom has high levels of manufacturing 14 capability and capacity. Are there any ways that you 15 suggest that that could be turned to domestic 16 manufacture of items such as PPE and then of more 17 complicated equipment such as ventilators and testing 18 equipment?

Α. I certainly think, in terms of ventilators -- because the UK has decided, whether through policy or whether through economics, to really focus on the high-value manufacturing, the advanced manufacturing elements, so aerospace, you know, biomedical technologies, for example. And they've left many of the sort of lower-value-adding processes to other manufacturers in

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the rest of the world, predominantly in Asia.

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suggestion that:

But if you're able to automate your manufacturing system, then you can remove the labour element which puts the UK at a disadvantage. And I think that is an area where certainly more focus should be placed and more focus from government policy should be placed in terms of developing that high-tech automation which can then allow UK manufacturers to compete effectively with other manufacturers in the rest of the world.

And that's already going on in Germany. So it's not just an aspiration, it's something which our partners in Europe are already well aware of, and that is why I recommend that we also should be going down that path. Could we please bring up that recommendation on screen. It's your recommendation at page 31 of your report. You make the observation there that:

"Whilst it is not possible to reproduce the vast PPE and healthcare equipment manufacturing capacity presently based in Asia within the UK, policy focus should be on developing a small, automated and scalable manufacturing capability. This would be deployed to provide enough product to meet UK demand between depletion of emergency stockpiles [that you've referred to] at the beginning of a pandemic and the time when the global market was able to scale up to meet global

assist a country such as the UK with building resilience for a pandemic in the future?

A. Yes, certainly. The PPE industry is, almost by definition, a linear supply chain, so once it's been used, you throw it away, and many times you're mandated to throw away a mask or a gown or gloves after you've used them. So it is part of the sort of -- what's called the sort of take-make-waste sector. But if you are able to bring an element of circularity into that, so actually once you've used a particular item it can be safely reused, then it could have a really big impact on the volumes of new goods that you would need to reorder.

Now, that will take advances in technology, and I think there has been some investment there, certainly there have been some reach projects which will enable PPE to be more robust, but it will be able to -- allow them to be cleaned afterwards, using new techniques, and then returned back into the hospital to be reused again. Q. Could I have up, please, your recommendation 5, which is on page 54 of your report. And here you make the

"The government should increase investment in research and development related to new, re-usable forms of PPF."

Do you mean that investment should only be from the 35

demand "

2 If I may, one suggestion which may be made is that 3 investing in this kind of automation and equipment is 4 expensive and that the appetite isn't there. What could the government do in terms of policy to encourage 6 domestic manufacturing to build up resilience in the way that you suggest?

A. I think it very much needs to provide a long-term horizon for investment in automation, and specifically within the PPE sector. It can do that by committing to minimum volumes of spend with these companies which are investing in the technology.

That's happened in Canada, it's in the glove manufacturing sector there, where the central procurement organisation has committed to certain volumes over time. It's also happened in Australia as well. So it's something which other governments and countries are looking at to provide that long-term financial backing for a company which gives them the confidence to actually go ahead and invest in this high-capital automation equipment.

22 Q. In addition to automation, you also refer in your report to potentially using circularity or reusable PPE. Could you help us with where that would fit into the picture of building supply chain resilience and how that might

1 public sector or is there scope for private sector 2 investment in these areas? And if so, how could the 3 government incentivise that?

4 A. Yes, I think this is really critical as we move forward 5 over the next decade to the use and re-use of PPE. 6 I think that the government should play a role of the 7 research projects for helping to develop that new technology but, of course, it would be the private 8 9 sector who would be the driving force behind it. That 10 would require there to be a commercial rationale for 11 that investment, and again, that really would need 12 a commitment from the central procurement organisations 13 to invest or to have minimum levels of spend on 14 recyclable, circular PPE.

15 Finally, Professor Manners-Bell, a topic which you 16 touched on at the beginning of your evidence, which is 17 data visibility and how important it is for parties 18 within supply chains to be able to see what is happening 19 elsewhere within the chain. Could you help us, please, 20 with what advancements have been made in terms of data 21 visibility and the ability of manufacturers, customers 22 at the end of the supply chain, and intermediaries to 23 understand what's happening within a supply chain?

24 A. There certainly have been huge advances in technologies 25 in terms of providing realtime visibility, realtime

1		visibility platforms, which are very widespread
2		throughout industry of all sorts. It provides the
3		visibility of usage, right from in the PPE sector,
4		from the ward level all the way up through the supply
5		chain from local holdings of inventory through
6		distribution centres, and there should be it provides
7		a control tower function. So someone sitting right
8		in an overarching role to be able to make judgements
9		based on realtime demand, which was very much lacking
10		throughout most of the early parts of the crisis.
11	Q.	Could you explain in practical terms what that looks
12		like? So we've heard in this module last week in
13		evidence about modelling demand and about burn rates and
14		an inability to predict the amount of PPE that was being
15		used, and to track the quantity of PPE which was being
16		supplied. In what ways do what you suggest assist in
17		that regard?
18	A.	It provides at any one point it should provide
19		a supply chain manager with the tools to be able to, in
20		terms of the level of procurement which is going to be
21		needed to replenish stocks which are being used, and to
22		do it from not just a central perspective but all the
23		way from the end user, which in this case is the
24		healthcare worker, and right through the supply chain.

Once it has been delivered, then again, an event will be triggered, data will be triggered to say it has been delivered, it is now here, and that will then replenish the inventory.

So having that level of information allows the

So it's a complete -- it allows complete transparency of the supply chain, and enabling managers to make better decisions.

8 Q. And is this system or this kind of software, is that 9 something which is available now or is it something 10 which is in development?

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A. It's available now, and it's in -- most industries will 11 12 be using this, even in sectors which are even more 13 complicated, and there is more of the -- the potential 14 for more obfuscation of the supply chain, such as the 15 spare parts industry for the automotive industry, for 16

example, which is very, very fragmented.

Q. And if I may close, please, with one of your 17 18 recommendations, number 7, which is on 69 of your 19 report. At the bottom of the page, please. You make 20 a suggestion that the government also has a role in this 21 respect, by the development of new technologies,

22 innovation and business investment. And not only with 23 investment in technologies, but also skills training and

24 research in supply chains.

25 Yes, indeed. And I think this is one of the Α.

1 manager to make more informed decisions which then 2 goes -- relate that all the way back to the bullwhip 3 effect slide that we saw earlier, by actually placing 4 orders based on the reality rather than actually on 5 models which, which may or may not be right, but in many 6 cases are wrong, then it allows fulfilment in a much more ordered way and should not lead to the market 7 8 dysfunction that we saw.

9 Q. You've referred to realtime tracking. How is it 10 possible, or could you please describe how it's possible 11 to have realtime tracking in such granular detail of 12 singular items of, for example, PPE? How does that work 13 in practice? What role do -- you refer to such things 14 as IoT, Internet of Things. What role does that have to 15 play in procurement and supply chains in the future? 16 A. Well, at every stage within the supply chain data is

17 being provided to a supply chain management function, 18 whether that is provided by the logistics company, who 19 may be picking and packing from a warehouse. As soon as 20 it's being taken out of that warehouse, that data will 21 be released to say that "We need to reorder to replenish 22 that particular item for that warehouse." For the 23 person who has ordered it, it will tell you "That 24 shipment of PPE will be delivered tomorrow morning at

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facilitatory roles of government: to be able to foster this high-tech advanced technology environment by -through things that it can impact upon, such as education and training as well, which will be very important for, if we're developing a UK supply chain, to be able to have smaller players within the UK feed into that supply chain, they will need people and resources to be able to integrate the technologies which are available presently. But that will allow much smaller 10 organisations to become part of a more efficient and 11 effective supply chain in the UK.

MR SHARMA: Professor Manners-Bell, I don't have any more 12 13 questions.

14 LADY HALLETT: No, I don't have any questions.

15 Thank you very much indeed for your help, especially 16 the written report that obviously we'll consider in more 17 detail but you've given an excellent summary this 18 morning, I'm really grateful to you.

THE WITNESS: Thank you, my Lady. 19

20 LADY HALLETT: Very well, I shall return at 11.55.

21 (11.40 am)

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9 o'clock."

22 (A short break)

23 (11.55 am)

24 LADY HALLETT: Mr Sharma.

MR SHARMA: My Lady, the next witness is Andrew Mitchell.

		UK .	Covia-19 inqu	ııry	!		
1		MR ANDREW MITCHELL (affirmed)	1	1	Α.		
2		Questions from COUNSEL TO THE INQUIRY	2	2	Q.		
3	LAI	DY HALLETT: I hope we haven't kept you waiting too long,	3	3			
4		Mr Mitchell.	4	1			
5	THI	E WITNESS: Thank you very much.	5	5			
6	MR	SHARMA: Mr Mitchell, you have provided the Inquiry with	6	3	A.		
7		two witness statements: a Corporate Witness Statement on	7	7	Q.		
8		behalf of the Department for International Trade, and	8	3			
9		then your personal witness statement responding to	g	9	A.		
10		a number of questions posed by the Inquiry. Would you	1	0	Q.		
11		be kind enough to confirm that those witness statements	1	1	A.		
12		are true to the best of your knowledge and belief?	1:	2	Q.		
13	A.	I can confirm.	1	3			
14	Q.	We're grateful for the assistance you have provided to	1-	4			
15		the Inquiry to date. May I start, please, with 15					
16	something about your biography and background. You were 16						
17	a director general in the Department for International 17 A.						
18	Trade, were you not, between April 2020 and 18						
19		November 2023?	1	9	Q.		
20	A.	That's correct, yeah.	2	0			
21	Q.	And prior to that you served as Her Late Majesty's Trade	2	1			
22		Commissioner for Europe between July 2018 and May 2020	? 2	2			
23	A.	That's correct.	2	3	A.		
24	Q.	And you are currently His Majesty's ambassador to	2	4	Q.		
25		Germany, which you've served in since September of 2024?	2	5			
		41					
1		behalf of the Department of Health and Social Care in	1	1			
2		markets around the world?	2	2			
3	A.	That's correct.	3	3			
4	<b>Q.</b> What sort of work was the Department engaged in as the						

5 pandemic struck the United Kingdom? 6 A. So, as the pandemic struck the United Kingdom, 7 principally those teams in the Department for 8 International Trade were responsible for sourcing 9 investment from international markets and attracting 10 that to the United Kingdom, and then supporting 11 exporters as they looked for opportunities in 12 international markets to sell their goods and services, 13 but then also to negotiate trade agreements, and, 14 broadly speaking, to remove operated barriers and to 15 work on trade in the international system. Q. In relation to supply chains, prior to the pandemic, was 16

17 there any centrally coordinated supply chain resilience 18 function, either within the department or within the government? 19 20 Α. There was not.

Q. What was the reason for that not having been taken up by 21 22 departments such as DIT?

23 A. It's difficult for me to say. I think that, at the

24 time, the department, which, as a consequence of having 25 a very strong analytical function and global teams, did

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That's correct

In your role as the director general in the Department for International Trade, you were responsible for leading three teams: the first, the JACT, the Joint

Assistance Coordination Team. Is that right?

That's correct, yes.

And the second, the GSSEP, the Global Strategic Sourcing **Engagement Project?** 

That's also correct.

And also, in relation to Project Defend?

That's right, yeah.

Could I start, please, with the Department for International Trade's role insofar as it affects

preparedness for supply chain resilience. Was it

intended, in the department, that it would play any role

in an emergency response to a pandemic?

Certainly to my knowledge it was not foreseen that we would play such a role in a pandemic, no.

Was the department designated in any sense a Lead

Government Department for critical national infrastructure in terms of medical equipment or

procurement of PPE or anything like that?

It was not, no.

And yet the Department for International Trade became,

as it were, at the front line of procurement for PPE on

provide supply chain analysis and reports on issues in association with supply chains, didn't believe that it would be necessary to have a standing function to that end, in other words the analytical function would be 5 sufficient for most purposes. 6 Q. Is it nonetheless true that the kind of expertise which

7 was needed in the pandemic to analyse and consider and 8 assist with supply chain resilience was to be found 9 within your department?

10 A. I mean, I think as we went through the various stages of 11 the crisis, and there were principally three stages from

12 the perspective of the work of that department, it

13 became abundantly clear that, yes, this was a function

14 was indeed necessary and useful to government.

15 Q. Turning, please, to the role on the front line, as it 16 were, in respect of embassies, high commissions and 17 consulates of the United Kingdom around the world, what 18 role did they play in relation to the sourcing and 19 procurement of items such as ventilators, PPE and

20 testing equipment?

21 So in the very early stages of the crisis it became

22 apparent that supply chains were compromised in the 23 medical supplies, ventilators, PPE, et cetera. And the

24 China team, based out of our embassy in Beijing, had

25 identified that getting close to many of the

manufacturers and the suppliers had given them an advantage in being able to procure some of these medical supplies. Indeed, at the time, I believe they were of the view that they had bought up all of the supplies that were available on the market, in those very challenged circumstances.

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We had teams around the rest of the world. It seemed logical at that point, then recognising the China experience, to deploy that expertise also in respect of markets elsewhere in the world, bearing in mind that we had DIT officials on the ground in many, many places around the world with essentially the same expertise.

- 12 13 Q. As you've mentioned, there wasn't, prior to the 14 pandemic, any standing capacity to do the kind of work 15 which you've just described. The Joint Assistance 16 Coordination Team was a group that was set up in 17 response to the pandemic. Could you help us, please, 18 with what that was, when it was set up, and what kind of 19 work it did.
- 20 A. So, to your first question, what was it, it was a joint 21 team created between the Department for International 22 Trade and the Foreign Office to bring together officials 23 essentially to source leads in overseas markets that 24 might lead to new supplies of medical equipment.

This was essentially a reaction to the circumstances

joint team in London would then communicate that demand signal to our overseas posts, as we call them, and that those posts would then go and chase down opportunities, leads wherever they might find them. Then to send them back to that team created in London to make sense of what they were seeing, and then to send on those leads the team felt were worthwhile back to DHSC.

- Q. My Lady's Inquiry has heard evidence last week of teams which were set up at pace and at speed. Was the JACT one of those teams set up in the very earliest stages of the pandemic?
- A. It was indeed. It was set up on 28 March 2020 in, I suppose, conditions of some uncertainty, partly because, of course, it wasn't clear how the pandemic would develop at that stage, but we recognised that supply chains for most medical suppliers were indeed in significant stress, and therefore we brought teams together to create that demand management system. And principally, in fact, relied on the military cell that I had within my broader team for that purpose, and the reason for that was that, as far as we were concerned at the time, looking for leads in international markets was principally a logistical exercise and we had access to teams who had extensive experience of operating in crisis conditions and essentially working around the

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1 that I described, challenging supply chains, and a call 2 to action put out to overseas markets to anyone who 3 might have the opportunity to source supplies, 4 essentially then to bring those to the attention of the 5 British government. And therefore we brought this team 6 together, reflecting the fact that both the Foreign 7 Office, as it was at the time, and the Department for 8 International Trade had teams on the ground in many 9 markets around the world who had experience of working 10 with business, and indeed worked, in the case of the DIT 11 teams, day to day alongside businesses in international

- 12 markets 13 Q. You've referred, of course, to teams which were based in 14 China, but there were also important teams in other 15 areas of the world, including America, Singapore, 16 Germany, Switzerland and Sweden, to name but a few. 17 From your vantage point, what was your role with respect 18 of those teams?
- 19 A. So the Joint Assistance Coordination Team was an effort 20 to bring together a cell in London that was capable, 21 then, of communicating with these teams in markets 22 overseas on behalf of the Department of Health and 23 Social Care. So the principle was that DHSC would 24 provide what was called the demand signal, in other 25 words what was required by way of medical supplies. The

1 clock and frankly moving leads backwards and forwards, 2 which was how we understood the role in those first 3

- 4 Q. Just to provide the Inquiry with an idea of the scale of 5 the task. You talked about working around the clock. 6 Does that mean that you had people on shift so that they 7 could pick up the phone and send emails to people based 8 in embassies and consulates around the world?
- 9 A. We did indeed, yes. We established three rotas, so we 10 were working 24/7, and principally, as you say, the 11 reason for this was that we wanted to be immediately 12 available in a market that could be in South East Asia, 13 to be able to respond to any inquiry that might come our 14 way. And of course, the reason for this was that the 15 market conditions were such that we did not want to lose 16 any individual leads towards a medical supply.
- 17 Q. How many people were there, broadly, roughly speaking, 18 in the JACT?
- 19 In the JACT initially we brought together 20 from Α. 20 Foreign Office and 20 from DIT. But they were then 21 looking after a team around the world, difficult to say, 22 but I'd say there were a couple of thousand people who

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were working on this at the height of the crisis. 24 Q. Just to get an idea of the organisational challenges, 25 I wonder if perhaps we could bring up INQ000493813.

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This is a process map created in April 2020 to set out how various teams were envisaged to be brought together. And on the left-hand side it can be seen that there are sources of supplies coming from all DIT staff, and then at stage 2, it appears that there are three triage teams to deal with the leads that are coming in, the FCO JACT team, the DIT JACT team, and then there's another team beneath that, HLSB. Could you help us with what HLSB is, please.

- 10 A. HLSB is a team that was within the Department for
   11 International Trade whose specialism was in healthcare,
   12 life sciences and the bio-economy.
- 13 Q. In the establishment of the system at the beginning of
   14 the pandemic, was there some confusion, some overlap,
   15 between the work that each of those three teams were
   16 doing?
- 17 A. I would say it was a very difficult initial couple of 18 weeks for the team in the sense that what you had, the 19 HLSB team epitomises this, a group of experts, frankly, 20 in healthcare, life sciences work, particularly their 21 responsibility, investment, and export support, as I had 22 described, recognising that this wasn't going to be fit 23 for purpose for the scale of the task that confronted 24 us, so building a set of teams with people across 25 Whitehall, and worth bearing in mind, of course, that we

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about the importance of commercial expertise, so commercial policy expertise in the design of the systems. I think one of the issues that we had in the early stages was without direct access to that commercial policy support, some of the system design questions, they were not optimal, frankly, and, you know, we learnt the lessons from that through this process, and as you'll have seen from the end of stage 2 of the crisis from the DIT perspective, we felt that we had got to a reasonable place. But it is the commercial design question there that's the issue, I think. Q. Could we have up, please, on the screen INQ000489577. And if we could scroll down to the email at the bottom of slide 1, talking about overlap and inefficiency within the systems established by the Department for International Trade, the question here is asked as to why there are two JACTs involved in the triage process and considering that it would only need to be one team. Is this a reference to the speed at which the system was established and the risk of overlap and duplication of effort?

And I talk elsewhere in my own witness statement

A. In fact it's a reference to the fact that at the
 beginning of the crisis we thought that the rational

were remote from each other operating on Microsoft
Teams' platform, many of us had never met. So in those
initial stages we're both bringing teams together from
different parts of the government system but also in
conditions in which we simply couldn't bring everybody
together into one place and work through a plan.

So yes, it was difficult in those initial stages, the complexity was high.

I would say that the willingness of everybody to lean into this task, recognising the scale of the national emergency that we were facing, was nonetheless really, really significant.

13 Q. One of the features that my Lady's Inquiry has heard in 14 respect of the Department of Health and Social Care is 15 the preponderance of the use of emails and forms and 16 Excel spreadsheets, no less, it seems, at least to be 17 referred to on this chart with references to forms and 18 spreadsheets and emails on the right-hand side. Did the 19 systems which the JACT and the Department for 20 International Trade were using, did they cause problems 21 for you in terms of coordination and efficiency?

A. I wouldn't say that the forms themselves caused issues.
 I think the issue that we struggled with was developing
 a sensible, single process. It was, in a sense, the
 logic behind the creation of the forms that was the

response was to keep the teams, as it were, in separate boxes under a single leadership, that that would provide for speed, that was certainly the consideration at the time. We quickly realised that this wasn't in fact the right way to do this, so within couple of weeks, we'd redesigned the team such that we fused the FCDO and the DIT and the HLSB teams into one. So at the beginning of this stage of the crisis essentially we were operating with three teams under a single joint leadership for

10 those reasons. 11 Q. Could we zoom out from this email chain and go up to the 12 top. There's a reference there to -- about the JACT 13 teams being right. Of course, you're not on this email 14 chain, Mr Mitchell. I'd just like to understand it from 15 your vantage point, from looking at the JACT overall. 16 One of the issues, it seems, is that there's 17 a negotiation with the FCO and there's reference there 18 to politics being an issue. Is that something that you 19 recognised from your work in the Department for 20 International Trade, that there was some tension or some 21 politics at play between the department and the FCO? 22 **A**.

A. This wasn't my experience. My experience was rather that, as teams working together on the crisis, what we were doing in those initial stages was really trying to work out what the most rational way to operate together

1	was. I had close working relationships with my FCO
2	counterparts, I had known both of them for a very long
3	time, and certainly didn't feel that this was an
4	impediment. I can entirely understand however, that
5	somebody within the system might infer that that was
6	indeed the reason. But it certainly wasn't my
7	experience.
8	MR SHARMA: Can we take that down please

MR SHARMA: Can we take that down, please.

9 LADY HALLETT: Can I just check, do we think "politics" in 10 that context meant departmental politics as opposed to party politics? 11

12 A. Yes, my Lady. I think it's -- my interpretation of this 13 is that this is the politics of the office rather than 14 the politics of Parliament.

LADY HALLETT: Yes, thank you. 15

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16 MR SHARMA: Thank you, my Lady.

> One of the references you make in your witness statement about the complexity of working between the Department for International Trade and the FCO is that structures were difficult for staff based in overseas offices to navigate. Could you talk us through that, please. What issues did that create, having staff working in embassies, coordinating with the FCO and the Department for International Trade in the UK, and then them coordinating again with the Department of Health

1 Foreign Office and DIT and all of our teams globally. 2 So in that regard, no. But certainly across Whitehall 3 in the initial stages of the crisis, there wasn't 4 a single platform for communications, and yes, we had to 5 get accounts on different providers in order to be able 6 to participate in meetings.

MR SHARMA: Thank you, my Lady.

In terms of the guidance that was being provided by the Department of Health and Social Care, could we please have a look at INQ000489583.

This is guidance being provided by the Department of Health and Social Care to those on the ground or through JACT about the procurement of ventilators.

If we could zoom in, please, to "Reject anything" -that's it, thank you.

In respect of the IPPV ventilators, this guidance suggests that anything should be rejected other than IPPV ventilators.

And then the second and third lines of guidance refer to looking at documentation, and the words -- the watchwords are IPPV. But then if the documentation isn't clear, that one should look at the photograph of the item being procured. And then a rudimentary description, if I can put it that way, of a "large technical machine", being of -- the ventilator that's

1 and Social Care as the lead government department? What 2 complexity did that create?

3 A. Yes, so the design -- the initial design map that you 4 showed the Inquiry demonstrates the problem with that initial design, namely that if you were in a post 5 6 overseas and you'd had access to a lead, you'd be 7 looking at that design map and saying, "Which of those 8 entities do I send my lead in to?" And this is the 9 reason, essentially, why, quite quickly into the 10 process, we recognised that we needed entirely to fuse 11 these organisations, and to create a design of the 12 system that essentially had operations on one side and 13 strategy and briefing on the other side, such that later 14 in the crisis, if you had a lead, you'd have essentially 15 one contact point.

16 LADY HALLETT: Did you have any problems -- I've encountered 17 it in my work that's been government-related -- with having different meeting platforms allowed in different 18 19 government departments? So I've found there are 20 different policies, like one department will only meet 21 on Teams and another department will only meet on 22 Google Meet or Zoom or whatever. Did you have that as 23 a problem at all?

24 A. Not in this particular work, because we were all on the 25 Microsoft Teams platform globally, so that meant the

being looked for.

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Could you help us, please, with your experience and the experience of those in-country with the guidance that was being sent by the Department of Health and Social Care in respect of the procurement of complicated equipment such as ventilators and also testing equipment, but also PPE.

Yes. I mean, clearly, in order for those teams in Δ markets overseas who had no particular experience of medical supplies and medical supply chains to be able to do the job that we were asking, we clearly needed quite detailed specifications for the medical equipment required. And it's well documented, including in my own evidence, that in the initial stages that level of technical specification was, from the perspective of those posts overseas, not to the degree that we required. And this was a known issue, one that we worked on together. We rectified that, the Department of Health and Social Care acted on that requirement relatively quickly, but it's certainly true to say that at the early stages, this was -- this was a factor, yes. **Q.** Coordination with the Department of Health and Social Care was an ongoing issue with the JACT. Could we

please bring up INQ000493811. This is an email on 2 April which you are cc'd into, 56

from the head of the JACT from the FCO, to Emily Lawson at the Department of Health and Social Care.

If we could zoom in, please, to "Once concern flagged to me by the team" in the middle of the page.

One of the concerns flagged by the team:

"... has been the difficulty of ensuring a fast turnaround from DHSC of the proposals coming from posts and being coordinated by the JACT, and therefore risking losing opportunities. I understand that today we lost an order for 20 ventilators from Israel because we weren't nimble enough, and there are concerns in the China network that similar delays might cost us larger numbers there, where international demand is enormous."

Again, drawing on your vantage point, Mr Mitchell, was that a problem that was persistent at least in the early stages of the pandemic, of offers, and potential offers, of supply being routed to the DHSC, but then there being delays in them being processed?

A. This was a feature particularly of the very early stages, I would say, of the crisis. And of course from the perspectives -- and you can entirely understand this -- of the teams out in the market, timing was critical, because leads were available very often only for a short period of time, that was the way the market was operating at that point, and the turnaround times

earlier, in other words there was a specification, nonetheless, to identify as many leads as possible. There was some verification but this was principally around the good standing of the companies. What did we know about the businesses that were offering these leads?

So the level of triage, to use that word, that was being applied was relatively low at this stage in the crisis.

- Q. And were you informed by officials or others at the Department of Health and Social Care that at least at their end they were buckling under the pressure of the numbers of offers? Was there any suggestion that further triage could be done, either by the JACT in London or by the teams which were based in-country?
- A. The point at which we brought in commercial expertise
   and the Commercial Policy Team within the Department for
   International Trade then connected with the DHSC
   commercial team and with the Cabinet Office commercial
   team, that was very much the discussion. So what level
   of specification could we then provide that would
   support a faster procurement process overall?
- Q. And you've touched upon the next subject I'd like to
   come to you with, which is the commercial expertise
   which was available in-country on the ground of those

were challenging. And, you know, this is partly down to the fact that -- we entirely recognise this -- that the Department of Health and Social Care was dealing with a huge profusion of expressions of interest.

I would say the fault was also partly ours. At this stage of the process, frankly, we weren't giving DHSC quite the level of specification around the leads that we were providing that would have allowed them to take quicker decisions.

So this is an accurate picture, I think, of a moment in time, but I would say that there were issues on both sides that we ultimately recognised and then dealt with as we create the GSSEP, brought in commercial expertise, and then redesigned those commercial processes.

- 15 Q. Just in terms of the work that JACT were doing, and
   16 those on the ground with the embassies were doing, were
   17 they conducting any sort of triage process about the
   18 offers that were being sent in to the Department of
   19 Health and Social Care or were they simply forwarding on
   20 offers and leads that they thought ought to be followed
   21 up?
- A. I mean, the principal focus here was on maximising the
   numbers of leads that we were able to secure. So
   certainly the message from the centre was, within the
   constraints set out in the document that you showed

receiving the offers. The JACT, of course, reformed and became part of something called the GSSEP, but whilst it was the JACT, at the very earliest stages of the pandemic, was there available to it the sort of commercial and subject-matter expertise on the ground in-country where they were operating?

A. On the ground in the country in which the teams were operating, there was commercial expertise available, either within the posts, the missions concerned, or through regional functions. So the Foreign Office had, and has regional commercial functions to support the work of posts overseas.

We didn't have -- in the early stages, we didn't have that within the JACT, and as I said earlier on, that -- a little bit because the intent, really, was to mobilise as quickly as possible, to proliferate the numbers of leads that we had access to, and it felt in the early stages a little bit as though this was a logistical operation rather than a commercial operation. We quickly recognised that that wasn't right.

Q. But forgive me, it's right, isn't it, that the
 Department for International Trade, it did have some
 commercial expertise, and I think you have set out in
 your witness statement that it's your view that that

- 1 commercial expertise should have been deployed much 2 earlier?
- 3 A. That is my view, yes.
- Q. And if that commercial expertise had been deployed at an
   earlier stage in the pandemic, what effect would that
   have had on the triaging process which was happening
   in-country and then, on the back-up of offers that was
   occurring in the Department of Health and Social Care?
- A. I mean, as I referred to a little bit earlier on, there
   would have been a much better commercial process,
   end-to-end, which would have been, frankly, to the
   benefit of DHSC in allowing them then to manage the
   backlog more effectively. And we should have spotted
   that at an earlier stage.

We saw the effects of this essentially then in the GSSEP process, because then having rectified that, brought in the commercial expertise that we required, redesigned, then, the procurement process, we had a better process, so we could see the evidence of that later on in the crisis.

Q. The Inquiry has heard from a number of witnesses that in that first hundred days, that speed was of the essence.
So I wonder if we could, please, have a look at an email on 20 April 2020. So about 30 days or so into that hundred days.

- Q. Turning, please, away from the JACT and towards what
   became -- forgive me, I think you referred to it as
   GSSEP?
- 4 A. GSSEP, yes.

GSSEP. What was it that converted the JACT into GSSEP?When did that happen, and what problems did GSSEP fix?

A. So we also, through this process, of course, were running lessons learned exercises, and those lessons learned exercises were demonstrating a number of the problems that we've talked about today. So what we attempted to do in GSSEP was to clarify the role of the Department, which was essentially in three areas, for the purposes of the work of GSSEP. First of all, sourcing leads overseas, as we'd done with the JACT. But secondly, then, working with individual countries and with groups of countries in international markets, and thirdly, then, looking to how we could diversify

And GSSEP, which came into existence at the end of April, was a response to the difficulties and the recognition of the difficulties we'd faced in the first stage of the crisis, and then a better understanding of where DIT particularly could add value, which was in those three areas plus, of course, the work that separately and at the same time started on Project

It's INQ000493856. If we could zoom in, please, to the top bullet point.

The issue with supply chains was not only being noticed by those officials sending emails within the JACT; in this bullet point, which is, as I say, on 20 April, it refers to the Cabinet Secretary and Number 10:

"... getting concerned about the lack of overall grip on supply chains work, both domestic and international across all areas, including medical and food ([it] did not sound as though it was aimed at us, but more big picture)."

Then there's reference there to there being too many competing and duplicating structures in place.

Does that email, again, does that reflect your understanding of the position as it developed in as late as 20 April 2020?

A. Yes, I think this is fair. There was, certainly from the narrower perspective of the work that I was involved in, you know, particularly at this point, we were encountering difficulties in being able to properly track leads through the system. There was a lot of duplication in terms of working with distributors and suppliers. So I think that, you know, that suggestion of complexity, it certainly rings true for me, yeah.

1 Defend, which was about supply chain diversification.

Q. You referred to Project Defend. What was Project
 Defend, and what issues was it investigating? What did
 it find about the supply chains, in particular in
 healthcare equipment?

A. So Project Defend was a supply chain resilience exercise that was begun with a view to taking a slightly longer-term look at where supply chain vulnerabilities might manifest. So if we understand the work that we were doing through the JACT and GSSEP, essentially, as the short-term response, this was the longer-term response that recognised that we had encountered supply chain problems that had not been anticipated in the way that they'd manifest, and then thought about what kinds of mitigation we would require, but starting very much with the data. So the work that was initially done by the consultants BCG, in support of the Department, identified where potentially vulnerable supply chains,

which supply chains might they be.

Q. So can I just pause for a moment. So it was noticed that there was a fundamental problem with supply chains that the Department for International Trade was considering. It brought in Boston Consulting Group, an external consultancy, to assist it with the analysis of supply chains, and the direction for that to happen

sources of supply, so working with new suppliers.

1		came, did it not, from the very top? That on 25 April
2		of 2020, it was the Prime Minister that commissioned
3		a piece of work: to interrogate where the
4		vulnerabilities lie in our critical goods and supply
5		chains, to consider where they are, to consider how they
6		could be mitigated, and with a particular view to
7		potentially building domestic manufacturing capacity; is
8		that right?
a	Δ	Ves so the commission did indeed come from the ton

-11-1 14 -- -4 -- -- -- -- -- -- OF A---11

- A. Yes, so the commission did, indeed, come from the top,
   and Project Defend was the response, and Project Defend
   then looked at the kinds of interventions that you might
   want to make in a market in order to increase resilience
   of which one was, potentially, domestic manufacturing.
- 14 Q. And the department in which that was located, was the
   15 Department for International Trade, was it not?
   16 A. It was.
- 17 Q. How long did Project Defend last for, and what were
   18 fundamentally its outcomes in terms of the changes that
   19 were made to the structures within government looking at
   20 supply chains and supply chain resilience?
- 21 **A.** So Project Defend ran from April of 2020 until August, I believe, of 2021. It went through four stages of evolution, initially looking at a number of critical supply chains on a very fast trajectory to work out where the potential vulnerabilities existed in those

an ability to assess continuously and to use data to do
this, supply chain vulnerability to build expertise, and
then to support those government departments in their
work, their individual supply chains, and this is
essentially what the Global Supply Chains Directorate
was designed to do.

- 7 Q. And of the other recommendations or what came out of 8 Project Defend, in addition to the Global Supply Chains 9 Directorate, were an in-house team of analysts to 10 consider supply chain vulnerabilities, but also attempts 11 to reduce vulnerabilities in supply chains by 12 diversifying or attempting to diversify suppliers and 13 supplier location, and that there would be increased 14 global cooperation with other strategic partners around 15 the world; is that right?
- A. That is correct, and I mean, essentially, the 16 17 interventions that could be applied to supply chains 18 included diversification of supply, potential domestic 19 manufacturer, potential stockpiling or international 20 coordination, and those lenses, as we described them, 21 were applied differentially to each supply chain 22 depending on the nature of the supply chain involved, 23 and this did, indeed, overall, I think, increase, first 24 of all, very considerably our understanding of the 25 nature and the functioning of those supply chains, but

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1 critical national supply chains might be, and then the 2 kinds of actions that might be taken to mitigate some of 3 the risks that applied.

Q. May I pause you there. Just to be clear, Project Defend
 wasn't only about healthcare supply chains; it was
 a piece of work that looked at supply chains across the
 piece, but healthcare supply chains, the ones that we're
 considering, were certainly part of its work?

9 A. In those initial phases, yes, that's correct.

Q. What Project Defend arrived at was a central
 coordination point, a new institution within government
 that was initially called the Global Supply Chains
 Directorate. Could you help us, please, with what that

Directorate. Could you help us, please, with what that was and what it became?

15 A. I think it's important to say that DIT had 16 responsibility overall for the intelligence and for the 17 analysis, for triaging the systems across government, 18 but individual departments were responsible 19 throughout -- from the beginning and throughout the 20 process and that remains the case today, for the 21 management of the supply chains that fall within their 22 departmental competence. And so the directorate that 23 was created came from, essentially, an assessment that 24 Defend had done good work, it had identified a gap in

25 the way that government operated, in other words

it gave us the capacity, then, to remove risk from
supply chains, working with those government departments
in order to be able, then, to identify where the
pressures were and to use the interventions that I've
described.

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6 Q. One of the endpoint pieces of work of Project Defend and
7 the directorate that was set up, which incidentally was
8 renamed the Economic Security and Supply Chain
9 Resilience Directorate, was something called the
10 Critical Imports and Supply Chains Strategy.
11 Could we please bring it up. It's INQ000494249

11 Could we please bring it up. It's INQ000494249.

12 This is a document published by the UK Government in

January of 2024.
 Could we turn, please, to page 27.
 And in the "Spotlight" how in the middle of the

And in the "Spotlight" box in the middle of the page, about halfway down, it says: "Measures such as stockpiles and targeted by

"Measures such as stockpiles and targeted buffer stocks are specifically designed to mitigate a specific product shortage."

And this a spotlight on what the government is doing with supplier coordination on health supply chains.

This is one measure, and then it continues down in the paragraphs below to refer to:

"In particular, the NHS [implementing] multiple supplier framework agreements to improve security of

supply and to manage demand spikes or individual supplier challenges."

Now Mr Mitchell, Professor Manners-Bell, who has just given evidence, has considered this document and this is what he says about it, and I wonder if, after I've read it out to you, whether you could provide me with your answer. This is his report at paragraph 250. He says this, that:

"... the UK Government's prioritisation of making PPE and healthcare equipment supply chains more resilient remains unclear."

Looking at this document.

"In its report, 'Critical Imports and Supply Chains Strategy' published in 2024, the sector revealed only a cursory mention, and specific reference to China was absent saying only: ..."

And the passages I've just read out to you:

"... 'the NHS will implement multiple supplier framework agreements to improve security of supply ..." and so on.

He refers to:

"... the Scottish and Welsh Governments [who] both aspire to self-sufficiency in some types of PPE ... [but] there is no evidence of a strategy formulation process setting out how specific supply chain resilience

and the market with the highest risk associated with it in the way that this report assesses risk.

So it's difficult for me to say more than that, to be honest, but, as I say, I think this is broadly to be expected from a national supply chain strategy.

- Q. Would you expect such matters as diversification of supply, support for domestic manufacturing and investment in supply chain technology, insofar as it affects healthcare supply chains, to be matters which are taken up by the Department of Health and Social Care rather than this UK Government document?
- A. I mean, it was always the case through the Defend and
   the work then of the Global Supply Chains Directorate
   that the relationship was as between, for DIT, a central
   intelligence function supporting department and the
   responsibility for the supply chains themselves, which
   sat within the Department, so yes.

**MR SHARMA:** Mr Mitchell, thank you very much. I don't have any further questions.

My Lady, there are some Rule 10s.

21 LADY HALLETT: There are indeed.

Mr Weatherby. Mr Weatherby is sitting there.

Questions from MR WEATHERBY KC

24 MR WEATHERBY: Thank you very much.

Mr Mitchell, I am going to ask you just a few  will be achieved."

And so, from the beginning of Project Defend, at which the emphasis was on diversification of supply, partnering with allies, strategic reserves of critical goods, and expanding UK production,

Professor Manners-Bell has considered this and says it

Professor Manners-Bell has considered this and says it
 just doesn't go far enough. Could I have, please, your
 reflections on that.

A. In fact it's difficult for me to comment in any detail on this, since the report was published a year and 11 months after I had ceased any involvement in this work. In a way, I mean, I would say that this is broadly what I would anticipate and expect to see in a strategy that looked at supply chain resilience across the spectrum. In other words, this is a strategy for supply chain resilience for the national economy rather than a sector-specific supply chain strategy. That would be for the DHSC.

But I do -- I mean, two things -- first of all, recognise within this spotlight here the actions, the interventions, that Defend recommend. So you can see in the text here what's happening around domestic production, for example, and diversification of supply. Elsewhere in the report, I think it is also worth saying that China is recognised as a very significant market,

questions on behalf of the Covid Bereaved Families for Justice UK, two short topics about intermediaries.

So you describe in your statement -- and for the record -- we don't need to look at it, but for the record it's 13.17 -- that the intermediary market in the context of ventilators was "much riskier" than procuring directly from manufacturers.

And you state -- again, for the record, paragraph 4.10 -- that in respect of guidance on ventilator opportunities issued by the DHSC on 5 April 2020, and I quote:

"The guidance instructed officials conducting triage to 'be cautious' of new suppliers entering the market and claiming to have stock. This was due to an increase in middlemen offering stock on behalf of companies."

So my question: can you help us, very briefly, just what was the risk that you were referring to there in your statement, the risk from the intermediary market?

A. And this was principally the experience of the team inChina on the ground.

21 Q. I'm going to come to that, yes?

A. That, you know, they spend a bit of time essentially
 looking at what was available on the market, and had
 discovered that sources of supply were much, much more
 reliable when they went direct to the manufacturers.

		UK Covid-19
1	Q.	Yes.
2	A.	That the intermediaries were essentially sourcing,
3		because of the way that the market was working, because
4		there was very high demand and very low supply, lots of
5		new suppliers were stepping into the market, and the
6		experience was that the product supplied via
7		intermediaries was likely to be harder, frankly, to
8		verify from the perspective of (overspeaking)
9	Q.	Right. So issues of quality
10	A.	Yes.
11	Q.	fraud, non-delivery, those sorts of things?
12	A.	And the issue was, essentially, that because new
13		suppliers were coming on to the market, they were
14		essentially untested.
15	Q.	Yes. Was similar guidance which I've just read out,
16		to be cautious due to middlemen, was that also issued in
17		respect of PPE? Or don't you know?
18	A.	I'm sorry, I don't know the answer to that question.
19	Q.	Okay. I mean you state it again, paragraph 13.21 of
20		your statement that:
21		" the China team's preferred primary sourcing
22		strategy for PPE in China was to work with large
23		state-owned healthcare distributors (known as
24		state-owned enterprises, or SOEs)."
25		And that allowed for larger orders sourced from 73
1		your department about these high-risk problems?
2	A.	So we the point at which we, as GSSEP, so the Global
3		Strategic Sourcing and Engagement Project, started work
4		setting out very clear demand signals on behalf of
5		DHSC
6	Q.	Yes.
7	A.	then we issued a set of documents as part of that new

commercial process which included a statement of good standing, and opportunity risk assessment that allowed us then to work with the teams on the ground, to conduct the due diligence, it wasn't formal due diligence in the commercial sense but, nonetheless, gathering the data that allowed us then to make those assessments together with DHSC. But was the clear message going back to DHSC that the problem of high risk, small intermediaries, was something that needed to be considered carefully? A. I mean, I can only answer that in relation to the process which we put together, which was essentially that if a supplier failed to fill out a statement of good standing, for example, automatically, that lead would not be taken forward.

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23 Q. Yes, okay. Second point, and quickly, could we have up 24 INQ000493919. Just while that's going up, this is an 25 email that you produced at paragraph 4.48 of your

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multiple factories, and you described, 13.22, that the 1 2 China team's experience that:

"... most offers of PPE supply from small 3 4 intermediaries were high risk ..."

5 And so I'm sure you'd agree that the China team 6 would be well placed to express that view, and that's 7 the view that you would share?

8 Yes. I mean, they were looking -- I mean, that word "high risk", or the term "high risk" I think probably 9 10 has to be seen in the right context there, which is I interpret that risk to be both quality but also 11 questions of reliability of supply. 12

13 Q. Yes.

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A. So they're talking about going to the SOEs because the 14 15 SOEs are in a position to source supply when individual 16 factories also stopped supplying, so they had access to 17 a broader set of sources. So from the perspective of 18 managing risk, they're managing risk of supply, but also 19 risk on quality.

21 the UK Government generally had a very large number of 22 offers, and both Buy Cell and the VIP Lane that we've 23 heard about, had a lot of those offers from small 24 intermediaries which were necessarily more high risk as 25 we've discussed. Was anything done to communicate from

Q. So we have heard that the PPE Buy Cell, the DHSC, and

1 statement, and it's the end email of a thread from JACT 2 leaders. It's specifically from Frank Clifford, Head of 3 Operations, to Fred Perry. And it's headed "PPE -

"... approaching a Rubicon moment, perhaps we have even crossed it already. The PPE team is adding no

System broken", and it refers to:

value but at the same time are under increasing pressure.

> "They have been asked to stop forwarding items to DHSC escalation ...'

Then the second bullet point is the one I want to ask you about:

"Additionally, the frustration is growing at post ...'

Then the second sentence:

"We even have the ludicrous situation of a manufacturer being identified some time ago sending information into the .gov system and now being asked to undertake due diligence on a middleman who is offering items from that company."

So is what's being said there, is that instead of DHSC purchasing directly from the manufacturers to be identified by your team, that the DHSC was now indicating back to your team that it was considering purchasing the same products but from an intermediary

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1		who would sell at a marked-up price and at greater risk?	1		Organisations.
2	A.	I mean, it's difficult for me to say specifically with	2		Mr Mitchell, during a critical phase of the pandemic
3		relation to this example, but certainly, we were aware	3		response, there were significant concerns, were there
4		at the time that intermediaries were operating in the	4		not, about inclusivity of procurement practices,
5		market, and offering their supply to multiple sources,	5		particularly ensuring that PPE and other healthcare
6		but there were multiple intermediaries also leading back	6		products procured met the diverse needs of all
7		to the same sources of supply. So this was absolutely	7		healthcare workers, including those from minority ethnic
8		a feature of the market at the time.	8		groups and individuals with specific disabilities.
9	Q.	Yes, the question really was: was this a problem between	9		Now, let me come to my question. I've got two
10	۳.	your department and the DHSC in terms of that you'd	10		questions for you. The DHSC programme delivery board
11		identified this lead, yet they'd come back through	11		met on 12 June 2020, and that highlighted a strategic
12		asking you to do due diligence on a middleman? Was that	12		risk concerning the lack of inclusive product
			13		specifications.
13		part of the problem that's (overspeaking)			•
14	Α.	It's difficult as I say, it's difficult to say with	14		If we can just call up one document,
15		this particular example but, I mean, the more general	15		INQ000339236_0029, thank you.
16		problem, which the GSSEP process tried to resolve, was	16		Can you see that on your screen?
17		that the commercial process that we were following was	17	Α.	I can, thank you.
18		not in those initial stages sufficiently clear. So that	18	Q.	Can you go down to point 4, do you see that? It's
19		was the aim.	19		highlighted:
20		<b>WEATHERBY:</b> I won't take it any further. Thank you.	20		"Risks that we do not provide the inclusive product
21	LAD	DY HALLETT: Thank you, Mr Weatherby.	21		specification for all end user requirements, eg ethnic
22		Professor Thomas. He's over there.	22		minorities, [and] those [having] disability."
23		Questions from PROFESSOR THOMAS KC	23		If we go on to page 31, so that's two slides down,
24	PRO	OFESSOR THOMAS: Good afternoon, Mr Mitchell, I represent	24		so it's yes.
25		FEMHO, the Federation of Ethnic Minority Healthcare	25		We can see that you are there can you highlight,
		77			78
1		it's the fifth one down, "Andrew Mitchell". Yes, there	1		the responsibility, I get that. My question was, this
2		you go.	2		risk having been identified, particularly with ethnic
3		Now, so you were at this meeting. You were aware	3		minorities, my question was: what discussions or actions
4		that this risk having been identified at that time?	4		were taken to address this at the meeting? Not
5		That's correct, isn't it?	5		necessarily by you.
6	A.	Yes, I was at that meeting and I recognised that risk,	6	A.	I'm afraid I don't recall what actions were taken
7		yeah.	7		alleged that meeting on that topical. I'm sorry.
8	Q.	Yeah. So that brings me on to my second question, which	8	Q.	Could it be that none, it wasn't discussed, it was just
9		is this: so, Mr Mitchell, what specific discussions or	9		let through?
10		actions were taken to address this identified risk to	10	A.	I'm sorry, I don't recall what actions were taken on
11		ensure that procurement processes were aligned with the	11		that topic at this (overspeaking)
12		diverse needs of end users? Help us.	12	Q.	It's an important point, isn't it?
13	A.	So, I mean, I would simply say about this, first of all,	13		It's an important point yes.
14		that I mean, I entirely recognise that this is a very	14		OFESSOR THOMAS: Thank you, my Lady.
15		significant issue, and to your point, I was at that	15		DY HALLETT: Thank you, Professor Thomas.
16		meeting and heard that risk discussed. I'm afraid that	16	LAL	Thank you very much indeed, Mr Mitchell. Thank you
17		my responsibilities were principally in the	17		for your help in preparing statements and the like, and
18		international supply space rather than anything to do	18		thank you for coming here today. I hope we didn't bring
19		with the product specification. So once those	19	<b>T</b>	you over from Germany
20		specifications were made, they were passed to my	20		E WITNESS: Always a pleasure, my Lady.
21		department, and we were then sourcing those leads on	21	LA	DY HALLETT: I hope you can combine it with some other
22	_	behalf of the DHSC.	22		meeting in Whitehall or whatever, but thanks very much
23	Q.	Forgive me, Mr Mitchell, that wasn't my question.	23		for your help.

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I understand your answer, but my question was -- you had

been at the meeting, even though you say you didn't have

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24 **THE WITNESS:** Thanks very much indeed.

25 LADY HALLETT: Very well. Shall we break now, and I shall

1	return at 1.55.
2	(12.54 pm)
3	(The Short Adjournment)
4	(1.55 pm)
5	LADY HALLETT: Mr Sharma.
6	MR SHARMA: My Lady, the next witness is Simon Manley
7	MR SIMON MANLEY (sworn)
8	Questions from COUNSEL TO THE INQUIRY
9	MR SHARMA: Mr Manley, good afternoon.

You've provided one witness statement to the Inquiry in your own name and you've also adopted the witness statement of Sir Philip Barton, which you're able to speak to during the course of your evidence. Would you confirm that those statements are true to the best of your knowledge and belief?

16 A. They are indeed.

17 Q. Thank you. Mr Manley, to start, please, with your 18 biography, a little bit about yourself. You are 19 formerly the Director General of Covid-19 at the FCO, 20 a position which you held between March and September of 21 2020?

22 A. Correct.

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23 Q. And prior to that, you were the British ambassador to 24 Spain?

25 A. That's right.

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1 involvement in procurement only really came in in and 2 around -- and the first time I think we actually get 3 actively involved in this is around 14 March 2020.

4 Q. So the focus of the FCO prior to that date was about repatriating citizens to the United Kingdom?

5 6 A. So we'd established the taskforce the joint taskforce 7 with DFID, in February. I think to look at the broader 8 international implications of the emerging -- it was 9 still not yet a declared pandemic, so it was 10 anticipation of something that might be coming our way. 11 And then there was this consular response, as I say, in 12 Wuhan, a couple of cruise ships in Tenerife and 13 elsewhere, where you'd had outbreaks where we'd had to 14 repatriate British nationals and, in some cases, our own

16 Q. From in your perspective, as director general, when did 17 I come to your attention that this pandemic might affect 18 global supply chains and in particular supply chains

emanating in China?

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19 A. 20 So I became director general on 16 March 2020, so just 21 after the initial requests out of Number 10 to secure 22 ventilators. So pretty much my first day in the job was 23 dominated by this challenge. But throughout this early 24 period it is one of a series of challenges, and the 25 challenges of returning the British nationals to the UK

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1 Q. And you were also a non-resident ambassador to Andorra 2 between October 2013 and August of 2019?

3 A. That's exactly right, yes.

4 Q. And you've been in diplomatic service since 1990. You are currently the United Kingdom's permanent 5 6 representative to the World Trade Organisation and the 7 United Nations in addition to other international 8 organisations based in Geneva; is that correct?

9 A. That is indeed correct, yes.

10 Q. Mr Manley, can I start, please, with the FCO's role 11 prior to the pandemic in respect of procurement. Before 12 the pandemic hit in China and in the UK, did the FCO 13 have any prior role in pandemic procurement or any

14 anticipated role in pandemic procurement?

15 A. In pandemic procurement, not really, no. I mean, 16 obviously we'd had some preparations for a series of 17 eventualities around pandemics but not really for taking 18 on a role in procurement.

19 When the pandemic struck in China and in the UK, was 20 there any guidance or playbook which the FCO officials 21 could rely upon to respond to the emergency?

22 A. So, if I may say, I mean, our initial involvement was 23 very much a consular involvement and it was in the 24 initial outbreak in Wuhan and then in subsequent

25 outbreaks in hotels in Tenerife and elsewhere. So the

1 continues to be a big focus for our organisation in 2 those first few weeks and months.

3 Q. So to focus, please, on that initial request, did that 4 initial request emanate from Number 10? 5 In 14 March 2020, Number 10 sought the assistance of the

6 FCO to try to procure ventilators directly from China?

7 A. That's correct, yes. So I think we had been led to 8 believe, by a professor at Oxford that there was 9 a willingness on the part of a colleague of his in China 10 to help us secure those ventilators.

11 Q. And in relation to that request, what assistance did the 12 Department of Health and Social Care provide to the FCO?

13 A. So, I mean, on the specific request in respect of China, 14 that specific request didn't go that far. I mean, what 15 becomes quite clear pretty immediately is that we have 16 a bigger problem on our hands, and that there is 17 a requirement to secure several thousand ventilators 18 within the space of a month or so. 19

And so where we -- you know, we go to DHSC essentially to understand precisely what it is we're looking for. You know, none of us are experts in ventilators. And so it is to acquire the sort of spec that our post should be looking out for, and you'll see from the material --

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25 Q. Forgive me, is that a request that was made by the FCO

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1 or the Department of Health and Social Care, or did they 2 offer their assistance to you? 3 A. I can't really remember what was the sequence, but we 4 wrote out to -- I mean, originally to our post in China 5 but then subsequently to a number of other posts in the 6 network for help in trying to identify potential 7 suppliers of ventilators. And obviously what our posts 8 required was a sense of what was the specification of 9 the ventilators that we were looking to acquire. 10 Q. In terms of the expertise available in-country, 11 focusing, please, on China, what sort of expertise was 12 available to the FCO and therefore to the UK Government, 13 by virtue of the FCO's officials in-country? A. So what we had in China at the time -- and it's --14 15 I suppose it's just worth, if I may, just giving a bit 16 of context. I mean, the pandemic had obviously -- China

had been the first place that the pandemic hit, and

therefore, in response to the pandemic we'd already had

20 Q. Please -- slow down, please.

21 A. Sorry.

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22 Q. It's all right.

23 A. Forgive me. We had already had to close two of our 24 consulates in China. We were left with two other 25 consulates outside of Beijing plus the embassy, so we

1 locations.

2 Q. So just to break that down a little bit, so in China, 3 two types of experts, if I may call them that --

4 A. Correct.

5 Q. -- some who are experts in the countries?

6 A. Correct.

7 **Q.** And others who have built up some expertise in relation 8 to trade and investment and commercial matters?

9 A. Yes, and obviously, I mean, there's an overlap. So many 10 of those who had been working on life science issues 11 within our trade and investment team obviously also had 12 a knowledge of China itself, language expertise, or 13 whatever.

14 Q. Of course. You refer there to border closures --

15 A. Yes.

Q. -- that had taken place. What effect did that have on 16 17 the people who were in-country and unable to be 18 supplemented by others flying from the UK. Was that 19 simply an impossibility?

20 A. It was effectively an impossibility. So we had to work 21 with the -- in terms of the people on the ground, and as 22 I said, they were supplemented throughout by those who 23 would have normally been posted to China but who we'd 24 drawn down, as we'd say, in the weeks previous, but we 25 couldn't send in additional people for some time. And

had -- still had Chongqing and Shanghai, plus the embassy in Beijing.

What we had across that network was a cross-government operation. So we had staff working for various bits of the British government. And in particular what we had were two bits of expertise.

And that was the staff who we had working on trade and investment matters, drawn primarily from DIT, as then was, who had a knowledge, particularly of those whom had been working on the life science sector, they had an awareness of the Chinese market, of the sort of companies who might be out there. And then more broadly, of course, what we had were people who knew China pretty well, who had the language expertise, who had an understanding of the relationship between firms and the state, which enabled us to sort of navigate the terrain.

And I think it's important to remember that we had what we had because at that stage you couldn't send additional people into China because of the pandemic restrictions, and indeed, we'd had to remove quite a number of our staff and a lot of dependants over the course of the previous two months. So many of the people who would normally be working in China were still working on Chinese matters but working from secondary

also you have to remember as in many parts of the world, including, of course, in the UK, these were people who were obviously often having to work from home because they were under lockdown.

So the pure logistics of working were quite hard.

6 Q. You, of course, were based in the United Kingdom, were 7 you not?

8 A. Yeah, I was indeed, yes.

Q. And in relation to the contact between the team based in 9 China and the United Kingdom, did that come through the 10 FCO in London or was that directly with the Department 11 12 of Health and Social Care?

13 **A.** So I think there were different types of contacts. 14

I was in frequent contact with our ambassador there to get her sight of the overall state of affairs. We had, unusually, direct contacts between the network of -- the China Network, who were busily trying to help DHSC procure goods and DHSC, and we also had our team which became -- initially known as ACT, JACT, and then GSSEP, who were this interface, if you like, between our global

21 network and our team in London -- (overspeaking) --22 Q. Thank you, Mr Manley. We've heard about as ACT, JACT, 23 and so on, just earlier this afternoon.

> Can I move on, please, from ventilators, which was the initial procurement request, to the matter of PPE

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1 and China Buy. Could you talk us through, please, the 2 evolution of the team, moving from procurement and

3 seeking out ventilators, to seeking out PPE?

- A. So, as you say, Mr Sharma, you know, the original -- the 4 5 initial challenge was ventilators. But actually quite 6 quickly -- I mean, at the time this seemed like a period 7 of months but, of course, this was days and at most
- 8 weeks -- it became clear that the NHS was going to 9 require vast quantities of protective equipment. And
- 10 indeed, as we had been out in the Chinese marketplace we
- 11 had been conscious of the opportunities that already
- 12 existed for PPE, and indeed, you know, by sort of a week
- 13 or so after coming into the job we were already asking
- 14 the network as a whole to get a sense of what the
- 15 sourcing opportunities are likely to be for PPE.
- 16 Q. When you're talking about the network as a whole, how 17 many people, just roughly, are you talking, in-country, 18 in China, doing this sort of work for the FCO?
- 19 A. So in the case of China, which is probably the best 20 documented, if I can put it like that, I mean, at peak 21 we have about anywhere between 170 and 200 people
- 22 working on these issues in China, on a shift basis.
- 23 **Q.** And of those people, what is the divide between those 24 who, as you described earlier, are in-country experts, 25 or country experts, and then those with commercial
- 1 understanding of the changing requirements for PPE as 2 we've understood better the likely path of the pandemic 3
- 4 Q. What sort of work, those officials based again, focusing 5 in on China --
- 6 Α. Yes
- 7 Q. -- what sort of work were they doing with respect to 8 specifications and letters of intent and contracts, 9 focusing in, please, on the very earliest stages of the 10 pandemic?
- 11 A. So in the very earliest stages, where they can, they're 12 trying to visit their production centres, the factories, 13 if that's possible, they're trying to get clarity on the 14 precise spec of the goods being produced in China and 15 then checking that with DHSC to see whether this is 16 indeed what we require. So it's an iterative process, 17 and one at which we're obviously trying to move at pace 18 because of both the clear scale of the requirement from 19 the UK, but also the intense nature of the competition 20 on the ground.
- 21 Q. And you refer to visiting factories or manufacturers or 22 suppliers. Of course, there were some restrictions on 23 movement, and so what effect did that have on the way in 24 which the team, in-country in China, could view and 25 certify and check whether the manufacturers were going

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expertise? 1

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- A. I wouldn't know the precise distinction between the two.
- 3 The work that was being conducted by the FCO officials 4 in-country in China, could you help us, please, with how
- 5 they went about sourcing PPE? Who were they
- 6 approaching? Who were they seeking out contacts for?
- 7 So, I mean, in the initial phase that we are -- they are 8 trying to understand what the landscape looks like. Who
- 9 are the companies out there? Who might be able to
- 10 provide at this sort of scale? It is, as you've heard
- 11 elsewhere, including from the professor this morning, 12 it's a very cutthroat market by this stage. There are
- 13 obviously a number of other governments and
- 14 organisations trying to secure PPE. So they are trying
- 15 to identify what the possibilities are and then
- 16 reporting back on those possibilities to DHSC.
- 17 Q. I'm sorry -- who are they reporting back to?
- 18 To DHSC, essentially.
- 19 And in terms of the reporting back to DHSC, presumably
- 20 there's this ongoing dialogue between the officials on 21 the ground in China and DHSC. Are DHSC providing the
- 22 specifications and the type of kit that they require,
- 23 and is the China team responding to that?
- 24 A. Yes, that's essentially the process. So DHSC had that 25 expertise and, of course, they had the best

- 1 to be able to provide the kind of equipment which was 2 needed in the UK?
- 3 So when they couldn't visit in person they were trying
- 4 to find other ways of getting that certainty, whether it 5 was through, kind of, video footage or other means. But
- 6 they were very conscious that they -- that we needed to
- 7 be absolutely sure of the goods that were coming to us,
- 8 and that the facilities or the firms with which we were
- 9 dealing were ones that were going to be able to produce
- 10 these goods of the right quality in the right timeframe
- 11 at the right price.
- 12 Q. In terms of the split between the leadership of those
- 13 teams, obviously there's the Department of Health and
- 14 Social Care based in the United Kingdom and then the
- 15 FCO, who is effectively working on the front line. What
- 16 was the split in terms of leadership? Were the FCO able
- 17 to take a lead in terms of sourcing and then signing
- 18 contracts or did it always have to wait for DHSC to make
- 19 a decision?
- 20 A. So, I mean, I would like to say that the China operation 21 was very much a joined-up cross-government operation.
- 22 So the team, this 170 to 200-odd people at peak, were
- 23 drawn from across the embassy and then the two remaining
- 24 consulates, so they're people from across the
- 25 government, it has a large DIT component. It's

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- 1 headed -- the Head of Mission is obviously Foreign 2 Office, but it's very much a cross-government team --3 sorry, I've forgotten the original question. Apologies. 4 Q. Who was taking the lead in relation to signing contracts 5 and making sure that equipment was being procured? Was 6 it still the Department of Health and Social Care or was 7 that something which the FCO was doing for itself? 8 A. So there are a number of contracts in the very early 9 phase which are signed by that China team on the ground, 10 but quite quickly, we tried to get ourselves into a position where those contracts are being formally 11 12 signed off by DHSC. But it's always kind of part of a 13 conversation between the team on the ground and the DHSC 14 as to whether we're providing the right material.
- 15 Q. So it was possible, as it was at the very early stages
   16 of the pandemic, for those who are based in-country at
   17 the FCO in China to source and secure and sign contracts
   18 for items such as PPE?
- 19 **A.** That was the case with a proportion in the early phase,20 yes.
- 21 **Q.** We don't need to turn it up but on 18 April 2020 the
  22 First Secretary of State Dominic Raab made a proposal
  23 which was that the FCO ought to be able to continue to
  24 purchase PPE directly in-country, not requiring it, the
  25 contract to come back to the Department of Health and

and we -- I think we concluded that having the contracts being signed off by the local Head of Mission wasn't, at that stage, going to make a material difference to that.

Q. Could we turn up, please, INQ000493785.

These are emails between the Department for International Trade employees about China procurement in some of the very earliest stages of the pandemic between 23 March and 26 March.

Could we go down, please, to an email on 23 March from Mr Duke. It begins "The single-most important ask"?

12 **A.** Mm-hm.

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Q. Two-thirds of the way down, please. Three paragraphs from the bottom:

"The single-most important ask from our team in China is this: London should approve procurement immediately of everything the NHS will need in the coming weeks and months. Delay will mean we may not be able to secure stock. We understand the need to prioritise, but we must stop [and my emphasis] our current sequential approach."

Could you help us, please, with what you've described, which is, if I may say so, a sequential approach, some work being done in-country followed by some work being done by the Department of Health and

Social Care. Can you help us, please, with the reasons as to why that wasn't taken forward?

A. Because I think -- I mean, we looked at it very carefully and I think these -- all the way through, all the way through, we're questioning ourselves as to whether we've got the right methodologies in place. I mean, that explains the occasionally slightly bewildering acronym soup as we moved from ACT to JACT to GSSEP, or whatever, because we're constantly saying to ourselves: is this the best way of doing things? And so when the Secretary of State asked us to have a look at this, we had another look at this. We came to the conclusion that at least at that stage that wasn't going to materially change our performance because this is now several weeks into this process, and what is important is the, throughout, is the precision of the demand signal, which I think Andrew Mitchell referred to this morning, and the pace of the decisions. Not because pace in and of itself is important, but it's important in this particular context where one of the risks that we faced was of us finding the right material at the right place, and at the right price, but finding that we had been outbid by somebody before we could sign off that contract.

So pace was important in that particular respect, 94

Social Care, to what was required at the very earliest stages of the pandemic?

3 So I'm not sure I would necessarily, if I may say, 4 describe that as an entirely sequential process because 5 there's a constant process of engagement and interaction 6 between the China Network and DHSC. As I said, you 7 can -- I can understand the frustration of those, if you 8 like, on the front line in China who were out there trying to find this PPE, often doing so, and wanted 9 10 a quick answer because they feared, as I said, that as 11 in this case, that we would turn up two days later to 12 discover that somebody else had come in in the interim 13 and had purchased those goods instead of us.

14 Q. I'm sorry, Mr Manley, could I ask you, please, to justslow a touch.

16 **A.** I'm sorry.

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So people were frustrated, I think, that they would on some occasions find items, would report that back, and by the time that we'd got an answer as to whether this indeed was a contract with which we wished to proceed, that somebody else had come in and purchased it.

On the other hand, I also understand quite how difficult it was to have a clear projection several months out of what our needs might be over the course of 96

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the year. So there was an understandable tension there, but, you know, throughout, we are trying to speed up the process but at the same time we have to have due respect for ensuring that we've got the right items at the right price and that we can be confident about the supplier. So it's a constant tension throughout this process.

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Q. Could we please bring up that email again, INQ000493785, just to see what the consequences can be in the event that speed is not prioritised.

If we go to the second paragraph from the bottom:

"This a practical example of what happens if speed is not prioritised again in the very earliest stages of the pandemic. To give just one example, last Thursday we informed the Department of Health and Social Care we were already to procure tens of billions of [Covid-19] test kits. Today we still haven't received the green light to place orders, and over the weekend the United States bought all of the stock of [Covid-19] testing kits in China."

And if we can go down, please, to the following paragraph, this observation:

"We have been consistently behind the curve but we need to get ahead of it. The China Network is ready to respond (we have dozens of people working on healthcare procurement, with more on standby). The DIT is leading

Could we display, please, down to bullet point page 1, paragraph 4.

This, again, is an indication of the coordination that was required between the FCO, the Department for International Trade and the Department of Health and Social Care.

And if we can go down, please, to page 6.

I won't take you through every single element of this because we've considered it in a little detail with Mr Marron, but the process through which offers had to be coordinated between the FCO, in-country in China, and the Department of Health and Social Care in the United Kingdom, combined with such things as time differences, communication issues and suchlike, would that not have slowed the process of procurement of PPE at the early stages of the pandemic and even into these later stages in April?

A. Look, I mean, we were trying to run this process as quickly as we could, along with colleagues in DHSC. I think what, in some ways, if I may say, what this annex also shows you is us trying to be very clear with our teams who were working on this and the steps they had to go through, which were important steps, after all. Important steps like due diligence, and the rest.

> As I say, it was a constant tension. I recognise 99

this work. The expertise and industry connections of the DIT teams in China is saving lives in the UK -- and we can do more. Please feel confident to strongly make the case in any meetings where the opportunity lies."

So, Mr Manley, what I'm suggesting to you is that if the FCO at the time were enabled to enter into and procure more kit on the ground, these sorts of events might not have happened?

9 A. I still think -- I think it was important for us to 10 ensure that we were procuring the goods in a way that 11 was consistent with the NHS's needs as they were being 12 relayed to us by DHSC, and whoever was doing that 13 procurement on the ground had to have that assurance at 14 the end of the day. But, look, I recognise that, like 15 I said, it was an extraordinarily competitive 16 environment and frustrating, therefore, for the teams 17 when contracts that they thought might be available to 18 us were lost. 19

Could we bring up, please, INQ000477701 to touch a little, please, on the China Buy process.

This is a letter from Tom Duke, who is the Senior Responsible Officer of the Covid-19 Procurement Taskforce, about procurement of PPE in China, towards a medium and long-term strategy. This is going forward a little bit in the chronology to 23 April 2020.

1 that.

2 Q. Could we go back, please, to page 1 of that document. 3 I'd like to ask you some questions, please, about the 4 China Buy sourcing strategy.

5 A. Yes.

6 Q. If we could turn to page 2. Thank you. Paragraph 5 at 7 the top. This sets out -- again, this is in April of 2020 -- that the primary sourcing strategy for PPE in 8 China was to work with large, state-owned healthcare 9 10 distributors.

It explains the reason why that is.

Would you be able to explain to the Inquiry please, given that the China Buy team was so close in proximity to large state-owned manufacturers as to why you understand it was considered that a New Buy team had to be set up to deal with offers that may very well have been coming from the same source?

A. Yes, I have less sight, I have to admit, of that bit of it. What I think you see here is -- perhaps coming back, if I may say, Mr Sharma, to where we started, as to what is the -- what is it that the PP -- who we did have deployed in China brought to this operation. And I think what you see in this strategy, which prioritises

24 state-owned enterprises, is that combination of sort of, 25

if you like, political insight into the way that state

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1		and business operate in China and a knowledge of the
2		sector itself. And that led them to this conclusion
3		about how we should focus our effort on the state-owned
4		enterprises as a means of, if you like, reducing our
5		vulnerabilities to securing contracts with companies who
6		would prove less able to deliver the goods produced in
7		the time and the quality
8	Q.	Did you or anyone else within the FCO raise the fact

- Q. Did you or anyone else within the FCO raise the fact 9 that the China Buy team was very close to a number of 10 large manufacturers in-country, and that perhaps one of the strategies which ought to have been deployed would 11 12 have been to focus attention on those factories, rather 13 than, as we've heard from other witnesses, 14 intermediaries who sit between those factories and the 15 PPE supply in the United Kingdom?
- 16 A. Yes, well, I think -- I mean, as Andrew Mitchell was 17 explaining this morning, I think, you know, there 18 were -- I think we were aware that intermediaries were 19 not necessarily a particularly helpful avenue down which 20 to go, because in many cases, it turned out that you 21 were dealing with somebody who was in turn dealing with 22 the very company that we were already dealing with. So 23 that it kind of -- that those --
- 24 Sorry, just to break that down, what you're saying is Q. 25 that it's quite possible that there would be a contract

1 to 3 -- forgive me, there it is at the 2 second-from-the-bottom bullet point: 3 "It is [in]valuable to have a joint coordination 4 function ..." 5

With reference to the JACT.

6 And then:

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"This may also have helped to mitigate self-gazumping in the context of procurement not recommended, or even known about, by the China Network."

So there was that risk. This document is setting out the potential risks of being gazumped, of the UK DHSC team being gazumped or vice versa by the China Buy team based in China.

Could you help us, please, with what steps were put in place to stop or limit the risk of that having happened.

17 A. So, I mean, I may -- I'm not sure about the 18 particular context of the assertion here, but it is 19 certainly true to say that we were concerned at various 20 points in this early period by the fact that we -- our 21 sort of China Network purchasing team -- were not the 22 only UK entity seeking to purchase PPE in China. So 23 that there were cases of other UK entities, whether they 24 be devolved administrations or NHS trusts or others, who 25 were seeking to procure. And with a risk that you

with one of those large manufacturers in China, with which the UK Government has a contract to supply PPE, and then, in addition to that, the government may be contracting with intermediaries whose ultimate supplier is the same manufacturer?

6 A. That would indeed be a possibility. And it's also 7 something, to be honest, that happened to us outside of 8 the UK. So I think, if I remember rightly, I think --9 I may get -- I think it was the case in Malta, where 10 again, you know, we had a -- we identified a company 11 who showed that they would be kind of willing to sell 12 their PPE to us, and then when we kind of looked further 13 we realised that, actually, their goods were being 14 produced in China. So there was a risk that we were 15 going to go all the way round again to end up with 16 similar goods but we'd have been better off going to the 17 original supplier. 18

But, you know, at the same time we were very -- we wanted to ensure that we weren't neglecting a potential opportunity, as well. So it was -- again, there's a tension there.

22 Q. Could we have a look, please, at INQ000494034.

> A document about this potential issue of gazumping, one contractor gazumping another contractor in China.

And if we turn to page 2, perhaps over the page 102

indeed did end up, sort of, if you like, gazumping yourself or at least competing against other UK entities.

And I think you'll know that at, I think it's around, 16 April or so when the Permanent Secretary at DHSC writes, for example, to the devolved administrations to stress the point that we're going to be trying to insist upon a kind of all-UK procurement policy.

10 Q. Forgive me, Mr Manley, it's my fault. This document 11 I should have introduced to you.

12 **A**. Sorry.

13 Q. What it is, it's a paper produced by the Department for 14 International Trade, it's produced on 1 June 2020, and 15 it's headed that there are lessons learnt for the London 16 procurement team.

17 Yes. Α.

18 Q. And that of one of the risks which is identified is that 19 risk of self-gazumping and of intermediaries. And so 20 the question I had for you was as to whether, to the 21 best of your knowledge, there was a system or a process 22

in place, either in China or in the UK or within DHSC,

23 to make sure that the United Kingdom wasn't effectively 24 competing with itself?

25 **A**. So we recognised that there was a bit of a problem, and 104

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actually I think DHSC, certainly in respect of the devolved administrations, took action to try to ensure that we were not competing against ourselves. But it had been a problem at the very early stages. I think we'd be the first to admit that.

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And that, if I may say, was, you know, one of the -- I think Andrew Mitchell this morning kind of focused on the role of the JACT as a sort of transmission point, if you like, between the demand signal and the supply signal, if I can put it in those terms, but there was also a point about the JACT, and indeed GSSEP later on, being a sort of single point of information for all of us within the system, including our ministers, as to where we were in the procurement process. And I think that was one of the things we were trying to sort through.

- Q. Could I turn, please, to some of the lessons that were
  learned by the FCO as a result of the China Buy
  procurement process. So, setting aside what the
  Department for International Trade had considered the
  lessons that were learned, what reflections did the FCO
  have about the operation of the China Buy team and the
  procurement of PPE?
- A. So I think -- well, two things. I think we thought they
   did a tremendous job, first of all. They did
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this. Partly for the lessons, partly of course because needs change. And we moved from ventilators to PPE, and then we realised that the sort of volumes of PPE that we were going to need to continue to procure were such that we needed a slightly different model, and it's one that is more kind of UK or London-based than the one that we'd started with. And also because you've been running what's effectively a crisis operation, drawing on staff who are not, you know, fundamentally versed in procurement matters or even healthcare matters, and taking them away from other jobs, and you're having to try to get yourself back onto a more sustainable footing.

So there's a process of near constant evolution through the course of those first few months, and then a sort of -- and lessons are being learned all the time, some of which are immediate and they're being put into practice in changes to the way that we are doing things on the ground and some of which are longer term.

- 20 Q. Pause for a moment, please.
- 21 LADY HALLETT: If I could just ask a question.
- 22 MR SHARMA: Yes.
- LADY HALLETT: Going back to Mr Sharma's question and the
   lesson learned, I understand that you accept the
   proposition that there may have been a lack of training
- 25 proposition that there may have been a lack of training 107

a tremendous job in the most difficult of circumstances, as so many other people did in response to the pandemic. It's a cutthroat competition, the pace at which they were having to work, the pressure which they felt, as we all did, to secure, first, ventilators and then PPE at pace for our colleagues back on the front line in the NHS.

- Q. Forgive me, in the witness statement of Sir Philip
   Barton, he describes that a number of the issues arise
   from staff training and a lack of expertise on the front
   line in China. Is that a sentiment that you agree with?
- 12 Yes, I do. So we drew a number of lessons from it, Α. 13 which we have put into practice, or tried to put into 14 practice, which include the training that's available to 15 people, the procurement policies that we have in place. 16 But I just want to register that I think, you know, in 17 terms of the commitment that those officers showed, the 18 skill and dexterity they demonstrated in very difficult 19 conditions, they did a tremendous job. We were 20 constantly learning, constantly learning, constantly 21 trying to adapt our processes and procedures. And 22 I think you see that working through the -- you know, 23
- the three or four months of -- the first few months of
  the pandemic, as we shift the structures of the JACT and
  the China Network, we shift the way that we are doing

1 or expertise. I'm just wondering how you put that long 2 that you've learned -- or, sorry, how your former 3 colleagues put that lesson that's been learned into 4 practice to apply both to business as usual -- because 5 presumably your people in China are having to deal with 6 business as usual as well as a pandemic. How do you get 7 the right kind of expertise and training for your people 8 in China? As you say you couldn't send new people in 9 who were properly trained. So how does that work, in 10 practice now? Today?

A. My Lady, I think that's a very good question because 11 12 I don't think it would be practical to make every member 13 of the China Network a procurement specialist. So what 14 we are trying to do is to try to ensure that we've got 15 higher levels of basic knowledge across the system and 16 then we've got the procurement policies in place that 17 would enable them in such an eventuality. But it was, 18 as we all know, an extraordinary time in which each and 19 every day, every assumption that we might have made, was 20 being thrown up in the air and we were having to adapt 21 constantly to those changing demands.

22 LADY HALLETT: Sorry to interrupt, Mr Sharma.

23 MR SHARMA: Not at all, my Lady.

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One of the second lessons that Sir Philip Barton places in his witness statement on behalf of the FCO is 108

		UK
1		that there was an absence of clear lines of
2		responsibility between the FCO, the Department for
3		International Trade, and the Department of Health and
4		Social Care. Would you agree with that?
5	A.	I would have, yes. But what we I think again,
6		what we are trying to do in the course of the first few
7		weeks and months is to get ourselves to a more
8		sustainable footing and one in which there's a
9		through a kind of crisis period where we've got a demand
10		signal that's coming out of DHSC and that's being
11		implemented by joint teams, FCO and DIT teams, you know
12		we start, JACT starts as being primarily a FCO team,
13		becomes a joint FCDO FCO/DIT/DHSC team and then
14		modifies itself again and becomes a kind of DIT-led
15		GSSEP. So we're evolving constantly.
16	Q.	And this, Mr Manley, is one of your own, in fact your
17		principal reflection about the approach to the pandemic.
18		You say this:
19		" if the wider expertise within government,
20		including trade and investment expertise within [the
21		Department for International Trade], had been available
22		to the FCO at an earlier stage, effective procurement
23		processes might have been established sooner."
24	A.	Yes. We try and bring in this expertise as quickly as
25		we can. If you look at the initial dates, I mean this
		109
		and taken to the constant of the state of th
1 2		and, I think, if we were doing it all again, it's easy
		to do with hindsight, and we'd have been quicker at it,
3 4		and I hope we'd be quicker at it again, if we were to be faced with similar circumstances.
-	MD	
5 6	IVIT	<b>SHARMA:</b> Thank you, Mr Manley, I don't have any further questions.
7	ΙΔΙ	DY HALLETT: I think there are some questions from
8		Ms Mitchell. No? Oh no, that's for Mr Gove, sorry.
9		I don't think there are any questions for you,
10		Mr Manley.
11	MR	SHARMA: I don't believe there are.
12		DY HALLETT: Very well. I'm terribly sorry about that.
13		I'm getting ahead of myself, Mr Manley.
14		Thank you very much, indeed, for your help. I hope
15		we haven't flown in another diplomat to help us today.
16		I was afraid we might have flown in Mr Mitchell
17		especially, but you can combine your visit, I hope, with
18		other special
19	Α.	Special (overspeaking)
20		DY HALLETT: Thank you very much indeed.
-		, , , , , , , , , , , , , , , , , , ,

THE WITNESS: Thank you very much.

if you're happy?

Thank you, Mr Sharma.

MR WALD: Yes, my Lady, very happy.

LADY HALLETT: I think we might as well continue, Mr Wald,

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Inquir	y	10 March 2025
1		is those initial messages that we're sending out on
2		around 20 March, days after the pandemic has been
3		declared, and when we're only, I think, realising quite
4		what is happening to global supply chains as well. We
5		then try and one of the lessons that we quickly learn
6		from the JACT is that need to have more DIT staff and
7		expertise in this, and that's what happens kind of
8		within about a week.
9	Q.	One of the ways of solving the problem of expertise is,
10	α.	of course, by training.
11	Α.	Mm-hm.
12	Q.	
13	Œ.	expertise which is available within the United Kingdom
14		and within the FCO. In the event of a pandemic at some
15		point in the future, what do you think the right balance
16		is, the right mix between increasing training on the
17		ground for officials and making sure that there's
18		coordination? Or do you think it's not an either/or
19		question?
20	Α.	'
21	Λ.	I do think a lot of it is about coordination, and we
22		were hamstrung by the inability to bring in expertise
23		from the UK into the China Network because of the
24		pandemic restrictions. But as those days and weeks go
25		on, we're trying to make the best use of that expertise
23		110
1		My Lady, our next witness this afternoon is
2		Mr Michael Gove.
3	LA	DY HALLETT: Thank you.
4		MR MICHAEL GOVE (sworn)
5	LA	DY HALLETT: Mr Gove, I hope we haven't kept you waiting
6		for too long and that you were warned.
7	TH	E WITNESS: No, not at all. No, thank you very much,
8		my Lady. Not at all.
9	(	Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 5
10		WALD: Please state your full name for the Inquiry .
11	A.	Michael Andrew Gove.
12	Q.	Thank you, Mr Gove, and thank you for supplying to the
13		Inquiry a witness statement. It's Inquiry document
14		INQ000563560. It's signed at the end.
15		Could you confirm, please, for the Inquiry that it's
16		true to the best of your knowledge and belief?
17	A.	Yes.
18	Q.	Thank you very much indeed. Mr Gove, by way of brief

19 background, you are the former MP for Surrey Heath; is 20 that right?

21 A. Yes.

22  $\textbf{Q.} \quad \text{You've held numerous senior roles, including ministerial} \\$ 23 ones within the Conservative Party, but for the period 24 of relevance to this module, you were the Chancellor of 25 the Duchy of Lancaster between January 2020 and 112

- 1 September 2021; is that correct?
- 2 **A.** Yes.
- 3 Q. And you were the Minister for the Cabinet Office from
- 4 mid-February 2020?
- 5 A. Yes.
- 6 Q. Thank you. And you are now the editor of The Spectator,
- 7 you've been so since October 2024?
- 8 A. Yes.
- 9 Q. Thank you, Mr Gove. Moving on then, please, to your
- 10 role in pandemic procurement which is obviously the
- 11 subject of this module. You've told us in your witness
- 12 evidence that that role was relatively limited and led
- 13 by DHSC; is that right?
- 14 A. Yes.
- 15 Q. Throughout the period that is relevant to this module,
- 16 your fellow minister there was Mr Matt Hancock from whom
- 17 we'll be hearing in due course.
- 18 A. Yes.
- 19  $\,$  Q. We know from your evidence also, Mr Gove, that you
- 20 attended a range of important decision-making fora,
- 21 sometimes attending, sometimes chairing, including COBR,
- 22 the General Public Service Ministerial Implementation
- 23 Group, HMIG, Cabinet, Covid-O and meetings with devolved
- 24 administrations. Yes?
- 25 A. Yes.

- 1 LADY HALLETT: I think we'd better give Mr Gove the chance
- 2 to see if he wants -- can you summarise
- 3 your -- (overspeaking) --
- 4 A. Yes.
- 5 LADY HALLETT: -- Mr Gove?
- 6 A. So Professor Sanchez-Graells is both an academic and
- 7 a lawyer, and in his work he exhibits the weaknesses of
- 8 both of those otherwise admirable professions. He
- 9 outlines an adherence to EU legacy law, which seems to
- 10 me to be almost theological in its -- how can I put
- 11 this -- finickiness and it is also the case that he
- 12 seems profoundly to underestimate the degree of pressure
- 13 under which this and other governments were placed at
- 14 the beginning of the pandemic. So while I am a huge
- 15 admirer both of academics and of lawyers, all
- 16 professions have their flaws, and
- 17 Professor Sanchez-Graells exhibits both of those flaws
- 18 in his report
- 19 Q. All right, Mr Gove, I don't think there's any dispute
- 20 that you and others -- we've heard from some of them
- 21 last week -- were under terrific pressure during this
- period. The simple point, and it's a point relevant to
- 23 one of the High Court judgments, of which you may be

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- aware, that even during emergency procurement, it is
- 25 necessary, it is essential, to maintain principles of

- 1 Q. You tell us very candidly, if I may say so, that you
- 2 have no extensive knowledge of public procurement law.
- 3 That's the position, isn't it?
- 4 A. Yes.
- 5 Q. But you are nonetheless, Mr Gove, familiar with the
- 6 importance with the ensuring that fairness and
- 7 transparency is achieved through that process at all
- 8 times?
- 9 A. Yes, consistent with other priorities.
- 10 Q. Yes, I don't know whether you've been able to tune in to
- 11 last week's evidence at all, have you, Mr Gove?
- 12 A. I've had the chance to read some of it.
- 13 Q. I don't know whether you have read, therefore, the
- 14 evidence of Professor Sanchez-Graells? You will, then,
- 15 recall a set of principles that govern procurement and
- his evidence that not just even in an emergency, but
- 17 especially in an emergency, fairness and transparency
- 18 are to be maintained.
- 19 A. I read his evidence, both here to the Inquiry, and also
- the report that he prepared. I think there are a number
- 21 of flaws in his analysis.
- 22 Q. Well, I'm not going to ask you to critique his analysis;
- 23 I'm asking you a very specific question about
- 24 transparency and fairness. Can we limit ourselves for
- 25 these purposes to that? Would you mind?

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- 1 transparency and fairness. In that particular case, or
- 2 cases, they related to equal treatment and the
- 3 publication of contract notices after the event.
- 4 A. Yes, and I take it you're referring to the case that
  - dealt with PestFix, Clandeboye and Ayanda?
- 6 Q. I am. They are both Good Law Project cases, they are
- 7 separate cases.
- 8 A. Mm.

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- 9 Q. One of them found unequal treatment as a result of the
- 10 High Priority Lane, to which we'll come in a few
- 11 moments, and the other found, as a result of notices not
- 12 having been published within the requisite time or at
- all, that requirement of transparency had not been met?
- 14 A. Yes, I have a very low opinion of the Good Law Project.
- 15 I believe that its title is an almost perfect oxymoron.
- The man who runs it is a politically motivated grifter.
- 17 Q. All right. Well, thank you for that, Mr Gove. It
- wasn't a question I was asking you, but you've said your piece.
- You do, by contrast, have an enormously high opinion of Lord Agnew, don't you?
- 22 **A.** Yes.
- 23  $\,$  **Q.** And you say so in your written evidence. You delegated
- 24 authority for issues pertaining to government commercial
- 25 activity to your junior minister, you say Lord Theodore

1		Agnew.	Did he report to you?
2	A.	Yes.	

3 Q. Yes. So you were provided with updates so far as his 4 involvement in public procurement was concerned?

5 Α. Yes, but there would be many decisions which Theodore

6 would take which, in the course of any given day,

7 I would not seek nor wish to micromanage.

8 Q. Do you have any sense of what proportion of his time was 9 devoted to the challenge of emergency procurement?

10 A significant amount but I would not be able to put Α. a percentage upon it. 11

12 Okay. Thank you for that. You say that he had Q. 13 a vitally important role within the Cabinet Office, you

14 describe him as a lynchpin. You use various other

15 adjectives describing him in heroic terms.

16 Α. Yes.

17 Q. And indeed, you describe him as a hero --

18 A. Yes.

19 Q. -- for his role in public procurement?

20 A. Absolutely.

21 Q. All right, thank you for that.

22 I want to move on to the subject of the Ventilator 23 Challenge. You tell us within your written evidence 24 that the procurement -- that you did not have any direct 25 decision-making authority or leadership, with the

1 And number 3, "I want you to purchase this or these 2 items from this source."

Which he described as "not okay".

Now, the third example would be direct decision making, would it not, whereas the first two, indirect?

6 A. 7 being awarded at the behest or request of a minister 8 which resulted in public money going to any contractor 9

10 Q. Sorry, you acknowledge that the third species, the third 11 subcategory that Sir Gareth postulated last week would 12

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15 decision-making authority or leadership with the 16 exception of the Ventilator Challenge --

17 A. Yes.

Q. -- where you did. Yes? 18

19 A. Yes.

20 Q. 21

22 **A**. Well, it may help the Inquiry to note that in the

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24 inability of the government to procure ventilators at

25

exception of the Ventilator Challenge.

2 A. Yes.

Q. I just want to ask you, in relation to the first clause 3 4 there, you distinguish, presumably, direct

5 decision-making authority or leadership and indirect

6 decision-making authority or leadership; is that fair? 7 A. I believe so but it depends how you develop this line of

8 questioning. 9 Q. Well, let's see how we get on. By "direct", that is 10 issuing an instruction?

11 Mm. A.

12 Q. A clear instruction. I don't know whether you followed 13 or read Mr Rhys Williams's evidence or Sir Gareth Rhys

14 Williams's evidence of last week?

A. I did. 15

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16 Q. You did. You may recall, therefore, in relation to 17 ministerial pressure, that he subdivided that category 18 into three subcategories.

19 There is a request from a minister for an update as 20 to how an offer that has made its way into the VIP Lane 21 is progressing. That's number 1. Which he said, fair 22

> Number 2, "You said you'd get back to me by X, and have not done so, why not?" He described that as annoying but fair.

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Yes, but I think that since the example of any contract

be direct intervention from a minister, if it existed?

13 Α. Yes.

14 Q. All right. You say that you had no direct

Because you had direct intervention, you had direct

involvement and intervention in that challenge?

Ventilator Challenge, which followed on from the

a time when they were considered to be a vital element 119

1 in the response to Covid, the Prime Minister asked the 2 Cabinet Office to lead an innovation partnership-type

3 arrangement, during which there were a number of

4 companies, some of them established medical suppliers, 5 one, at least, not, to see if it was possible, at pace,

6 to provide the NHS with the equipment that it was, at

7 the time, so desperately in need of. I believe that the

8 eventual outcome of that was a success and I believe

that Gareth Rhys Williams and Theodore Agnew deserve 9 10 enormous credit for it.

11 Q. All right. Well, we heard evidence about the Ventilator 12 Challenge, as you will know, last week, particularly

13 from Sir Gareth, but since some of that correspondence

14 included or was sent by you, it's important, and only 15 fair to you, that the Inquiry should hear directly from

16 you in relation to it. And that's what I want to move

17 to now, if I may.

18 A. Of course.

19 Q. Thank you.

20 Could we have, therefore, INQ000048399 up on 21 display.

22 As early as 20 March 2020, which was four days after 23 the Ventilator Challenge was announced, the

24 Prime Minister, in a WhatsApp messaging group -- which 25 I don't think included you?

- Α. No, it did not. 1 2 Q. -- was messaging about ventilators, and he said this: 3 "Dyson freaking." 4 Then we have: 5 "Action this day." 6 Mr Hancock says: 7 "I have also received the same. I will talk to 8 Dyson and Michael" -- which I presume is yourself. 9 A. Yes. 10 Q. "... and sort it." 11 Were you at this point informed that Sir James Dyson was freaking? 12 13 A. I was certainly informed, I don't know if it was 14 precisely at this point, I was certainly informed at 15 different points of the frustrations that 16 Sir James Dyson felt with the process of Dyson the 17 company's involvement in the Ventilator Challenge. 18 Was pressure being applied to you to include Dyson in Q. 19 the Ventilator Challenge, and to progress its design? 20 Pressure was being applied to me to ensure that we got
- 22 procurement of ventilators out of DHSC and into the 23 Cabinet Office for the Ventilator Challenge was 24 a reflection of the Prime Minister's judgment that DHSC 25 was doing an enormous amount under pressure, and that 1 as much direct involvement with any other potential

ventilator manufacturer as you did with Dyson?

ventilators to the front line, and the decision to take

3 A. No, not as much as with Dyson. 4 Q. All right. Thank you, that's what I wanted to be clear 5 about. 6 Clearly, as you've indicated in your answers this 7 afternoon, Sir James was very active in pushing to be 8 involved. We know that, don't we?

9 A. He wanted to save lives.

Q. He wanted to save lives. We know of this. Could we 10 11 have another document for which you are not responsible, 12 but in which you are mentioned, INQ000569777, page 11, which is a rather well-thumbed copy of Mr Hancock's 13 14 pandemic diaries.

15 A. Mm.

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Q. It's 25 March 2020: 16

> "Boris called Michael Gove and me in to talk ventilators. He wants Michael to pick it up, given all the procurement people are actually based in the Cabinet

"Our competition is proving a mixed blessing. Some participants are a little over-enthusiastic. James Dyson, the vacuum manufacturer, has been contacting numerous people in high places to ensure he has a prominent role. He's continually on the phone,

1 Sir Gareth, because he had some experience in this area, 2 could help us to secure those supplies. A number of 3 different companies were involved in that process, the 4 most high profile of which to those who would not have 5 been involved in the field of medical equipment, would 6 obviously have been Sir James.

7 Q. I note that save for that last part of your answer, you 8 have answered in general terms. We're going to turn on 9 to the detail in a moment but can I ask you directly: 10 did you have as much or more direct involvement in any 11 other potential ventilator manufacturer as you did with 12 Dyson?

13 A. I looked at all of the designs. I spent my time trying 14 to ensure that the process was happening as quickly as 15 possible. What I wanted to ensure was that all viable 16 designs were followed up. The difference between 17 Sir James and others is that he has not, or had not 18 primarily been involved in making medical equipment, but 19 what he was and is, is an entrepreneur, an inventor, and

20 designer of distinction who had been contacted by the 21 Prime Minister and who had indicated his willingness to 22 help at a time of national challenge.

23 Q. Mr Gove, it's not quite what I asked you. Can I take 24 you back to my question, please, and I think it's one 25 that permits for a "Yes" or "No" answer. Did you have 122

1 including to Boris, pushing to take part. He's an 2 amazing innovator and engineer and he's completely right 3 to turn to this -- after all, we put out the call -- but 4 it's becoming awkward."

Then further down:

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"Michael texted asking to talk urgently about what to do about Dyson. It's a fine line between enthusiasm and getting in the way."

All right, would you agree with that assessment? 9 10 Was it becoming awkward?

11 A. It was the case that Sir James was frustrated at what he 12 perceived to be bureaucratic slowness on the part of the 13 government machine. Part of my role was to challenge 14 the bureaucracy within the government machine at every 15 point, not just on behalf of Sir James but on behalf of 16 the National Health Service and those at the front line. 17 Sir James has a particularly energetic style of making 18 himself known. So do I.

19 You speak within your witness statement about the Q. 20 political pressure that Sir James is capable of 21 exerting. What do you mean by that, and did it come to

22 bear on you?

23 A. If it was the case that at any point someone who was 24 willing to help the front line had been fobbed off with 25 bureaucratic excuses, and if their kind efforts had not 124

- 1 been followed up energetically, that would have been
- 2 a political problem. But worse than that, it would have
- 3 been a failure to discharge my duty as a minister
- 4 seeking to help the front line.
- 5 Is that your assessment of the Dyson proposal: that
- 6 Sir James was fobbed off?
- 7 A. It was the case that he communicated to me and to others
- 8 frustration with the process. So I set out at different
- 9 points in order to see if aspects of the process that
- 10 might be conducted sequentially could be conducted in
- 11 parallel. I asked questions about whether or not space
- 12 in some of the testing facilities, which I believe were
- 13 in Birmingham, could be freed in order to ensure that
  - the process of advancing different prototypes could be
- 15 done.

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- At that time, my main aim was to ensure that we had the maximum number of potential ventilators from the
- 18 maximum number of suppliers, and I think it was noted in
- 19 the evidence that Sir James, because of his production
- 20 facilities, had his prototype got through testing, which
- 21 it didn't, would have been able to produce significant
- 22 numbers.
- 23 Q. Were you capable of forming a view as to whether --
- 24 which side of the line his proposals fell: enthusiasm
- 25 and getting in the way?

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- 1 Q. Yes.
- 2 A. So the reason why I pressed was to see if it was
- 3 possible to refine the design and, indeed, the design
- 4 was refined, and some but not all of the obstacles to
- 5 its implementation were addressed.
- 6 Q. Well, let's --
- 7 But throughout, we were very clear that no device should
- 8 be deployed on the front line unless it had secured
- 9 approval from the MHRA.
- Because of the fundamental importance of ensuring safety 10 Q.
- in a piece of apparatus such as a ventilator? 11
- 12 A. Correct.
- Q. Yes. All right, let's turn to some of the relevant 13
- 14 correspondence and test the degree to which it matches
- 15 up to the account which you now give.
  - Could we have INQ000496699.
- 17 It's an email dated 25 March 2020, from Sir Gareth
- 18 Rhys Williams to Sir John Manzoni: "Cdl" -- that's
- 19 yourself?
- 20 Α. Mm.

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- 21 Q. "... insistent [in capital letters] we place an order
- 22 with Dyson ... contingent on passing clinical and
- 23 passing MHRA approvals ... they are working at full
- 24 speed already ... but if that's what cdl wants ..."
- 25 All right.

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- I think that it's in the nature of government that every 1
  - single day, people who are enthusiastic, sometimes
- 3 always -- sometimes also get in the way. So it may be
- 4 the case that there are people who maintain an
- Aristotelian golden mean between enthusiasm and getting 5
- 6 in the way, but normally in the rough and tumble of
- 7 politics and government, sometimes the best people, the
- 8 most energetic people, can overreach, but you want to
- 9 have people who are capable of either asking difficult
- 10 questions or being demanding. That's the price of
- 11 progress.
- 12 Mr Gove, you relied, as all ministers must, on the Q.
- 13 advice of senior civil servants?
- 14 Α.
- 15 Q. And you heard, did you not, then and last week in
- 16 evidence, Sir Gareth Rhys Williams significant concerns
- 17 about the safety of the ventilator prototype being
- 18 proposed by Dyson?
- 19 A. Yes.
- 20 Q. Yes. Were you aware of those concerns both at the
- 21 time -- you presumably are aware that that was the
- 22 evidence given last week?
- 23 A. Yes, of course I was.
- 24 Q. Were you aware at the time?
- 25 A. Yes, of course I was.

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- 1 That's the first one. Before I put a question to
- 2 you, I'm going to bring up on screen the second one.
- 3 The same day, it's INQ000533247. The same day 4 Richard Hornby, the Chief Financial Officer at the
- 5 Cabinet Office -- with whom I'm sure you're familiar.
- 6 A. Mm.
- 7 Q. -- emailed cabinet colleagues to say:
- 8 "Please accept this as authorisation to raise
- a purchase order for £100,000 in favour of Dyson for 9
- 10 prototype ventilators. Gareth Rhys Williams has been
- instructed by the CDL to proceed at place. Description 11
- 12 and conditions will come from Gareth and Dan. Thanks and happy to discuss." 13
- 14 Then one more before I pose a question to you, if
- 15
- 16 It's INQ000497116. And this is a few days later ... 17
- yes, there it is. If we just scroll up, we'll see who 18 this comes from. It's from -- yes, it's from your
- office. 19 A.

Yes.

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- 21 Q. "Dear all" -- and there are a number of action points
- 22 there. Do you see one, two, three, four, five, down:
  - 23 "MHRA" -- that's the regulatory body responsible for 24 ensuring safety?
  - 25 **A.** Mm.

- Q. "And GRW" -- Sir Gareth Rhys Williams -- "to ensure by
   the end of Friday ..."
- 3 A. Mm.

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Q. And this is written on a Wednesday:

"... to ensure by the end of Friday the Dyson product has [first] been tested and [second], has been approved by MHRA."

Now, Mr Gove, given what you say about the importance of safety, given what you say that you regarded your role only as one of unblocking bureaucracy, how was it that you were able, on Wednesday, 25 March, to give a clear instruction that not only would the Dyson product have been tested three days later, but also approved by MHRA, by that time?

A. I could not tell the MHRA what to approve and would not.
 I think that this is Private Office shorthand for "We
 would hope that it had been tested, and if tested
 satisfactorily, approved by the MHRA to that timescale."

I was anxious to ensure at all points that if we could, that we had products that could save lives operating at the front line. But it's absurd to imagine that I, or any other minister, could instruct the MHRA, an independent regulatory agency, to approve a product. If I had told the MHRA to approve a product, they would

Note the word "circumvent", strong language for a regulatory body charged with ensuring the crucial safety of devices used to maintain life.

A. Completely. But what I was doing, and did throughout, was at every stage ask if there was any way in which this process could be accelerated. Why? Because I wished to see ventilators placed at the disposal of the NHS at a time when it was felt that we needed them and we needed them delivered at scale.

So whether or not Graeme Tunbridge was in any of the meetings -- I'm not sure that he was in many -- if he had been, or if others had been, they would have been able to tell you that I was asking a series of questions in order to ensure that the process was as efficient, effective and fast as possible.

But whenever confronted with brute facts, about safety or otherwise, I would always accept them. It's the role of ministers to challenge, and, indeed, one of the conclusions of an earlier module of the Inquiry was that ministers have to challenge the advice they are given.

Q. Mr Gove, you've said that in answer to previous
 questions, but it does seem from this email
 correspondence that what you were doing is stepping
 beyond that role and mandating a regulatory body to do

1 have told me where to get off.

Q. Well, Mr Gove, that's the reason that the question has
 been put to you. Let's see how others on this email
 string interpreted what it was that you were doing at

string interpreted what it was that you were doing at this point. Can we scroll up a little bit. Up to the

6 top.

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7 **A.** Mm.

8 Q. Yes, there it is. This is from Graeme Tunbridge from9 the MHRA itself.

10 A. Mm

11 **Q.** "The readout from CDL's Private Office and a response by

12 John Manzoni are below -- in short, you will see that

13 CDL was keen to press forward with Dyson's proposal to

14 a time scale that is totally unrealistic."

Well, that's one point.

16 A. Mm.

17 Q. That's going too fast, going faster than we are capable18 of achieving safely.

19 A. Yes.

20 Q. "... based in part on promises made by Dyson that are21 already not being fulfilled. In addition, however, CDL

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."

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neither what it could within a given timeframe, nor whatit might not end up doing, depending on the result of

3 its tracing?

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4 A. No, not true --

5 LADY HALLETT: I'm not that's -- forgive me, Mr Gove.

I'm not sure that's a fair way of putting it,

7 Mr Wald. The idea that a third party comes up with the 8 word "circumvent" does not mean that Mr Gove was trying 9 to circumvent. I think we need to be careful.

MR WALD: Mr Gove, you have given your evidence. You werenot seeking to circumvent the role of the MHRA?

12 A. No, and it's ludicrous to imagine that any minister13 could have done.

Just imagine the situation, if you will, that
a minister, Matt Hancock, I, Boris Johnson, says we want
to have a potentially lethal machine in hospitals
deliberately so that we can meet an arbitrary deadline.

18 It's inconceivable.

19 Q. All right, Mr Gove, let's just finish up on this string20 of correspondence.

21 Could we have INQ000534490. This a further --22 I just want you to have the opportunity to respond to 23 this, if you would.

24 This is Sir Gareth, 25 March:

25 "Suggestions what to?

1 "I do feel that CDL ..." Challenge -- thanks to his leadership more than 1 2 2 This is you. anyone's, and also Theodore Agnew's -- was able to 3 A. 3 produce products in weeks that would ordinarily have Mm. 4 4 Q. "... is being unreasonable -- even if he was correct taken months, if not years. 5 that we had delayed anything, which I don't believe he 5 The third thing to say is that at any given point, 6 is at all, this tone is ... regrettable. But see below. 6 the MHRA laboratory would have been -- the people there 7 It would appear that the Dyson sample is [just] not ... 7 would have been working flat out. I also believe the 8 ready to be shipped by them. MHRA could have been 8 people at Dyson were working flat out, but it might have 9 testing something else this evening. In the meanwhile 9 been the case that Dyson's ability to bring the improved 10 we are getting, of course, more test rigs for them so 10 product to the laboratory in time on this occasion was 11 that is no bottleneck." 11 found wanting. But I think in the greater scheme of 12 Now, there is a new point expressed in this email, 12 things, the loss of time, the opportunity, cost, would 13 which is the opportunity cost. 13 have been nugatory. 14 Α. 14 LADY HALLETT: Can I ask this, do you think this is fair, 15 Q. Which is the time, the effort, that is being devoted to 15 Mr Gove: that you put a great deal of pressure -- part 16 Dyson meant that that time, that effort, could not be 16 of your job, as you've said -- because you understood 17 devoted to other ventilator proposals of the type that 17 the Dyson prototype was viable when it wasn't? 18 you were describing earlier fell to be considered --18 Well, I think that's at the heart of it, my Lady. I, by 19 Α. 19 definition, am not an expert, the MHRA are, in deciding 20 Q. -- and that you would have considered. Is that a fair 20 whether or not a prototype is suitable for deployment. 21 21 point, Mr Gove? What I do have experience of is pushing 22 22 A. I don't believe that it is. So I think that the first bureaucracies, and sometimes I can be unreasonable and 23 thing to say is that there are always trade-offs in this 23 rebarbative in tone, and I apologise for that, but 24 24 process. The second thing to say is that, as Gareth I think that in this case what I was seeking to do was 25 Rhys Williams pointed out, in the end the Ventilator 25 to see if an opportunity existed to produce ventilators 1 from a source which, if they were viable, would have 1 of the process. Do you agree that such a need did 2 been capable of producing them at a scale and in 2 arise? 3 a number greater than any of the other arrivals. 3 A. No. I believe that I respected the integrity of the 4 MR WALD: My Lady, I note the time but I'm quite close to 4 process throughout. What I wanted to ensure was that it 5 was being implemented, appropriate processes, as concluding this topic. 5 6 LADY HALLETT: Carry on, please. 6 effectively as possible. 7 7 MR WALD: If you're content to carry on for a few moments. There's a distinction, I think, to be drawn between 8 LADY HALLETT: Of course. 8 the ability of an agency or regulator to determine 9 MR WALD: Could we have INQ000536361, please, brought up on 9 whether or not technical specifications have been met, 10 10 and also the speed and effectiveness with which the to the screen. Now, this concern from Sir Gareth led Sir John 11 11 bureaucracy overseeing that is operating. 12 12 Manzoni to intervene personally with the MHRA, and he Q. You mentioned that the Dyson proposal had the support of 13 has provided in his witness statement the following. He 13 the Prime Minister himself. 14 says: 14 A. Well, the original drive to secure additional 15 "I recall that I was concerned that, by virtue of 15 ventilators had come from the Prime Minister. He was 16 the meeting being called by CDL, indirect pressure was 16 the author of the Ventilator Challenge and therefore 17 being placed on the MHRA [indirect pressure] to approve 17 deserves credit for ensuring that we did actually secure 18 the supplier's design at the stage of selecting 18 additional ventilators faster than might otherwise have

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suppliers to progress in the Ventilator Challenge.

I felt I had to and did intervene in this meeting to

system, was properly applied and to protect the

integrity of the process."

ensure that the MHRA approval system, as the regulatory

Now, again, strong words. According to Sir John

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that effort. 1

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2 Q. But as far as you're aware -- well, we haven't found 3 documentation within the Inquiry that suggests that you 4 promoted or supported a particular proposal in the way 5 that you have done here; is that correct?

A. I was very interested in all of the proposals, but the critical thing about Sir James and Dyson is that they had the capacity, as I mentioned earlier, to produce at scale. Most of the other companies were smaller scale, though in the end, as I think Gareth Rhys Williams recorded in his evidence, Smiths and Penlon, in particular I think, really rose to the occasion. But I remember having detailed conversations at a very early stage in the process with Gareth and others in order to understand what was required of each of the potential consortia.

I think one of the consortia that McLaren were part of fell away relatively early on, I can't recall all of them, but I was just anxious to see that they all contributed. And I also felt, as I say, that given Sir James and his team had a record of deploying ingenious solutions to intractable problems, the fact that they were involved was an asset.

24 The final question on this topic, Mr Gove. Looking Q. 25 back, with the benefit of hindsight, it's always very

> communications from every potential seller to discriminating buyer with neither endorsement nor stigma."

Does that description that you offer at paragraph 92 apply to the Dyson example?

A. I think that at paragraph 92 I'm referring explicitly to PPE, and to the High Priority Lane. The Ventilator Challenge was a different exercise, as I've explained. And I think that the proof of its success rests in the evidence that we heard from Gareth Rhys Williams and others.

Of course, as the Inquiry knows, as our understanding of the virus evolved and our understanding of treatment of those who suffered from the virus evolved, the need for ventilation, an invasive procedure in any case, was superseded by other treatments.

But the line of questioning, the heuristic which is being applied, is that there was something somehow wrong about Sir James Dyson's involvement or the energetic championing of him.

In the end, as I say, Sir James lost money trying to help the NHS. Driving the machine hard in order to ensure that we had additional ventilators resulted in success. One of the problems governing debate outside this Inquiry on procurement is that individuals, like

1 helpful to have that benefit, any regrets? Do you have 2 any regrets in the way in which the Dyson matter was 3 handled or the proposal was handled?

4 A. No, I don't because I think it's right to acknowledge 5 that Sir James, having sought very hard to ensure that 6 he could provide a viable ventilator, in the end bore 7 the costs himself of the work that he had carried out at 8 risk. And he is a mean of means, but I think he, or his 9 company, bore costs of £20 million, the reason he was 10 acting as he was, was because he believed he wanted to 11 help the NHS. I think there's been a focus on Sir James 12 because it was erroneously suggested that he was a donor 13 to the Conservative Party, the BBC had to apologise when 14 it was pointed out that was not the case. Sir James 15 inevitably attracts attention and controversy because of 16 his support for Brexit, but I think that the overall 17 Ventilator Challenge, as I say, worked well and everyone 18 within it, particularly, as I say, Gareth Rhys Williams 19 and Theodore Agnew, deserve thanks and credit.

20 Q. Just arising out of that answer if I may, Mr Gove, you 21 say under the heading "Conflicts of interest" in your 22 evidence, paragraph 92, you say:

> "No pressure was or could be applied to award any individual or company a contract. I passed on every request I received in the manner of a postman delivering 138

Jolyon Maugham and others, have sought to suggest that 2 there was something somehow fishy, stinky or corrupt about this process. That is, as I say in my statement, 4 politically-motivated bilge.

5 LADY HALLETT: I think that's a moment to take a break. 6 Mr Wald.

You remember, Mr Gove, we take breaks for the stenographer, and I promise you, we will finish your evidence today and I shall return at 25 to.

10 (3.20 pm)

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(A short break) 11

12 (3.35 pm)

13 LADY HALLETT: Mr Wald.

14 MR WALD: Mr Gove, I want to turn now to the subject of the 15 VIP Lane, if I may. You make it very clear in your 16 evidence that you were not responsible for setting it 17 up, you had no hand in that, in fact you didn't even 18 know about it until some point afterwards.

19 Do you remember how long after it was set up that --20 A. I can't remember exactly, no. I think I was made aware 21 of it by media reporting.

22 **Q.** Yes, you say so in your statement.

23 A. Yeah, I think so, yes.

24 Q. Yes. You may have read or heard last week's witnesses. 25 None of them would favour a reinstatement of a VIP Lane 140

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- 1 or a High Priority Lane in the event of a future 2 pandemic which called for emergency procurement. 3 I assume that you would align yourself with those 4 witnesses, that you would not support or press for or 5 advocate for the reintroduction of the VIP Lane or the 6 High Priority Lane?
- 7 A. No, I don't believe so, and I think that as things -- as 8 one reflects on procurement, both the successes and the
- 9 failures, I think that the issue of the VIP or High 10 Priority Lane is a marginal one, but I wouldn't,
- 11 certainly, strive to reinstate such an arrangement in
- 12 any future pandemic preparedness.
- 13 Q.
- 14 A. But I do believe that the focus or attention that has 15 been directed towards the High Priority Lane as one of 16 our principal defects in our approach towards
- 17 procurement is disproportionate.
- Q. Okay, well, that's a fair observation. There's the 18 19 optics of it but then there's the actual functioning of 20 it. We touched upon the High Court challenges. The 21 VIP Lane was found to be unlawful on the grounds of
- 22 unequal treatment, so it's not purely a matter of
- 23 optics, is it, Mr Gove?
- 24 Α. Well, I've read Mrs Justice O'Farrell's judgment, and 25 indeed you are right that its operation was found to be 141
- 1 Α. Mm.
- 2 Q. And so we are looking, as we must, at finding better
- 3 ways of emergency procuring in the future. So the fact
- 4 that a particular contract or three may or may not have
- 5 received an award ultimately is, to use your language,
- 6 marginal; it's not really the crux of the matter, is it,
- 7 Mr Gove?
- 8 A. Well, again, I think that there have been various
- 9 attempts, statistical attempts, to suggest that somehow
- 10 the High Priority Lane massively distorted the process
- of procurement, and I think, again, there are deeper and 11
- 12 more profound problems with procurement, both as we saw
- 13 during the pandemic and more broadly, than the operation
- 14 of the High Priority Lane.
- 15 Q. All right, as I said, I will come back to it. You've
- 16 offered a page or so of reflections at the end of your
- 17 witness statements, and I want to ask you briefly about
- 18 those towards the end.
- 19 A. Thank you.
- 20 Q. You've told us within your written statement that as
- 21 a high priority minister with a co-ordinating role
- 22 during the pandemic, you were often in receipt of a very
- 23 large number of offers of assistance.
- 24 A.
- 25 Q. And you cite the example of one of them, your then

unlawful, but it's also the case, I think, that the 2 judgment concludes that the contracts would have been 3 awarded to those respective bidders in any case.

And I also think it's important to bear in mind the point that's made by -- several points that are made by Nigel Boardman in his report, his review into procurement overall. He makes the point that the government needs to be willing to experiment simultaneously with several potential solutions, acknowledging that some of them might not work, given the scale of emergency procedures.

- 12 Q. Mr Gove, I'll come in due course to invite you to offer 13 your view on what alternative solutions might look like, 14 particularly given your wealth of experience in 15 government.
- 16 A. Thank you.
- 17 Q. But just to respond, if I may, and ask you a further 18 question based on what you've just said, you're right,
- 19 of course, that in the case of where unequal treatment
- 20 was found, it was also found that the particular
- 21 contracts that were there being considered would have
- 22 been awarded in any event?
- 23 A. Yes.
- 24 Q. But we are in this Inquiry focused on systems, aren't 25

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- 1 shadow minister, Rachel Reeves MP?
- 2 A. Yes.

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- Q. And you've provided a response to Rachel Reeves, who was 3 4 requesting an update in relation to a number of offers.
- 5 Let's have a look, if we may, at your response.
- 6 It's INQ000512941.
- 7 It's dated 2 May 2020. So it postdates the 8 existence of the High Priority Lane. Were you aware of 9 it by now, do you know?
- 10 A. I can't recall if I was aware of it specifically at that 11 time.
- 12 Q. Okay, very fair. You've said that:
  - "If businesses ..."
  - Yes, there we are:
  - "The Government has set up clear routes for businesses to use if they want to help with the response to COVID-19, and we encourage all potential offers to be directed to the following webform ... If businesses use this webform, it ensures that offer is entered into our system effectively and allows the appropriate team to take it forward. As you would expect, all offers are triaged by officials and we are focused on prioritising those which can deliver significant quantities of high-quality equipment to the health and care sector."

So there, Mr Gove, you appear to be describing what 144

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- on the face of it looks likely a sensible method --1
- 2 A. Yes.
- 3 Q. -- of receiving and triaging offers but which is not the 4 VIP Lane.
- 5 A. Mm.
- Q. Yes? 6
- 7 A. Yes.
- 8 Q. So would this -- you said that you weren't sure whether
- 9 or not, at the time of writing this letter, you were
- 10 aware of an alternative VIP Lane?
- Mm. 11 Α.
- 12 Q. Whether or not you were so aware, would what you are
- 13 describing here to Rachel Reeves not serve as a method
- 14 of receiving offers that would not encounter some of the
- 15 problems, whether identified by the High Court or by
- 16 others, of the VIP or High Priority Lane?
- 17 A. I think the particular webform here and the particular
- 18 portal that we had operating was not perhaps providing
- 19 the rapidity of response that a number of Members of
- 20 Parliament hoped to see at a time when there was an
- 21 urgent need to secure PPE.
- 22 I don't know if you've had a chance to look at the 23 original letter that Rachel Reeves sent me?
- 24 Q. I have seen that letter.
- 25 A. And as you will see, in it Rachel Reeves listed 20 or so
- 1 maintain a rapid response through the process where 2 appropriate?
- 3 **A.** Yes, but not every offer received a response that rapid.
- Q. No, it was a matter of triage, it was a matter of
- 4
- 5 judgement of the offer whether or not it did receive
- 6 such treatment?

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- 7 A. Yes, but initially at least the scale of offers that
  - were made meant that not everybody was responded to as
- 9 quickly as they might have been, and there were a number
- 10 of Members of Parliament who would contact me and other
- 11 ministers, indeed others within government, saying,
- 12 "I've made this offer, I believe this offer is
- 13 profoundly helpful", and it took longer than 24 hours
- 14 for them to receive an appropriate response.
- 15 Q. If we could keep this document on the screen for
- 16 a moment. Mr Gove, by contrast, the VIP Lane enabled an
- 17 offer to come into consideration and receive
- 18 prioritisation, merely by dint of who it was that was
- 19 referring it in. So unlike the rapid response team,
- 20 unlike the webform that you explained as an option to
- 21 Rachel Reeves, it offered an advantage simply that
- 22 derived from a personal contact. That's right, isn't
- 23
- 24 Not only from personal contact. Some of -- for entrants
- 25 to the High Priority Lane, some were referred on the 147

- potential sources of PPE.
- The charge, quite properly, as an Opposition
- spokesperson, that she was making, is that we were being
- laggardly in pursuing these particular offers, and in my
- response I made it clear that some of those offers, 5
- 6 generously meant, were not offers that it was worth
- 7 pursuing. One was from a theatrical costumier, another 8 from a football agent, and so on.
- 9 Q. You refer to it at the bottom of this document.
- 10 Fxactly
- 11 Q. The annex to your letter.
- 12 Exactly. Α.
- 13 Q. Yes.

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- 14 A. And I make no criticism at all of Rachel Reeves because
  - there were any number of Members of Parliament and
- 16 others who were seeking to ensure that generous-hearted
- 17 and kindly-meant offers were being processed.
- 18 I provided Rachel with the official means by which we
- 19 were gatekeeping those offers, but I think it is fair to
- 20 say that it was a legitimate question on the part of
- 21 Rachel Reeves and others, were we doing enough to ensure
  - 22 that offers were followed up.
  - 23 Q. As to rapidity, Mr Gove, you are aware, are you not, of
- 24 the rapid response team that was able to provide
- 25 a 24-hour response time to an initial offer and then to 146
- 1 basis of the personal contact, some were referred on the

basis of the turnover and their assessed capacity to

- 3 deliver as being significant players in the field, yes.
- 4 Q. But it was a limited category of person that was able to
- 5 make a reference into the VIP Lane or High Priority
- 6 Lane, was it not?
- 7 A. Well, first of all, it's not the case that things were
- 8 referred to the High Priority Lane; the High Priority
- Lane took referrals that had come from a variety of 9
- 10 people. So forgive me making this distinction, and it
- is a distinction with a difference. Certainly in the 11
- 12 initial phases of the pandemic, I or anyone else would
- 13 pass on offers. Within the team that was responsible
- 14 for assessing offers, a High Priority Lane was set up,
- 15 and ministers were subsequently made aware that offers
- 16 that they had referred and offers that were also
- 17 referred from MPs, senior officials and peers, went
- 18 through that lane.
- 19 It was also the case. I think, that there were some 20 offers that came from the FCDO and others that were also 21 referred to that lane as well.
- 22 Q. You've made it very clear, Mr Gove, in your evidence,
- 23 that when you were in receipt of an offer, you acted as
- 24 a postman. You didn't seek to assess it, to triage it;
- 25 you passed it on?

A. Yes, it would be very difficult for me to have made that 1 2 assessment, and indeed fundamentally, there was an 3 eight-stage process, which I believe Jonathan Marron 4 outlined last week, to determine whether or not 5 a contract would eventually be awarded. It might be the 6 case that I could say, "this individual or this 7 organisation is clearly a respectable business", or 8 "this individual is an eccentric who has forwarded 9 something that is inappropriate", but in most cases the 10 people who would contact me would appear to be 11 businesses that were capable, at the very least, of 12 operating effectively. The High Priority Lane would 13 then conduct an initial assessment and then after that 14 there were two more processes that they had to go 15 through.

> So the High Priority Lane, like the Make team and the China team, was, as it were, a tributary that went into the broader reservoir and then, from that reservoir a variety of tests were applied.

- Q. Mr Gove, thank you. It wasn't a criticism and I note
  the time, we've got a bit to get through, so if we could
  try and keep the answers a little bit more succinct,
  that would help us all enormously.
- 24 A. Of course.

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- 25 **Q.** Thank you very much. The reason I've kept this document 149
- politically difficult, don't you? You mean that the
   political pressure was to invite further offers of PPE
   when the existing offers were already overwhelming?
- 4 A. Well, we couldn't willingly turn away individuals who5 might be able to help.
- 6 Q. That's a different point, Mr Gove.
- 7 A. Yes, but --
- Q. I'm asking about the call to arms, the request for further offers when the existing offers were
  overwhelming those individuals that were busily
  triaging, sifting out, the good from the bad.
- 12 A. It's certainly the case that the individuals concerned
  13 faced an enormous wave of offers but I don't believe
  14 that it would have been possible to stem that wave, as
  15 it were, and it was quite right that we should seek to
  16 ensure that we got the maximum number of credible offers
  17 dealt with as quickly as possible.
- Q. Before I move on, a contrary view, it's clearly not your 18 19 view, would be that we have an abundance of offers, we 20 should focus our resources now on sifting out, within 21 that source, those offers that are credible, those 22 offers that are good, those offers that we should take 23 forward, and that however great the political pressure 24 to make announcements to invite further offers, one 25 should refrain from doing that in order to allow those 151

up on the screen is that you will see you wrote in yourthird paragraph:

"The response to help with the national effort against this pandemic has been overwhelming, and I am sure you will join me in commending the extraordinary efforts of British businesses and individuals."

7 A. Mm.

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8 Q. Now, you will be aware from last week, in relation to
9 the call to arms, of the evidence that we heard, that it
10 proved to be counterproductive. I know it wasn't your
11 idea. Do you share the view that that call to arms was
12 a counterproductive measure?

13 A. Well, I think it would have been very difficult for any 14 government not to welcome offers of PPE at a time when 15 the principal concern was its absence. So the principal 16 concern, not just in the United Kingdom but across 17 Europe, was that frontline professionals were being put 18 in a position of danger because of the lack of that 19 equipment, and there was a worldwide excess of demand 20 over supply, so any government that wasn't doing 21 everything that it could in order to secure PPE would 22 undoubtedly be criticised, and individuals who thought 23 they might be able to help, good-hearted individuals, 24 shouldn't have been, what's the word, dissuaded.

25 **Q.** Mr Gove, when you say "very difficult", you mean 150

- responsible for emergency procurement to get on and do their jobs?
- A. Well, by definition one could not know before assessing
  the offers how many of them would be viable. So
  I absolutely take the point that the number of offers
  was significant, and difficult for the team to process,
  but until that work of processing starts, one cannot
  know which offers are meritorious. I would add that the
  existence of the different streams, the China stream,
- the Make stream and so on, was an effort to make sure
  that bets were placed on as many horses as possible
  because we did not know which of them would finish the
- because we did not know which of them would finish thecourse.
- Q. So to that point, Mr Gove, did you follow Sir Gareth
   Rhys Williams's evidence in which he expressly advises
   against a call to arms --
- 17 **A.** Mm.
- 18 Q. -- shortly before it is made?
- 19 **A.** Yes --
- Q. He does that on the basis of his experience of the
   ventilator call to arms, and the disruption that that
   had caused. So I'm going to suggest to you that it was
   then possible, if ministers were prepared to follow the
   advice of senior civil servants who were closer to the

25 practicalities of all this to refrain from exacerbating

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a problem of offer flow. That was possible at the time,was it not?

- 3 A. I think it's generally the case, in almost any process, 4 that ministers will want things to go faster, and civil 5 servants will say, "Actually, we're moving just as fast 6 as we can", and sometimes the ministers will be right to 7 press for greater pace, sometimes the civil servants 8 will be right to push back against such impatience. 9 It's impossible to know ex ante, to use Gareth's phrase, 10 whether or not the ministers will be vindicated in their 11 impatience or the civil servants will be vindicated in 12 their caution.
- 13 Q. We are going to come on, as I said we would, to 14 reflections, ways in which matters could be improved in 15 the event of a future pandemic, and emergency 16 procurement. Just since we're on the topic now, is one 17 of those ways to provide more space and freedom for 18 those involved in the difficult day job of emergency 19 procurement to escape what has been described as the 20 "noise", the distraction, the interference of ministers 21 that, perhaps for valid motives, are seeking either 22 updates or explanations for why a particular offer has 23 not been progressed, or even -- to identify the third of 24 Sir Gareth's possibilities -- mandating a particular 25 outcome.

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we now know quite a lot through evidence that has been received by the Inquiry, and the pressure that was brought to bear on those responsible for procuring essential PPE and other essential medical kit.

Now, we know from the evidence of Sir Gareth, from Jonathan Marron, from others, that the call to arms only made their experience more difficult.

8 A. Yes.

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- 9 Q. And we know also from Sir Gareth that that was what he10 anticipated would happen and advised against.
- 11 **A.** Mm.
- Q. So let me put the question again but in more narrow
   bounds than it was before. Even in an emergency
   situation such as that, would you not countenance some
   adjustment to that normal democratic principle that you
   espouse?
- 17 A. No. I think it's all the more important in emergency
   18 circumstances that there is clear democratic
   19 accountability.

I think in a previous module, and certainly in some of the evidence that has been examined, there's an email that I sent quite early on in the pandemic, early on in March, in which I asked a variety of questions, and the reason that I asked those, as other ministers did, was to satisfy ourselves that the situation was being taken

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Would it not be beneficial to have a system in the future that protected civil servants from that sort of ministerial interference?

A. Absolutely not. I think that would be totally
 counterproductive. And I think it misunderstands
 democratic accountability.

Ministers are accountable to Parliament for the government's response to a variety of events including this crisis. The opposition will quite rightly question ministers and say, "Have you improved this process? Are you procuring things at the right level? Have you got the right approach towards lockdown?", or whatever.

And if it is the case that ministers blandly come back and say, "Well, the civil servants are doing their very best and you should just quieten down there", then that is no way of maintaining democratic accountability.

Now, inevitably, sometimes ministerial judgement will be wrong, but ultimately the ministers are accountable and that's the way that Parliament and our democracy should operate.

- Q. Mr Gove, bear in mind that the question I posed was
   within very narrow bounds, because we're talking about
   emergency procurement.
- 24 A. Yes.

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25 **Q.** We are talking about a specific situation, about which 154

sufficiently seriously.

It's not for me to pre-judge any of the Inquiry's conclusions, obviously, but I think one of the things that evidence in other modules would seem to indicate and to reinforce is that perhaps ministers at an earlier stage in the pandemic should have been more energetic and more aggressive in questioning some of the advice that we were being given.

And so at different times, as I say, the cautious Charlies will be correct. At other times, the impatient Ians will be correct, but on the whole, I think it is absolutely right for ministers to challenge and then be held accountable.

- 14 LADY HALLETT: Are we back to your "daft laddie" questions,15 Mr Gove?
- 16 A. To an extent, yes, my Lady, yes.
- 17 MR WALD: Mr Gove, I think we are in the home straight. For18 the stenographer, if you could slow down a little.
- 19 A. I apologise.
- Q. For me, if you could be, if you wouldn't mind, slightlymore succinct.
- 22 A. Yes, I'll try.
- 23 Q. Thank you, that would be enormously appreciated.
  - Let's move on to your own role in the VIP Lane.
- 25 **A.** Mm.

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- Q. You had some involvement in the Meller Designs offer, 1
- 2 didn't you? And David Meller is a personal friend of
- 3 vours.
- 4 A. Yes, a great personal friend.
- 5 Q. A great personal friend. He supported you financially
- 6 in one of your bids to become the Conservative Party
- 7 leader; is that right?
- 8 A. Yes, he's a very shrewd businessman, but on that
- 9 occasion he got it wrong.
- 10 Ah. Well, he didn't support you in the other bid to Q.
- 11 become leader?
- 12 Α.
- 13 Q. Well, he got it right on that occasion.
- A. I think you can say that's true, as indeed did the 14
- 15
- 16 Q. No comment, Mr Gove.
- 17 Let's first establish how Mr Meller was introduced
- to the HPL. I think he first came in without your 18
- 19 involvement; is that right?
- 20 Α. Yes, that's right. I'm not sure, I can't recall
- 21 precisely whether or not it was because he was
- 22 approached by Andrew Feldman, Lord Feldman, or
- 23 approached by one of my special advisers without my
- 24 knowledge at the time.
- In any event, he contacted your Private Office I think 25 Q.
- 1 friend of yours, or whether, instead, that friendship
- 2 meant that he was treated with additional caution.
- 3 I want to look at each of the emails and invite you to
- 4 comment on which of those two things is happening.
- 5 So let's situate ourselves first with INQ000563687.
- 6 Now this, I think, was before your involvement.
- 7 A.
- This was the initial contact with your Private Office. 8 Q.
- 9 A.
- Q. There are two emails, one of the 19th and I think one of 10
- the 25th that we don't necessarily need to bring up. 11
- 12 Α.
- "Not sure who the best person is as I only began to 13 Q.
- 14 support [someone who has been redacted out] on it
- 15 yesterday -- but I think this will be of some use for
- 16 someone."
- 17 You were then called, I think, by Mr Meller?
- 18 A. Yes.
- And you spoke to him on 26 March? 19 Q.
- 20 Α. I believe that's correct.
- Do you remember what the content of that call was? 21
- A. I don't recall it in detail but I do believe that he was 22
- 23 expressing concern that his offer to source and provide
- 24 PPE was not being taken up as energetically as it might.
- 25 Yes. Now already, Mr Meller is receiving treatment that Q. 159

- 1 a full week before he contacted you; is that correct?
- 2 A. I think that's right, yes.
- 3 Yes. I was somewhat curious. Why would that have been?
- 4 Would it have been so well known that he was a friend of
- yours within your Private Office that his contact would 5
- 6 have been taken forward and accepted?
- 7 No, I think it was because -- as I say, I can't remember
- 8 whether or not it was Andrew Feldman or Henry Newman, my
- 9 special adviser, who had contacted him. He was known to
- 10 be -- his whole business was particularly to source
- 11 textiles and other products and to provide them for
- 12 retailers, so I think it was presumed that he might have
- 13 some expertise in this area. One thing that was always
- 14 the case, though, was that my Private Office was told
- 15 and was aware that he was a friend of mine, and that he
- 16 had donated money to my political campaigning activity
- 17 in the past, and therefore that any approach should be
- treated with particular care, in other words, he should 18
- 19 not be, what's the word --
- 20 Q. Favouritism --
- 21 A. Treated -- yes, exactly. Precisely in order to ensure
- 22 that that was the case.
- 23 Q. And what I want to do is in the time remains, is to see
- 24 whether the correspondence suggests that he was
- 25 favouritised on the basis that he was a close personal 158
- 1 those companies or their directors that were drawn to
- 2 your attention by Rachel Reeves did not receive; is that
- 3 a fair observation?
- 4 A. Well, I think --
- 5 Q. Or did they receive that treatment?
- 6 I think they did receive that treatment, yes.
- 7 By whom? Who was their, as we'll come to see in the
- 8 correspondence, who was their champion, or who was
- 9 supporting their offers?
- A. Oh, we went to great lengths to investigate all of those 10
- offers because they had been placed in the public domain 11
- 12 by Rachel and if we hadn't followed them up she would,
- 13 quite rightly, have excoriated us.
- 14 Q. But that's a slightly different point, isn't it,
- 15 Mr Gove? I appreciate that investigation was undertaken
- 16 about those companies.
- 17 A. Yes.
- 18 Q. But what we see here -- I mean, we can cut to it because
- 19 you were involved, and you know, is your involvement in
- 20 making sure the offer is properly considered, goes
- 21 through the system at a reasonable pace?
- 22 A. Yes, well, I think --
- 23 Q. So that's the aspect of the treatment that I wondered
- 24 whether you were able to say that those companies
- 25 mentioned by Rachel Reeves also received, not

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- 1 investigation, but chivvying along?
- 2 A. Well, most of them couldn't supply PPE, you know, the
- 3 theatrical costumier could not supply PPE. So it would
- 4 have been, I think, eccentric -- it might have been an
- 5 eccentric piece of chivalry on my part to have
- 6 championed the theatrical costumier that Rachel had
- 7 mentioned --
- 8  $\,$  Q. Mr Gove, if I may, you said to us a few moments ago that
- 9 you regarded yourself as a postbox.
- 10 A. Yes.
- 11 Q. All you knew about this offer is that it came from
- 12 a good friend. You knew nothing more about what it was
- 13 that was being offered at what price, within what
- 14 timeframe --
- 15 A. No, but what I would do, if I may --
- 16 Q. By all means, but let's just deal with this point before
- 17 you move on to whatever --
- 18 A. No, no, I think --
- 19 Q. So my question to you again, Mr Gove, was this: already
- we are seeing, through contact with your Private Office,
- 21 through a phone call with you, through emails we are
- 22 about to look at, involvement, treatment, chivvying
- 23 along that Mr Meller receives, that those companies,
- 24 investigated though they might have been, did not
- 25 receive, is that not a version of unequal treatment?
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1 chasers?

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And, again, it was the case that there was an organisation, called UK Civil Air Patrol, which I'd never heard of before, and again, around the same time:

[As read] "Thanks, CDL is keen its progressed, so can the team managing the inbox note this please. He [that is me] is getting increasingly frustrated that people contacting him about their offer not being progressed. Absolutely understand everyone is doing their best but it just helps with ministerial handling and assurance that we are kept up to speed on progress

13 Q. All right.

where possible."

- A. So there are -- not an infinite but scores of examples
  of me chivvying when there are halfway credible efforts.
- 16 Q. Mr Gove, let's follow the Meller example through.
- 17 **A.** Mm.
- 18 Q. Let's do two things. We were going to consider, as we
  - go along, whether references to your good friendship
- 20 with him was, as you suggest, in order to make sure that
- 21 no favouritism was given, or, by contrast and instead,
- 22 whether it was the opposite. But why don't we at the
- 23 same time just consider -- let's wait until we've got to
- 24 the end of it -- whether there were other examples that
- 25 received that sort of treatment. All right?

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- A. No, because none -- I think only one of the 20 companies
- 2 that Rachel Reeves wrote to me about actually would have
- 3 been capable, under any circumstances, of providing PPE.
- 4 I'll seek to --
- 5 Q. Mr Gove, you've gone back to it. We're getting into
- 6 a loop. Nor did you know whether any of these -- this
- 7 offer was viable, because, as you quite rightly said,
- 8 you didn't have the time, the capacity, to assess
- 9 offers. All you knew about Mr Meller's offer initially,
- and actually eventually, was that it had come from
- 11 Mr Meller?
- 12 A. Firstly, in the Rachel Reeves list, I did ask that theybe looked at closely.

Secondly, there are available to the Inquiry, in fact shared with the Inquiry, and referred to in my witness statement, a variety, a plethora of emails of me acting on behalf of people who were concerned.

So there's a case that was put forward by the Member of Parliament for Romford, in which people in my private office say to Matt Hancock's private office: we're getting hammered by people chasing their offers of PPE, ventilators, et cetera, who are saying they've tried to contact the teams but have heard nothing back. I'm sure your SpAds and ministers are also being inundated. Is there a better way for us to handle all of these

So let's go to INQ000533868, please, and page 4.

This is an email dated 3 April:

"I have just spoken to David Meller (a good friend of Michael Gove) who was asked to source PP3 masks for China. He has managed to do so, and has been given a verbal commitment for 40m masks.

"This as you will see below has come through the MOD (not sure why). He now [has] an urgent order to secure the 5m in Holland, and the balance in China."

Now you would say, would you, Mr Gove, that the reference to Mr Meller being a good friend of yours is to signal that any form of favouritism must be scrupulously avoided. Is that why it's included in the email?

- 15 **A**. Well, I don't know why Andrew, who is someone for whom I have the highest regard, would have put that in. It 16 may have been to close the loop or to provide additional 17 18 information. I think there was a difference between my 19 private office, which would act as the chaser, and would 20 have been aware of all of the connections or 21 relationships that I might have had with anyone who was 22 seeking to land a contract, and Andrew, who was enlisted 23 by DHSC to deliberately seek out the type of people who
- 25 **Q.** On the face of it, Mr Gove, the mere inclusion of the

might be able to provide PPE.

1	reference without the caveat or the caution that you
2	suggest, would lead one to assume that "This is an offe
3	that we ought to take particularly seriously because of
4	the friendship or the good friendship that this person
5	making this offer has to Michael Gove"; yes?

- 6 A. That is one inference.
- 7 Q. Let's have a look at the next email in the chain.
  - It's INQ000534695.
- 9 It's dated the following day. It's Mr Cairnduff to 10 the Cabinet Office.
- 11 A. Mm.

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- 12 Q. We heard from Mr Cairnduff last week.
- 13 A. Yeah.
- 14 Q. He says this:

"There's been multiple conversations with Mr Meller which are ongoing but he keeps separately contacting private offices even while conversations with our team are continuing. Unfortunately that [means] he's generating a lot of noise in the system.

"Please do not mention that validation check to him or anyone else.

"If he contacts either of you again please direct him to this mailbox. Going through multiple routes is actually slowing things as we need to respond to each of the points of contact, it's not speeding them up (this

LADY HALLETT: Can I put to you a possibility, Mr Gove.

Supposing you had a system whereby when the team looked at an offer, you had red, amber, green. So red would be the sweet little lady who wanted to knit a mask, green would be the possible James Dyson type, a manufacturer who could produce at speed and in quantity, and then in the middle you have "possible can produce it, but not too sure". Would that be the kind of prioritisation system that you would think could work?

A. Yes, my Lady, and I think that in some of the evidence 10 11 that the Inquiry has heard -- I can't remember which 12 witness, it may have been Jonathan Marron, made the 13 point that if, for example, Amazon offers to help --14 I mean, obviously there are all sorts of other questions 15 about Amazon -- you'd be fairly certain that they would 16 have the capacity to provide logistics support, in the 17 same way as a businessman who operates in the Far East 18 and sources items of clothing and other garments is more 19 likely, inevitably so, more likely to be able to provide 20 PPE than a football agent.

21 **MR WALD:** Mr Gove, let's move on through the email exchanges to INQ000533988.

23 It's ten days later, 14 April 2020. Paul Bywater to 24 Max Cairnduff ...

25 **A.** Mm.

1 is the third separate enquiry I've received about

2 Mr Meller since yesterday evening)."

Now, slightly different point here, but we heard last week about noise, about distractions.

- 5 A. Yes, quite.
- Q. This was consuming quite a lot of bandwidth amongst
   those whose responsibility it was to triage offers.
- 8 It's possible that there comes a point where the
- 9 chasing, the requests for feedbacks, the chivvying,
- 10 interferes with the day job.
- 11 A. Yes, I think that's entirely fair.
- 12 Q. And that is the anxiety, the concern, that is here being13 expressed, isn't it?
- 14 A. Yes, it is. It's one that I expressed myself.
- 15 Q. All right. It's one of the reasons, presumably, why youwould not advocate for the reinstatement of a VIP Lane
- in the form it took during the pandemic?
- 18 **A.** Well, actually, I would not advocate for a VIP Lane, but
- 19 the existence of a VIP Lane means that some of those who
- 20 have access to significant networks and can source goods
- 21 abroad can be dealt with in a way that would be
- 22 different from a well-meaning individual who did not
- 23 have that network.

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- 24 Q. It's not the only way to achieve it, though, is it?
- 25 A. It's not the only anyway to achieve it, no.

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Q. There we are. Second paragraph:

"David wants" -- we'll start at the:

"David wants to speak to me today. I don't have a problem speaking to him whilst on leave but I wanted to check on what line I should take on his existing gown offers.

"We know he has Michael Gove's ear ..."

Now, pausing there for a moment. Do you think that phrase that's used is a caution against offering any form of favouritism to David Meller or is the opposite: is suggesting that this person should receive preferential treatment on account of his relationship, the influence that he can have with Michael Gove on a normal reading of those words.

15 No, I think it's something else. I think that Max here 16 is acknowledging that these offers have been in triage for almost two weeks, and judging by, I don't know whose 17 18 email, they had dropped through the cracks. So it would 19 appear to be the case that -- and this is no criticism 20 of Max or any of the team -- it would appear to be the 21 case that there had been a system snafu, and Max 22 entirely understandably, or the person emailing Max 23 savs:

"I don't want to jump on a call when I know that gowns/aprons are a priority and simply say that I can't

tell him anything further. I will if that is your advice but we all know that private offices will be following that call up fairly quickly with some urgent chasing for clarity."

So the key thing there, to my mind, is concern that a provider, in this case Mr Meller but it could have been any provider, had not been treated with the efficiency that one would want at, you know, the apex of efficiency, as it were, and that if it was the case that it got back to me, I might say, "Bloody hell, irrespective of who the person making the offer was, why is it that anyone providing something that we need desperately is not being dealt with in this way?"

Had it been any other provider who had contacted me and who had said there is a flaw in the system, as a number did, then I would have pursued that energetically in order to ensure that the system worked.

18 Q. All right. Mr Gove, those are two competing 19 interpretations of this email. I'm going to move on 20 because I'm conscious of time.

Could we have INQ000534834.

It's an email from Lord Feldman to Andy Wood in which Lord Bethell is cc'd.

"I have just spoken to David Meller ..."

And once again:

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- 1 Meller Designs worth £164 million. Were you aware of 2 that?
- 3 A. Subsequently, yes.
- 4 Q. And were you aware that within that contract, the 5 average price for medical gowns was £5.87 -- sorry, the 6 average price at the time was £5.87, but Mr Meller,
- 7 Meller Designs' medical gowns cost £12.64, so a little
- 8 over twice the going rate. Were you aware of that?
- 9 A. No.

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- Q. Is it possible, I know you've given your interpretation 10 11 of each of these emails, that there was pressure felt by 12 those that didn't interpret those emails in the way that 13 you have this afternoon to enter into a contract with 14 Mr Meller contrary to commercial advice, or the going 15 rate? Is that a possibility?
- A. No. 16
- 17 Q. Why would it not be a possibility?
- A. Because I can't imagine for any reason Mr Wood, or 18 19 anyone else, choosing to place a contract on that basis. 20 So those decisions, over the issuance of contracts, were 21 matters for officials not for politicians, and also, 22 I would say that, again, in the work that's been done by
- 23 the National Audit Office and also by Nigel Boardman,
- 24 they make it clear that those decisions were taken
- 25 autonomously.

- 1 "... (a good friend of Michael Gove), who has
- 2 asked ..."
- 3 This is actually the email we looked at earlier.
- 4 A. Yes.

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- 5 Q. The question here -- can we scroll up to the top of it 6 now because I don't think we, it says:
  - "Are you able to handle this?
- 8 "Please confirm. It seems like a terrific
- 9 opportunity."
- 10 And the response that Andy Wood gives is -- at the 11
- 12 "Thank you. We are on this one with Bruce and team.
- 13 The price is very high. Even in today's market. So
- 14 will need extra handling."
- 15 Α.
- 16 You weren't involved in discussions about price, were
- 17 you? A. No.

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- 19 Did you know that the price being asked by Mr Meller was
- 20 approximately twice the going rate at the time? Did you
- 21 know that?
- 22 A. I did not know that.
- 23 Q. There are two sources to establish that -- well, three.
- 24 You can either take it from me, Mr Gove, the --
- 25 Mr Meller ended up entering into a contract through 170
- 1 Q. Mr Gove, finally, in your reflections section, you say:
- 2 "The High Priority Lane was not the initiative of
- ministers. It was the idea of officials ..." 3
- 4 A. Yes.
- 5 Q. You don't know where it originates, do you?
- 6 A. I don't, no.
- 7 Q. So you're not really able to state that with such 8 clarity in your statement, are you?
- A. Well, I don't know of any minister who -- I asked 9
- 10 repeatedly -- I don't know of any minister who initiated 11 it, no.
- Q. But, I mean, it's never too late to correct an error. 12
- 13
- 14 Q. Are these two sentences baseless? We're going to look 15 at this with other witnesses, Mr Gove:
- 16 "The High Priority Lane was not the initiative of 17 ministers. It was the idea of officials ..."
- 18 You simply don't know whether that's correct or 19 incorrect, do you?
- 20 A. To the best of my knowledge, I do, yes.
- 21 Q. What is the basis for you saying that it is officials
- 22 that came up with the idea?
- 23 A. That's what I was told. 24 By whom?
- 25 A. By the officials with whom I was working in order to

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2		high standards the Inquiry requires.
3	Q.	I think you have answered this already and the chair has
4		supplemented this point with some additional questions,
5		but at 102 of your reflections you say it would be
6		absurd if faced "if in the teeth of a terrible
7		crisis, government officials had failed to institute
8		a process to manage and assess the potentially
9		life-saving offers that we were receiving in vast
10		numbers on a daily basis."

ensure that my evidence could be consistent with the

You don't go so far as to say that the system that was used is the only way of achieving that important objective, do you?

A. It's not the only way. Of course not. 14

MR WALD: Yes. All right, Mr Gove, thank you, those are all 15 16 my questions. I gather there are questions for you that 17 will come from others.

LADY HALLETT: There are questions from Dr Mitchell -- this 18 19 time I've got it right -- who sits there.

## Questions from DR MITCHELL KC

21 DR MITCHELL: Mr Gove, I appear as instructed by Aamer Anwar 22 & Company on behalf of the Scottish Covid Bereaved.

> On Saturday, 14 March 2020, to 16 March, the Ventilator Challenge began, over the course of that weekend, and I'm about to take us to an email which you 173

1 Now, presumably you were asking that question at 2 that time because you didn't yet know the answers to it?

3 A.

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4 Q. Now, in relation to these, these are questions that are 5 being posed a fortnight after the Ventilator Challenge 6 was taken up?

7 A. Mm.

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8 Q. Ought these to be the kind of questions that were 9 answered or had the ability to be answered before 10 calling for the Ventilator Challenge rather than after, 11 given the unfortunate effect that the Ventilator 12 Challenge had of causing the system to flood with 13 offers?

14 A. I don't think the Ventilator Challenge did have an 15 unfortunate effect in causing the system to flood with 16 offers

17 Q. Well, the whole system was flooded with offers. Part of 18 that was people contacting -- and we've heard evidence about it -- people contacting the government about 19 20 offers in relation to ventilators.

> What I'm asking is, the questions that you're posing there, would they have been better asked before the Ventilator Challenge was announced, so that the government could have satisfied itself that they had already approached every domestic supplier/collaborator

> > 175

sent to Mark Sedwill at the Cabinet Office on 1 2 2 April 2020, just over a fortnight later.

3 This email has a very long list of questions about 4 important issues in relation to the early days of Covid and I wonder if that might be the email that you were 6 referring to at an earlier stage.

That's INQ000217031.

Now in that email, at the start of the email you indicate that you're going to pose a series of questions that state that you're not expecting immediate answers to that. Do we see that?

12 A. Mm, mm.

13 Q. Now, what I would like to take you to is a particular 14 issue that you posed. If we can go -- it's the fifth 15 question from the bottom, and it comes within the 16 context of the issue of ventilators that you've 17 identified.

18 A. Mm.

19 And a question you posed -- and it certainly (unclear) 20 daft laddie questions -- is:

"Are we certain we have approached every possible domestic supplier/collaborator/in the private sector? What can the Chemical industries Association offer? What has been the structured set of conversations with the wider Life Sciences/BioSciences sector?"

174

1 and the private sector, the chemical industries, and had 2 a structured set of conversations with the wider

3 licences or biosciences sector?

4 A. Can I refer you to the fourth paragraph?

5 Q. Yes, certainly.

6 A. So here I'm talking about testing. So the point I'm 7 making is that there are some things that we have learnt 8 from the Ventilator Challenge that may or may not have 9 a relevance to testing.

Q. Indeed. But the question that you're asking here about 10 11 collaborations and the private sector with the Chemical 12 Industries Association and the life sciences and

13 biosciences sector, are you saying that those are in

14 relation to PPE and not in relation to ventilators?

15 A. No, I'm saying they're in relation to testing.

Q. And in relation to testing -- in relation to testing, 16 17 why, at that particular stage, did you raise it as part 18 of the issues under questions in relation to ventilators 19 and not later when you deal with the issue of testing in 20 your letter?

21 It is about testing. I think you're misreading the 22 letter. So I make the point that I'm going to raise

23 testing, first of all. I then reassure Mark Sedwill that I have confidence and respect for many others. And

24 25 then I say, with respect to testing:

1		" what are we acquiring, what do we actually	1		testing across the UK?"
2		need?"	2		Did you receive a response to that question?
3		So I ask about kits. And then I use an analogy with	3	A.	I can't recall. My aim was, as I'm sure you'll
4		the ventilator process to illuminate the debate about	4		appreciate, to ensure that wherever possible, we didn't
5		the testing.	5		have different lists of key workers who should be tested
6		So it's a point about testing, not about anything	6		ahead of others, quite understandably, in different
7		else.	7		parts of the United Kingdom. We couldn't ensure that
8	Q.	So you're suggesting that those questions aren't about	8		that was the case, but coordination there, I think,
9	٠.	testing. Does that seem clear to you, when you read it	9		would have been wise.
10		that way?	10		I don't have to hand Mark Sedwill's reply.
11	A.	Yes, because the Chemical Industries Association and the	11	Q.	
12	Λ.	life sciences and biosciences sector are exactly the	12	Œ.	you consider that that was a matter of importance? Why
13		-	13		should it have been consistent across all four nations?
		sort of people who might help with testing, not with PPE			
14	_	or ventilators.	14	Α.	
15	Q.	Moving on to my next question, in the same document you	15		entire United Kingdom would make things easier in terms
16		asked and this is on the next page, at 02 it's the	16		of communication. So for the sake of argument, if there
17		sixth paragraph down and it's in relation to public	17		are a particular group of people who are prioritised for
18		sector testing. The paragraph starts:	18		testing in England but not in Scotland, that might give
19		"If according to the latest DHSC papers"	19		rise to concern and to a lack of clarity in
20	Α.	Mm.	20		communication. So it would seem to me that,
21	Q.	And the question I want to ask about is just further	21		particularly if you have, more with Wales and England
22		down in that paragraph which says:	22		than with Scotland and England, cross-border activity,
23		"We understand that CMO's office is working with	23		as well, you'd want to ensure that if it were teachers
24		counterparts in DAs how can we make sure there is	24		who were prioritised ahead of nurses or vice versa, that
25		a consistent approach in prioritisation of public sector 177	25		the same approach was taken. So that would seem to be 178
1		efficient and logical but, of course, it's one of	1		return at 10.00 tomorrow.
2		a number of things which one could not mandate.	2	(4.	.27 pm)
3	DR	MITCHELL: My Lady, those are my questions.	3	(	(The hearing adjourned until 10.00 am the following day)
4		DY HALLETT: Thank you very much indeed, Ms Mitchell.	4		
4 5		DY HALLETT: Thank you very much indeed, Ms Mitchell.  Mr Gove, that completes the questions. Politicians,	4 5		
		Mr Gove, that completes the questions. Politicians,			
5		Mr Gove, that completes the questions. Politicians, or former politicians, are sometimes accused of mincing	5		
5 6 7		Mr Gove, that completes the questions. Politicians, or former politicians, are sometimes accused of mincing their words. You couldn't be accused of that today.	5 6 7		
5 6 7 8		Mr Gove, that completes the questions. Politicians, or former politicians, are sometimes accused of mincing their words. You couldn't be accused of that today.  Thank you very much for your help. I know that the	5 6		
5 6 7 8 9		Mr Gove, that completes the questions. Politicians, or former politicians, are sometimes accused of mincing their words. You couldn't be accused of that today.  Thank you very much for your help. I know that the burden I impose on people like you, asking you to come	5 6 7 8 9		
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	THE	Mr Gove, that completes the questions. Politicians, or former politicians, are sometimes accused of mincing their words. You couldn't be accused of that today.  Thank you very much for your help. I know that the burden I impose on people like you, asking you to come back, prepare written statements, coming on to give evidence, but as you'll understand it's because of the wide range of responsibilities you had and my very wide terms of reference. So thank you for your help.  E WITNESS: Not at all. Thank you, my Lady.  DY HALLETT: I think there's a matter in relation to a document, Mr Wald.  WALD: Yes, my Lady. There is an issue that has arisen in relation to one particular document.  Could I just ask in relation to INQ000533868, that there be no reporting carried out until the position has	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		
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