

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

**UK COVID-19 INQUIRY**

---

**WITNESS STATEMENT OF PENELOPE HOBMAN**  
**MODULE 5**

---

I, PENELOPE HOBMAN, of the Ministry of Housing, Communities and Local Government, 2 Marsham Street, London, SW1P 4DF, will say as follows: -

1. I am Director for the Department's Covid-19 Inquiry Unit, a post which I have held since 26 June 2023. I am also Director for Homelessness & Rough Sleeping, a post which I have held since 1 August 2020. I was Director of the Covid 19 Rough Sleeping Taskforce from 1 April 2020 to 31 July 2020 and in the period 1 January 2020 to 31 March 2020 I was Director for Integration and Communities. I am duly authorised to make this witness statement in response to the Module 5 Rule 9 Request dated 28 August 2024.
2. The events in this witness statement are largely not within my own personal knowledge, they are derived from the sources to which I refer and are true to the best of my information and belief. Privilege is not waived in any privileged document or communication which is referred to in this statement.
3. I have been assisted in preparing this statement by senior officials and their teams, as well as the knowledge of the Department's Covid-19 Inquiry Unit. Whilst I do not have direct personal knowledge of all the Department's Covid-19 response activity in relation to the various matters in scope for the Module 5 period of 1 January 2020 to 28 June 2022, I am satisfied that I am able to provide accurate evidence to assist the Inquiry with the entire period covered by the Rule 9 request to the best of my understanding.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

4. References in this witness statement are exhibits in the form (PH/X-INQ/000000).
5. On 8 July 2024, the newly appointed Deputy Prime Minister and Secretary of State (“**SoS**”) Angela Rayner announced that the Department would be reverting to its former name: the Ministry of Housing, Communities and Local Government (“**MHCLG**”). MHCLG (and its predecessor forms) is referred to as “***the Department***” throughout.
6. This witness statement is structured as follows:
  - A. INTRODUCTORY POINTS
  - B. DEPARTMENTAL ROLE AND RESPONSIBILITIES
    - a. Overview of MHCLG’s role in distribution of Personal Protective Equipment (“**PPE**”) and other healthcare supplies
    - b. The Department’s involvement in the distribution of testing equipment
    - c. Departmental and engagement structures – pre-existing
      - i. Local Government Engagement
      - ii. Local Government Finance
      - iii. Resilience and Recovery Directorate
      - iv. Local Resilience Forums and Strategic Coordination Groups
      - v. The LRF Dashboard
      - vi. Adult Social Care
    - d. Departmental structures created to response to the pandemic
      - i. The Department’s LRF Covid-19 Taskforce
      - ii. PPE Cell
      - iii. ASC Cell

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

e. The Department's relationship with key government departments and stakeholders

- i.* DHSC
- ii.* CO
- iii.* MOD
- iv.* UKHSA
- v.* ADPH
- vi.* Use of private consultants

C. MHCLG'S ROLE IN THE DISTRIBUTION OF PPE

a. February 2020

b. March 2020

- i.* The Department's role as liaison between central government and LRFs
- ii.* MHCLG LRF Covid-19 Taskforce
- iii.* Military planners

c. April 2020

- i.* The Department's role in supporting the establishment of PPE drops to LRFs
- ii.* Forecasting PPE demand via LRF data collections
- iii.* Guidance and communication with LRFs
- iv.* Issues raised on volume and quality of PPE from the local tier

d. May 2020

e. June 2020

f. July 2020

g. August 2020

h. September 2020

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

- i. Extension and cessation of free PPE to particular sectors

#### D. LESSONS LEARNED

- a. Covid-19 Response and supplementary playbooks

7. This witness statement also includes the following annexes:

- i. Annex A, which contains an alphabetical glossary of acronyms appearing in this witness statement.
- ii. Annex B, which contains a list and details relating to lessons learned as requested by the Inquiry.

#### A. INTRODUCTORY POINTS

8. I note that the focus of Module 5 is on procurement and distribution of key healthcare equipment and supplies in the period 1 January 2020 to 28 June 2022 and that the Inquiry has provisionally identified three issues which will be explored within Module 5:

Issue 1: *“The existence and effectiveness of processes, procedures and/or contractual provisions in place for the procurement and distribution of key healthcare equipment and supplies to the end-user prior to and during the pandemic, the suitability and resilience of the supply chains and what, if any, changes were made to procurement processes during the pandemic and have been made subsequently. This will include examination of:”*

- a. *The overall value of the contracts awarded;*
- b. *Preparedness, including pre-existing stockpiles, inventory management and suitability;*
- c. *Spending controls;*
- d. *Steps taken to eliminate fraud and the prevalence of fraud;*
- e. *Conflicts of interest;*
- f. *Contractual performance by suppliers and manufacturers;*
- g. *Compliance with public law procurement principles and regulations;*



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

- h. Openness and fairness, including the 'high priority lane';*
- i. Decisions as to what to buy at what cost and disposal strategies;*
- j. The existence of any maladministration.*

Issue 2: *"Procurement of key healthcare equipment and supplies to the end-user in the period leading up to and during the pandemic. This will include the existence and effectiveness of procedures, processes and communication between the relevant bodies of the four nations in relation to procurement and the use made of mutual aid arrangements during the pandemic."*

Issue 3: *"The operation and effectiveness of any regulatory regimes and/or oversight (either by the procuring authority or end user) in relation to key medical equipment or supplies during the pandemic including:*

- a. Guidance issued by the relevant advisers, regulators and/or government;*
- b. The need for, and the efficacy of standards required by the MHRA and the BSI;*
- c. The impact of any changes to the volume, technical specifications and/or quality of the products that were procured;*
- d. The validation process including benchmarks and revalidation;*
- e. Safety concerns (the existence of such concerns and how they were addressed by those responsible for procurement)."*

9. By way of initial comment, I note that the Department's role in the matters identified above was limited to issues 1b, 2 and 3e.

## **B. DEPARTMENTAL ROLES AND RESPONSIBILITIES**

10. As of January 2020, the Department was responsible for the following areas in England, as relevant for the Module 5 scope;
- i. Local Government – stewardship;
  - ii. Homelessness and Rough Sleeping;

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

## iii. Faith, Integration and Communities.

11. The Department also shared joint competency for Local Resilience with the Cabinet Office (“CO”).

**a. Overview of MHCLG’s role in distribution of PPE and other healthcare supplies**

12. This section provides an overview of the various matters the Department was involved in (within the scope of Module 5) within the period 1 January 2020 to 28 June 2022. The Department played a facilitative role in relation to the distribution of PPE during the period February 2020 to September 2020, but did not make any policy or prioritisation decisions in this area. The majority of this witness statement therefore focuses on the period February 2020 to September 2020. The Department of Health and Social Care (“DHSC”) was the lead department for the procurement and distribution of PPE stock. Public Health England (now UK Health Security Agency (“UKHSA”) led on guidance for how to use PPE and in what setting.
13. At the start of the coronavirus pandemic and England’s first lockdown, the Department began receiving reports from Local Resilience Forums (“LRFs”) and local government (due to its pre-established channels and relationship with the local tier) on PPE shortages and associated risks to the running of essential services, such as care homes. The details of the Department’s role in Adult Social Care (“ASC”) are outlined in paragraphs 47-50.
14. The Department therefore acted as an interface between DHSC and LRFs/local authorities (“LAs”) to ensure concerns were escalated and addressed regarding the quantity and quality of PPE within the ASC sector and local non-medical settings, such as the fire and police service, refuge centres and within LAs.
15. The Inquiry should note that the Department was not involved in the distribution of healthcare equipment such as ventilators or oxygen. The Department’s role in the distribution of PPE to LRFs was focused on supporting the provision of PPE to non-NHS settings, whereas DHSC retained responsibility for ensuring the supply to the NHS. The PPE provided to LRFs included aprons, body bags, facemasks, gloves and hand sanitiser.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

16. To address the shortages in PPE, during March 2020, DHSC began the development and roll out of an online portal for the health and social care sectors to order PPE stocks. The intention was for this to be rolled out to all providers. Once the portal was operational the intention was for local service providers to determine their requirements and directly order supplies. PPE requests received via the portal were free of charge for users.
17. Whilst the portal was under production, the Department supported an initial one-off emergency measure to address shortages and provide PPE to the local tier. This was agreed on 4 April 2020, when the Department agreed to work with DHSC to provide a 'drop' of PPE to LRFs. Boxes of PPE, including, but not limited to, aprons, gloves and masks, were delivered from DHSC to LRFs, with LRFs then distributing supplies to services according to local needs and circumstances. Following this drop, LRFs still reported shortages, and a series of subsequent drops followed, with this eventually becoming the main route by which LRFs received PPE through weekly drops taking place until September 2020.
18. The portal was not fully operational until September 2020. Following its full implementation the Department's involvement in PPE distribution ended and the Department maintained a 'watching brief' over PPE related policy related to LRFs/LAs, as outlined in paragraphs 187-194.
19. The Department's role throughout the period above included:
- Gathering and escalating intelligence to DHSC on PPE shortages and issues (including for ASC);
  - Working with DHSC and LRFs to ensure PPE was provided to the local tier; and
  - Working with LRFs and DHSC to collate data on supply and demand of PPE.
20. The Department did not provide funding to LAs for PPE as DHSC was responsible for covering these costs, as outlined in paragraphs 29 and 30. The Department did work with DHSC on ensuring the Department's sectors (including local government, domestic abuse refuges, homeless and rough sleeping shelters) were reimbursed for PPE costs.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

**b. The Department's involvement in the distribution of testing equipment**

21. The Department did not play a significant role in relation to the distribution of testing equipment.
22. The Department received an email from DHSC on 14 April 2020 enquiring about a proposal to mobilise LRFs to coordinate and manage the administration of testing for key workers (PH/1 – INQ000517138) The Department held a meeting with DHSC on the same date to seek clarity on what was expected of LRFs and the feasibility of the request. The Department had concerns it would be an additional burden on Local Resilience Forum (LRF) resources and noted it would need consultation with LRFs. Further discussions were held between DHSC and the Department to clarify that the LRF role would focus on facilitation and support, for example by sharing local feedback at the meetings of LRF Chairs and sharing information with DHSC on local testing demand (PH/2 – INQ000517146).
23. As outlined in paragraph 77, in May 2020 the Department contracted 4C Associates to understand the routes to testing, any barriers preventing ASC settings from accessing testing and to develop resolutions to these operational issues. DHSC, as the policy lead for ASC, led on policy development for this with the Department playing a supportive role by helping to provide local intelligence and gauge next steps for LAs. In relation to the distribution of testing equipment, DHSC were the lead department meaning the Department had no further significant contributions beyond this early time period.
24. Separate to the distribution of testing equipment, the Department did work with DHSC more widely on Covid-19 testing policy during the pandemic, as well as helping to shape the offer of Covid-19 testing to the public through LAs, but the details are not within the scope of this module and are therefore not included.

**c. Departmental and Engagement structures – pre-existing**

25. Prior to the period outlined with the scope of module 5, the Department had pre-existing structures to support LRFs and LAs, due to its role in stewardship of local government and local resilience. The Department utilised these supporting structures to respond to the

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

pandemic to help support DHSC and facilitate the distribution of PPE within LRFs. The relevant structures detailed below are:

- i. Local Government Engagement
- ii. Local Government Finance
- iii. Resilience and Recovery Directorate (known at the time as the Resilience and Emergencies Division)
- iv. LRFs and Strategic Coordinating Groups (“**SCGs**”). (Whilst not a Departmental structure they were used by the Department to engage with stakeholders on PPE)
- v. LRF Dashboard (whilst not a Departmental structure, the data collected provided analysis and local insight to the Department to enable the Department to determine if LRFs required support)
- vi. Adult Social Care

**i. Local Government Engagement**

26. The Department does not supervise Local Authorities in the exercise of their functions but has an overarching stewardship role of local authorities (“**LAs**”) in England. It should be noted, however, that in specific circumstances the Department can intervene, including through the appointment of Commissioners who can exercise council functions. There are no relevant instances of this covered within this witness statement. During the pandemic, in response to PPE shortages, the Department utilised these relationships and supporting structures to provide updates on the distribution of PPE during the period April 2020 to September 2020, and to circulate guidance provided by DHSC.

27. The Department has established networks in which to engage and communicate with local government. The Department has local government regional relationship teams who manage relationships with chief executives (“**CEXs**”) and other Local Authority (LA) officers. The Department has regular engagement with local government sector bodies including the Local Government Association (“**LGA**”), the Society of Local Authority Chief Executives (“**SOLACE**”), the County Councils Network, and the District Councils Network,

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

alongside ad-hoc day-to-day engagement as required. The Department has a range of engagement channels for LAs, including (but not limited to) a daily email bulletin which goes to over 7,000 subscribers, emails and letters to council leaders and chief executives and bespoke Minister or senior-led meetings. Where LAs raise issues within these forums for which other government departments are the policy lead, the engagement team will feed this back. This does not replace the relationships other government departments will have with LAs. Other departments will lead on engagement with LAs for policy areas in which they have responsibility, however, the Department's Local Government Engagement team may provide advice and support where necessary.

28. During the pandemic the Department used its pre-established engagement framework to engage and communicate with local government, including through; the daily bulletins providing updates to recipients across the sector (these included updates on PPE supplies and guidance), a dedicated web page, regular webinars and political roundtables with senior leaders, and meetings with local authority chief executives. This allowed cross-Government access (at Ministerial and Senior official level) to local authorities, and access by LA leaders to central government. As already noted, the engagement framework did not replace relationships other departments already had with their own LA contacts. Relationship Managers in the Local Government Engagement team shared emerging local intelligence they were picking up from discussions with LAs, with officials across government. In addition to these channels, the Department set up bespoke working groups to work through specific operational or policy challenges.

***ii. Local Government Finance***

29. With regard to the scope of Module 5 the Department did not provide any funding related to PPE. DHSC covered the costs of PPE, including PPE costs for LAs.
30. The Department is responsible for funding LAs via the local government finance settlement, and during the pandemic the Department provided additional unringfenced funding, which could be used flexibly by LAs to meet Covid-19 related costs. While the Department did not require LAs to spend this funding to meet the costs of PPE, the Department

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

understands some councils took the decision to establish their own supply and distribution of PPE early in the pandemic, using the unringfenced funding to cover costs.

### ***iii. Resilience and Recovery Directorate***

31. During the period April 2020 to September 2020 the Department's Resilience and Recovery Directorate ("**RED**") provided support to LRFs on the distribution of PPE supplies.
32. The overall function of RED is to support local partners in England to prepare for, respond to and recover from incidents and emergencies, with LRFs responsible for coordinating local emergency preparedness, response and recovery activity. LRFs provide a key interface between national government and local areas, with the Department acting as the central government interface for LRFs.
33. The Department deploys Resilience Advisors ("**RAs**") to support each LRF. When responding to an emergency, the RAs are rebadged as Government Liaison Officers ("**GLOs**") and represent the government at strategic coordinating groups (further information below) and other relevant meetings.
34. In April 2020 RED began to hold daily discovery meetings which examined one region in England per day. In discovery meetings information on local risks provided by LRFs was combined with intelligence gathered from GLOs to give an in-depth review of situational awareness, LRF issues and an overall picture of risk, and tolerance to risks, within LRFs. Discovery meetings were attended by departmental representatives from DHSC, CO, and other departments as required. Discovery meetings provided an opportunity for the Department to share feedback and insight from LRFs on the national testing programme as it developed. The Inquiry should note however that discovery meetings covered a range of issues relevant to the Covid-19 response such as PPE supply, local death management and the vaccination rollout. Discovery meetings also covered topics that were not Covid-19 specific, such as winter readiness and LRF planning, preparedness and capacity.

### ***iv. Local Resilience Forums and Strategic Coordinating Groups***

35. LRFs are multi-agency partnerships made up of Category 1 responders (including but not limited to; emergency services, the NHS, local authorities) to prepare for and respond to local incidents and emergencies. LRFs are also supported by other organisations,

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

including Category 2 responders such as the Highways Agency and public utility companies.

36. Most incidents are handled by local responders with no direct involvement from central government. In the event of a significant emergency, LRFs activate SCGs, usually chaired by the Police, where relevant local responders will discuss the evolving situation and coordinate the local multi-agency response required. When a SCG is established, the Department will send a GLO to attend to provide support.
37. Throughout the pandemic, the Department allocated GLOs to support LRFs. GLOs produced written notes of local multi-agency meetings and SCGs that they attended, including details of any discussions around PPE shortages. These readouts were emailed to DHSC for situational awareness purposes. In addition, the Department also deployed liaison officers to work in the DHSC Operations Centre from 31 January 2020 until 27 June 2020 and again in the second wave of the Covid-19 pandemic, later in 2020.
38. RED also established a dedicated function to plan and facilitate regular meetings with LRF chairs to provide strategic updates. These were regular telephone conference meetings between senior officials in UK government and LRF Chairs. These meetings served as a platform to join up local and national planning on key risks and initially took place on a weekly basis with RED inviting representatives from relevant departments to attend depending on the priorities at the time. Meetings covered a range of topics and key issues relevant to the LRF role and how LRFs might be used to support planning and response activities.
39. From March 2020, due to its pre-established relationship with LRFs, the Department started to receive local intelligence on PPE shortages. This included intelligence from SCGs which discussed issues with PPE, as described later in this statement. In April 2020 it was agreed that LRFs would support PPE distribution to care homes and other local (non-medical) services to address these shortages. This was a new role for LRFs.
40. The Department facilitated support for agencies, departments and local networks that directly worked in the public sector to obtain PPE items, and used its Local Government



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

Response mailbox for responding to issues raised by LRFs and GLOs. The Local Government Response team communicated local issues to DHSC at the weekly (eventually moved to monthly) PPE Other Government Departments (“**OGD**”) Board Meetings.

41. To support LRFs in their distribution of PPE, the Department took ownership of the following until September 2020 when the PPE drops to LRFs ended:
- a. Collecting and collating data from LRFs;
  - b. Keeping LRFs informed of when drops were scheduled;
  - c. Escalating concerns to ensure deliveries of PPE from DHSC to LRFs were made; and
  - d. Collating feedback from LRFs on how processes ran to improve future PPE drops.
42. To support DHSC with decision making regarding the quantities of PPE LRFs received, the Department created a PPE tracker which LRFs used to note relevant PPE issues, and the services affected. The tracker was created in March 2020 in response to concerns the Department was receiving from LRFs on PPE shortages. PPE related issues were flagged to the Department during SCG meetings and via email. Departmental officials manually inputted the data onto an Excel spreadsheet and shared this with DHSC via email and during the daily PPE meetings, as outlined in paragraph 62. PPE issues were communicated to Ministers and senior Departmental officials via situational reports (an example of which is exhibited here (PH/2a – INQ000517095) and briefings. Upon receipt of the information the Department (initially by RED before the creation of the Department’s PPE cell) undertook an initial analysis to determine which LRFs required immediate support and understand where PPE shortages were. I exhibit here a copy of the tracker from 26 March 2020 and 2 April 2020 (PH/2b - INQ000517091) (PH/2c - INQ000533844).
43. The Department was not involved in the distribution of PPE stock once it was passed from LRFs to providers or to LAs. LRFs were responsible for determining their distribution approach, accounting for local needs and circumstances.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

***v. The LRF dashboard***

44. RED developed a reporting framework for LRFs outlining how and when data was to be collected, thereby allowing a systematic means for LRFs to report on impacts and emerging pressures. The LRF reporting framework was issued for the first time on 24 March 2020 and standardised by 27 March 2020. I exhibit here a copy of the instructions circulated to LRFs (PH/2d - INQ000533843).
45. LRFs provided a daily self-assessment through DELTA, an online system provided by the Department to facilitate the collection of data from partners. This included an overall self-assessment and separate self-assessments on specific elements of their response (for example PPE), along with preparedness. This information was combined with information and insights gathered from GLOs in Discovery meetings. I exhibit here an example of an LRF Covid-19 PPE DELTA return to aid the Inquiry's understanding of the system (PH/2e – INQ000533845).
46. The Department used these returns, alongside data from across government, to produce a daily LRF Dashboard at a local level in England, which included highlighting where there were significant PPE shortages. This was intended to assist Ministerial decision-making and wider policy making across Government, as well as to provide LRFs with data specific to their area and support their coordination of local activity. The dashboard was shared across government departments such as DHSC, CO and Department for Environment, Food and Rural Affairs (“**DEFRA**”), tracking data such as mortality management, shielding and PPE as well as self-assessments and data from other Government departments and Health Bodies. This LRF Dashboard was shared with LRFs via Resilience Direct (a restricted and secure IT platform, that enables the sharing of documents, owned by Cabinet Office and accessible by LRFs) and included a national summary of PPE issues. LRFs would receive an email notification that new information had been uploaded to Resilience Direct, directing them to log onto the platform to review. I exhibit here an image of the page where each LRF would access their dashboard to support the Inquiry's understanding (PH/3 – INQ000533846). Each LRF received a dashboard, based on data they had submitted to the Department, for their local area on the availability of PPE which

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

outlined whether the situation was expected to worsen, and the current and anticipated level of disruption on local services. I exhibit here an example LRF dashboard as at 24 April 2020, although the Inquiry will appreciate that this is a snapshot in time, based on LRF self-assessment data, and is not specific to PPE (PH/4 – INQ000517158).

**vi. Adult Social Care**

47. The Inquiry should note that the DHSC sets national policy and is accountable to Parliament for the performance of ASC. During the pandemic, the Department had a role to support communication and joint work between DHSC and LAs, who have statutory duties to deliver care in England.
48. In relation to ASC and the distribution of PPE and PPE related guidance, the Department worked closely with DHSC in its role as lead government department for social care.
49. In the period March 2020 to September 2020, the Department acted as a point of contact between LRFs and DHSC to support the escalation of PPE concerns. Throughout March, LRFs were reporting difficulties amongst ASC settings in sourcing PPE through wholesale routes, as described later in this statement. Intelligence predominantly came from LRFs via the RED team and other engagement meetings, such as the meetings with LA Chief Executives representing the 9 English regions. The Department passed on this intelligence to DHSC.
50. The Department worked closely with LRFs to ensure that ASC providers could access PPE before there was a formal distribution system in place. Steps taken included escalation of reported supply problems to DHSC, daily monitoring of demand and stock levels, and facilitating emergency deliveries of PPE for areas in acute need. Further information on deliveries is set out from paragraph 114.

**d. Departmental structures created to respond to the pandemic**

51. As outlined in paragraphs 26-28 the Department used its existing networks to provide local engagement support; however, to respond to the pandemic, and its involvement with facilitating PPE distribution, the Department established the following structures:

- i. MHCLG LRF Covid-19 Taskforce

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

ii. PPE Cell

iii. ASC Cell

***i. The Department's LRF Covid-19 Taskforce***

52. The Department developed a Covid-19 LRF self-assessment survey for LRFs to self-assess their current level of preparedness for a Covid-19 pandemic, with each LRF asked to manually input onto a Word document data and information relevant to their LRF area and to identify their confidence levels. I exhibit here a copy of the survey (PH/5 - INQ000533842). To support work on the survey the Department set-up a LRF Covid-19 taskforce, this is separate to the Covid-19 taskforce established by the CO. The role of the Department's LRF taskforce was to build a picture of what planning was being undertaken in each LRF area and to identify any gaps or key issues of concern. The LRF Covid-19 Taskforce led by Andy Battle and Dr Ruth Hussey commenced work on 9 March 2020 and analysed the data to determine how prepared LRFs were to respond, where there were concerns and consider what support might be required. The taskforce identified six key issues in LRF preparedness nationally including issues with the availability of PPE across responder agencies and ASC settings.
53. These key issues were outlined as part of the first report produced on 14 March 2020. Following this, a second report was produced on 20 March 2020 and a third report on 27 March 2020. The reports were shared with OGDs, Departmental officials and Ministers via email. The taskforce reports and recommendations in relation to PPE are outlined and exhibited below in paragraphs 100-103.

***ii. PPE Cell***

54. By 23 March 2020, 17 out of the 38 LRFs had reported supply problems with PPE equipment, (PH/6 – INQ000517089), and by 29 March 2020, 20 LRFs had raised it as a concern. As a result, a dedicated PPE cell (initially staffed by the Department's RED team) was created at the end of March 2020, to collate situational awareness of PPE shortages and to share this with DHSC. Its role was also to liaise between LRFs and DHSC to ensure LRFs had the PPE supplies they needed to address urgent needs across the ASC sector

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

and other front-line services, until the DHSC PPE online portal became fully operational. DHSC led on the creation of PPE guidance, however, the Department's PPE Cell provided input and circulated the guidance to LRFs.

55. The PPE Cell was demobilised in August 2020 following the decision to end PPE drops to LRFs, and the transition to the DHSC PPE online portal.

***iii. ASC Cell***

56. The ASC Cell was set up by the Department on 16 March 2020 to focus on the impacts the pandemic might have on ASC. It was not established as a direct response to PPE issues within ASC. However, where the ASC cell received reports from LRFs regarding ASC PPE issues these were picked up by the PPE cell outlined above.
57. The ASC Cell acted as a conduit to feed information from around the Department into DHSC's decision making on the future of ASC policy.

**e. The Department's relationship with key government departments and stakeholders**

58. In relation to the scope of Module 5, the Department collaborated with various government departments to address LRF concerns about PPE and the distribution of supplies once the regular drops had been implemented:
- a. The Department of Health and Social Care
  - b. Cabinet Office
  - c. Ministry of Defence

***MHCLG and the Department of Health and Social Care***

59. To achieve a UK-wide approach to the procurement of PPE during the pandemic, from 2 April 2020, DHSC had taken overall ownership of the procurement process to avoid organisations competing for supplies. The Department did not procure PPE, supplies or medical equipment but supported PPE distribution by acting as a link between DHSC and LRFs by sharing local intelligence. The Department's main relationship with DHSC within the scope of Module 5 was from April 2020 to September 2020 during which PPE stocks

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

supplied by DHSC and the NHS supply chain were distributed to LRFs. The Department did not distribute PPE within NHS settings.

60. Distribution through LRFs became the interim solution while DHSC's online ordering system was still under development. DHSC continued to lead on clinical definitions about PPE requirements in different settings and services, and determined the overall balance of PPE distribution between NHS settings and LRFs.
61. Whilst DHSC set up strategic processes and systems for the distribution of PPE, they needed support to obtain local intelligence, logistical support and situational awareness. The Department supported by:
- Collecting data and intelligence from LRFs to inform the list of PPE to be delivered to LRFs;
  - Using data returns from local military planners and LRFs to build a stronger picture of consumption rates to inform future supply; and
  - Providing DHSC with delivery feedback in order to improve the policy.
62. To support with the sharing of local intelligence and responding to LRF concerns, DHSC attended the weekly LRF chairs calls when required and attended daily meetings chaired by the Department to seek resolutions for issues surrounding the PPE drops, updates on the DHSC portal, and to review the data to agree the allocations of PPE supplies to LRFs. On 20 March 2020 the Department created a PPE tracker to record the number of LRFs who were reporting PPE shortages, which was discussed during these meetings. The tracker was used by LRFs to note relevant PPE issues and the services affected by a lack of supplies, but not as a forecast or estimate of need. DHSC used this data to enable them to make decisions as to which LRFs would receive supplies. The Department attended the weekly PPE Cross Government Forum chaired by DHSC during which the PPE end to end process and relevant policy was discussed.

***Cabinet Office***

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

63. In February 2020, the CO established a PPE Supply Chain meeting, organised by the Civil Contingencies Secretariat ("**CCS**"). The purpose of the meeting was to provide cross-government engagement on PPE supplies, scenario planning, guidance and communication. The first meeting was held on 18 February 2020 (for which the Department was not in attendance), and following this, representatives of the Department's RED team attended regularly. The Department received actions relating to PPE from the first few meetings, these actions were for all departments to help address work being undertaken on PPE. Following the decision in April 2020 for DHSC to become the lead for PPE the Department's involvement with the CO was limited to occasional correspondence regarding PPE updates or queries which were mainly for information purposes.

***MHCLG and the Ministry of Defence***

64. The Department collaborated with the Ministry of Defence ("**MoD**") to arrange for military liaison officers to be embedded into the Department, and for 156 to be deployed to LRFs to gather intelligence at a local level and better understand supply and demand. This arrangement was implemented in March 2020 following the Department's LRF Covid-19 taskforce recommendation that military planning support could rapidly resolve issues, such as PPE delivery, death management, track and trace and LRF capability. For example, military planners were tasked with supporting LRFs with intelligence gathering regarding PPE supplies. The information collected helped to support the Department in the completion of the PPE tracker and LRF dashboard (as outlined in paragraphs 42 and 45). The Department liaised with the MoD to facilitate military assistance where necessary (known as 'Military Aid to the Civil Authorities', or "**MACA**".)
65. On 5 March 2020, this Department identified the need for military planners to help with general preparations, social care and support for the most vulnerable, this included supporting LRFs with the distribution of PPE. Military planners were formally requested by SoS on 14 March 2020. LRFs had discretion on how best to deploy the resource.
66. Following the decision for the one-off emergency drop of PPE the role of military planners was amended to enable them to support LRFs with the receipt of delivery of supplies by:

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

- Collating information to help understand PPE demand across a range of sectors, with a focus on adult social care, to support the establishment of local mutual aid between public bodies to minimise need for additional supply.
- Advising LAs on the logistical set-up required for receiving the PPE drop, ordering the stock, accounting for each stock item, and delivery to the end user.
- Monitoring local consumption rates of PPE and forward planning the need in adult social care and other sectors, using this information to inform co-ordination of PPE supplies by the LRF.

67. The role of military planners embedded with LRFs concluded at the end of July 2020 in line with reduced demand and systems being fully embedded. Further detail on the role of military planners is set out below at paragraphs 104-111 and 134.

***MHCLG and UKHSA (formerly Public Health England (“PHE”))***

68. The Department’s role was mainly to circulate PPE guidance which had been produced by PHE to LRFs. This covered guidelines on how to use PPE within health and care settings.
69. The Department played a role in engaging DHSC and PHE on testing policy, representing the views of LAs and other MHCLG sectors, however, it did not lead on the procurement of tests. The Department did not make decisions regarding the modelling and forecasting demand of testing equipment or distribution of testing equipment.
70. Through its established local government engagement networks, RED structures, and other bespoke forums, the Department collated local intelligence and feedback from LAs and LRFs on Covid-19 Test and Trace policy. The Department would feed this back to DHSC and OGDs. This will be addressed further in Module 7.

***MHCLG and the Association of Directors of Public Health (“ADPH”)***

71. The Department’s involvement with the ADPH during this period related primarily to the sharing of guidance with them, LRFs and other local stakeholders relating to PPE and



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

testing. The Department and DHSC received a joint letter from the ADPH in April 2020 regarding PPE concerns, details of this are outlined in paragraph 151.

***MHCLG's use of private consultants***

72. In April 2020 the Department directly contracted a consultancy service, 4C Associates, to provide advice on improving PPE distribution via LRFs whilst DHSC developed the online portal.
73. This included (i) supporting the Department in improving communication and processes with LRFs to improve the distribution of PPE, (ii) looking at how the process worked and how it could be improved and sharing lessons learnt between LRFs to help them increase their productivity and (iii) making recommendations for improvement and supporting the Department in implementing these process improvements.
74. In relation to the procurement of 4C Associates, as part of the financial and economic case set out in the business case of 17 April 2020, (PH/7 – INQ000513626) the Department stated that due to the urgency of the situation no formal options analysis for alternate procurement routes was undertaken. This was allowed following a change to the procurement regulations (procurement policy notice) that recognised that COVID posed a risk to life and the extreme urgency to take related procurement decisions. Monitoring of the contract was via weekly meetings and the provision of a weekly report from 4C (PH/8 – INQ000513625).
75. The initial value of the contract was £177,630, this was increased to £355,260 on 29 May 2020 to commission 4C Associates to create an overview of testing arrangements from a supply chain point of view in ASC settings across LRFs and LAs in England.
76. The main bulk of work completed by 4C Associates was during April 2020 when they undertook a series of meetings with LRFs and key stakeholders to establish clear themes and issues that needed to be addressed to ensure an efficient and effective process for PPE distribution.
77. 4C produced their findings and recommendations on 1 June 2020 (PH/9 – INQ000517177) and their recommendations were taken to a Testing Programme Board on 26 June 2020

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

where it was agreed that they would become immediate actions. At a Testing Programme Board meeting on 8 July it was agreed that the Department and 4C would be part of a DHSC Social Care Testing Board which aimed to develop and implement antibody testing in social care, however the detail of this work is not within the scope of this module and is therefore not included. 4C produced their final weekly report on 10 September 2020 which references that handovers were arranged and Departmental and DHSC stakeholders were identified.

### **C. MHCLG's ROLE IN THE DISTRIBUTION OF PPE**

78. Having outlined above the Department's structures and modes of engagement with other relevant departments and bodies for the purposes of Module 5, this section describes in greater detail the actions of the Department to support the PPE distribution process from February 2020.

#### **February 2020**

79. In February 2020, as the pandemic began to evolve and the number of global cases increased, discussions progressed within central government (led by the CO) on pandemic preparedness. This included potential PPE requirements and the best methods to circulate supplies to essential services. The Department did not play a leading role but following receipt of concerns from LRFs regarding the availability of PPE supplies it liaised between the local tier and other government departments to address issues being raised. Throughout February the Department's role focused on engagement with LRFs and LAs to understand local intelligence on preparedness and issues (such as with PPE).
80. By early February LRFs were requesting guidance on PPE, which PHE were in the process of compiling. Examples of these requests include the Warwickshire LRF Corona Virus SCG chaired meeting on 3 February 2020 and the LRF comms call on 3 February 2020. RED provided updates on the production and circulation of PPE guidance, which was subsequently published on 5 February 2020 (PH/10 – INQ000517217).
81. More broadly, between 3 and 14 February 2020, RED asked all LRFs in England to report on their pandemic preparedness by completing a questionnaire. Once the data had been

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

collated concerns related to PPE and medicines availability were escalated to the Department's LRF Covid-19 taskforce (details of the taskforce are outlined in paragraph 52).

82. Alongside this, the Department held weekly teleconferences with LRFs to support information flow and receive questions regarding Covid-19. These became twice weekly from 4 February 2020 until 19 February 2020, after which they moved back to weekly. DHSC and PHE attended the meetings when required to provide the latest information and answer questions. Questions regarding PPE quantities and distribution were raised as part of these meetings (PH/11 – INQ000517071).
83. On 19 February 2020, the Department chaired a LRF call where PPE stockpiles in the event of a pandemic were discussed. It was noted that PHE, who were responsible for managing stockpiles of PPE, held a database with contact points for PPE delivery within each LA, and that deliveries of PPE would be coordinated with these LAs. These LAs would then be responsible for onward distribution to local social care providers (PH/12 – INQ000517073).
84. On 26 February 2020 DHSC confirmed to LRFs, at an LRF chairs call, that a review of PPE stock availability was being undertaken and they would share the list of supplies being considered. The Department took away an action to circulate this list to LRFs (PH/13 – INQ000517074).
85. It was also on this date (26 February 2020) that RED set up a Covid-19 long term policy cell, this was separate to the PPE and ASC cells outlined in paragraphs 54 and 56, to cover a range of response activities, within which PPE was included (PH/14 – INQ000517075). This included raising issues on local preparedness and support, PPE stockpiles and supply chains. The Department also attended the CO chaired weekly PPE supply chains meeting to provide feedback from LAs and LRFs.
86. The Department's involvement in the CO PPE supply chain meetings originated following an email received on 19 February 2020 from the CO. The email outlined actions (PH/15 – INQ000517070) following a PPE supply chain meeting held on 18 February 2020, for

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

which the Department was not in attendance. The Department sought points of clarification on action 2 which asked all departments to share details of “key PPE supplies to be used by their departments, and sectors, in the response to Covid-19.” This was to include quantities of PPE in stockpiles, the quantities to be delivered during the response and the suppliers of the equipment. This was to be used to illustrate gaps in stockpiles and track suppliers across government.

87. The Department responded on 20 February 2020 with questions relating to the request, including seeking confirmation on what organisations would be approached by other departments (e.g. Ministry of Justice (“**MoJ**”) with prisons, the Home Office with the Police). The Department confirmed that it could approach local authorities via the Regional 9 Chief Executive group and clarified its understanding that information about PPE provision for LA services which are the responsibility of other government departments, such as adults and children’s social care, would be provided by those government departments and that therefore the Department would be asking for the information only in relation to other frontline LA services. The Department also noted that further work was required to understand how central government could work collectively to provide communication to the local tier on PPE, ensuring this was proportionate and well managed (PH/16 – INQ000517072). On 24 February 2020 the Department requested to attend the next PPE supply chains meeting to raise these points within a cross-government forum.
88. A PPE Supply Chains meeting was held on 27 February 2020 organised by the CO CCS. Following the meeting, all departments (including the Department) received an action to identify departmental requirements for PPE supplies and what PPE might be required in the event of the Reasonable Worst-Case Scenario (“**RWCS**”) provided by the CCS, and to share this with PHE (PH/17 – INQ000517076).

### March 2020

89. During March increasing Covid-19 cases were putting frontline services under further pressure and PPE supply struggled to match increasing demand. On 23 March 2020 the first national lockdown was announced.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

90. The Department's focus during March was on continuing to support the collection of local intelligence, acting as a conduit for information and data sharing on PPE supplies between LRFs and central government, commissioning its LRF Covid-19 Taskforce to better understand the extent of LRF overall pandemic preparedness and having discussions with MoD to establish a pool of military planners to provide pandemic planning support to LRFs, including on PPE. Further detail on these three areas is provided below. Intelligence collected from LRFs aimed to establish a picture of local PPE need and supply pressures, including those arising from the need to meet the needs of vulnerable groups. Local intelligence was collected and analysed via three methods in March 2020 (i) via the PPE tracker, (ii) the Covid-19 taskforce and (iii) commissions to military planners. Further information on these is in paragraphs 42, 52 and 64.

***The Department's role as liaison between central government and LRFs***

91. Throughout March LRFs and local authorities increasingly reported low supplies of PPE, leading the Department to intervene to ensure LRF concerns were escalated appropriately and PPE deliveries were prioritised. The Department continued to play a facilitative role in supporting DHSC with guidance for LRFs in relation to PPE.
92. In response to reports from LRF partners that they were facing supply chain issues for certain goods (PPE, hand sanitiser), including in adult social care settings, the Department collaborated with PHE and DHSC to draft a progress update to give to RAs to be used during their calls with LRFs. This update, issued on 6 March 2020, highlighted a government mapping exercise bringing together all relevant departments where PPE supply chain issues were being raised.
93. Following a request from DHSC in an LRF Chairs Call (PH/13 – INQ000517074), on 6 March 2020 the Department circulated a link on behalf of DHSC, to LRF Chairs containing a list of PPE supplies being considered as part of a DHSC stockpiling exercise (PH/18 – INQ000517078), (PH/19 – INQ000517084). In response the Department received one clarification request from Solihull Council asking whether social care staff working in or on behalf of local authorities and other LA staff who may be working with vulnerable or high risk individuals would have access to this stock. DHSC confirmed on 9 March 2020 that

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

they were working with social care policy colleagues to understand potential PPE requirements and were agreeing appropriate plans to enable LAs to access PPE for social care (PH/20 – INQ000517083).

94. In March 2020 a DHSC team was established with the focus of developing a decision-making framework for PPE distribution. On 24 March 2020 the Department was asked to provide information on the PPE needs of LRFs, including the needs of clinical staff interacting with symptomatic patients. On 26 March 2020 Departmental officials provided DHSC with a tracker of LRF PPE enquiries (PH/2b – INQ000517091). The tracker captured multiple reports of PPE issues (with 33 out of 38 LRFs reporting issues) including shortages of PPE in ASC and homelessness settings, supply chain issues and questions around PPE for other Category 1 responders.
95. An internal Situation Report dated 27 March 2020 (PH/2a – INQ000517095), (PH/21 – INQ000104663) summarised the position in relation to the availability of PPE for care settings, with a “Red” status for all issues. On the same day, SoS (Robert Jenrick) held a Ministerial meeting with Ministers from DHSC, MoD and the Home Office to discuss issues with PPE distribution (PH/22 – INQ000517092). Ahead of the meeting the Department provided advice to SoS which noted that LRFs and LA CEXs were “appalled about the shortage and quality of PPE to social care” (PH/23 – INQ000517093). Following the meeting it was agreed that in the immediate term, military planners would support LRFs to enable them to assess current PPE stock levels in their local areas and gain an understanding of the demand. This would also provide LRFs with the ability to re-allocate PPE locally (PH/24 – INQ000517096).
96. On 28 March 2020, the CO commissioned a paper from DHSC (working with other departments, including the Department) on PPE supply and demand. The SoS for DHSC (Matt Hancock) was asked to present this at the PM-led Covid-19 Strategy meeting on 31 March 2020. Prior to the Ministerial meeting, an officials meeting took place attended by the Department’s Permanent Secretary (Jeremy Pocklington) on 30 March. PPE was discussed, however the process for agreeing prioritisation of PPE was not determined.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

97. As outlined in paragraph 62 the Department had developed a LRF PPE tracker to record PPE shortages and any issues. The tracker for 28 March 2020 highlighted issues logged by LRFs, this included ASC settings, but also highlighted that for a number of LRFs PPE supply was running critically low. Examples of the sorts of issues being raised at this time are:

- Surrey Council County Council reported that they were not receiving the PPE stocks needed, with 14 care homes reporting Covid-19 clusters and therefore closing to hospital discharges (PH/25 – INQ000517097).
- Warrington Council warned of the need to close all council services (including 18 care homes) on 30 March 2020 as PPE supply levels were critically low. The issue was followed up by the Department's SoS and escalated to the National Supply Disruption Response ("NSDR") helpline Director for immediate action. Working with NSDR, the Department secured the express shipment of a partial fulfilment of PPE (PH/26 – INQ000517094), (PH/27 – INQ000517098). A further delivery was made to Warrington on 1 April 2020.
- The chair of Sussex LRF met with Minister Simon Clarke, Minister of State for Regional Growth and Local Government, on 31 March to highlight that there was no change in the situation regarding supplies of PPE. The Minister committed to raise this with DHSC and his Private Office confirmed on 31 March 2020 that he had raised with Minister Helen Whately (PH/28 – INQ000517100).

98. To address concerns surrounding PPE, SoS (Robert Jenrick) set out on 29 March 2020 at the daily coronavirus press conference the government's plans to ensure that frontline workers would receive the right PPE equipment (PH/29 – INQ000517216). Following this, on 30 March 2020 RED circulated an email to LRF Chairs on behalf of the Department outlining that military planners (outlined in paragraphs 104-108) within each LRF would gather data to assess current PPE stock levels within key local public services, and to further understand critical demand issues.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

99. The PM chaired Covid-19 Strategy meeting was to take place on 31 March. The paper produced by DHSC focused on the level of PPE stocks and how to optimise PPE distribution. The paper noted that DHSC were working with the Department to understand the local supply and demand of PPE via LRFs (PH/30 – INQ000104726). Department officials provided a briefing to SoS ahead of the meeting, suggesting they confirm that the Department was using military planners within LRFs to support DHSC to gather data on local supply issues. The briefing also noted that ASC providers were the most critical recipients of PPE and were therefore the main focus of efforts to understand how current consumption was likely to change. DHSC were yet to confirm protocols for PPE usage in the wider public sector and this advice also outlined the Department's request to DHSC to confirm and communicate guidance on this as soon as possible.

***MHCLG LRF Covid-19 Taskforce***

100. As referenced in paragraph 52, the Department set up a LRF Covid-19 taskforce to better understand the state of LRF pandemic preparedness in general, and not solely specific to PPE. The first taskforce report produced on 14 March 2020, highlighted that LRFs were reporting significant challenges in accessing national supplies of PPE and had varying levels of confidence in the national supply chain. The taskforce recommended that military planning support could rapidly assist within those areas identifying significant concerns.
101. In response, the Department submitted a submission to SoS on 14 March 2020 recommending that he raise PPE as an issue for national consideration. The submission also noted that military planners would soon be in place to support LRFs (PH/31 – INQ000517086).
102. As noted in this advice, the Department worked with the Taskforce to individually assess LRFs and identify areas for priority support and attention. The prioritised LRFs were identified by Heads of Resilience based upon historic challenges, recent flooding and potential to be significantly impacted by Covid-19.
103. A second taskforce report, circulated on 20 March 2020, reiterated that LRFs were still reporting significant challenges in accessing national supplies of PPE and had varying



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

levels of confidence in the national supply chain. The report noted local LRF transport and logistics could unlock the issue, alongside military planning support for those with significant concerns. The report also noted that DHSC were aware of the issue and were working to address distribution issues (PH/32 – INQ000517090).

### ***Military Planners***

104. Exploration into the use of military planners began following a Cabinet Office Briefing Room (“**COBR**”) meeting held on 4 March 2020 with an action for the Department to collaborate with CO and MoD on discussions surrounding official capacity required to support LRF pandemic preparedness, including PPE (PH/33 – INQ000517077). Following a further COBR meeting held on 5 March 2020 the Department sought decisions on the action for the CCS to coordinate with all departments on possible future MACA requests or requests for the police to support the Covid-19 response.
105. On 6 March 2020 the co-ordination of resources, including MACA, was discussed during a meeting of COBR. At this meeting the Department was given an action to “to consider potential requests from Local Resilience Forums for MACA requests and discuss with the MoD.” On the same date the Department and MoD Standing Joint Command submitted a formal request for MACA to obtain military planners (PH/34 – INQ000517081). The aim of the military planners was to assist in shaping, refining and stress testing pandemic flu response plans in light of Covid-19. Covid-19.
106. This was followed with a submission to the Department’s SoS on 7 March 2020 to request approval and Departmental funding for 38 military planners to support LRFs in stressing testing and revising existing pandemic response plans to reflect Covid-19. This highlighted that due to the structure of LRFs, with each having responsibility for their own planning and preparedness obligations, they were not able to source additional resources via mutual aid. The Department also did not have the required resources or capacity to provide each of the identified LRFs with specialist planners and the urgency of the task meant external support from MoD was necessary (PH/35 – INQ000517079). Approval was received the next day.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

107. In advance of a COBR meeting on 9 March 2020, SoS was briefed regarding the work undertaken to explore options to increase operational resources within LRFs including the request for military planners and the establishment of the LRF Covid-19 Taskforce (PH/36 – INQ000517080)
108. Following a LRF chairs call held on 9 March 2020 the Department confirmed that military planners would be sent to LRFs to increase their capacity and enable them to work at greater pace. The intention was for military planners to be available to support each LRF for an initial period of up to two weeks beginning 12 March 2020 (PH/37 – INQ000517082).
109. Confirmation was received via email from MoD on 11 March 2020 that planners would be embedded within 8 prioritised LRFs, Northamptonshire, Suffolk, Avon and Somerset, West Mercia, Sussex, Humber, London and Essex, on 13 March with the remaining 30 to follow on 16 March 2020. In addition, two military planners would be embedded within the Department to provide further resource.
110. An email was circulated within the Department to RAs advising them to notify their LRFs that military planners would be available from 13 March 2020 (PH/38 – INQ000517085).
111. The first phase of MACA support was due to end on 27 March 2020. However, the Department sought an extension following feedback from LRFs that the planners provided value locally and LRFs were keen to retain the expertise for a longer period (PH/39 – INQ000517088). The Department sought and received approval via its GOLD Secretariat. The Department had established the GOLD Secretariat in March 2020 to provide strategic oversight and direction of the Department's Covid-19 work. This included overseeing the Department's engagement with stakeholders on Covid-19, and ensuring there was appropriate resourcing for the Department's work on Covid-19.

#### **April 2020**

112. Throughout April, as the spread of Covid-19 continued and demand for PPE supplies increased, central government sought to better understand and address PPE requirements to ensure local essential services could remain open. On 2 April 2020 DHSC proposed to the Health Ministerial Implementation Group ("HMIG") that DHSC would be

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

the lead department for the procurement and distribution of PPE to ensure there was not competing demand for supplies. DHSC were leading on the development of a portal where local providers could order PPE supplies, however, this was subject to delays with the Department acting as a point of contact between DHSC and LAs/LRFs.

***The Department's role in supporting the establishment of PPE drops to LRFs***

113. In early April, LRFs raised issues on PPE supply with some councils threatening to close public services due to PPE shortages (PH/40 – INQ000517105). To address these concerns the Department engaged DHSC and the NSDR to respond to urgent requests for supplies and DHSC Director General, Jonathan Marron, attended the LRF chairs call on 1 April 2020 to provide an update on PPE supplies (PH/41 – INQ000517103).
114. On 2 April 2020 Departmental officials raised concerns with DHSC that the Department's SoS (Robert Jenrick) had surrounding a lack of engagement from DHSC, and the need to have a system in which LRFs could feedback their concerns (PH/42 – INQ000517102). This resulted in a meeting on 3 April 2020 where it was agreed that the Department would follow up with DHSC about PPE delivery to LRFs, and that DHSC would review whether an escalation route for concerns was required. Following this meeting, and the continued concerns from LRFs and LAs about the risk to services, the Department and DHSC had further discussions resulting in an agreement for a set of one-off drops to LRFs.
115. The Department held a call with LRFs on 4 April 2020 to discuss the proposed emergency drops and seek their opinion on whether it was logistically possible. LRFs expressed some concerns about logistics, and some were critical about the timing of the decision. To respond to logistical concerns the Department confirmed that military planners, including those embedded within DHSC, were available to support.
116. A submission was sent to the Department's SoS on 4 April 2020 seeking agreement for the one-off drops, and approval of a joint Ministerial letter from the Department and DHSC to go to all LRFs, with approval received on the same date (PH/43 – INQ000517115). Also on the same date, the Department held a call with LRF chairs confirming the deliveries had been established in recognition that additional PPE was required across the country.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

117. The decision to provide a drop of PPE supplies to LRFs was communicated to LRFs with a joint Ministerial letter from the Department and DHSC on 5 April 2020. This agreed a need to provide a PPE 'drop' directly to LRFs, to allow them to urgently distribute PPE to local social care and other non-medical services. This was initially intended as a one-off delivery of stocks equivalent to a week's supply of PPE (PH/44 – INQ000104660). This letter outlined that drops would begin on 5 April, with further drops taking place over the subsequent days. The first deliveries to LRFs were due to begin on 5 April 2020 but took place on 6 April 2020 due to slight delays.
118. As the demand for PPE was high, the letter asked that the PPE was distributed where there was a clear and pressing need, in line with PHE's guidance, published on 2 April 2020. The letter also asked LRFs to provide a single point of contact with oversight of the total stock in their areas, who could act as an escalation point and interface with the Department. The single point of contact (or military planners if appropriate) were asked to record who they provided PPE to and on which days, and to report back to DHSC and the Department daily to help understand supply and demand moving forward. More information is provided in paragraphs 136-141 about the data requests from LRFs.
119. Whilst the emergency drops to LRFs were being undertaken conversations between Departmental and DHSC officials were held regarding issues LRFs had faced whilst receiving the drops, including the timings and logistics of the drops, and the potentially serious impact that these issues had had on LRFs' relationship with the Department (PH/45 – INQ000517120).
120. By 8 April 2020 all LRFs had received a delivery with a second wave of deliveries completed by 11 April 2020. The priority of drops to LRFs had been determined using the HMIG prioritisation framework and allocations of PPE had been determined by LRF population and the size of the LRF population over the age of 70 (PH/46 – INQ000517116).
121. Delays to the DHSC PPE portal and continued data from LRFs highlighting the need for further PPE beyond what had been supplied in the emergency drops, resulted in further drops being scheduled throughout April. On 11 April 2020, the Department's PPE Cell, as referenced in paragraph 54, held its first meeting of a PPE steering group, with attendance

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

from DHSC. The group aimed to ensure that collaboration between the Department, DHSC and LRFs led to a realistic plan for getting PPE to local settings within the forthcoming weeks.

122. Following the meeting, the Department circulated an email to DHSC summarising what was agreed and next steps (PH/47 – INQ000517123). The key points covered were:

- The Department's Analysis and Data Directorate (“ADD”) would work with DHSC's analysts to obtain as much granular data as possible on the local areas in most need and the types of PPE required to address it, and roughly how much was required to tide them over for a period of at least 3 days. This data would inform a decision about any immediate drops.
- The requirement for communications to LRFs to remind them when PPE was required to be worn and who they should circulate it to.
- The need to establish how LRFs would manage the distribution locally once they had received PPE from DHSC and the support they might require, including from Military Planners, to collect and manage data on consumption rates.

123. The Department scheduled a further meeting with DHSC on the same date (11 April 2020) to make a decision on timings and prioritisation of the next set of PPE drops. Following this meeting DHSC officials confirmed they had held off from seeking ministerial approval for a further PPE drop on 14 April 2020 citing concerns over LRF data quality and the availability of PPE stock. There was lack of quantitative data on how far LRFs had distributed the PPE from the first round of drops, with some not confirming whether it had been distributed and, if so, how. The Department continued conversations with DHSC, highlighting that LRFs are not usually distribution mechanisms, and that data quality should not be a reason to delay further drops. DHSC maintained the position that once they had received the data requested from the Department, they would recommend the drops (PH/48 – INQ000517206), (PH/49 – INQ000517207).

124. As an agreement was not able to be reached between Departmental and DHSC officials the Department escalated the issue to the Department's SoS outlining that if the process

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

for further drops was not activated there was a risk of significant implications, such as care homes closing. To seek a resolution, an email was circulated on behalf of the Department's SoS to DHSC's SoS highlighting that the Department's SoS was very concerned about the number of LRFs who required further PPE drops and noting that whilst focusing on the accuracy of data was necessary, the PPE drops should not be postponed and an interim solution was needed (PH/50 – INQ000517125).

125. To address the data concerns raised by DHSC the Department collated data received from LRFs to determine those with a critical need to receive PPE, with eight initially identified as being a priority to receive a drop on 14 April 2020. This list was circulated to DHSC following a meeting held between officials on 12 April 2020 (PH/51 – INQ000517127). On the same day the Department followed up with a further three LRFs who needed to be added to the drop, bringing the total to eleven.
126. Following receipt of the list of priority LRFs, Departmental officials had a conversation with DHSC during which DHSC challenged the Department's position on the LRFs identified as requiring PPE on the basis that the data gathered from LRFs suggested they were sitting on PPE stocks. The Department outlined that the data was not robust enough for decisions to be solely based on this, but that the Department had put forward the LRFs most in need. The data returns were also inconsistent with wider insights. For example, some reports, based on local intelligence, indicated that an LRF had limited to zero stock, however, data indicated stock was available (PH/52 – INQ000517130), (PH/53 – INQ000517129).
127. The Department ordered the eleven LRFs into a priority ranking and sought clarification on whether the seven (out of the original eight) would be receiving PPE as an agreement in principle had already been received from DHSC. DHSC responded to the new data confirming that a decision had not been made due to work being required on stock profiles, but they would aim to confirm the position on 13 April 2020. DHSC informed the Department that due to gowns, body bags and clinical waste bags being in short supply LRFs would not receive them in the next drop (PH/54 – INQ000517128).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

128. A Cabinet Committee meeting was held on 13 April 2020 to discuss the proposed ASC strategy DHSC had been developing, and PPE distribution. This meeting was attended by the SoS from DHSC, the CO, MHCLG, His Majesty's Treasury ("**HMT**"), the Chancellor of the Duchy of Lancaster and the Minister for Social Care (PH/55 – INQ000517131). It was agreed by DHSC's SoS during the meeting that the strategy would make the commitment to confirm that DHSC's online PPE portal (known as 'Clipper' during this period) would be available in 3 weeks for ASC homes and sector. Until then, it was agreed LRFs would provide PPE to the ASC sector. DHSC SoS raised concerns that LRFs were stockpiling PPE and that they should not be allowed to do so; the Department's SoS noted there were data issues. The Department's SoS was informed of plans to improve the quality of data.
129. An action from the Cabinet Committee meeting was for DHSC to clarify a week-by-week timetable for the delivery of PPE, including the position on drops to LRFs and the implementation of the Clipper service (PH/56 – INQ000517133).
130. In tandem with this, also on 13 April 2020, the Department chased for confirmation of whether the drops had been agreed and could proceed, raising concerns that LRFs were in critical need. The email also outlined the need to establish a plan for future drops over the next few weeks until the online portal (Clipper) was up and running (PH/57 – INQ000517134) including an action to work with DHSC to establish a simplified data return process for LRFs to complete.
131. Departmental officials held an internal executive team meeting on 14 April 2020. During this meeting it was confirmed that the first emergency drop of PPE had been completed but stocks in some areas had become critically low with the business-as-usual supply routes continuing to struggle to meet demand. In addition, DHSC had confirmed that it was likely to take another 3-4 weeks before the online ordering service (Clipper) would become fully operational. The recommendation was that the Department proceeded with an LRF centred distribution model for PPE as an interim solution until the Clipper solution was operational (PH/58 – INQ000517136). The Department would help DHSC resolve the difficulties around PPE supply, however, accountability would remain with DHSC. The team agreed with this recommendation (PH/59 – INQ000517139).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

132. In response to the continuation of the PPE drops Catherine Frances, the Director General for Local Government and Public Services, sent an email to DHSC officials clarifying the Department's role on PPE on 16 April 2020. This email confirmed that DHSC were the lead Department for PPE, with leadership on policy, supply and daily decision making processes, and that the Department would (i) collect, synthesise and process PPE data received from LRFs, (ii) share this with DHSC to enable them to make decisions on the distribution of PPE and (iii) support the LRF function through its RED capacity (PH/60 – INQ000517144). To support and respond to the continuation of the PPE drops and changing delivery demands of PPE to LRFs, the Department held daily PPE meetings with DHSC, as outlined in paragraph 62, in addition to scheduling ad hoc meetings when required.
133. Further PPE drops were made throughout April, with drops taking place on 15, 20, 21, 22 and 23 April 2020. This PPE supply provided to LRFs was for emergency use only when local 'business as usual' routes had already been exhausted.

***Forecasting PPE demand via LRF data collections***

134. By early April, military planners were embedded within all 38 LRFs and were tasked with supporting on a review of PPE supplies by undertaking a stock take in each region. This was designed to help target PPE where supplies were needed. On 2 April 2020 military planners had data returns from 17 LRF areas which highlighted critical supply issues, however, some LRFs had not submitted their returns by the deadline. Military planners continued to work with LRFs to gather this data.
135. At a General Public Sector Ministerial Implementation Group ("GPSMIG") held on 2 April 2020 Minister Simon Clarke noted good quality data was needed from other government departments to support work on PPE distribution. He noted that PPE was the primary challenge and there needed to be a clear understanding of a) where the existing PPE stock was and b) exactly who else in the supply chain outside of health/social care needed it/were getting it (PH/61 – INQ000517104). Following this meeting an action was received for DHSC to work with DAs and other government departments to establish reliable management information on PPE demand and current stocks, including by working with



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

- the Department to understand local demand via LRFs (PH/62 – INQ000517108). Following the meeting, Minister Simon Clarke circulated a letter and table summarising the data required on 3 April 2020 to attendees of the GPSMIG (PH/63 – INQ000517110).
136. On 7 April 2020 the Department issued a data return request to all LRFs, asking for daily information on the organisations in receipt of PPE in their area, and the quantity and type of PPE distributed (PH/64 – INQ000517113) This data would be used to understand demand (including for future drops) and whether LRFs were distributing PPE as per the PHE guidance.
137. Data returns received by 10 April 2020 from 27 of the 38 LRFs highlighted that of the PPE that had been distributed by LRFs as part of the one off emergency drop: 69% had gone to adult social care, either directly to homes or through LAs; 4% to primary care; and 2.6% to hospices and palliative care. 21% of stock had gone to other places, for example the fire and rescue service or to refuge centres, or been coded as such (PH/65 – INQ000517135).
138. During a GOLD meeting on 10 April 2020 it was agreed the Department's RED team would respond to three priority actions: (i) work with LRFs to understand the initial consumption rate of PPE and provide this information to DHSC to inform the next PPE drop, (ii) work with DHSC to confirm plans for PPE drops over the coming fortnight, and (iii) escalate to the Department's SoS if DHSC had not agreed to the next set of drops by the end of that day (PH/66 – INQ000517118). Departmental officials confirmed updates against all actions later that day (PH/67 – INQ000517119).
139. On 14 April 2020 the Department received an action following the Covid-19 Strategy meeting to expedite work with LRFs to tighten the information being provided to DHSC on the demand for PPE (PH/68 – INQ000517137).
140. A priority for the Department's SoS was to further improve data on PPE usage data to help inform immediate PPE drops. A submission was submitted to SoS on 14 April 2020 on how to improve the data received from LRFs on their stocks of PPE and the daily rate at which those stocks were being consumed in order to improve decisions about which LRFs

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

most needed additional supplies and which types of equipment they needed (PH/69 – INQ000517140). A follow up note was submitted on 16 April 2020 which outlined that conversations about the proposed approach to data had been held with a sample of LRFs and DHSC to explore feasibility. It confirmed the approach had the agreement of LRFs and DHSC, with a few minor amendments. The new approach would ask LRFs how long their current stock would last, and how much stock would give them 7 days of supply for each PPE item. It also proposed (i) data collection every two to three days to establish stock and usage rates to be supplemented by a weekly sectoral collection, (ii) regular (daily if needed) data on PPE issues and stock levels, and (iii) a targeted qualitative collection to get further information for areas that seem to be approaching critical levels of need (PH/70 – INQ000517142).

141. From 20 April 2020, LRFs were notified of new arrangements regarding data submission (PH/71 – INQ000517155). LRFs were asked to provide 3 data returns each week through an online system, providing details of their supply position for a range of PPE items. LRFs were to inform the Department how much stock they held, and how quickly they expected to use it, this information was then passed on to DHSC.

***Guidance and communication with LRFs***

142. Over the course of April, to respond to queries about PPE drops and to provide information on how LRFs should distribute PPE within their areas (for example supplies were not to be allocated to the NHS), communications and guidance were circulated. The Department played a facilitative role by (i) supporting DHSC with the production of guidance relating to PPE drops, (ii) circulating the guidance to LRFs and LAs, and (iii) acting as a point of contact between LRFs and DHSC.
143. Prior to the first PPE drops, on 1 April 2020, DHSC sent a letter to LAs and care providers regarding access to PPE. This letter included advice to escalate to LRFs any issues with PPE supply if not resolved by other steps such as access to the NSDR which was available to support small-scale emergency supply where care providers could not secure access via their normal supply chains (PH/72 – INQ000517101).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

144. On 2 April 2020, there was an action from GPSMIG for guidance to be issued to sectors outside of health and social care, explaining how PPE should be used (PH/73 – INQ000517107). On the same date, PHE published guidance (PH/74 – INQ000517218) which recommended the safest level of PPE to protect NHS healthcare workers and specified the type of PPE that should be worn in various healthcare settings. The Department provided a list to DHSC of the sectors the Department was responsible for on 3 April (PH/75 – INQ000517109) with PPE requirements.
145. The Department collaborated with DHSC on a written Q&A for LRFs. DHSC were responsible for producing the Q&A with the Department providing feedback based on its knowledge of LRFs. The document provided information to LRFs on the PPE drop-offs taking place during that week and provided information on how the PPE should be distributed. This was circulated to LRF Chairs and Communications leads on Tuesday 7 April 2020 (PH/76 – INQ000517114).
146. DHSC chaired a PPE Governance OGD Board meeting held on 8 April 2020. An action for the Department was highlighted, to coordinate with DHSC and develop additional communications to LAs to ensure guidance on PPE for the non-healthcare sector was consistent and in line with the Government's guidance (PH/77 – INQ000517117).
147. In response to queries from LRFs, and to ensure PPE was being distributed correctly, the Department sent a letter to LRFs on behalf of DHSC on 12 April 2020. This letter outlined who was eligible to receive PPE and that it should be distributed only where there was a clear and pressing need in line with the latest clinical guidance. The letter also noted that an update would follow with information on how to obtain further PPE whilst waiting for the PPE portal to come online (this was estimated to take 4 weeks) (PH/78 – INQ000517132).
148. On 15 April 2020, during an LRF Chairs call, questions were raised about the national supply of PPE and concerns about the volume of organisations contacting LRFs for supplies (PH/79 – INQ000517143). The Department agreed to follow up with DHSC to provide LRFs with further clarity and guidance on prioritisation and improve the process. The Department proposed an updated Q&A document to address the most common LRF queries and circulated a list of LRF questions to DHSC (PH/80 – INQ000517145 ). DHSC

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

provided a response on 17 April 2020 (PH/81 – INQ000517152) with the updated Q&A circulated to LRFs on 21 April 2020. This outlined that DHSC were working on an online ordering system (the PPE portal 'Clipper') which was currently being tested by an initial group of primary care and social care providers. It confirmed that PPE shortages should be flagged to the Department's RED team, who would then raise with DHSC and included a FAQs section focusing on eligibility, processes, national guidance on PPE and the online ordering system (PH/ 82 – INQ000517147).

149. In April the Department flagged to DHSC that it was receiving queries in relation to who would have access to the online ordering portal and how the transition from LRFs to the portal would be managed (PH/83 – INQ000517160) The Department engaged with DHSC to understand more information on the portal which could be relayed to local stakeholders.
150. On 27 April 2020, the PPE portal was rolled out to 1,000 social care providers in Devon and Cornwall in a pilot. Data collected from this pilot was intended to inform the national rollout for PPE, including modelling the changing demand for PPE from LRFs (PH/84 – INQ000517165).

***Issues raised on volume and quality of PPE from the local tier***

151. Throughout April LRFs communicated concerns via different forums such as via SCGs and the weekly LRF calls surrounding the volume, quality and quantity of PPE with issues around inadequate labelling and out of date stock. The Department passed this information to DHSC to seek solutions and communicate responses. Some key examples of this are outlined below:
- The Department's Local Government Minister, Luke Hall, held a meeting with the Avon and Somerset SCG Chair on 2 April 2020. During this meeting the Chair highlighted the lack of PPE, the lack of confidence in the National Delivery System and that some care homes in Somerset were not accepting discharges from hospital because of PPE shortages. Minister Hall committed to looking into the PPE supply for South Gloucestershire (PH/85 – INQ000517106).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

- On 5 April 2020 Wiltshire Council contacted the Department's RED team and reported that the situation in Wiltshire was critical (PH/86 – INQ000517112). The Department proposed to the MoD liaison embedded within DHSC that Wiltshire be moved from a priority 3 to 1 and receive a delivery on 7 April 2020. Wiltshire was not able to be moved to priority 1 in time but became a priority 2 and received a drop as requested (PH/46 – INQ000517116).
- The co-chair of the Northumbria SCG contacted the Department on 8 and 10 April 2020, and raised in the SCG meeting on 11 April 2020, that the quantities of PPE stock would not meet demand, especially in light of the requirements set out in the PHE PPE guidance (PH/87 – INQ000517121), (PH/88 – INQ000517124). The Department escalated this to DHSC via email on 12 April 2020 and proposed Northumbria to receive a second drop of PPE as part of the priority list outlined in paragraph 125.
- On 9 April 2020 a joint letter was submitted to the Department from West Midlands and Warwickshire SCG Chair, Chief Executive of Solihull Council, and HM Senior Coroner for Birmingham and Solihull. This outlined that an urgent situation regarding a lack of PPE at the regional mortuary meant they intended to use PPE deliveries, that were otherwise assigned for primary care and ASC, as a short-term solution to enable them to meet demand (PH/89 – INQ000517122). The Department passed this information to DHSC on 11 April 2020 to make them aware of the additional ask on the LRF supply and to ask DHSC to consider it when calculating future deliveries (PH/90 – INQ000517159). By 21 April, this situation had improved with the assistance of the LRF (local police utilising their own procurement channels to assist the mortuary to obtain additional PPE), such that further action by the Department was no longer required.
- On 13 April 2020, a Departmental representative attended the Hertfordshire SCG. During this meeting concerns were raised that PPE delivery was poorly communicated and not happening when promised as well as not containing items promised. In addition, concerns were raised over inconsistent messaging from the

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

Department and DHSC, specifically in regards to the letter of 12 April 2020 (further information in paragraph 147). The Department took away actions to escalate issues and confirm when the next PPE drop would be supplied (PH/91 – INQ000517126).

- On 15 April 2020, the Presidents of ADPH and Association of Directors of Adult Social Services (“**ADASS**”) wrote a joint letter to SoSs Hancock (DHSC) and Jenrick to raise what they saw as two critical issues concerning PPE and testing, copying in Prof Chris Whitty, Chief Medical Officer (“**CMO**”) and Duncan Selbie of PHE (PH/92 – INQ000517141). The letter stated there were “fundamental issues [with] supply given current levels do not match the guidance.” It requested that one person, or a cross-departmental team, be designated to oversee all PPE issues across government and that this designate works with ADPH and ADASS to ensure PPE is prioritised across all agencies that need it. In response to this, Nick Burkitt, Director of Local Government, between May 2020-September 2020, was asked to make a call to Julie Ogley, President of ADASS in (PH/93 – INQ000517148) to reiterate the delivery of 45 million items of PPE to LRFs for distribution (between 6 and 20 April 2020), that DHSC were working to develop Clipper and that pilot testing was underway, the NSDR was a route for ASC providers to acquire PPE if LRF routes were unsuccessful and that the Department had worked with DHSC and PHE to communicate guidance on correct usage of PPE. I understand that the Department has searched for but not been able to locate a record of this telephone call. I therefore cannot be certain whether or when it was held, as had been intended.
- On 2 April 2020 the leader of Birmingham Council wrote a letter to the Department’s SoS highlighting a need for PPE for frontline staff in local government (PH/94 – INQ000517111). This letter was responded to on 16 April 2020 by Minister Pincher and stated that the Department was working closely with planners in SCGs to monitor levels of protective equipment and ensure key worker services have the supplies they needed (PH/95 – INQ000517150). Further correspondence followed - on 21 April 2020 the leader of Birmingham Council wrote a follow-up letter to Minister Pincher in relation to various issues which included the supply of PPE not meeting

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

demand (PH/96 – INQ000517149). The letter had originally been sent to SoS Robert Jenrick and DHSC SoS Matt Hancock on 16 April 2020 for which a response had not been received (PH/97 – INQ000517151). The letter requested the Department urgently address the concerns raised, provide an understanding of the specific product and stock of PPE and confirm when supplies would be available. Minster Pincher replied on 1 May 2020 confirming that the Department continued to work with DHSC and local partners to ensure all frontline staff had the PPE required (PH/98 – INQ000517161).

- On 23 April 2020 the West Midlands Local Authority reported that the PPE they had received was six years out of date and sought assurances that the PPE was safe. To address this, the Department emailed DHSC on 23 April 2020 to seek advice, for which DHSC confirmed that the guidance letter from Professor Keith Willett, NHS Strategic Incident Director, circulated on 20 March was still current (PH/99 – INQ000517157). The letter outlined the information on the supply and use of PPE, including its shelf life, to provide assurance that products had passed tests to ensure they were safe (PH/100 – INQ000517153). The Department confirmed this messaging to the chair of the West Midlands and Warwickshire SCG PPE working group who was happy with the assurance (PH/101 – INQ000517154) On 25 April DHSC officials provided further lines to say that that the equipment was safe to use because it came from a recognised supplier, and stock was tested to make sure it was still compliant before it was delivered but noted that labels were not changed to avoid delaying distribution (PH/102 – INQ000517156).
- On 30 April 2020 the Department's RED team flagged with Durham and Darlington LRF that IIR Type 2 facial masks would not be in the PPE delivery scheduled for the next day. In response the LRF raised an issue around procurement of PPE from commercial suppliers following receipt of out-of-date masks (PH/103 – INQ000517162). The LRF was informed that the Department could not comment on the quality or standards of goods/services procured by an LRF in a unilateral commercial arrangement they had entered into (PH/104 – INQ000517166).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

**May 2020**

152. In May 2020, the Department's work was focused on sharing intelligence by informing LAs of the PPE distribution strategy before DHSC's PPE portal was operational, and outlining how eligible organisations could contact LRFs to request urgent PPE supplies. The Department circulated a letter to all English council chief executives on 1 May 2020 on behalf of DHSC. It discussed the distribution of PPE via LRFs and contained details of how eligible organisations could contact LRFs to request urgent PPE supplies locally (PH/105 – INQ000517163). This letter was also circulated to a wide range of service providers, covering social care and the death management sector.
153. By 4 May, the amount of PPE items which had been delivered by LRFs stood at a figure of 67,003,162 (PH/106 – INQ000517164). Whilst the Department continued to monitor data received from LRFs about concerns relating to the availability of PPE supplies, and to share these concerns with DHSC, LRFs were reporting some improvement. By 6 May 2020, LRFs were reporting that PPE stock levels had improved and were being maintained above critical levels in most areas (PH/107 – INQ000517167).
154. By 9 May, PPE stock levels in LRFs had improved further, with fewer reporting less than three-day delays. LRFs had also raised concern regarding the legal risk associated with their role in onward distribution of PPE, which was being considered by DHSC and CO (PH/108 – INQ000517169).
155. The Department worked closely with DHSC to review how to reduce the involvement of LRFs in onward PPE distribution, ahead of the roll-out of the PPE portal. The Department attended a meeting on 11 May 2020 along with representatives from local government, DHSC and CO to discuss issues, risks, opportunities and potential solutions for the next phase of PPE sourcing. The Department was the secretariat for this meeting and discussion points included a review of how to reduce the involvement of LRFs in PPE distribution with the aim to wind down their role (PH/109 – INQ000517174). The meeting was held in response to an internal meeting on 7 May 2020 which had been organised to help local government to plan for procurement and supply issues and to address how the Department could support LAs. The Department sought guidance from internal



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

commercial colleagues to look at what procurement support LAs might need if they needed to continue to procure their own PPE in the longer term.

156. On 15 May 2020 the Department advocated to DHSC for the list of services served by LRF emergency PPE supplies to be expanded to include domestic abuse refuges, homelessness services and housing support providers/supported living (PH/110 – INQ000517171). There is no evidence of further written correspondence on this matter.
157. On 15 May 2020 the Department submitted advice to SoS (Robert Jenrick), providing an update on the DHSC PPE portal and recommendations for next steps, confirming that it was unlikely the portal would be operational until mid-June. The advice recommended that that the Department's officials participate in a joint PPE Operations Board to influence how the PPE portal was rolled out and to ensure delivery was in a timely way that reduced LRF involvement as quickly as possible, without disrupting supplies of PPE to frontline services (PH/111 – INQ000517172). The advice also outlined challenges which had arisen from LRFs having been the main distribution route for emergency PPE supplies since deliveries began at the start of April 2020, including a strain on relationships with LRFs, and reputational and operational risks.
158. On 19 May 2020, Special Advisers responded to the above advice, requesting clarification on whether there was a plan to withdraw from the PPE Operational Board after the LRFs' role in PPE distribution becomes more limited and what this plan would look like.
159. In response, the Department confirmed that Departmental officials would be able to withdraw from DHSC's PPE Operational Board once LRFs were no longer managing the onward distribution of PPE. It was also noted that the Department would not lead on any public communications related to the portal roll out. However, the Department would continue to engage with sectors and make sure that the local tier's voice was heard within DHSC as they led the design and rollout of the portal (PH/112 – INQ000517173).
160. Throughout this period, the Department also facilitated direct communication between DHSC and LRFs on a number of occasions. On 15 May the Department worked with

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

DHSC to provide them with the contact details of LRFs, whom DHSC wanted to invite to use the PPE portal (PH/113 – INQ000517170).

161. Self-reported data from LRFs to the Department highlighted that fewer numbers had significant overall concerns about PPE as more drops were made. On 20 May, concerns had reduced to 11 from 17 (out of 38 LRFs) on 6 May 2020 (PH/114 – INQ000517168).
162. On 27 May 2020, DHSC notified the Department of the list of all LRFs which were being onboarded onto the PPE portal for a three-week period. This onboarding was for small social care providers and GPs (PH/115 – INQ000517175).

**June 2020**

163. During June the Department continued to relay concerns to DHSC from LRFs, particularly about the shifting timelines of the full PPE portal roll out. On 2 June 2020 a meeting was held between Minister Simon Clarke and Minister Helen Whately, DHSC Minister for Social Care. (PH/116 – INQ000517176). The Department sought to taper the LRF role in PPE distribution following the roll out and implementation of the PPE portal. Minister Clarke raised the need for a timeline on the PPE portal (PH/117 – INQ000517178).
164. In the interim period between LRFs tapering distribution down and the PPE portal being fully implemented, there was still some LRF distribution required. On 8 June 2020 a letter, dated from 5 June, was sent from DHSC to LRFs which set out a further regular pattern of LRF deliveries to take place on scheduled days, with continued engagement and data collection reduced to two days a week. Feedback received via the Department's RED GLOs highlighted LRFs would welcome a more regular schedule of PPE deliveries, avoiding weekends where possible. In response to queries from LRFs, the Department send a follow-up letter on 9 June 2020 clarifying the new arrangement (PH/118 – INQ000517180) (PH/119 – INQ000517181) (PH/120 – INQ000517182).
165. As in earlier months, PPE requirements data continued to feed into the LRF dashboard, however from 8 June reporting from LRFs moved to twice weekly, given the PPE supply picture was beginning to improve and to lighten the burden upon LRFs. Updated guidance was circulated to LRFs on 5 June 2020 which also highlighted an additional question

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

asking LRFs for the date of the last day they expected to have sufficient items in stock. This was to better understand how long the current useable supply of PPE would last (PH/121 – INQ000517179).

166. Following the launch of the portal the Department began to engage with DHSC to implement a transition away from the reliance on LRFs to deliver PPE. As LRFs looked to move out of response mode, and as the supply of PPE continued to improve, the Department circulated a letter to LRF Chairs on 29 June 2020, that it wished to review the current arrangements for PPE deliveries to all LRFs (PH/122 – INQ000517183).

**July 2020**

167. On 9 July 2020 advice was sent to SoS (Robert Jenrick) to agree military support to LRFs beyond 31 July 2020, until 31 August, for up to 29 military planners in 12 LRFs. This was necessary to ensure LRFs had the continued support they needed to effectively exit from the Covid-19 response and transition into recovery efforts (PH/123 – INQ000517184). This was agreed by Minister Luke Hall on 13 July 2020 (PH/124 – INQ000517185).
168. The Department's PPE Cell emailed LRFs on 16 July 2020 proposing to move from two deliveries a week to one delivery per week and invited their views. The rationale for this was that there had been a significant reduction in demand from LRFs for DHSC-supplied PPE. The intention was to reduce deliveries to one day per week with each LRF receiving a 7-day supply which would result in only one data return being required (PH/125 – INQ000517187). Email returns from LRFs indicated that they had no concerns with the suggested changes, and throughout the rest of July 2020 supply drops were decreased to one a week (PH/126 – INQ000517188).
169. The Department held discussions with DHSC and LRFs to establish their views on the appropriate timescales for stopping PPE deliveries. On 16 July 2020, advice was submitted to SoS recommending that deliveries of PPE to LRFs should cease from the end of August, highlighting over 154 million items of PPE had been distributed to LRFs (PH/127 – INQ000104672).

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

170. LRFs had been requesting lower volumes of deliveries: since the large PPE numbers delivered in April (week commencing 27 April 2020, 18.9 million items) and May (week commencing 25 May 2020; 10.5 million items), there had been a consistent weekly drop in quantity and just 1.4 million items were delivered in week commencing 6 July 2020. Some LRFs were also keen to re-deploy the local warehousing and distribution networks currently committed to handling PPE.
171. The submission also outlined that evidence received from LAs confirmed they were able to directly source PPE and able to supply care homes and other local services. Supply channels to local users had become more stable and the Department had worked with DHSC to make sure that local areas knew about the PPE portal. DHSC had greater confidence in overall volumes of supply, and in the reliability of the wholesale distribution routes alongside the portal. The Department and DHSC were confident that supplies could be maintained without the LRF deliveries. This had also been tested with wider government departments including CO, Department for Education (“**DfE**”) and MoJ. Key elements of the plan to stop deliveries included an adequate notice period, enabling a smooth transition to alternative arrangements; and delivery of sufficient PPE to form a suitable local reserve.
172. The submission further informed SoS that the Department was working with DHSC and HMT to agree how councils could be reimbursed for their costs incurred in purchasing and distributing PPE. Local authorities had incurred significant costs in purchasing and distributing PPE.
173. The Department developed an equality impact assessment (“**EqlA**”) for this advice to consider the impact of the recommendation on those more vulnerable to Covid-19, and the position of people with protected characteristics. Evidence collected by the Department suggested no groups would be adversely impacted by stopping the provision of PPE to LRFs (PH/128 – INQ000517186). The Department had sought views of LRF chairs on stopping deliveries as an agenda item during their weekly call with the Department on 1 July 2020, and had in depth individual discussions with a representative sample of LRFs (Cambridgeshire & Peterborough, Cleveland, Dorset, Hampshire,

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

Lincolnshire, London, Merseyside, Thames Valley, West Midlands & Warwickshire, West Yorkshire, Hertfordshire, Surrey, Greater Manchester, Sussex, Nottinghamshire and Cheshire) that covered their views on the viability of stopping deliveries; appropriate timescales for doing so; and, the measures they had taken locally to obtain PPE from other sources. Based on the evidence on the national supply of and demand for PPE, the views of LRFs themselves, and the preparedness of local authorities, the EqIA concluded that no protected group would be adversely affected by stopping deliveries to LRFs.

174. Following the advice shared with SoS on 16 July 2020, DHSC presented on the retrospective reimbursement of PPE costs at the DHSC PPE Board on 23 July 2020. DHSC clarified that allocated HMT funding would cover all NHS, social care and wider public sector medical grade PPE needs, including all costs incurred up to 27 July. DHSC would also guarantee the supply of PPE free of charge to all OGDs up until 31 March 2021. The Department stated that while DHSC had communicated these next steps with OGDs, there had been no communication with LAs to date. The Department noted that the proposed cut-off date of 27 July would be problematic because of the need to provide sufficient notice to councils to allow them to halt /cancel procurement contracts before a cut-off date came into effect (PH/129 – INQ000517189).
175. On 27 July 2020, DHSC sent a letter to all departments outlining the exercise they were undertaking to process retrospective reimbursement claims and how requests for supply of PPE in the future would operate (PH/130 – INQ000517195).
176. On 29 July 2020 the SoS agreed with the Department's recommendation that PPE distribution via LRFs should stop by the end of August 2020. The SoS also requested that a letter be sent to LRFs thanking them for their work since March 2020 (PH/131 – INQ000517190).

### **August 2020**

177. Following the SoS (Robert Jenrick) decision to end PPE distribution via LRFs by the end of August 2020, the Department worked with DHSC to finalise arrangements to end LRF deliveries. To update LRFs, on 4 August 2020 letters were sent to all LRFs and local

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

authorities thanking them for all their support in coordinating the distribution of emergency PPE to front line services and confirming that the supply of PPE to LRFs would end (PH/132 – INQ000517191), (PH/133 – INQ000517192).

178. DHSC began to work across government to coordinate an assessment on future PPE demand across government departments and to reimburse any retrospective costs that departments and their sectors had incurred. For the Department this would include local government, domestic abuse refuges, and homeless and rough sleeping shelters. At a workshop held on 4 August 2020, the Department and DHSC officials agreed that the earlier proposed reimbursement cut-off date of 27 July 2020 (discussed at the DHSC PPE Board on 23 July 2020) would not apply to local government, and that communications to local government were needed to tell them to halt procurement beyond 31 March 2021 (PH/134 – INQ000517193).
179. On 5 August 2020 DHSC requested that government departments completed a Demand Impact Assessment (“**DIA**”) in order to process requests for reimbursement and onward supply of PPE (PH/135 – INQ000517194).
180. On 28 August 2020 the Department provided an initial DIA return which set out the predicted PPE demand for domestic abuse refuges and rough sleeping services (PH/136 – INQ000517198), (PH/137 – INQ000517199), (PH/138 – INQ000517200), (PH/139 – INQ000517201).
181. The email to DHSC flagged that in terms of reimbursement for local government, this would be dealt with separately as the 27 July cutoff date would not apply to them.
182. To ensure a clear handover to DHSC on PPE distribution, the Department determined that a confirmation letter detailing the ending of deliveries of PPE to LRFs was essential and asked DHSC to lead on this. DHSC’s initial view was to wait until an alternative mechanism was in place, however, agreement between the two Departments was reached and a letter and statement of intent from DHSC to LRFs was circulated on 14 August (PH/140 – INQ000517196), (PH/141 – INQ000517197). This confirmed the emergency supply channel would end on 11 September 2020 with the decision based on feedback the Department had received via in-depth calls with 15 LRF PPE teams, regular weekly calls

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

with all LRF chairs and Delta returns which indicated no LRF had reported PPE as a significant concern. The letter noted that from 1 September 2020, the DHSC PPE portal would be expanded to include a range of settings, including adult social care homes and domiciliary care settings. It also noted that work was underway to ensure continued PPE supply for other sectors including LAs, domestic abuse refuges and rough sleeping services.

183. This letter to LRFs also noted that LAs would also be advised of the decision to step LRFs down from regular emergency PPE distribution via the Department. The letter to LAs was sent out on 4 September 2020. The letter outlined that free PPE would be available to LAs until 31 March 2021 and that government will not fund any PPE contracts entered into by LAs outside of this (PH/142 – INQ000517203).

**Extension and cessation of free PPE to particular sectors (September 2020 – March 2022)**

184. From September 2020, the emergency LRF PPE distribution route was stood down due to increasing availability of PPE in the supply chain and reductions on the demand for supplies. Following the Department's PPE cell being stood down, the weekly LRF data collection on PPE requirements, stock levels and distribution also ended.
185. During this period, work in relation to PPE continued to be led by DHSC, whilst the Department reverted to a more supportive role aiding communication with local government and acting as an interface between DHSC, LRFs and LAs.
186. After submitting the initial DIA in August 2020, the Department provided an updated DIA on 4 September 2020, following a request for clarifications from DHSC (PH/143 – INQ000517202). The Department continued to submit DIAs quarterly for the following periods:
- a. December 2020 – March 2021 (PH/144 – INQ000517208).
  - b. April 2021 – June 2021 (PH/145 – INQ000517211).
  - c. July 2021 – September 2021 (PH/146 – INQ000517210).
  - d. October 2021 – December 2021 (PH/147 – INQ000517213).
187. On 21 September 2020 the Department issued a letter to all upper tier LAs and LRFs on behalf of DHSC outlining future arrangements for PPE distribution. The letter also included

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

information for LRFs on how to return PPE demand estimates, and how to replenish PPE stockpiles. This was to ensure further resilience and temporary support in the face of further spikes in transmission, winter pressures or in case of any temporary issues with other types of distribution mechanisms (PH/148 – INQ000517204). By 25 September 2020, all LRF stockpile deliveries via the Department had been completed. Beyond the submission of quarterly DIAs as outlined above, from the end of September 2020 the Department's role in relation to PPE reduced to a watching brief, until August 2021 when DHSC began to explore options to end the provision of free PPE to certain settings and sectors.

188. From August 2021 the Department worked with DHSC to explore options for future provision of PPE to our key sectors. DHSC originally committed to providing Covid-19-related PPE free of charge, as referenced in paragraph 29, for all health, social care and public sector workers to support their Covid-19 needs until 31 March 2021. In April 2021 DHSC extended the provision of free PPE for all health, social care and public sector workers: first until the end of June 2021, then until the end of March 2022.
189. In August 2021 DHSC began to explore options to end the provision of free PPE to OGDs' relevant sectors from 1 April 2022. For the Department, this included organisations supporting victims of domestic abuse, and organisations supporting rough sleepers. To inform this, DHSC developed a survey on the future procurement and distribution arrangements, which government departments were required to complete.
190. In September 2021, the Department worked with DHSC to discuss the potential implications of ending free PPE after March 2022 for the Department's sectors. The initial planning assumption set out by DHSC was that government departments would be responsible for funding, purchasing, and distributing their own PPE from 1 April 2022 (PH/149 – INQ000517209).
191. On 1 October 2021, DHSC launched a public consultation on whether to extend the central, free provision of PPE to the care sector for a further year.



Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

192. Later in the month, to prepare the Department's response to the DHSC survey on options to end the provisions of free PPE, the Department engaged with its Supported Housing, Domestic Abuse and Rough Sleeping teams to understand the needs of the sectors and to inform the survey response. The Department's key consideration was to ensure that its key sectors were able to continue to be able to procure PPE through the NHS supply chain. (PH/150 – INQ000517212).
193. The Department submitted its survey response on 29 October 2021. The response specified that although PPE had not been procured by the Department, it had been procured by the Department's key sectors (set out above) through the DHSC/NHS supply chain, and that it wished those sectors to continue to access PPE via this method. The return also provided information relating to the types of PPE that would be mostly required after March 2022 for organisations supporting victims of domestic abuse and rough sleepers. (PH/151 – INQ000137052).
194. On 13 January 2022 DHSC confirmed the extension of the free provision of PPE until March 2023 (or until the guidance on PPE usage for COVID-19 was either withdrawn or significantly amended). DHSC also confirmed that procurement through the NHS supply chain would continue through a new and improved PPE portal (PH/152 – INQ000517214). Following the announcement, the Department worked with DHSC to onboard Domestic Abuse refuge and Rough Sleeping service providers to the portal by the end of March 2022. As part of the onboarding process, the Department worked with DHSC to consider logistical issues as well as security and data protection concerns for future PPE deliveries. This was necessary as the addresses for domestic abuse refuges are confidential, and the onboarding of these service providers would have required sharing this confidential information with OGDs, digital partners, delivery partners and couriers. To address this, the Department engaged with key stakeholders (Women's Aid, Refuge, and Imkaan) to share their feedback and proposed solutions with DHSC, which included arranging deliveries to front-facing offices and PO boxes not linked to the location of bed spaces in order to maintain confidentiality (PH/153 – INQ000517215).

**D. LESSONS LEARNED**

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

195. I produce as Annex B to this statement a list of lessons learned reviews, exercises and initiatives conducted or participated in by the Department insofar as they relate to the Provisional Outline Scope of Module 5. The list identifies these exercises' key details and recommendations; and the Department's response to them.
196. The lessons learned have informed the Department's planning for future pandemic responses, including the Covid-19 playbook and RED's response frameworks. Lesson learning happened at various points including between waves, during the response and following the pandemic which covered a range of activities. For example, significant changes were made to RED's operational structure, processes, IT systems and staffing levels in response to the Covid-19's pandemic first wave and to prepare for the anticipated second wave. The lessons learned exercises tended to be focused on areas the Department led although the Department also engages with OGDs such as DHSC, National Health Service England ("**NHSE**") and CO in relation to pandemic preparedness, as considered in Module 1.
197. In the event of an emergency where the Department needed to take action, the Response and Recovery Plan sets out how RED deals with emergencies in line with HMG's Concept of Operations for the UK Central Government Response to Emergencies. In the event specifically of a pandemic, a series of Covid-19 playbooks would be drawn upon to inform the Departmental response. RED also maintains a core brief and action card which set out the actions that RED officials would need to take in any future pandemic response.
198. The Department also established the Central Response and Coordination Unit in 2022 to manage and coordinate the Department's response to emergencies. In addition, the 'Concept of Operations' document was developed setting out the Department's response coordination arrangements, and the roles and responsibilities of MHCLG teams involved in response work. The 'policy toolkit' further clarifies the various policy levers and powers at the Department's disposal to support its emergency response work.
199. In relation to PPE learning specifically, the Department's LRF Taskforce was set up in March 2020 to better understand the state of LRF pandemic preparedness. As described at paragraphs 52 and 53, the first report was produced on 14 March 2020 and stated that the

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

availability of PPE equipment for staff was reported widely as a concern not only within Adult Social Care, but across all emergency responder agencies. The Taskforce produced a second report on 20 March 2020 and a third report on 27 March which continued to identify recommendations in relation to supply of PPE to the local tier.

200. Once the Department's PPE Cell was stood down, further efforts were made to learn lessons relating to the distribution of PPE to the local tier. A key point identified by the PPE Cell team was that giving LRFs achievable deadlines improved accuracy and response rates from LRFs and improved the working relationship between LRFs and the Department. Another point was that changes to processes that affect LRFs required sufficient advance warning. Further reflections from this internal review are set out at item 5 of Annex B.

***Covid-19 Response and Supplementary Playbooks***

201. Since April 2022, the Department has undertaken work to develop a Covid-19 Response Playbook ("**CR Playbook**") to describe the Department's role, in the context of DHSC and UKHSA planning, in the event that a new Covid-19 variant of concern or increase in infections places pressures on systems.
202. The aim of the CR Playbook is to set out arrangements and considerations for the Department's future response to a significant increase in Covid-19 infections and disease, recognising that this will depend on the circumstances at the time. The Playbook draws on the experience and lessons from the Department's response to the Covid-19 pandemic.
203. A working draft was available from May 2022. Subsequently, version 1.0 of the CR Playbook was issued on 31 January 2023 following consultation with relevant response directors and endorsement from the Department's Resilience Board. I exhibit this as (PH/154 – INQ000137136). The CR Playbook is subject to Departmental review on a regular basis and is currently being developed with a broader scope in order to become a pandemic playbook, rather than specific only to Covid-19. The updated playbook will be presented to the Department's Resilience Board for endorsement during winter 2024.

Hobman

2.Statement No: 1

3.Exhibits: PH/1 – PH/161

4. Dated: 13 January 2025

204. The CR Playbook is based on learning from previous waves of Covid-19 across a wide range of the Department's workstreams, for which individual playbooks were developed, including the PPE Playbook which I exhibit as (PH/155 – INQ000137200).
205. The PPE playbook focuses on the role of the Department as the interface between DHSC and LRFs/LAs. Another objective of this workstream was to facilitate support for agencies, departments and local networks that directly work in the public sector to obtain PPE items. The Playbook sets out key functions of the PPE workstream, including maintaining a close working relationship with DHSC and keeping up to date with any changes and/or progress with PPE Policy and cascading to Departmental policy teams as required.

**Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

**Signed:** \_\_\_\_\_

PD

**Dated:** 13/01/25

**UK COVID-19 INQUIRY**

---

**ANNEX A: GLOSSARY OF ACRONYMS**

---

*The acronyms below appear in the body of the witness statement and lessons learned annex and are collated here for ease of reference. They are listed alphabetically.*

|       |   |
|-------|---|
| ADASS | Association of Directors of Adult Social Services |
| ADD   | Analysis and Data Directorate                     |
| ADPH  | Association of Directors of Public Health         |
| ASC   | Adult Social Care                                 |
| CCS   | Civil Contingencies Secretariat                   |
| CEXs  | Chief Executives                                  |
| CMO   | Chief Medical Officer                             |
| CO    | Cabinet Office                                    |
| COBR  | Cabinet Office Briefing Room                      |
| DEFRA | Department for Environment, Food & Rural Affairs  |
| DfE   | Department for Education                          |
| DHSC  | Department of Health and Social Care              |

|        |  |
|--------|--|
| DIA    | Demand Impact Assessment                               |
| EqIA   | Equality Impact Assessment                             |
| GLO    | Government Liaison Officers                            |
| GPSMIG | General Public Sector Ministerial Implementation Group |
| HMIG   | Health Ministerial Implementation Group                |
| HMT    | His Majesty's Treasury                                 |
| LA     | Local Authority  |
| LGA    | Local Government Association                           |
| LRF    | Local Resilience Forum                                 |
| MACA   | Military Aid to the Civil Authorities                  |
| MHCLG  | Ministry of Housing, Communities and Local Government  |
| MoD    | Ministry of Defence                                    |
| MOJ    | Ministry of Justice                                    |
| NHSE   | NHS England  |
| NSDR   | National Supply Distribution Response                  |
| OGD    | Other Government Departments                           |

|        |   |
|--------|---|
| PDCB   | Pandemic Diseases Capabilities Board        |
| PHE    | Public Health England                       |
| PPE    | Personal Protective Equipment               |
| RA     | Resilience Advisors                         |
| RED    | Resilience and Recovery Directorate         |
| RWCS   | Reasonable Worst-Case Scenario              |
| SCG    | Strategic Coordinating Groups               |
| SOLACE | Society of Local Authority Chief Executives |
| SoS    | Secretary of State                          |
| SRO    | Senior Reporting Officer                    |
| UKHSA  | UK Health Security Agency                   |
| VoC    | Variant of Concern                          |

## ANNEX B: LESSONS LEARNED

---

*This Annex contains a list, and details of lessons learned exercises regarding the matters set out in the Provisional Outline for Scope of Module 5.*

| N o. | Date or date range                    | Lead Dept/team and nature of exercise  | Key details of review/exercise   | Dept response/implementation   | Exhibit references   |
|------|---------------------------------------|--|--|--|--|
| 1    | Live document – latest version Jan-23 | <p>The Department's Local Government Engagement team</p> <p>Internal Playbooks to guide future response work</p> | <p>The Department developed the "Covid-19 Response Playbook" to be drawn upon to support a future Department response, depending on the specific circumstances.</p> <p>The first working draft of the playbook was produced in Apr-22 and was based on learning from previous waves of Covid-19 across a wide range of the Department's workstreams, for which individual playbooks were developed, including the supplemental playbooks mentioned below.</p> <p>Version 1.0 of the Playbook was issued on 31-Jan-23 following consultation with the Department's relevant response Directors and endorsement from the Resilience Board. This was exhibited to the Module 2 Tranche 3 statement of Jeremy Pocklington, dated 22/08/2023 with the following exhibit number (JP3/108 – INQ000137136). This was also exhibited to the Module 4 statement of Catherine Frances as (CF/115 – INQ000137136). This has also been exhibited to the Module 5 statement of Penelope Hobman as (PH/154 - INQ000137136).</p> | <p>The Playbook promotes flexibility as a key principle of the Department's response and encourages teams across the Department to ensure that a proportionate level of planning is undertaken (within the context of this Playbook) to remain prepared.</p> <p>The Playbook provides a framework of considerations for the Department in the event of a new Covid-19 VoC or an increase in infections that places pressures on systems. It does not seek to set out detailed roles, responsibilities, and actions, recognising that these will depend on the circumstances at the time of a new VoC. The measures set out in the playbook will be activated if:</p> <ul style="list-style-type: none"> <li>• UKHSA or DHSC confirm that a new Covid-19 VoC has been designated.</li> <li>• It is agreed by the Department's Covid-19 SRO that activation is appropriate due to risks or issues relating to Covid-19.</li> <li>• DHSC/UKHSA/CO activate cross-Whitehall command and control arrangements.</li> </ul> | <p>(PH/154 - INQ000137136) . Covid-19 Response Playbook.</p> <p>(PH/155 – INQ000137200) PPE Playbook</p> |



|   |        |  |  |   |  |
|---|--------|--|--|---|--|
|   |        |  | <p>The Covid-19 Response Playbook provides a framework of considerations for the Department in the event of a new Covid-19 variant of concern (“<b>VoC</b>”) or an increase in infections that places pressure on systems.</p> <p>The Department developed a supplemental series of more detailed thematic playbooks to be drawn upon to support a future Department response.</p> <p>The supplemental thematic playbook relevant to Module 5 is the PPE playbook.</p> <p>The PPE playbook sets out this was predominantly led by DHSC, but the Department acted as an interface between DHSC and LRFs/LAs. Another objective of this workstream was to facilitate support for agencies, departments and local networks that directly work in the public sector to obtain PPE items.</p> | <p>The Covid-19 Response Playbook is subject to Departmental review on a regular basis and is currently being developed with a broader scope in order to become a pandemic playbook, rather than specific only to Covid-19.</p> <p>Playbooks promote flexibility as a key principle of the Department’s response and encourage teams across the Department to ensure that a proportionate level of planning is undertaken (within the context of this Playbook) to remain prepared.</p> |  |
| 2 | Sep-20 | <p>The Department’s Resilience and Recovery Directorate</p> <p>Emergency Survival Manual developed by the Winter Coordination Unit</p> | <p>In summer 2020, there was a significant reorganisation of the Resilience and Emergency Division to become the Resilience and Recovery Directorate, and to introduce other changes to their role and Covid-19 plans.</p> <p>In response to the demands of the Covid-19 pandemic’s first wave, and to prepare most effectively for the anticipated second wave, significant changes were made to RED’s operational structure, processes, IT systems and staffing levels.</p>  | <p>Changes made to RED’s operational structure included:</p> <ul style="list-style-type: none"> <li>• Developing RED’s regional engagement model, including:</li> <li>• The introduction of five regional hubs with dedicated Resilience Advisors to support LRFs to increase the support the Department could provide;</li> <li>• The establishment of a dedicated function to plan and facilitate regular video</li> </ul>  | <p>(PH/156 – INQ000468746)<br/>RED Response and Recovery Plan</p> <p>(PH/157 – INQ000023165)<br/>Emergency Survival Manual</p> |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | <p>The Department also completed a programme of work to ensure that it retained corporate knowledge and captured lessons learned from prior emergencies and events, and to ensure that it has robust information management processes in place.</p> <p>An Emergency Survival Manual was developed to help the Department respond effectively to future emergencies or events that cannot be managed or resourced through business-as-usual business planning and have a significant impact for multiple teams across the Department. The Emergency Survival Manual was developed to capture learning arising from the 'Winter 2020' structures. The Winter 2020 structures were in place from around October 2020, across several government departments, to manage concurrent winter risks, primarily Covid-19 and the impending EU Exit. In order to continually learn from emergencies, RED have processes to debrief in a structured manner and identify lessons learned following a response.</p> <p>The Department's response to the winter arrangements were instituted to ensure sufficient staffing, governance, and risk escalation systems were in place. The Emergency Survival Manual captured learning from the winter arrangements, as well as drawing on previous emergency and major events.</p> <p>The Emergency Survival Manual has now been superseded by the establishment of the Central</p> | <p>conference meetings with LRF Chairs to provide strategic updates; and</p> <ul style="list-style-type: none"> <li>• RED convening an expert panel of LRF Chairs to act as a trusted partner and to reflect on the roles LRFs can usefully play in the future of resilience.</li> <li>• Developing RED's situational awareness capability through the introduction of:</li> <li>• A dedicated, permanently staffed Strategic Insights function within RED. The role of this Strategic Insights function includes gathering both human intelligence (provided through GLOs) and data from a range of sources (including OGDs); and</li> <li>• Cross-Government 'Discovery' meetings, which include representatives from other departments, where data on local risks is combined with human intelligence to give a comprehensive picture of risk, and tolerance to risks, within LRFs.</li> <li>• Enhancing RED's response model to include:</li> <li>• The introduction of more specialised teams within RED, each focused on performing its own specific function;</li> <li>• Bolstering capability for proactively managing issues raised by local responders by establishing a specialist issue resolution function with its own dedicated resources;</li> </ul> |  |
|--|--|--|--|--|

|   |        |   |   |  |  |
|---|--------|---|---|--|--|
|   |        |   | <p>Response and Coordination Unit in 2022. This provides a dedicated secretariat function for the new Resilience Board which oversees activity across the Department's responsibilities in planning for and responding to emergencies and major events.</p> <p>The Department has developed a 'Concept of Operations' document setting out the Department's response coordination arrangements, and the roles and responsibilities of MHCLG teams involved in response work. The 'policy toolkit' was also developed clarifying the various policy levers and powers at the Department's disposal to support its emergency response work.</p> | <ul style="list-style-type: none"> <li>• Ensuring that recovery work is factored into all work carried out within RED's response teams; and</li> <li>• Replacing RED's Emergency Response Plan with the Response and Recovery Plan that sets out RED's new operating model and formalised processes for ensuring appropriate resourcing levels within RED for dealing with emergencies.</li> <li>• Further changes to strengthen resilience capabilities within and beyond the Department have included:</li> <li>• Provision of dedicated funding, including innovation funding for LRFs since 2021 which has, for example, supported the development of digital tools to aid effective information sharing at LRF level. We continue to put this at the heart of our focus as part of our programme to continue to strengthen LRFs.</li> </ul> |  |
| 3 | Jan-23 | <p>The Department's RED team</p> <p>Debrief report containing key themes and recommendations for PDCB</p> | <p>In January 2023, RED collated debrief reports from LRFs, reflecting on the Covid-19 response and identifying lessons for the future. From these RED extracted key themes and recommendations to present to the DHSC chaired Pandemic Diseases Capabilities Board ("PDCB"). RED noted key recurring themes and recommendations, especially those pertinent to central government which included:</p> <ul style="list-style-type: none"> <li>• Debriefs stressed the importance of strong working relationships and trust between</li> </ul>   | <p>Since the first Covid-19 wave, actions have already been taken by RED and LRFs to implement some of the lessons learnt. The key actions taken by RED are as follows:</p> <ul style="list-style-type: none"> <li>• RED moved to a more consistent approach for assigning GLOs to LRFs, after the first wave of Covid-19. LRFs cited this as a positive change and RED has maintained this approach, where possible, since moving out of the Covid-19 response.</li> <li>• RED reviewed the approach to collecting data from LRFs during Covid-19 and developed a</li> </ul>  | <p>(PH/158 – INQ000468760) Local Resilience Forum COVID-19 debrief report: Key themes and recommendations for PDCB</p> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  | <p>colleagues as a key factor in a successful response.</p> <ul style="list-style-type: none"> <li>Local information flow was highlighted as a success in several reports, with some exceptions where clear communication between different LRF sub-groups was less consistent. A number of LRFs criticised their often-restricted access to NHS data that, when available, aided the timely mobilisation of local support.</li> <li>There was a perceived underutilising of local knowledge and capability in the central Government response.</li> <li>Military support was recognised as helpful throughout the Covid-19 response. However, at the start, the 'top-down' military aid provisions from central government left a number of LRFs initially unprepared to properly utilise the support and cohesion between LRFs.</li> <li>All LRF reports reviewed described issues with the communication and guidance from central Government. LRFs criticised the lack of notice prior to public announcements on new policy, leaving them little time to organise before these new policies were due to be implemented.</li> <li>Many LRF reports mentioned a burdensome level of data reporting to central Government, within very short timescales. The system for reporting was also described as overcomplicated.</li> <li>Debrief reports described issues arising from a lack of understanding of the LRF role, both by local partners and central Government.</li> <li>LRFs frequently described difficulties in collaborating with health partners. Many noted a lack of understanding of NHS and Health</li> </ul> | <p>less resource-intensive process for collating data in a future pandemic scenario.</p> <ul style="list-style-type: none"> <li>RED conducted an initial survey with LRFs to understand engagement between health partners and LRF structures. RED are engaging with UKHSA's Future of Health Protection Systems workstream and promoting the informal call for evidence from LRFs and LAs.</li> </ul> <p>Future actions:</p> <p>Several of the issues raised, particularly around the relationship between central government and LRFs, are wider than pandemics and, as such, go beyond the scope of PDCB. However, the following actions were agreed by the PDCB to address the lessons identified for a future pandemic scenario:</p> <ul style="list-style-type: none"> <li>Incorporate debrief report findings into the development of a future Pandemic Preparedness Strategy, with emphasis on improving communication and utilising local knowledge. DHSC are the lead government Department for pandemic preparedness and this action.</li> <li>Consult with a small group of LRFs on the development of a new Pandemic Preparedness Strategy at a later stage in its development to ensure the LRF perspective is adequately reflected. The Department will continue to engage with DHSC, CO and LRFs to support the development of any such strategy.</li> </ul> |  |
|--|--|--|--|--|--|

|   |              |                        |  |   |   |
|---|--------------|------------------------|--|---|---|
|   |              |                        | <p>Protection Board structures by the LRF and vice versa.</p> <ul style="list-style-type: none"> <li>Many LRFs recognised that the process of de-escalating and transitioning from response to recovery when infection waves subsided was difficult. Some LRFs report learning to start thinking about recovery well in advance of the end of a wave of infections.</li> </ul>   | <ul style="list-style-type: none"> <li>Continue to work on: (i) increasing cross-Government awareness of the LRF and understanding of its role for a pandemic scenario; (ii) ensuring LRFs are fully aware of relevant cross-Government structures. This action is owned by the Department. The stronger LRF programme and associated programme board continues to raise the profile of LRFs across government. RED continues to reach out to partners across government to explain our role and that of LRFs generally. The pandemic risk workstream within RED has engaged with partners from UKHSA, DHSC, NHSE and more in the last year, explaining the role of LRFs and RED in pandemics.</li> </ul>   |   |
| 4 | 9 March 2020 | LRF Covid-19 Taskforce | <p>The COVID-19 Taskforce commenced on 9 March 2020 to strengthen support to LRFs in England, led by retired LRF Chair, Andy Battle, and the former CMO for Wales, Ruth Hussey.</p> <p>In the first report from the taskforce, it stated that the availability of PPE equipment for staff is reported widely as a concern not only within Adult Social Care, but across all emergency responder agencies.</p> <p>The taskforce identified six key issues with LRF preparedness in its interim report. These were:</p> <ul style="list-style-type: none"> <li><b>Adult Social Care:</b> This has been highlighted by LRFs as one of their major concerns. In particular, guidance on supporting those most vulnerable following exposure to the virus</li> <li><b>Business Continuity:</b> Whilst LRFs can coordinate some aspects - many of the</li> </ul> | <p>In response to the first report, the Department submitted a submission to Secretary of State Robert Jenrick. This makes several recommendations including raising PPE as an issue for national consideration and set out that a further request for military support for tailored adult social care support was planned.</p> <p>The taskforce produced a second report on the 20 March 2020. It notes that LRF agencies are reporting significant challenges in accessing national supplies of PPE and other areas for attention.</p> <p>In the third and final report, the taskforce continued to identify issues and make recommendations including that provision of PPE remained the most important challenge across LRFs.</p> <p>The witness statement sets out the work of the Department in relation to PPE and LRFs.</p> | <p>First LRF Taskforce Report:</p> <p>Report: (PH/159 – INQ000517087)</p> <p>Submission to SoS Robert Jenrick (PH/31 – INQ000517086)</p> <p>Second LRF Taskforce Report: (PH/32</p> |

|   |              |                           |  |   |   |
|---|--------------|---------------------------|--|---|---|
|   |              |                           | <p>solutions are to be found at local agency level.</p> <ul style="list-style-type: none"> <li>• <b>Excess Death Plans:</b> This is a key area for LRFs and there is some evidence of an increase in urgency on death planning because of the more explicit national messaging and the move to delay phase.</li> <li>• <b>Guidance:</b> LRF / Local Government sector are encouraged to develop their own local approaches. This approach needs to be supported more explicitly, and the local system needs more direct support from the national level for this approach</li> <li>• <b>LRF / Health connectivity:</b> Clear reinforcement from within Government departments on the importance of close joint working will assist in ensuring any problems are resolved quickly</li> <li>• <b>Communication:</b> Concerns regarding information flows have been expressed at national and local level.</li> </ul> |   | <p>–<br/>INQ000517090)</p> <p>Third LRF Taskforce Report:<br/>(PH/160 – INQ000517099)</p>                             |
| 5 | October 2020 | The Department's PPE Cell | <p>As the PPE Cell was demobilising in the Department, an internal lessons learned review was conducted.</p> <p>Some of the key reflections are below:</p> <ul style="list-style-type: none"> <li>• Internally, setting up complete data requirements from the start.</li> <li>• Externally, giving LRFs achievable deadlines improved accuracy and response rates from LRFs as well as improving the working relationship.</li> <li>• Changes to processes that affect LRFs required sufficient advance warning. The impact within the LRF or LAs may be wide</li> </ul>  | <p>The PPE cell in the Department was demobilised in August 2020 following the decision to end PPE drops to LRFs.</p> <p>DHSC became responsible for the distribution of PPE stocks for Covid-19 via their PPE Portal and LRFs were 'stood down'. The Department maintained a 'watching brief' over PPE policy but was no longer responsible for its distribution via LRFs.</p> <p>The Department developed a supplemental series of more detailed thematic playbooks to be drawn</p> | <p>Lessons Learnt MHCLG - LRF PPE deliveries; (PH/161 – INQ000517205)</p> <p>PPE Playbook (PH/155 - INQ000137200)</p> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  |  | <p>reaching, and sufficient time is needed to learn the new process.</p> <ul style="list-style-type: none"><li>• Information distribution must assume no prior knowledge.</li><li>• Each LRF requires a bespoke delivery arrangement as the demand, storage, staffing and site vary.</li><li>• Acknowledging issues and informing LRFs that we are looking into concerns that have been widely reported, built trust and improved our relationship.</li><li>• The increased workload and specific arrangements will be time-consuming and will need a comprehensive and detailed delivery plan and schedule to make this arrangement work.</li></ul> | <p>upon to support a future Department response including the PPE playbook.</p> |  |
|--|--|--|--|---|--|