

Wednesday, 19 March 2025

(10.00 am)

Housekeeping

LADY HALLETT: Mr Wald.

Just before we begin, by way of reminder, tomorrow I'll be holding a closed session in the morning to hear evidence from the Cabinet Office and the Department of Health and Social Care witnesses. This means that there will be no attendance from members of the public and there will not be the usual broadcast of Inquiry proceedings or publication of a transcript. Core Participants will be able to attend and be represented at tomorrow's hearing and some media representatives will also be present.

I have imposed these restrictions at the request of the National Crime Agency so the Inquiry can consider evidence relating to PPE and Medpro fully without any danger of prejudicing future criminal prosecutions.

These restrictions are only temporary. They will be lifted as soon as the prospect of any prosecutions is resolved or prosecutions that are brought are concluded. Once I've finished the hearing of evidence in closed session, we shall revert to open session tomorrow afternoon for the last remaining witness for this week.

Mr Wald.

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if I may?

You entered government as a whip in the House of Lords in the middle of 2019; is that right?

A. That's right.

Q. Your responsibilities included ones within the Home Office and the DHSC?

A. And also the Treasury.

Q. And the Treasury. On 9 March 2020 you were appointed as Parliamentary Under Secretary of State for Technology Innovation and Life Sciences. Your portfolio included data and technology, NHS IT, and data to support innovation?

A. That's right.

Q. And you, of course, maintained your seat in the House of Lords and continued to be involved in House of Lords business?

A. That's right.

Q. Thank you. Then moving on to your role during the pandemic, Lord Bethell, by March 2020 you had an extensive portfolio of responsibilities which you list at paragraph 9 of your statement. And that portfolio included the supply of medications, testing technology, test and trace, research and life sciences, including vaccines, which of course was the reason why you appeared in Module 4 earlier this year, global

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MR WALD: My Lady, before we commence, a small matter of housekeeping from me, as well.

In the course of yesterday's evidence Lord Agnew raised a matter of commercial sensitivity in respect of which we seek a restriction order.

LADY HALLETT: Very well. Thank you.

Sorry to keep you standing, Lord Bethell. Welcome back.

THE WITNESS: Thank you.

MR WALD: My Lady, our first witness today is Lord Bethell.

LORD JAMES BETHELL (sworn)

Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 5

MR WALD: Please state your full name for the Inquiry.

A. James Bethell.

Q. Lord Bethell, thank you for providing to the Inquiry a witness statement. It's Inquiry reference INQ000528392, which you have signed. Please confirm that it is true to the best of your knowledge and belief.

A. Yes, it is true.

Q. Thank you, Lord Bethell. I have a limited number of topics that I wish to address with you over the relatively limited time that we have together this morning. Before doing so, can I just touch upon your background and then onto your role during the pandemic,

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health, security, international diplomacy and relations, NHS IT, and data and technology; is that right?

A. That's right. There were further responsibilities later in the pandemic, including the red listing programme.

Q. And by red listing programme, do you want to just explain what you mean by that?

A. Yes, the programme for closing the borders and ensuring that people who arrived in the UK were properly tested.

Q. All right. Well, we won't move on to that in the course of our time together this morning.

Your ministerial responsibilities largely centred around testing; is that right?

A. I wouldn't say "largely" centred; it was one big aspect of it.

Q. You describe your role as acting as a liaison between industry and the government?

A. The role was bigger than that. It included providing ministerial oversight of the testing programme.

Q. Yes, I am taking this from your statement. So if I've -- if it requires adjustment then, of course, please offer that.

You say you were often brought in to engage with industry and energise their support for the national response and to encourage the private sector to come forward with their best ideas and resources.

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1 **A.** Yes, that's right.  
 2 **Q.** All right. Let's move on, then, to early stages and the  
 3 setting up of the so-called GO Team. You were involved  
 4 in the setting up of an initiative that became known as  
 5 the GO Team in the early days of the pandemic?  
 6 **A.** Yes, that's right.  
 7 **Q.** Now, the GO Team, was that essentially a team based at  
 8 the GlaxoSmithKline headquarters which sought to find  
 9 promising suppliers of key medical equipment and  
 10 supplies?  
 11 **A.** So there were a number of teams which had different  
 12 names at different times. It is true that the Glaxo and  
 13 AstraZeneca companies provided a huge amount of  
 14 logistical and -- logistical support and advice, but  
 15 they weren't the only team that were helping us.  
 16 **Q.** No. I wasn't suggesting that they were. But have  
 17 I correctly summarised --  
 18 **A.** Yes, you have.  
 19 **Q.** -- the function of the GO Team? And you explain at  
 20 paragraph 20 of your witness statement that this would  
 21 draw on their intelligence and market muscle to access  
 22 the best suppliers to work in parallel and directed by  
 23 the NHS procurement team with a particular focus on  
 24 ventilators, PPE, cardiovascular medicines and testing  
 25 kits?

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1 at them very briefly.  
 2 INQ0006325, I think it's page 2 that tells us --  
 3 there they are, those five pillars. With which of these  
 4 pillars were you most involved?  
 5 **A.** So with NHS, I was involved in encouraging the NHS to  
 6 step up to the biggest ambition it could find for  
 7 itself. Pillar 2 became the biggest part of this  
 8 programme and became NHS Test and Trace. Pillar 3 was  
 9 very important to begin with but faded once we realised  
 10 that just because you'd had coronavirus didn't mean you  
 11 couldn't have it again. Pillar 4 was very slow to get  
 12 going but became extremely impressive, and although it  
 13 wasn't financially the biggest part, in terms of its  
 14 intel it was incredibly important.  
 15 And then Pillar 5 initially was slow to get going  
 16 but became a really big part of what I was doing to try  
 17 to encourage UK industry to source and manufacture  
 18 diagnostics.  
 19 **Q.** All right, thank you for that.  
 20 That's the beginning of April, that's 1 April 2020.  
 21 Matt Hancock announced that as part of its strategy, the  
 22 government would deliver 100,000 tests a day by the end  
 23 of April 2020, didn't he?  
 24 **A.** Yes.  
 25 **Q.** Did you think at the time that that was achievable?

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1 What do you mean by drawing on intelligence and  
 2 market muscle?  
 3 **A.** Yes, so at the very, very early stage when they were  
 4 their most valuable, we, the NHS procurement system was  
 5 under huge strain and parts of it, including SCCL,  
 6 completely fell over. We needed their team of  
 7 procurement experts who had access to the data of what  
 8 was available to them in the market to literally  
 9 provide, as it were, a catalogue of the materials that  
 10 we might be able to source, and advice on where we might  
 11 go in order to find other materials.  
 12 I know that sounds rudimentary but I can't  
 13 overestimate -- I can't exaggerate how important basic  
 14 intel on where stuff was at that time.  
 15 **Q.** Were leads passed on to the DHSC and Parallel Supply  
 16 Chain or was this essentially a scoping exercise?  
 17 **A.** That GO Team was not primarily focused on PPE; it was  
 18 mainly focused on medicines, and I didn't have any  
 19 engagement with it and don't know exactly what they  
 20 passed on.  
 21 **Q.** All right. Can I move now, both in time and in topic,  
 22 forwards to the Government Testing Strategy. That was  
 23 published on 1 April 2020. We have touched on this with  
 24 a previous witness so I want to go fairly swiftly, if  
 25 I may, to the five pillars of the strategy. We can look

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1 **A.** I did. I encouraged him to step up to that and  
 2 I thought it was exactly the kind of big, hairy goal  
 3 that we needed to in order to galvanise the system.  
 4 **Q.** The testing strategy document itself explains that  
 5 although the UK had undertaken one of the highest  
 6 numbers of tests in Europe, we had the worst starting  
 7 point, didn't we?  
 8 **A.** Yes.  
 9 **Q.** So my immediate question is, can you offer any  
 10 reflections on why that was?  
 11 **A.** Yes.  
 12 **Q.** And how difficult it made achieving that target?  
 13 **A.** So we had, in PHE, fabulous scientists who were  
 14 extremely good at the analysis of viruses, but had no  
 15 ambition or remit for putting together the kind of  
 16 population health diagnostics that other countries had.  
 17 That was a very weak platform to build our response on.  
 18 And in fact, we were essentially starting from scratch,  
 19 both in terms of testing and in terms of tracing.  
 20 That meant they didn't have a reach into diagnostic  
 21 companies in order to source the material, they didn't  
 22 have a data spine to build on, and nor did they have any  
 23 local or regional aspect to their test and trace  
 24 capability. All three of those were substantial  
 25 weaknesses when we were going to build a national

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1 response, and that was why we had to create an entirely  
2 new organisation from the bottom up.

3 **Q.** So those are the weaknesses. Can I just come back to  
4 the other part of my question, which is whether you are  
5 able to assist us in identifying the reasons for those  
6 weaknesses. Why was the UK an outlier within Europe?  
7 Was there anything systemic from which we can learn  
8 anything within this inquiry?

9 **A.** I think that public health generally has been  
10 underestimated in terms of its value to the country,  
11 both in terms of supporting the underlying health of our  
12 workforce and of our people, in providing resilience at  
13 times of crisis and also in terms of reducing pressure  
14 on the NHS. There is a fundamental misallocation of  
15 resources in our health and care system: 3% of our  
16 budget roughly spent on public health, and that is much  
17 lower than in other organisations. People in public  
18 health have got a low status compared to, for instance,  
19 those who run acute hospitals.

20 We need to pivot to prevention in a massive way and  
21 this is a glaring example of that.

22 **Q.** All right, thank you for that. You tell us in your  
23 evidence, it's paragraph 35, page 12:

24 "In March 2020, I produced a memo on how to  
25 industrialise UK testing where I set out the urgent

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1 UK diagnostic industry which had suffered greatly from  
2 our lack of focus on population health and public health  
3 more broadly, and people were up for it and really  
4 wanted to see it succeed.

5 **Q.** On 8 April 2020 the DHSC issued a press release  
6 launching an online portal for companies to offer their  
7 services to bolster the UK's diagnostics industry.  
8 That's right, isn't it?

9 **A.** Yes, that's right.

10 **Q.** Was the government flooded with too many offers as  
11 a result?

12 **A.** Well, I will just caveat that by saying that we did  
13 a number of different appeals for help at different  
14 times. Some of them were very, very specific. We did  
15 an appeal, for instance, on swabs, we did one on tubes,  
16 and a lot of them worked through the industry bodies  
17 like the ABPI and BIVDA. And then we did this one  
18 you've referred to, which is more of a public appeal.  
19 So yes, there was a huge amount of -- an overwhelming  
20 amount of interest in it, and we struggled to manage the  
21 huge amount of interest.

22 We set up a call centre for people to handle it and  
23 a webform for people to fill in, but I would say that  
24 the practicalities of handling the response were not as  
25 well organised as I would have liked them to have been.

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1 steps to address the issues of limited availability and  
2 increase our testing capacity."

3 So I want to hear from you what those key steps  
4 were. Can we start by putting up a document that might  
5 assist in this regard.

6 It's INQ000497128.

7 **A.** Thank you. What date was that?

8 **Q.** This was in March 2020 you tell us in your witness  
9 statement.

10 **A.** Yes.

11 **Q.** And there are, within this document, bullet points or  
12 Roman numerals.

13 **A.** Yes.

14 **Q.** Are these the key steps?

15 **A.** Yes. In terms of creating a UK testing industry, yes.

16 **Q.** And these were -- you devised these steps?

17 **A.** Working with experts. I was led very much by people who  
18 had deep experience of both international diagnostics,  
19 which is more ambitious and creative than  
20 UK diagnostics, and also those in the UK industry who  
21 understood where we were starting from.

22 **Q.** All right. And how were they received, these steps?

23 **A.** They received -- well, it was very ambitious. A lot of  
24 people had hoped that this moment would come. There was  
25 a great amount of ambition in the industry to take the

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1 **Q.** Your own words are that you say, "We are drowning in  
2 helpful suggestions"?

3 **A.** Yes, I said that to Parliamentarians.

4 **Q.** Yes, now I think, just going back to your previous  
5 sentence, your view was that the flow of offers was  
6 welcome but the ability to handle them was inadequate or  
7 insufficient; is that how you view it?

8 **A.** Yes, you put it well. I think that I was surprised that  
9 a relatively straightforward operational task of  
10 canvassing a large amount of interest amongst  
11 UK industry and then processing those expressions of  
12 interest seemed to be a bit of a struggle for the system  
13 to work itself through. I was surprised it was  
14 difficult for us to ask thoughtful, sensible questions,  
15 put it into a database, prioritise them, order them, and  
16 then target the ones that met the right criteria.

17 **Q.** There will always be a burden of triage where offers are  
18 invited and are received at a large scale, won't there?

19 **A.** That's right. That's part of the procurement process.  
20 In fact, that kind of transparency, particularly at  
21 a moment of heightened public concern, is important.

22 **Q.** And assuming that no triaging process is perfect, the  
23 more specific one can be about the request for and  
24 receipt of offers, the better, as a generality?

25 **A.** As a generality, that is true. I would just add -- yes,

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1 I agree with you. I would just add that it also,  
2 though, shook out some quite creative and interesting  
3 offers, some of which were distracting but many of which  
4 were helpful.

5 **Q.** All right. Let's turn now to the test and trace  
6 programme.

7 **LADY HALLETT:** Sorry, just before you do, I'm sorry to  
8 interrupt, Mr Wald.

9 **MR WALD:** Yes, of course.

10 **LADY HALLETT:** Going back, Lord Bethell, to your point about  
11 canvassing interest and processing interest being a task  
12 that systems struggled with, was that because the  
13 technology wasn't there, in other words people were  
14 using Excel spreadsheets as opposed to a proper --

15 **A.** Yes.

16 **LADY HALLETT:** -- database -- is that why they struggled?

17 **A.** I think three reasons. One is operational, as you  
18 describe. The government is not very good at throwing  
19 up a web page in the way that, you know, a tech start-up  
20 might do very easily.

21 Secondly, the industry wasn't used to us actually  
22 asking them for things, so they themselves -- it took  
23 them a while and they didn't have the expertise, the  
24 management depth, to be able to respond to such a large  
25 request very easily.

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1 brought up fresh and new ideas, some of which were not  
2 conventionally used by the system.

3 **Q.** I was going to come on to it in a moment but we might as  
4 well pick up the point now. You used the word "pivot".  
5 There are certain industries, and we've seen it in the  
6 evidence that's been heard within this module so far,  
7 that might manufacture one product but would be able to  
8 manufacture another in a given set of circumstances, so  
9 PPE as an example of that. Clothing manufacturers were  
10 able to pivot.

11 Now, we had evidence from Mr Hall who was the  
12 originator of a rapid response team, and suggested that  
13 it would have been preferable if there had been a more  
14 targeted approach adopted to manufacturers of PPE, or  
15 even manufacturers of products that -- in relation to  
16 which it would have been possible to pivot to PPE,  
17 rather than seeking in rather more blanket or open terms  
18 offers, including ones that were received from those  
19 that were no hoppers, let's say.

20 Would you agree with his evidence or disagree  
21 with it?

22 **A.** Well, I think his evidence is true at certain times but  
23 not others. In March and April when we were scrambling  
24 for PPE, there was no question of being able to put  
25 together telephone numbers of the ten big players and

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1 And thirdly, what it elicited was that there was  
2 a huge amount of diagnostics that we just weren't  
3 engaged in, diagnostics that might analyse spit or  
4 coughs or poo or dogs or any number of creative  
5 solutions that you might mention, that the system had  
6 never really looked at very carefully. So we were  
7 starting from the beginning in terms of building an  
8 understanding of what was available.

9 **LADY HALLETT:** Thank you.

10 **MR WALD:** And in terms of just to finish on this point of  
11 achieving specificity where possible, you refer in your  
12 own evidence to the approach of canvassing known  
13 industry players, associations, holding roundtable  
14 discussions. All of those are helpful in relation to  
15 achieving a greater specificity and placing less of  
16 a burden on the triage process.

17 **A.** Yes -- yes and no. When you're doing a public call for  
18 a tube, being really clear about what the dimensions of  
19 that tube should be is very, very important. But if  
20 you're at the very, very early stage, you may not know  
21 what you really want. So, for instance, the lateral  
22 flow device was not on the agenda at all. It didn't  
23 come from PHE as a suggestion, it really was driven by  
24 industry interest and sponsorship of the idea.

25 So the roundtables and the engagement with industry

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1 phoning them up and saying, "Hi, would you please send  
2 us a couple of planeloads of PPE?", because it was such  
3 a mad scramble. Actually, we needed to galvanise the  
4 entrepreneurs and the buccaneers and people of  
5 extraordinary talents who could somehow get their hands  
6 on this stuff and find the angles that would get them  
7 back to Britain. And we were competing with New York  
8 City mayors who were sending Learjets full of cash to  
9 get that stuff off the Hong Kong runway and into their  
10 own plane.

11 So no, I don't think at the early stage that lovely  
12 rational approach he describes would have been --  
13 worked. In testing, for instance, the rational approach  
14 was to work with Roche, who had the biggest fleet of  
15 machines, PCR machines, in the UK. But of course they  
16 couldn't give us any of the reagents which Bev, I think,  
17 explained very, very clearly. So again, we had to open  
18 the Overton window to a much broader range of  
19 opportunities.

20 And also, the science was changing very quickly. We  
21 didn't necessarily know -- now, a gown is a gown. But  
22 we didn't know what kind of mask we necessarily needed,  
23 what kinds of gloves we needed. So a lot of the  
24 specifications were bouncing around a lot of the time,  
25 and I think you have the memo from Mr Bourne on the

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1 difficulties he had for getting a specification, even  
 2 for a simple tube.  
 3 So I think there is a lot of hindsight wisdom that  
 4 is applicable in planning for the future but at the time  
 5 the scramble mode was a necessary feature of our  
 6 response.  
 7 **Q.** All right. Let's turn, if we may, to the Test and Trace  
 8 Programme and the fast tracking to which you refer that  
 9 formed part of it. In July 2020 you were asked to lead  
 10 on the new strategic testing strategy; is that right?  
 11 **A.** That's right.  
 12 **Q.** You tell us that in October 2020 you started attending  
 13 weekly meetings to discuss testing suppliers; is that  
 14 also right?  
 15 **A.** That's right.  
 16 **Q.** Some suppliers were designated "VIP" or "fast track" or  
 17 "priority". Did you personally have a hand in those  
 18 designations or in the idea to introduce those  
 19 designations?  
 20 **A.** That's not something I had a hand in. I don't recognise  
 21 a list of VIP suppliers. There was a list supplied by  
 22 the industry bodies of people who had experience in that  
 23 area and they were naturally prioritised.  
 24 **Q.** Are you therefore unable to help us with what would --  
 25 the basis upon which a particular supplier might or

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1 prioritisation system, isn't it?  
 2 **A.** Yes, it is.  
 3 **Q.** And I understand what you say about the initial  
 4 scramble, but all other things being equal, that  
 5 criteria-based approach is a better one, if it can be  
 6 achieved, because it places less burden on the triaging  
 7 process?  
 8 **A.** Well, yes. Well, you say it's reasonable but the reason  
 9 why I hesitated is that even here, I would just point  
 10 out that in the six -- 6 April 2020, we thought that  
 11 antigen testing was going to be the answer. We thought  
 12 that if we could establish that someone had had the  
 13 disease, they could then go back into the workforce and  
 14 then be free of the threat of infection. That proved to  
 15 be incorrect shortly afterwards, and that was a very  
 16 daunting and terrible moment when we found that out, and  
 17 therefore our whole strategy had to move to an infection  
 18 method and that's when things like the PCR and the LFD  
 19 became more important.  
 20 So you are right that having specifications and  
 21 criteria are nice, but you should remember that  
 22 actually, the science and the circumstances were  
 23 chopping and changing all the time and didn't settle for  
 24 a long time.  
 25 **Q.** So Lord Bethell, there does seem to be an important

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1 might not be designated a VIP?  
 2 **A.** I'm not quite sure which list you're referring to.  
 3 **Q.** Well, you say at paragraph 67 of your statement:  
 4 "Although there was no separate VIP route or channel  
 5 for testing suppliers and ministers were not involved in  
 6 the evaluation or procurement process for contracts,  
 7 where emails came from a supplier with an established  
 8 reputation in diagnostics or related to products or  
 9 services of which there was an acute shortage, the email  
 10 could be tagged by the triage team as 'VIP',  
 11 'Fast Track', or 'Priority'."  
 12 **A.** That sounds -- yes, that's right.  
 13 **Q.** We can put it up on the screen if that would help?  
 14 **A.** Thank you, but that sounds right.  
 15 **Q.** All right, then -- it's been done in any event.  
 16 **A.** Thank you very much.  
 17 **Q.** All right. There is the bit I just read up to  
 18 "Priority", and then towards the end of that paragraph:  
 19 "We were invited to mark the email as fast track in  
 20 order that it could be tagged as such and to help  
 21 officials to provide progress reports."  
 22 **A.** Yeah.  
 23 **Q.** Now, this is quite different, is it not, to the VIP Lane  
 24 about which we've heard a fair amount of evidence within  
 25 this module relating to PPE? It is a criteria-based

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1 distinction between what you are saying in relation to  
 2 the, I suppose, the uncertainty about exactly what it is  
 3 you might need at a given moment in time, and therefore,  
 4 the inability, without levelling any criticism of  
 5 anyone, to be that specific at those early stages, and  
 6 ascribing to a particular offer priority by dint of who  
 7 it was that referred it in to a particular process.  
 8 There is a distinction. You don't seem to draw the  
 9 latter as an example of something that is a reasonable  
 10 or a desirable method of prioritisation. You give  
 11 instead, it seems, if I've understood your evidence  
 12 correctly, a system that either achieves a high level of  
 13 specificity when it is possible, or avoids that  
 14 specificity when it is not possible. But in none of the  
 15 situations are you saying that because a referral comes  
 16 from a particular person or type of person, that offer  
 17 should achieve any form of priority?  
 18 **LADY HALLETT:** Just pause before you answer, Lord Bethell,  
 19 just give you time to think, it was a very long  
 20 question.  
 21 I'm just wondering whether you've entirely  
 22 represented the evidence correctly, Mr Wald. As I  
 23 understand it, one of the factors in from whom the offer  
 24 came, the credibility of the offer would be that they  
 25 were a successful manufacturer maybe in a different

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1 field. So it's not necessarily the name of the person  
2 or their personal connections; it could just be the  
3 credibility of their work to date and their experience.

4 So I think you -- I'm sure you didn't intend it, but  
5 I think your question may have been a bit misleading.

6 **MR WALD:** My Lady, we've had mixed evidence as to whether  
7 any form of triage was done in relation to referrals.

8 Mr Gove, for example, described himself as a post-box.

9 When he received an offer, he would refer it into the  
10 VIP Lane without more. Other witnesses, such as Lord  
11 Feldman have given evidence to the effect that some form  
12 of triage was conducted at that point.

13 I suppose the more general point is that it was  
14 a limited category of person that was able to refer  
15 an offer into the VIP Lane.

16 **A.** Yes, I understand. So I think that where there is some  
17 confusion is it depends which stage of the pandemic  
18 you're talking about. In the later months, when the  
19 procurement process was settled, when the strategy was  
20 agreed, when we basically knew what we were trying to  
21 get: oxygen, masks, vaccines, therapeutics, when the  
22 science was essentially agreed and the strategy was  
23 planned, then you could have your wonderful  
24 specification-led approach.

25 But on April 6, we were bouncing around all over the  
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1 algorithm there's a mixture of the two.

2 **Q.** Just to pick up on the term "fast track" that you set  
3 out in your written evidence, that doesn't include,  
4 I take it, the provision of progress reports or feedback  
5 updates?

6 **A.** Yes, that's a great -- thank you for that question.  
7 Listen, I wasn't trying to run a sort of British Airways  
8 gold card scheme for valued people in the British  
9 community. I was trying to make sure that people who  
10 had good ideas and good recommendations got through, and  
11 the people who were time wasters or fraudsters got  
12 turned away.

13 **Q.** Yes, so the management of expectations or the provision  
14 of updates would have formed no part of this system. It  
15 was a system to identify the good opportunities and make  
16 sure that they received urgent attention.

17 **A.** No, I think that's -- no, you're putting words in my  
18 mouth there. We were trying to give a "buy" signal. If  
19 we're talking about diagnostics, which we are here for  
20 the moment, the British government had not bought  
21 diagnostics in a serious way in this ... We were well  
22 known for being diagnostic light, and so major  
23 diagnostic companies did not regard Britain as a key  
24 customer. So, you know, to use the phrase that was used  
25 earlier, we needed to put a "buy" signal into the  
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1 place. We didn't -- half the scientific community  
2 thought the virus was being transmitted by touch, and  
3 I was being overwhelmed by people saying they had hand  
4 sanitiser, and half the scientists said we should be  
5 deep-cleaning homes and offices. So we were in all  
6 sorts of confusion about what it is that we actually  
7 wanted.

8 I was very close to the meetings and to the  
9 discussion around the science. So to an extent I had a,  
10 in terms of that triaging you're talking about, if we're  
11 talking about early April, then I had about as much  
12 knowledge as anyone about where we thought things were  
13 going to settle and so in terms of, if you're talking  
14 about April, I would have applied quite a big filter on  
15 what was going to come through or not.

16 Later on, provenance does count for something, but  
17 not the only thing.

18 **Q.** And when you say provenance, the identity of the  
19 referrer?

20 **A.** The identity of both the referrer and the source, the  
21 ultimate source of whatever materials we're talking  
22 about. If someone says Roche can't get through, then I  
23 really want to hear about it, and if a thoughtful  
24 scientist or a Cabinet Minister vouches for something,  
25 then their mandate does count for something, and in the  
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1 market.

2 And so for credible diagnostic companies, we had to  
3 reassure them that we were going to be a thoughtful,  
4 reliable, pay-on-time, customer. So yes, feedback to  
5 them was very important. To the time wasters, feedback  
6 to say, "Could you please stop wasting our time and stop  
7 writing articles in the Daily Mail and stop phoning the  
8 Prime Minister" was also important.

9 **Q.** And were ministers actively seeking feedback in this  
10 regard?

11 **A.** When there were people who applied with sensible  
12 sounding measures, some ministers would not have known  
13 the difference between what was a credible offer and  
14 not, and yes, they would have sought to get some kind of  
15 feedback. But, like I said, this wasn't trying to run  
16 a concierge service for people so we didn't hurt their  
17 feelings; it was in order to run as good a system as we  
18 could possibly put together.

19 **Q.** I want to turn now very briefly to the High Priority  
20 Lane that we've been looking at more extensively within  
21 this module, the one that relates to PPE, for two  
22 reasons. One is a very brief one. You draw an analogy  
23 or you draw a comparison between other forms of  
24 VIP Lane, and you give the example of the Ukrainian  
25 Refugee Programme. That is, or was -- perhaps is -- is  
24

1 it still --

2 **A.** No, it doesn't exist at the moment.

3 **Q.** Doesn't exist at the moment -- a programme by which  
4 offers of accommodation could be dealt with on an  
5 emergency or a priority basis in order to accommodate  
6 those arriving from the Ukraine? Is that right?

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

8 **Q.** It's quite different, is it not, in its nature, from the  
9 procurement situation that we are dealing with within  
10 this module?

11 **A.** It is different, and if I can just explain very briefly.  
12 What I was trying to get across is that it is the nature  
13 of a minister in any kind of pressured situation to put  
14 together some form of engagement with parliamentarians  
15 about that issue. In fact, at DHSC, there is  
16 a substantial Parliamentary engagement team -- they used  
17 to sit outside my office, as it happened -- of I think  
18 20 or 30 people. And sometimes that engagement includes  
19 an aspect of operational engagement. So the Ukrainian  
20 Refugee Scheme, there was literally a suite in  
21 Portcullis House where parliamentarians could drop in  
22 and check up on the progress of the -- of their  
23 refugees' status.

24 That is an example of where Parliamentary engagement  
25 was done very, very emphatically. Not every

25

1 **Q.** So we've dealt with most of the points that I wanted to  
2 make on the VIP Lane. I just want to pick up on  
3 a couple of points that you make within your written  
4 evident. You say at your paragraph 61:

5 "One of the ways in which I could be said to have  
6 had any role in the establishment of the HPL was by  
7 commissioning a working spreadsheet into which updates  
8 on referrals could be seen and reduce the need for  
9 *ad hoc* chaser emails ..."

10 **A.** Yeah.

11 **Q.** Now, it was important to reduce that need because they  
12 put pressure on those busily, heroically, working hard  
13 to achieve emergency procurement, didn't they?

14 **A.** Emily Lawson put that very well, and I thought her  
15 testimony was very touching.

16 **Q.** So it was clearly a sentiment that you possessed even at  
17 this time?

18 **A.** I felt it really powerfully. I was the junior minister  
19 in charge and I felt that I should be a human shield to  
20 protect hardworking officials and frontline staff from  
21 what was going on in the press and even in their  
22 communities, the concern that people had. And so, yes,  
23 answering questions from serious senior people was a way  
24 of trying to create space for them to get on and do  
25 their job.

27

1 procurement, of course, has that aspect. If the NHS is  
2 trying to chase down, as they are at the moment, HRT  
3 drugs or trying to buy AI, you wouldn't necessarily have  
4 a VIP scheme for that. So, in that respect, we were in  
5 an unusual position. But of course, this was a huge  
6 explosive problem, and the system had completely fallen  
7 down. So that's why I think it was a slightly different  
8 case.

9 **Q.** It's a huge, explosive problem, there is an urgent need  
10 to procure, but there was also -- without implying any  
11 criticism of those that supplied the urgently needed PPE  
12 or other bits of medical kit that were required, there  
13 was also some interest or even benefit in being the  
14 person that entered into that contract, wasn't there?

15 **A.** Oh, listen, capitalism saved us. If it hadn't had been  
16 for the profit motive, we wouldn't have had a vaccine,  
17 we wouldn't have been able to stand up extra hospitals,  
18 and we wouldn't have had PPE.

19 **Q.** And that profit motive was absent in the Ukrainian  
20 refugee --

21 **A.** Sure, that's completely different, yeah. There were  
22 refugees who were desperate to get to Britain, so there  
23 were -- there was a lot of pressure, and I'm pleased to  
24 say we were able to take on -- (overspeaking) -- one  
25 family, so I'm quite familiar with it.

26

1 **Q.** And for some of those individuals, it was an enormous  
2 additional distress and distraction. We know that from  
3 the written and oral evidence within this module.

4 **A.** It was awful. People were trying their hardest, working  
5 absolutely flat out, and they felt that somehow the  
6 system was failing around them. And so to try to give  
7 them the confidence that there was a plan and that we  
8 were moving forward was incredibly important.

9 **Q.** Do you think your working spreadsheet was a sufficient  
10 protection against that problem?

11 **A.** No, of course not. What would have been a sufficient  
12 protection would have been to have a CRM system that  
13 actually worked and hadn't completely fallen over.

14 **Q.** CRM?

15 **A.** A customer relations management system. So that we  
16 actually knew what was happening with all of the -- SCCL  
17 completely eviscerated. It had no warehouses, no  
18 database, the staff didn't have the names of any of  
19 their suppliers. I went down to Skipton House to see  
20 Emily Lawson on April 21st, and I saw for myself --  
21 I saw the good news, which was Emily and her team were  
22 putting together from scratch a completely new system.  
23 But I also saw the bad news, which was that it was  
24 currently stickers on the wall and whiteboards with  
25 circles on it.

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1 We were starting from a desperate situation, and my  
 2 spreadsheet was the beginnings of a proper response.  
 3 **Q.** I just want to probe a little bit further, if I may,  
 4 this customer relations management system. This would  
 5 be to siphon off, to protect those involved in the day  
 6 job of emergency procurement?  
 7 **A.** No, sorry, if I may. The underpinnings of any business  
 8 is a database which has all of the orders and details of  
 9 the suppliers. In the vaccines, for instance, there was  
 10 an extremely good database where they could track  
 11 supplies of vaccines coming in, when they were going  
 12 out, who had done what work. That is the fundamental  
 13 spine on which any business is built. And at SCCL that  
 14 had completely fallen over because they had been running  
 15 this JIT model, the just-in-time model, and that relied  
 16 on agents and others doing a huge amount of the work.  
 17 So they had to start up again, and you'll remember  
 18 that Emily Lawson talked about, at first, putting  
 19 together a salesforce measure. That then didn't work,  
 20 and they then had to go to another system. So it was  
 21 very, very slow to get going.  
 22 Once it did get going, it worked quite well.  
 23 **Q.** Just staying with this theme, do you think that the  
 24 ministerial interventions were excessive? That they  
 25 should have happened less? That one should try to

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1 wasn't so focused on just-in-time desirables and keeping  
 2 as little in as possible in the warehouse.  
 3 So I think resilience does count for something.  
 4 I also think British industry had been overlooked in  
 5 diagnostics, in PPE, and in other places. We had -- for  
 6 geopolitical -- well, for philosophical reasons, become  
 7 incredibly dependent on particularly China but on  
 8 overseas suppliers, when in fact, you know, as  
 9 Lord Deighton explained very well, there was huge  
 10 capability in the UK, and we saw that in the scientific  
 11 and medical space, as well. We should have really had  
 12 more of an industrial strategy around supporting British  
 13 industry to be a key provider, partly because they were  
 14 good at it and it provided jobs but also, when the  
 15 balloon went up, it was a more resilient way of  
 16 conducting our affairs.  
 17 **LADY HALLETT:** Can I just ask, just pursuing Mr Wald's line  
 18 of questioning, I am sure that constitutionally you  
 19 could actually stop ministers from -- isn't that a part  
 20 of our system, that ministers can ask questions about  
 21 matters of important public interest? I mean, it would  
 22 be undermining the public constitution, wouldn't it?  
 23 **A.** Oh, I was up every single day, sometimes three, four,  
 24 five times a day during this whole period. Some of the  
 25 correspondence that we've been looking at I was

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1 introduce measures to discourage them?  
 2 **A.** No, I don't. I think that it was a desperate time and  
 3 a lot of people either stepped forward because they were  
 4 extremely well intentioned or were keen to get  
 5 contracts, or a bit of both, and handling all of that  
 6 interest was always going to be tough and difficult,  
 7 particularly if -- and sorry to use the phrase again --  
 8 but if your CRM system has completely fallen over and  
 9 you can't keep track of people's offers of help, then  
 10 you're going to have a problem on your hands. And  
 11 I think ministers were doing the right thing to try to  
 12 lend a hand and provide some operational support.  
 13 **Q.** All right, we're going to turn on to a couple of  
 14 examples, concrete examples, in the form of  
 15 Meller Designs and Radox in a moment and see how that  
 16 plays out in practice. But before I embark on that, are  
 17 there any measures that you would recommend in order to  
 18 achieve that protection that you clearly were trying to  
 19 do with your spreadsheet of those busily engaged in  
 20 emergency procurement?  
 21 **A.** Well, I'm afraid that the answer to that is that  
 22 I wouldn't have liked to have stood there -- started  
 23 from there in the first place. I wish we had had  
 24 a public health system that was more robust and I wish  
 25 that NHS colleagues had had a procurement system that

30

1 literally typing from my iPhone on the front bench  
 2 whilst peers asked me in very, very clear terms what we  
 3 were doing. And specifically I was asked why were we  
 4 allowing red tape and regulatory hurdles from getting in  
 5 our way and shouldn't we -- and I was giving  
 6 reassurances to peers from all parties that we were  
 7 doing absolutely everything we could to meet the urgent  
 8 need.  
 9 So, yes, this was a very live challenge that I had  
 10 in Parliament, and Parliamentarians made it absolutely  
 11 clear to me that we should be doing everything that we  
 12 could to meet the frontline needs of our doctors and  
 13 nurses for PPE.  
 14 **MR WALD:** I suppose the only question, Lord Bethell, is who  
 15 is at the receiving end of those requests? Is it the  
 16 same person that is triaging, that is sifting through  
 17 offers, that is processing offers, or can it be -- and  
 18 it sounds like on occasion it was, in your own case --  
 19 someone else who is not doing that day-to-day, and can  
 20 therefore spare those who are involved in that  
 21 activity --  
 22 **A.** Yes, good question.  
 23 **Q.** -- from dealing with both things at the same time?  
 24 **A.** Yes. So there was a massive capacity problem. We  
 25 didn't have enough people, and Bev spoke very well of

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1 how she had come over from Cabinet Office. I was --  
2 I would have liked an army of 50 Bevs, and if I'd had  
3 that, it would have been a lot easier, as you've just  
4 described.

5 **Q.** All right. Let's turn on, then, to one of the two  
6 examples that I said we'd go on to relatively briefly.  
7 Could we have displayed up INQ000497141, please.

8 Now, on 6 April 2020, your private office emailed  
9 Jo Churchill's private office to relay that you'd been  
10 contacted by David Meller of Meller Designs, about whom  
11 and which the Inquiry has already heard some evidence in  
12 the course of Mr Gove's appearance here. Mr Meller was  
13 asking for a letter of intent for the purchase of  
14 35 million face masks. Do you recall this particular  
15 offer?

16 **A.** I remember, yes, I do.

17 **Q.** David Meller was a friend or a great friend of Michael  
18 Gove's. The email from your private office asked for  
19 the request to be actioned as soon as possible, "as  
20 Lord Bethell", it says, "has given David Meller  
21 assurances it will be dealt with."

22 **A.** Correct.

23 **Q.** Yeah? The email is presumably correct; it provides  
24 a correct account of what happened?

25 **A.** I'm sure it does.

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1 identified themselves as ministerial contacts, some of  
2 those offers were not genuine. And he refers to "noise"  
3 as a synonym for distractions.

4 Were you aware of any of that?

5 **A.** A hundred per cent I was aware. There were plenty of  
6 people. Some of them were well meaning but misguided.  
7 Some of them were outright fraudsters. And in my -- and  
8 we were trying to do our best in an extremely confusing  
9 situation.

10 I'd also say that we were trying to galvanise our  
11 own civil servants, many of whom -- and I'm not speaking  
12 about Max at all here -- but many of whom were genuinely  
13 paralysed by the system -- by the situation. The system  
14 had been put in place for a hundred years to stop us  
15 from doing this kind of thing. The system put in checks  
16 and balances and rigour and audit and regulations of  
17 a commendable kind which I strongly support, but its  
18 psychology was to be very, very cautious about  
19 absolutely everything all of the time. And what we  
20 needed on April 6 was to take away that 100 years of  
21 conditioning and to say, "We need to take some risks, we  
22 need to lean in, the British public expect it of us,  
23 Parliamentarians have told us that's what they expect us  
24 to do, and it's the right thing to do." And so this  
25 chivvying email is an example of where I was taking the

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1 **Q.** So you did provide these assurances to David Meller.  
2 Why did you do so, in relation to a company that was  
3 still undergoing procurement checks and was subject to  
4 ongoing due process?

5 **A.** So this question of letters of intent was one that came  
6 up all the time. The practicalities are, if you're  
7 dealing with a Chinese factory and you're trying to get  
8 them to prioritise you over any number of other  
9 competitors, including Americans carrying suitcases of  
10 cash, then you need to demonstrate good bona fides, and  
11 a letter from the UK Government of some kind is the kind  
12 of instrument you need to make sure that they actually  
13 deliver and commit to an order.

14 This was not the only request for a letter of  
15 intent, there were a very, very large number of them,  
16 and I'm pleased to say that we were able to provide  
17 them. That is exactly what -- on 6 April, given the  
18 scramble that we were in, that was exactly what I saw my  
19 role as.

20 **Q.** Were you aware that Mr Meller had made similar  
21 approaches to Mr Gove's office two days earlier, and  
22 that Mr Cairnduff, who headed up the VIP Lane, as I'm  
23 sure you know, had explained that although there might  
24 be pressure to act, it was essential to check the deal,  
25 and he noted that although some individuals had

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1 spirit into practice.

2 **Q.** Thank you. That's very helpful. Could I just ask, you  
3 mentioned the checks and balances, the caution, the  
4 legacy of 100 years?

5 **A.** Yes.

6 **Q.** I just wonder if we can hear your evidence on the  
7 approach that you think it is best to adopt where an  
8 offer is received from a person who is a friend or  
9 a great friend. Would it be to make mention of that in  
10 any referral, but include a caveat that no preferential  
11 treatment should be given? To simply make mention of  
12 it, or to make no mention of it at all?

13 **A.** Listen, these were mad scramble days. As far as I was  
14 concerned, he was a retailer who had 30 years of  
15 experience working with Chinese factories and had  
16 a credible offer to get face masks which at that point  
17 were like gold dust.

18 And our nurses and doctors needed it.

19 Getting into his personal life history or trying to  
20 set myself up as some kind of governance chief would not  
21 have been the right thing to do, and I don't think  
22 that's what the British public would have expected me  
23 to do.

24 **Q.** I mean, it wouldn't have related to you, Lord Bethell.  
25 I don't think you had any pre-existing relationship with

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1 Mr Meller.

2 **A.** I know a lot of people in this country, and I've come  
3 across David before but he's not a particular strong  
4 contact of mine.

5 **Q.** Okay. Let's turn on to the Randox case, and explore, if  
6 we can, helpfully, whether there are any broader lessons  
7 to be learned from the experience of that as well, most  
8 pertinently to any issue of perceived conflicts of  
9 interest and how to deal with them.

10 So on 30 March of 2020, Randox was awarded  
11 a contract by the DHSC to supply around 2.7 million  
12 tests over a 12-week period, as I'm sure you're aware?

13 **A.** Mm-hm.

14 **Q.** The involvement of Owen Paterson MP with Randox has  
15 received a great deal of public attention and I want to  
16 explore, as I said I did, with you what can be done to  
17 ensure that public confidence in the procurement process  
18 is not lost when there is a perceived or actual conflict  
19 of interest or when elected officials become associated  
20 with commercial activities of the government. I hear  
21 what you say about the mad scramble, and you will of  
22 course indicate if you feel that in circumstances such  
23 as these, there is nothing that can be done to maintain  
24 public confidence or to set out guardrails to maximise  
25 the prospects of that.

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1 **A.** Well, it was tiny and characterised by small,  
2 science-led operations, often founder-managed, which had  
3 a very good reputation in niche sectors but had no  
4 experience or capacity on mass throughput testing, which  
5 is what we needed.

6 **Q.** Discussions between Mr Hancock and Mr Paterson started  
7 as early as January 2020 and we know from -- we were  
8 told that Mr Hancock and DHSC were in discussions with  
9 Owen Paterson who, I understand, was a paid consultant  
10 for Randox. That's from your evidence. When did you  
11 learn that Mr Paterson was a paid consultant for Randox?

12 **A.** Oh, I don't know. It was published in his register of  
13 interests so it wasn't a secret.

14 **Q.** You gave your authorisation for civil servants to start  
15 contractual negotiations with Randox on 24 March 2020?

16 **A.** Yeah.

17 **Q.** On what basis did you approve this? Had you had  
18 discussions with Randox or with Mr Paterson?

19 **A.** Well, Randox is the standout candidate for working in  
20 the diagnostic area. We had had a lot of problems with  
21 PHE and reluctance to engage with the public sector --  
22 with the private sector at all, and therefore Randox had  
23 tried to communicate in whatever fashion they could,  
24 including through Owen Paterson, their frustration that  
25 the coming train down the track was not being handled

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1 **A.** That's not my -- that --

2 **Q.** That's not your view? So you'll indicate what can be  
3 done and what should be done?

4 **A.** Yeah.

5 **Q.** You describe in your witness statement that you had some  
6 involvement in the award of the Randox contract but you  
7 were not involved in the contractual negotiations?

8 **A.** Correct.

9 **Q.** Yeah.

10 You describe Randox as "a rare example of a large,  
11 experienced diagnostic company, based in the UK that  
12 might be able to produce the tests that we so  
13 desperately needed ..."

14 **A.** Yes.

15 **Q.** So it ticks a number of boxes, including some of those  
16 that you described a moment ago?

17 **A.** Yes.

18 **Q.** UK manufacturer without dependence on overseas  
19 suppliers --

20 **A.** No, they were dependent on -- everyone was dependent on  
21 overseas suppliers.

22 **Q.** For parts or materials?

23 **A.** And particularly the reagents, yeah.

24 **Q.** What was the size of the UK's diagnostics industry in  
25 the UK at the time, as you understood it?

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1 properly and no one was engaging with them. So what was  
2 the precise run-up to the signing of the contract?  
3 I can't give you chapter and verse off the top of my  
4 head, I'm afraid, but they were definitely the biggest  
5 player in British diagnostics, so of course we were  
6 going to do a deal of some kind with them.

7 **Q.** You said that you did a search to establish  
8 Mr Paterson's role in Randox. Did he openly declare  
9 that to you as well?

10 **A.** Yes, of course. It's public knowledge.

11 **Q.** Did you identify or regard there to have been any actual  
12 or perceived conflict?

13 **A.** I think that if someone has put something in their  
14 register of interest and are utterly transparent about  
15 it, then it doesn't qualify as a conflict.

16 I should also add --

17 **Q.** Yes?

18 **A.** The information that came from Randox was phenomenally  
19 helpful. We were being told by PHE that they were  
20 engaged with the British diagnostics industry, and the  
21 information from Randox came that they were not. It  
22 turned out that Randox were correct and the information  
23 we got from them was of value and help to us -- helped  
24 us galvanise the system.

25 **Q.** You will, of course, be aware that the Randox

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1 transaction provoked quite a lot of attention, public  
 2 attention?  
 3 **A.** Yes.  
 4 **Q.** Do you think there is any way that it could or should  
 5 have been handled differently?  
 6 **A.** I think that the attention around Randox has been highly  
 7 politically motivated. I think it's a great shame that  
 8 a British company has been demonised in that fashion's.  
 9 Other British companies will take that lesson and will  
 10 be extremely reluctant to step up to the challenge in  
 11 the future, and I think that it's a great shame what's  
 12 happened to a good company.  
 13 **Q.** And just returning to my question, do you think there is  
 14 any -- there are any measures that could or should be  
 15 taken to prevent any of that?  
 16 **A.** Yeah, I understand what you're getting at. We were  
 17 falling over ourselves to be as transparent and  
 18 clear-cut and working within the regulations as  
 19 possible. We could -- everyone knew that there was  
 20 going to be an Inquiry. From the very beginning that  
 21 all this started off, we knew that we were going to be  
 22 sitting in a chair like this answering questions like  
 23 this. So we deported ourselves accordingly. And we  
 24 were incredibly thorough. We took the advice of our  
 25 officials. We gave them the space to tell us when they

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1 it, of the referrer and the supplier when you were  
 2 assessing credibility?  
 3 **A.** Yeah.  
 4 **Q.** Does it not follow that a recommendation such as this  
 5 from a person such as Mr Hancock, would carry some  
 6 weight in addition to the analysis that you obviously  
 7 did of the email below it?  
 8 **A.** Well, Mr Wald, I just mentioned that this email is  
 9 a very detailed analysis of some of the challenges he's  
 10 facing. It's not actually a pitch for any work. It  
 11 didn't have any credent -- it didn't have a pitch in it.  
 12 I think it was sent to me because it explained problems  
 13 he was having trying to get a decent specification, and  
 14 it was a very painful and bald reminder of how  
 15 problematic, even at this stage, even in June, our own  
 16 system was proving.  
 17 **Q.** Did you assist in taking the Hinpack/Alpha Laboratories  
 18 offer forward?  
 19 **A.** It wasn't an offer.  
 20 **Q.** Did it result in any form of contract?  
 21 **A.** I have no idea.  
 22 **MR WALD:** All right.  
 23 Lord Bethell, those are all my questions, thank you  
 24 very much.  
 25 **LADY HALLETT:** Thank you.

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1 thought we were wrong, and we were extremely cautious  
 2 about everything we did, and in our handling of Randox,  
 3 I think that was -- couldn't have been a better example.  
 4 **Q.** Finally, Lord Bethell, on 30 June Mr Hancock asked you  
 5 to speak to a contact of his, Alex Bourne, to see if he  
 6 had any useful suggestions about testing kits; do you  
 7 recall?  
 8 **A.** Yes, I do.  
 9 **Q.** Could we just have displayed up on the screen  
 10 INQ000551393.  
 11 It's a short email from Mr Hancock:  
 12 "I think this is a very interesting critique from  
 13 someone who [has] turned his business to testing when  
 14 the crisis broke. He's a very impressive guy and quite  
 15 a good analysis. Thoughts?"  
 16 Did that suggestion or that description in any way  
 17 influence your treatment of the Hinpack or Alpha  
 18 Laboratories offer?  
 19 **A.** This was a classic offer from a maverick entrepreneur  
 20 who was stepping up to both the challenge and  
 21 opportunity that the pandemic was coming, and I read the  
 22 email, which I thought was very thoughtful, and judged  
 23 it on its own merits.  
 24 **Q.** You said earlier in relation to the referrals that were  
 25 made into the VIP Lane that it was a mixture, as you saw

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1 Ms Morris, who sits there.  
 2 **Questions from MS MORRIS KC**  
 3 **MS MORRIS:** Thank you, my Lady.  
 4 Lord Bethell, I ask questions on behalf of the Covid  
 5 Bereaved Families for Justice UK, and I am going to  
 6 focus my questions on the topic of preparedness, about  
 7 which you've offered some observations this morning  
 8 already. I think it's quite clear from your evidence  
 9 that we weren't prepared. Is that a fair summary?  
 10 **A.** I think you put it very well.  
 11 **Q.** Thank you. In your statement you say that you found it  
 12 hugely frustrating that our normal procurement system  
 13 didn't seem capable of securing the vast volume of PPE,  
 14 and you focused on the fact that it had become  
 15 increasingly optimised for cost and waste management but  
 16 not for flexibility and resilience --  
 17 **A.** That's correct.  
 18 **Q.** -- is that something you would agree with? In your  
 19 lessons learned section you say that you believe that  
 20 the biggest problem was that we were lacking when we  
 21 went into the -- there was nothing in the store  
 22 cupboard, you've said that already this morning.  
 23 **A.** Yes.  
 24 **Q.** And you've mentioned the just-in-time, the JIT, delivery  
 25 system. One of the things you highlighted was the lack

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1 of direct contact with manufacturers, and you said this  
 2 morning already that there was a number of  
 3 intermediaries, agents and networks, and there wasn't  
 4 that direct contact with manufacturers --

5 **A.** Mm.

6 **Q.** -- particularly in the UK. So do you agree that that  
 7 lack of direct relationships and overreliance on agents  
 8 and intermediaries was a fundamental failing affecting  
 9 the PPE procurement response of the pandemic?

10 **A.** Yes, it was. And if I could mention, we did a large  
 11 amount of work around Project Defend, which I would  
 12 recommend to the Inquiry, to look at how we could build  
 13 resilience into the system, and it identified a system,  
 14 which is very well known, of ensuring that you have some  
 15 manufacturers onshore, some in territories where you're  
 16 friendly with, maybe some that are a bit further reach,  
 17 and maybe some where you have poor relations. It's  
 18 creating that network of different relationships which  
 19 you can ultimately rely upon and also scale if needed.  
 20 And what was so problematic is that scaling from nothing  
 21 is very, very difficult. Scaling from a foundation of  
 22 some kind is much easier.

23 **Q.** Thank you. I was going to ask you what, in your  
 24 opinion, a more flexible and resilient system would look  
 25 like. For example, would there be more direct contact

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1 a philosophical playbook misunderstanding that stopping  
 2 the progress of the disease was an important part of our  
 3 reaction. And so that was a sort of fundamental  
 4 problem. And I think that we have just underestimated  
 5 the societal lack of resilience we have in terms of  
 6 volunteers, British industry, the use of data, and we  
 7 need to think again, and take lessons from countries,  
 8 like Finland, that have put resilience at the top of the  
 9 agenda rather than at the bottom.

10 **Q.** Okay, but just focusing on sleeping contracts and how --

11 **A.** I'm sorry, yes.

12 **Q.** -- they can assist. Isn't one of the points of sleeping  
 13 contracts, or advanced supply contracts as they are also  
 14 known, is that you can address multiple scenarios  
 15 because they allow for contracting with -- for multiple  
 16 eventualities that can be required in certain types of  
 17 pandemics?

18 **A.** So I was very moved by a conversation I had with a big  
 19 pharma CEO, who told me that in America they had put  
 20 hundreds of millions of pounds in sleeping contracts and  
 21 this company had stood up factories to be ready for the  
 22 pandemic. And when the pandemic kicked off, it showed  
 23 that they were the wrong kind of factory. So I am  
 24 sceptical whether you can be predictive.

25 Where I think you can make a big difference is in

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1 with manufacture -- I think you'd say yes --

2 **A.** Yes.

3 **Q.** -- there should be more direct contact with  
 4 manufacturers? More investment in domestic production?  
 5 I think you'd agree with that. And sort of an increase  
 6 in rolling stock and moving away from just-in-time  
 7 contracts, that store cupboard being full at the point  
 8 that you need it; would you agree with that?

9 **A.** I completely agree. And I would say that resilience is  
 10 not a mystery. It's not something that we have to think  
 11 about and design and invent. We know how to do it.  
 12 It's all been extremely well explained in government  
 13 policy. But we've chosen not to go down that route and  
 14 I think that that is a mistake.

15 **Q.** Thank you. My second but connected topic is about  
 16 sleeping contracts and stockpiling. You said in your  
 17 statement you don't believe in sleeping contracts, you  
 18 don't believe they'd have a strong role to play in any  
 19 future pandemic planning. You say it only really works  
 20 if you know what type of pandemic you're planning for.

21 Do you agree that in 2020 there was an over-focus in  
 22 planning, in preparing for an influenza pandemic as  
 23 opposed to different kinds of pandemic responses?

24 **A.** In part, yes. There had been a failure to acknowledge  
 25 the lessons from SARS. I think there was, at root,

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1 warm capacity. So, in testing, if you have a system of  
 2 public health screening and you have mass throughput  
 3 labs as a result of supporting that ongoing programme  
 4 that has value in today's world to the health system,  
 5 you then have a platform that you can scale up to be  
 6 bigger much more quickly.

7 I think that concept of warm capacity, and making  
 8 sure it's in the right place, is more valuable than cold  
 9 capacity in terms of your contracts.

10 **Q.** Okay, but is that not an argument instead for having  
 11 a sort of wide range of sleeping contracts and  
 12 stockpiling that can deal with multiple eventualities,  
 13 as opposed to just, kind of, warm capacity for one  
 14 eventuality?

15 **A.** My experience was that the science changed, the  
 16 eventualities changed. You know, if Covid had been  
 17 a slightly different disease in any number of different  
 18 ways, we would have had a completely and utterly  
 19 different set of requirements. So I am instinctively  
 20 very sceptical whether you can ever predict what's going  
 21 to come down the line. For instance, had it attacked  
 22 children, our response would have been completely  
 23 different. Had it been more from touch than from air,  
 24 it would have been completely different. So it's very,  
 25 very difficult to predict what the progress of a disease

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1 will be.

2 **MS MORRIS:** Thank you.

3 Thank you, my Lady.

4 **LADY HALLETT:** Thank you, Ms Morris. That completes the

5 questions that we have for you, Lord Bethell. I'm

6 extremely grateful to you again for your thoughtfulness

7 and for your help.

8 I'm not sure, given your role in test and trace,

9 whether I can say we won't be asking for you to come

10 again, so apologies if we do make another demand upon

11 you, but thank you so much for what you've done so far.

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

13 **LADY HALLETT:** I think probably take the break now? I shall

14 return at 11.20.

15 **(11.04 am)**

16 **(A short break)**

17 **(11.20 am)**

18 **LADY HALLETT:** Mr Wald.

19 **MR WALD:** My Lady, our next witness today is

20 Mr Matt Hancock.

21 **MR MATTHEW HANCOCK (affirmed)**

22 **LADY HALLETT:** Sorry we keep asking you to come back.

23 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 5**

24 **MR WALD:** Would you state your full name for the Inquiry,

25 please.

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1 your own words, on coming into post as Health Minister,

2 you were advised that the UK was a world leader in

3 preparations for a pandemic.

4 **A.** That's right.

5 **Q.** And we further know, perhaps we could have it pulled up

6 on to the screen, from your book, *Pandemic Diaries*,

7 that's INQ000569777:

8 "The good news is", you say in January, at the

9 beginning of January 2020:

10 "The good news is we've got a billion items of

11 disposable personal protective equipment (PPE)

12 stockpiled and ready to dispatch to hospitals if

13 required. It's stashed away at a secret location in the

14 north-west where it's been gathering dust -- hopefully

15 not literally -- since it was put together in 2009".

16 **A.** Yes, that's a description of what I was told at the

17 time.

18 **Q.** Yes, I was coming on to that. You were told that, were

19 you not, Mr Hancock -- let's pull this up on the screen,

20 as well. INQ000184105, it's page 2, internal

21 paragraph 11:

22 "The UK is acknowledged as being amongst the global

23 leaders in preparing for a global pandemic."

24 **A.** That's right. I'm not sure when this document is from

25 but that was the standard description given to me. And

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1 **A.** I am Matthew John David Hancock.

2 **Q.** Mr Hancock, thank you for supplying yet another witness

3 statement to the Inquiry. I believe it's your seventh.

4 It's INQ000536350. It's signed at the end. Can you

5 confirm that it's true to the best of your knowledge and

6 belief?

7 **A.** Yes.

8 **Q.** Thank you for that. I think at this stage very little

9 by way of background is necessary, as you've given

10 evidence at several modules in this Inquiry. Those

11 following will, of course, know that you were a Member

12 of Parliament for West Suffolk between 6 May 2010 and

13 30 May 2024. Is that right?

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

15 **Q.** You were Secretary of State for Health and Social Care

16 between 9 July 2018 up until 26 June, 2021?

17 **A.** That's right.

18 **Q.** You've given evidence, as say, on a number of occasions.

19 As you know, in this module we'll be focusing on the

20 procurement and distribution of healthcare equipment and

21 supplies.

22 **A.** Mm-hm.

23 **Q.** May we start, please, with the stockpile.

24 **A.** Right.

25 **Q.** We know from paragraph 36 of your statement that, in

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1 in fact you'll recall, my Lady, from Module 1 sometime

2 ago that we had a -- that I had a Day 1 brief in this

3 area, and I then interrogated that brief and asked

4 a series of questions and we put in place some further

5 actions as a result.

6 **Q.** I was just coming on to that, Mr Hancock. Did you have

7 any reason to doubt what you were told here?

8 **A.** No. The civil servants give their advice to the best of

9 their knowledge in a high-integrity manner, in my long

10 experience as a minister.

11 **Q.** It was accepted, presumably, that any stockpile would

12 eventually run out, and a need to buy more in bulk would

13 arise. Did you find any evidence of such a plan in

14 place?

15 **A.** No, there wasn't a plan. I first ordered the

16 ordering -- the opening of this stockpile and the

17 ordering of more PPE in January 2020. So it was towards

18 the end of January 2020 where at the time, by

19 recollection, this was when Professor Whitty was

20 advising that a global pandemic was a 50/50 chance and

21 it was looking increasingly bleak in terms of a pandemic

22 hitting our shores, and I think there were a handful,

23 two or three cases, in the UK. That was the point at

24 which I began the process of ordering more PPE.

25 **Q.** And more generally, your department was preparing for

52

1 a potential outbreak of Covid-19 in the UK from as early  
 2 as January 2020, wasn't it?  
 3 **A.** Yes. Sir Chris Wormwald moved to being full time  
 4 focusing on the potential pandemic in the middle of  
 5 January. I can't remember the exact date. We went  
 6 through this in Module 1, as I say. But yes, from very  
 7 early on we recognised the risk was very significant,  
 8 and in relation to buying PPE, there wasn't a -- there  
 9 wasn't a mechanism in place to buy more, and indeed, the  
 10 purchasing of PPE was essentially decentralised with the  
 11 exception of SCCL, which I know has been discussed in  
 12 this module which -- but remember, SCCL only existed to  
 13 supply the 250 main hospitals, not the tens of thousands  
 14 of other areas that came to need extra PPE.  
 15 **Q.** I'm coming on to that in a few moments.  
 16 **A.** Sure.  
 17 **Q.** So if we can park that, I promise I'll come back to it.  
 18 I just want to continue on the line of questions that  
 19 I've started with you. Did you ask officials at this  
 20 stage, we're back in early -- well, January 2020 when  
 21 your department was preparing for a potential outbreak  
 22 of Covid-19 in the UK, did you ask officials to assure  
 23 you that the PIPP stockpile was ready to deploy?  
 24 **A.** I don't recall if we had a deployment discussion  
 25 specifically, but that was an inevitable part of using

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1 indirectly, and probably actually more important. It  
 2 meant that brilliant officials like Steve Oldfield, who  
 3 had worked on and led that policy, were then immediately  
 4 able to turn the information about in particular the  
 5 pharmaceutical supply chain, to understand that supply  
 6 chain better.

7 We've just heard from Lord Bethell the lack of  
 8 supply chain information in certain areas like  
 9 diagnostics, but in terms of pharmaceutical drugs -- and  
 10 here, the critical ones were anaesthetic drugs, although  
 11 we didn't know it at the time -- we knew those supply  
 12 chains better than we ever had before because of the  
 13 work preparing -- in case there was a no-deal Brexit.

14 So there was information and actual goods, but it  
 15 pertained less to PPE and more to things like medicines,  
 16 as I say.

17 **Q.** I asked the question because we heard yesterday from  
 18 Lord Agnew, who gave his views on whether Brexit  
 19 planning helped or hindered the task of procurement.  
 20 I suppose you're offering an example of where it helped,  
 21 effectively?

22 **A.** Yes. It wasn't Brexit planning specifically; it was  
 23 planning in case we'd ended up with a no-deal Brexit.  
 24 So, you know, my view was that that would not have been  
 25 a good idea, I was against it, but it was still my

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1 PPE, of course, and anyway, at that point we had  
 2 a distribution system to the hospitals in SCCL which  
 3 later fell over.

4 And the -- so it was about early spotting that we'd  
 5 need to buy more PPE, and about opening up the  
 6 existing -- the existing stockpile for PPE.

7 **Q.** Let's --

8 **A.** There was a third part, actually, which is important to  
 9 note, which is at the time we'd been preparing for the  
 10 potential of a no-deal EU Exit at the end of  
 11 January 2020. And the supply chain had built up some  
 12 stocks, not just -- not specifically in PPE, but across  
 13 the purchases that are relevant in this module. And the  
 14 advice came to me in -- towards the end of January 2020  
 15 to say that we should tell industry to reduce those  
 16 stockpiles. And given the risk of a potential pandemic,  
 17 I overruled that advice and said we should not request  
 18 the disbanding of these stockpiles once the risk of  
 19 a no-deal Brexit had been taken off the table.

20 **Q.** Were those EU Exit stockpiles able to contribute  
 21 positively to the need that arose due to the Covid  
 22 pandemic?

23 **A.** Yes, very much. In two ways. One, directly, because  
 24 there were more stockpiles in the supply chain than  
 25 there would otherwise have been. The second is

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1 responsibility to prepare in case it happened.

2 **Q.** I've used the term "Brexit planning" to include the  
 3 possibility of a --

4 **A.** Sure, in that case, yes.

5 **Q.** -- a no Brexit receipt -- a no-deal Brexit.

6 Let's just go back to your Pandemic Diaries, if we  
 7 may. We go to the other end of the month, 30 January,  
 8 INQ00056977 and page 2. And you say this:

9 "PHE's audit of PPE came back and did not lighten my  
 10 mood. The paperwork is all over the place. There's no  
 11 clear record of what's in the stockpile, and some kit is  
 12 pass its 'best before' date. I've instructed officials  
 13 to work out what we need fast, and buy in huge  
 14 quantities."

15 **A.** Yes.

16 **Q.** Now, there's two questions that arise from that. The  
 17 first is that you had said, I suppose rather jokingly or  
 18 glibly, that you hoped that it hadn't been gathering  
 19 dust.

20 **A.** Yeah.

21 **Q.** In the event, it was effectively gathering dust. Much  
 22 of it had expired, hadn't it?

23 **A.** Yes, I wouldn't say it was glib to say I hope it hadn't  
 24 been gathering dust. It turned out that that was --  
 25 that metaphor was appropriate.

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1 Q. Well, you would perhaps say prescient in that case.  
2 But the second question I have for you in relation  
3 to this is, were you given any explanation as to why it  
4 was that some of the kit was past its best before date?

5 A. No.

6 Q. No?

7 A. All I would say, the explanation I was given was that  
8 the recordkeeping was -- had not been clear. I wasn't  
9 given the next explanation, which is why the  
10 recordkeeping hadn't been clear. You know, to me,  
11 I come from a technology background. It's obvious that  
12 you need to keep a decent record of everything that you  
13 put into a stockpile. I mean, this wasn't the only  
14 problem. The bigger problem was that it wasn't  
15 pickable.

16 Q. So adequacy of the stockpile is one issue, but  
17 sufficiency is another, and you deal with this in your  
18 paragraphs 43 and 44.

19 When you say that both the EU exit stockpiles and  
20 the existing PIPP stockpile were not going to be  
21 sufficient or were going to be insufficient to meet the  
22 demands of the pandemic --

23 A. Yeah.

24 Q. -- what is it you mean by "sufficient"? Are you talking  
25 there about volumes or items or types of items?

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1 assumptions that if the pandemic was -- I think at that  
2 point on the assumption that there weren't mitigating  
3 factors, that it would last for -- in three waves for  
4 about 15 weeks each wave. If you put everybody in the  
5 health system in PPE for that period, you're going to  
6 run through the billion items.

7 So we didn't know the scale of what need would be,  
8 we didn't know the nature of the pathogen, but we did  
9 know that if there's a 50/50 chance of a global pandemic  
10 coming, we need to get buying now.

11 And we also could see that as soon as -- or since we  
12 were making these decisions in the UK, others would be  
13 making these decisions around the world, and therefore,  
14 there would be a massive crunch.

15 So we -- my instruction was to get going as quickly  
16 as possible.

17 Q. I'm going to move on to that crunch in a moment. I just  
18 want to make sure I understand your evidence in relation  
19 to "never being able to stockpile enough PPE for  
20 a pandemic". You mean given limited storage capacity?

21 A. Yes, in the realities of the world, and in the realities  
22 of public finances, the -- I was meaning that  
23 colloquially rather than literally. Of course you  
24 literally could, but even with the experience of the  
25 pandemic, I'm not exactly sure how big the stockpile is

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1 A. Well, all of those things. So you have to remember the  
2 context here. January 2020, we in the department could  
3 foresee the likely potential, which Professor Whitty put  
4 at 50/50, of a global pandemic. We could see,  
5 therefore, the immediate consequences. Once you took  
6 that risk seriously, and we did, you immediately see  
7 a whole series of consequences.

8 And this period, in the last ten days or so of  
9 January 2020, is when we put in place a whole series of  
10 actions to mitigate the gaps that immediately became  
11 evident. One, having been reassured that we had an  
12 adequate stockpile, which you can see in the middle of  
13 January and before the pandemic, by 30 January, when  
14 I asked for the audit, the audit comes back and there  
15 are serious problems.

16 Two. We did not at that stage know the nature of  
17 the -- of the pathogen but we knew that it was obviously  
18 very serious because it was looking 50/50 like a global  
19 pandemic. So at that point, I instructed that we got  
20 going on all the things we needed, including the fact  
21 that whatever the nature of the pathogen, we were going  
22 to need more PPE, because you can never stockpile enough  
23 PPE for a whole pandemic. I was told we had around  
24 a billion items.

25 It was clear to me on some relatively rudimentary

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1 right now, I know it's more pickable and it's spread  
2 around the country rather than all being in one big  
3 shed, and I hope beyond hope that they have an adequate  
4 IT system telling them what's actually in there, and  
5 good records. But over the course of the pandemic, you  
6 need billions and billions of items of PPE.

7 We could be far better prepared than we were last  
8 time, but at the same time, it's also clear to me  
9 that -- as soon as the next one veers onto the horizon  
10 with any reasonable chance of becoming as catastrophic  
11 as Covid-19, you need to get ordering PPE.

12 Q. But let's just be careful not to mix issues, Mr Hancock.  
13 Over the course of the pandemic, that's not a reference  
14 to the stockpile, is it? It's one thing to stockpile  
15 PPE, if we're focusing on PPE?

16 A. Sure.

17 Q. So that in the event of a pandemic, there is a reserve.

18 A. Yes.

19 Q. And there are various policy decisions that go into the  
20 extent to which you do that.

21 A. Yes.

22 Q. Or, instead, the extent in which you buy in an  
23 emergency.

24 A. And have domestic supply, yes.

25 Q. And have domestic supply. That relates to the

60

1 stockpile.

2 **A.** Yes.

3 **Q.** Buying during a pandemic is something quite different,

4 isn't it?

5 **A.** Yes.

6 **Q.** Yes. So when you say you can never stockpile enough PPE

7 for a pandemic, you're saying it colloquially, that very

8 much depends on what policy decision is taken as to the

9 appropriate or optimal size and type of a stockpile?

10 **A.** Yes.

11 **Q.** And whether you want to buy in an emergency?

12 **A.** Okay, if I was to put it technically rather than

13 colloquially, so this is a -- what I mean by saying "you

14 can never buy enough", is whilst it would be literally

15 possible to store 100 billion items across the country,

16 in the practice of government, with restrained resources

17 in peacetime, it would be extremely unlikely to get

18 authorisation to do that and to be able to -- and so in

19 practice, one's future policy -- this isn't

20 a description of then at all -- future policy -- should

21 be to have much higher quantities of much better

22 organised PPE than last time, but nevertheless, the

23 moment you can see a pandemic being likely, get ahead of

24 it and start ordering.

25 In the description of what happened, we had, you

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1 **Q.** Was it not obvious to anyone else?

2 **A.** I don't know, but I was Secretary of State, it was

3 obvious to me, and I pushed the system to try to act

4 on it.

5 **Q.** I wasn't sure if you were implying there that you had

6 a battle on your hands to establish that point.

7 **A.** I don't think so, no.

8 **Q.** No, all right.

9 Public Health England had in stock 6.84 million

10 out-of-date respirators that were being tested for shelf

11 life extension. That's right, isn't it? It's in your

12 evidence.

13 **A.** Thank you.

14 **Q.** You instructed SCCL to increase its buying activities.

15 **A.** I did.

16 **Q.** And you've mentioned a little bit about SCCL. They

17 provided or supplied 250 main hospitals. They were --

18 do you want to say a bit about SCCL and what it did?

19 **A.** Well, SCCL was -- from my vantage point as Secretary of

20 State, where I wasn't involved in the detail of

21 procurement until it became a crisis point, the purpose

22 of SCCL was to have an efficient system of delivery of

23 supplies to hospitals. And by "efficient", you see, in

24 normal times, that means carrying as little stock as

25 possible. But in a crisis, that leads to lower

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1 know, a medium stockpile, a billion items. It was not

2 particularly well organised and it was not easy to get

3 out of the single factory -- single warehouse. But we

4 were nevertheless right to get going buying early,

5 because even with that decision, we saw how difficult it

6 became.

7 **Q.** And an important part of that process is the topic

8 I want to move on to with you now: the early

9 investigation of PPE supply chain resilience --

10 **A.** Right.

11 **Q.** -- in which you were involved.

12 **A.** Right.

13 **Q.** In February you attended a number of meetings attempting

14 to gain a clear picture of the threats to global supply

15 chains for PPE; that's right, isn't it?

16 **A.** Yes, yes. I was worried from the end of January onwards

17 about supply of PPE because my view was, as soon as this

18 became global, if we were trying to order as much as we

19 could, so would everybody else be.

20 **Q.** And you were right.

21 **A.** On that one.

22 **Q.** You were informed that FFP3 respirators were recommended

23 and you foresaw a surge in demand for those types of

24 respirators?

25 **A.** Yes, it was blazingly obvious to me.

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1 resilience.

2 And so the commendable drive in normal circumstances

3 for value for money and for efficiency meant that when

4 the -- when the pressure of a radical increase in demand

5 met with a radical constriction of global supply,

6 because everybody else's demand was going up too, the

7 idea of having this just-in-time delivery system

8 collapsed, and with it SCCL. And then some

9 extraordinary individuals, like Jonathan Marron and

10 Emily Lawson, who have given evidence, stepped forward

11 and put together the response. And the work they did

12 was absolutely phenomenal.

13 **Q.** It wasn't until 3 March 2020 that you were provided with

14 formal advice about PPE stocks?

15 **A.** Well, what do you mean, "wasn't until"? We were

16 discussing this in the department from January. I think

17 this is an example of if you follow only the paperwork

18 and you weren't there, you don't really understand the

19 work that was going on.

20 **Q.** Well, it's your 65. We can pull it up, if you like:

21 "I was provided with further formal advice about PPE

22 stocks on 3 March 2020."

23 **A.** Well, there you are, "further advice". The bit of your

24 question that was wrong was when you said it was only on

25 3 March. I mean, that's a -- the tonality of that is --

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1 completely underplays the work that  
 2 was -- (overspeaking) --  
 3 **Q.** When were you previously provided with --  
 4 **A.** Excuse me. I was finishing my answer. Thank you.  
 5 The tonality of that question completely underplays  
 6 the work that was going on from the end of January until  
 7 3 March.  
 8 **Q.** Mr Hancock, that wasn't its intention, I'm sorry if that  
 9 was how you perceived it.  
 10 When did you previously receive formal advice as to  
 11 PPE stocks?  
 12 **A.** I don't know. It's not the question of formal advice;  
 13 it's the question what we were doing on the substance  
 14 that matters.  
 15 **Q.** Let's have a look at that. 65, then, and 66:  
 16 "The advice noted ..."  
 17 A range of problems of sufficiency, if I can  
 18 summarise it in that way.  
 19 **A.** Yes, that's a good summary.  
 20 **Q.** How did that advice measure up to that that you'd been  
 21 given when you took up office, namely that the UK was  
 22 one of the leading nations in the world in relation to  
 23 pandemic preparedness?  
 24 **A.** Well, as I testified in Module 1 and indeed the Inquiry  
 25 found in its interim report on preparedness, the  
 65

1 5 March 2020:  
 2 "On the constrained PPE market ..."  
 3 **A.** Yeah.  
 4 **Q.** "... and stock position, he ..."  
 5 I think that's a reference to you?  
 6 **A.** Yeah.  
 7 **Q.** "... notes concern that we will run out. As discussed  
 8 in the meeting this morning, he is worried about this  
 9 from a comms/public reaction angle. Can we prepare  
 10 a comms package to mitigate potential negative public  
 11 response?"  
 12 Presumably, Mr Hancock, your primary concern --  
 13 **A.** Yes.  
 14 **Q.** -- was not a PR one?  
 15 **A.** No, absolutely not, no. I didn't write this note but --  
 16 of course there would be a comms consequence, but the  
 17 comms consequence would be entirely driven by the  
 18 fundamentals on this one.  
 19 **Q.** Yeah, as one would expect.  
 20 **A.** Yeah.  
 21 **Q.** You provide, if I may say so, a pithy summary of the  
 22 position at that date, at your paragraph 69 of your  
 23 evidence, which I can perhaps just read out --  
 24 **A.** Can I -- just before we move on, it is worth also  
 25 noting, just so nobody gets the wrong impression, in the  
 67

1 preparations that had been put in place were not  
 2 adequate to the task. I mean, there was a much, much  
 3 bigger problem than this, frankly, which was that the  
 4 whole attitude to a pandemic was to allow the thing to  
 5 wash over us and deal with the huge amount of death that  
 6 that would cause.  
 7 And at this stage, as you'll know, no doubt, from  
 8 following other modules, I was not only dealing with  
 9 PPE; I was dealing with other massive issues, the  
 10 biggest one of which was trying to change the entire  
 11 attitude to pandemic response to be one to try to stop  
 12 the spread of the virus rather than simply deal with the  
 13 consequences.  
 14 PPE procurement was just one of many, many areas  
 15 where that meant that we had to act differently to the  
 16 inadequate plans that had been put in place a decade  
 17 earlier.  
 18 **Q.** It's one of the principal areas with which this module  
 19 is concerned.  
 20 **A.** I'm sure. I'm just explaining the context, because the  
 21 necessary module and nature of this Inquiry means that  
 22 often context is missed in the questions.  
 23 **Q.** You came to the view that the UK was going to run out of  
 24 PPE in a pandemic. If we could have on the screen,  
 25 please, INQ000551276. It's an email from yourself of  
 66

1 final bullet here -- in the thing that was on the screen  
 2 a moment ago -- we need to ensure adequate supply. So  
 3 whoever has written up the note has put the substance in  
 4 there, it's just that you've only highlighted the bit  
 5 about comms.  
 6 **Q.** Right. The summary you offer at 69, as at this point:  
 7 "The situation at this time was therefore:  
 8 "a. The market for PPE and other medical supplies  
 9 was exceptionally tight;  
 10 "b. We were in competition with every other country  
 11 in the world for key items;  
 12 "c. Our primary source for these items, China, had  
 13 put embargoes in place;  
 14 "d. International air travel and freight,  
 15 particularly from China, was disrupted."  
 16 Points that you have more or less made in the course  
 17 of this morning.  
 18 **A.** Yes.  
 19 **Q.** Yeah. So that was the challenge faced at that moment?  
 20 **A.** Yes.  
 21 **Q.** Early March --  
 22 **A.** Yeah.  
 23 **Q.** -- 2020?  
 24 **A.** Yeah, and remember at this point, by early March, people  
 25 were dying. It was clear that this thing was coming in  
 68

1 a massive way to the UK. At the same time we were  
2 dealing with testing, contact tracing, getting the  
3 vaccine going, and deciding what measures to put in  
4 place to stop the spread of the virus, keeping the NHS  
5 going at the same time.

6 So there were a whole -- for context, this is  
7 part -- or this is one part of a much wider set of  
8 actions that we were undertaking.

9 **Q.** So I now want to turn to what you describe as the  
10 collapse of the SCCL supply chain?

11 **A.** Mm-hm.

12 **Q.** That is a description that you give at paragraph 14 of  
13 your evidence. You say:

14 "... SCCL was overwhelmed by demand and effectively  
15 collapsed."

16 **A.** Yes.

17 **Q.** What do you mean by "collapsed"? It continued to  
18 function, didn't it?

19 **A.** It was no longer able to manage the supply of PPE to  
20 the NHS.

21 **Q.** All right.

22 **A.** I mean, others were closer to the detail, and again, you  
23 heard from Lord Bethell this morning, who gave a more  
24 detailed set of examples of what happened.

25 **Q.** You therefore -- let's have on the screen INQ000551284,  
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1 immediately did, that was in fact driven from -- by  
2 Will Warr, was to go and find the testing capability,  
3 including, for instance, PCR machines, that were  
4 distributed around the country in universities, and  
5 bring them into one place so we could optimise the  
6 throughput of tests. So that's what this refers to. It  
7 isn't -- that doesn't really refer to a call to arms  
8 from my reading of it.

9 **Q.** No, no, I said I'm going to move on to the call to  
10 arms --

11 **A.** Sure.

12 **Q.** -- which takes place on 10 April, later on.

13 **A.** Right.

14 **Q.** Over the weekend of 21 and 22 March, DHSC officials  
15 developed the Parallel Supply Chain, taking procurement  
16 out of the hands of SCCL and bringing it in-house to  
17 DHSC.

18 **A.** Okay.

19 **Q.** Was that -- who approved that plan? Whose idea was it?

20 **A.** I can't remember at all. I may have ticked a piece of  
21 paper saying that we need to do this, I may -- it may  
22 have been a decision made at operational level outside  
23 of my office. I can't remember.

24 **Q.** Do you therefore -- can you help us with why it was that  
25 the decision was taken to do this, rather than support

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1 which is an email of yours from 19 March of 2020. There  
2 are a lot of recipients, I see. Which starts  
3 "We needed" -- "I've been asked" -- "When I first  
4 became" -- sorry.

5 This is the email in which you asked that anyone  
6 with testing capabilities be asked to come forward, and  
7 anyone with testing capability in line with standards to  
8 come forward --

9 **A.** Yes.

10 **Q.** -- such as universities.

11 **A.** Yes.

12 **Q.** So this is in March, 19 March. This is before the call  
13 to arms that relates to PPE that comes later, isn't it?  
14 But it's an invitation for anyone who could help with  
15 testing capabilities to come forward?

16 **A.** Well, the context for this is that on 19 March, that was  
17 two days after I'd brought into the department  
18 responsibility for expanding testing. So the testing  
19 capacity, as has been frequently described, was very  
20 well stood up at a scientific level very early, but then  
21 PHE had failed adequately to expand testing, and had  
22 failed adequately to engage with the private sector, and  
23 as a result of that, I had taken responsibility off them  
24 on the evening of 17 March, and this is two days later.

25 So the -- we've -- one of the things that we

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1 SCCL with further staff, contractors, seconded civil  
2 servants and so on?

3 **A.** It's a perfectly reasonable question to which I'm afraid  
4 I can't shed any light. I don't recall the nature of  
5 that decision. But there must be a huge amount of  
6 paperwork around it.

7 **Q.** And in hindsight, do you believe that was the right  
8 decision?

9 **A.** I do, yes, because the pressures that we were under was  
10 absolutely overwhelming. SCCL had, as I say, collapsed,  
11 and simply the nature and the scale of the pressures  
12 were so much bigger than could be dealt with at the  
13 time, and it took us a couple of months to get from that  
14 position to a -- back into a position of a structured  
15 ordering process. And no doubt we'll go on to some of  
16 the examples, but there was an absolute global scramble,  
17 and what the -- the expansion pace that SCCL could have  
18 delivered was simply not fast enough, not least because  
19 their model didn't work.

20 **Q.** So those who say, of this measure, that it was the  
21 reinvention of a wheel, you would say the wheel was not  
22 fit for this purpose in any event?

23 **A.** That was my understanding, yes.

24 **Q.** All right. Let's move on, then, to distribution of the  
25 stockpile. You say in your witness statement at

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1 paragraph 95 that:

2 "On 23 March ... I formally approved a request from  
3 the NHS for military aid for PPE distribution ... One of  
4 the problems that the warehouse where the PIPP stockpile  
5 was stored, was in 'deep storage' in the north-west and  
6 not designed for rapid access ..."

7 **A.** Yeah.

8 **Q.** "... so that we needed military assistance to physically  
9 get the stockpile to the front line."

10 **A.** Yeah.

11 **Q.** That is put in rather more graphic or colourful terms in  
12 your Pandemic Diaries.

13 **A.** Yes.

14 **Q.** Let's just see how you put it there. INQ000569777.

15 This is pages 6 and 7 of your Pandemic Diaries. It  
16 starts "Continuing to work" -- I don't think it's the  
17 bit that's highlighted there -- oh, there it is, thank  
18 you.

19 "Continuing to work through the practicalities,  
20 Steve Oldfield updated me on the huge stocks of PPE in a  
21 warehouse in the north-west: a billion items. Just one  
22 problem -- we can't get it out. It turns out that when  
23 they laid down the PPE stockpile in the 2000s, no one  
24 thought about the circumstances under which we might  
25 need it, ie, an emergency, in which time is of the

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1 is how it looked to me.

2 **Q.** His evidence was that this warehouse was not designed to  
3 directly deploy stock to hospitals, but rather that the  
4 plan was to decant the stock to distribution warehouses.

5 Was that also your understanding?

6 **A.** Well, in a way it doesn't matter either way whether  
7 there was going to be an intermediary step; we couldn't  
8 get the stuff out fast enough.

9 **Q.** What would you recommend be done differently to enable  
10 a better outcome in the future?

11 **A.** Well, what I put in place later in the pandemic is what  
12 we need in future, which is distributed stockpiles. At  
13 every level there needs to be a stockpile. So every  
14 care home needs a stockpile, every GP surgery needs  
15 a stockpile. Obviously every hospital needs  
16 a stockpile.

17 Then there need to be regional, essentially,  
18 stockpiles. I don't mean that in the formal sense, that  
19 there need to be nine around England but I mean they  
20 need to be distributed across the country. They need to  
21 be structured so that they can be picked, preferably  
22 automatically, and using machines. There needs to  
23 a data system so that we know exactly what's in it, when  
24 its sell-by date is. There needs to regular audits of  
25 that stockpile.

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1 essence. It's in a huge storage unit which only has one  
2 door. Ergo, only one lorry can pull up at a time."

3 This is a fairly basic or fundamental problem or  
4 error in judgement, is it not, Mr Hancock?

5 **A.** It was certainly a massive problem for us, yes.

6 **Q.** It meant that precisely the situation that this was put  
7 in place for was one in which it could not be, save with  
8 the assistance of the army, beneficially used?

9 **A.** No, that's wrong. It was beneficially used but it could  
10 have been more beneficially used.

11 **Q.** It was trickling out, wasn't it?

12 **A.** No. That is a -- one of these terrible pejorative  
13 comments that you often make that's just totally  
14 inappropriate.

15 **Q.** How would you describe it? How would you describe it,  
16 Mr Hancock?

17 **A.** It could not be picked as well and quickly as we would  
18 have liked and was needed in the circumstances.

19 **Q.** We've heard from Mr Webster, on behalf of SCCL -- who,  
20 by the way, took issue with the term "collapsed". He  
21 didn't accept that SCCL had collapsed, but you've given  
22 your evidence on it.

23 **A.** Yes, and it's totally reasonable for the person running  
24 it to say it hadn't collapsed, but for the purposes of  
25 what we needed and the massive increases of scale, that

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1 We need, as I've mentioned in the next sentence in  
2 my book, more of an Amazon-style approach to delivery.  
3 Now, they have a just-in-time delivery system too. And  
4 if they went -- and if demand for a particular item  
5 multiplied by 100 times in the course of couple of  
6 weeks, and went into global short supply, I'm pretty  
7 sure they'd have a problem too.

8 You know, it is inevitable that there are going to  
9 be challenges in the system when you put such colossal  
10 strain on it. But you can mitigate some of those in  
11 advance, for instance by having a distributable and  
12 pickable stockpile.

13 **Q.** SCCL was struggling with the surge in demand in January  
14 and February of 2020, weren't they?

15 **A.** They were struggling with the increase in demand  
16 already, yes.

17 **Q.** Do you think, again, on reflection, with the benefit of  
18 hindsight, that earlier deployment of the stockpile  
19 might have assisted matters?

20 **A.** Well, it's very hard to say that because we deployed it  
21 in January 2020, so it's hard -- we couldn't really have  
22 deployed it much earlier.

23 **Q.** All right, let's turn on to another topic I want to  
24 explore with you if I may, Mr Hancock, the call to arms.  
25 And by this, I mean the PPE call to arms, the April 10

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1 call to arms. Yes?

2 **A.** Right.

3 **Q.** Prior to the public call to arms in relation to PPE,

4 which you made on 10 April 2020, the Prime Minister had

5 made a call to arms for the provision of ventilators,

6 hadn't he?

7 **A.** So I understand it. I can't remember the order of the

8 dates.

9 **Q.** Well, that may be the answer to my next question. Were

10 you aware that this ventilator call to arms gave rise to

11 very high numbers of offers of supply, many of which

12 were non-starters?

13 **A.** Yes, of course. There has to be a triage system in any

14 expansion of procurement.

15 **Q.** Such that the team was struggling to assess those offers

16 and to process them?

17 **A.** Of course, there needed to be a bigger team to do that,

18 yeah.

19 **Q.** The size of the team was known when that call to arms

20 was made, wasn't it?

21 **A.** Well, I imagine it was. I wasn't particularly close to

22 the ventilator -- (overspeaking) --

23 **Q.** All right, well let's move on to one --

24 **A.** -- call to arms. I obviously knew that it happened, and

25 was involved in the discussion around it.

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1 **Q.** Let's turn to INQ000536362, please.

2 It's paragraphs 31 and 32. It's from the evidence

3 of Sir Gareth Rhys Williams. It starts:

4 "At around this time there was pressure from the

5 then Secretary of State for Health and Social Care and

6 from No. 10 for a 'call to arms' in relation to PPE.

7 This was initially planned for 20 March but then

8 postponed to 23 March ..."

9 And then presumably it was postponed further until

10 April; is that right?

11 **A.** I don't recall. I haven't seen this evidence before --

12 **Q.** Do you know the reason for it being postponed?

13 **A.** Well, all I can tell you is here it says that there --

14 that Gareth, understandably, wanted a mailbox and

15 a response team in place.

16 **Q.** Yes, that's his paragraph 32.

17 **A.** Right.

18 **Q.** It says:

19 "My office replied ..."

20 He sets out various different things:

21 "Using a webform ..."

22 It says:

23 "It was necessary to avoid a situation again where

24 people are sending emails all over the place ..."

25 **A.** Absolutely.

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1 **Q.** Were you aware that in fact many PPE suppliers answered

2 the ventilator call to arms?

3 **A.** I ... no idea. I don't see the relevance either.

4 **Q.** Well, let's move on and perhaps understand that

5 relevance. So your PPE call to arms came on

6 10 April 2020 didn't it?

7 **A.** It was the government's call to arms. I made it, yeah.

8 **Q.** Whose idea, was it?

9 **A.** I don't recall.

10 **Q.** Not yours?

11 **A.** It might have been, it might not. Isn't that in the

12 paperwork?

13 **Q.** What was the problem that that call to arms that you

14 made, perhaps on your own account or perhaps on someone

15 else's, was trying to fix?

16 **A.** We were short of PPE. We were radically short of PPE.

17 The PPE was about to run out at a national level, and

18 there were local shortages of supplies of PPE that we

19 were aware of, and a lack of PPE has the potential to

20 lead to death, including, and especially I was worried

21 about, amongst health and social care workers. That's

22 what the problem was.

23 **Q.** Well, that's understood. Was there a shortage of offers

24 of PPE that needed to be triaged?

25 **A.** We needed more offers to get more PPE, yes.

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1 **Q.** "The request should specifically request details of

2 specification, country of origin ..."

3 And so on.

4 And he says this towards the end of that bullet

5 point:

6 "... 'if it's anything like the response to

7 ventilators you will be inundated with offers, possibly

8 even more given some of the items are less technical

9 than others'."

10 **A.** Yes.

11 **Q.** Yeah, and that is in fact what happened, wasn't it?

12 **A.** We were inundated with offers, yes.

13 **Q.** I know you followed some of this module to date. Did

14 you follow Sir Gareth's evidence?

15 **A.** I've seen a summary of it.

16 **Q.** All right.

17 **A.** But I also recall talking to Gareth ahead of the --

18 ahead of this, which I -- which was probably in that

19 period from -- between 20 and 30 March, about how best

20 to do this.

21 **Q.** Let's just turn up that evidence, in case you've not

22 seen it.

23 And for the benefit of others, it's PHT000000150,

24 page 50.

25 Where Sir Gareth was asked about the call to arms:

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1 "But looking back, the call to arms was a mistake,  
2 wasn't it? It was counterproductive?"  
3 To which Sir Gareth says:  
4 "I can understand why it needed -- why politicians  
5 felt it needed to happen but it had some very, very  
6 serious ripple -- well, more than ripple, it caused huge  
7 problems, and a lot of the problems that the Inquiry is  
8 rightly looking into, I think, flow as much from that as  
9 they did from our lack of stock to start with."  
10 So the question comes:  
11 "It was an announcement that was counterproductive  
12 in terms of the challenges of procurement at the time.  
13 That's fair, isn't it?"  
14 And Sir Gareth says:  
15 "Yes, the yield from the offers generated through  
16 the call to arms rather than getting the industry into  
17 a room, which is what we did with ventilators, I suspect  
18 was marginal."  
19 **Question:** It's an example of ministerial pressure  
20 or ministerial interference proving unhelpful, isn't it?  
21 **Answer:** Um, yes, I wouldn't describe it as  
22 'pressure'. It was a decision that ministers took to  
23 engage the country.  
24 **Question:** Against your advice?"  
25 And then he says:

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1 I did see this part of Gareth's evidence, and Gareth, by  
2 the way, did an absolutely extraordinary job, and it's  
3 true that the call to arms we made put pressure on him  
4 and his team. But I cared more about getting more PPE  
5 because we were all working all hours that God sent at  
6 this point, and nobody has testified that the PPE call  
7 to arms led to anything other than more PPE. And  
8 indeed, it's in Gareth's testimony. And more PPE saved  
9 lives. So I stand by it.  
10 **Q.** Let's just pick up on that point before I turn to those  
11 pressures to which you refer. When you say it resulted  
12 in more PPE --  
13 **A.** Yes.  
14 **Q.** -- it's not possible for you to know what level of PPE  
15 might have been procured without that call to arms, is  
16 it? It's simply not possible.  
17 **A.** You would have to argue that more offers of PPE led to  
18 less PPE for it to have had a negative impact, and that  
19 is hard to believe. Not least Gareth's evidence was  
20 that there was an increase. He calls it marginal, I  
21 don't think that's the case, but an increase -- any  
22 increase was worth having at the time.  
23 **Q.** You mention the pressures. Let's turn to those. There  
24 was a call centre set up to deal with the backlog of  
25 offers, wasn't there?

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1 "Yes."  
2 Do you think, on reflection, and reflecting also on  
3 Sir Gareth's evidence, that there was any sense in which  
4 that call to arms proved to be counterproductive?  
5 **A.** Well, it obviously led to more pressure because we were  
6 inundated with offers. The result of it was more PPE.  
7 And considering that there was such a lack of PPE and we  
8 came, as you know, later, within hours of running out as  
9 a country, I think a marginal, as he put it, even if it  
10 was only a marginal improvement in the supply of PPE,  
11 I would take it, because my total focus was on saving  
12 lives.  
13 I understand that it caused more pressures in the  
14 buying team, and it is absolutely true that ensuring  
15 that we have as high-quality triage as possible in any  
16 system is necessary and I've no doubt that now that  
17 there is lived experience of what happens in these  
18 intense high-pressure situations, that that sort of  
19 triage system, which I wasn't involved in designing,  
20 could be designed better.  
21 But there's a big category error in this line of  
22 questioning that you put, and the category error is that  
23 it was a mistake to want more offers. What we needed  
24 was the best-quality triage to get the most PPE that we  
25 could. And so having reflected on it and having --

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1 **A.** Yeah, yeah.  
2 **Q.** MPs were escalating offers from time to time, weren't  
3 they?  
4 **A.** Yeah.  
5 **Q.** Suppliers were threatening to go to the media with  
6 complaints?  
7 **A.** Yeah, and phoning up the Prime Minister. I mean, there  
8 was absolute -- you know -- you've heard the -- you've  
9 heard the -- what I've called the pressures. There was  
10 a whole series of consequences of those pressures --  
11 yes. And by the way, these were happening before the  
12 call to arms as well, because it was so obvious that the  
13 country needed more PPE.  
14 You know, I had the head of The Royal College of  
15 Nursing, somebody who had previously owned a pub in my  
16 village, the editor of the Daily Mail, Martin Lewis  
17 from -- the money saving expert. I had all these people  
18 contacting me saying, "We've got kit, can we help?"  
19 That's what happened, and that happened because there  
20 were huge pressures of supply and because it was so  
21 obvious to everybody that unless you did everything you  
22 could, more people would die than otherwise. So people  
23 were coming forward with life-saving propositions, and  
24 we needed a system to deal with that.  
25 And, you know, my job, total focus across all of the

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1 different parts of my portfolio, was to save as many  
 2 lives as possible. Right? That was my total focus.  
 3 And, you know, the end result of that was enormous  
 4 pressure on the -- on all sorts of supply chains. We're  
 5 primarily talking about PPE, but right across the board.  
 6 We had to get as much in as we could. In some cases we  
 7 paid expensive prices for that but I think that was  
 8 worth it to save lives, and in the end on PPE, we  
 9 over-succeeded, right? We procured more than was  
 10 needed, and had to -- I'm sure we'll come to dealing  
 11 with the oversupply that we had at the end.

12 **Q.** We will. We will.

13 Lord Bethell, to whom you referred and from whom  
 14 we've heard evidence earlier today, says in his evidence  
 15 that the teams dealing with the main route for referral  
 16 via the portal were indeed swamped by unsuitable offers.  
 17 You wouldn't disagree with that.

18 **A.** Of course. There were huge amounts of offers. Also,  
 19 I'll say this, we knew when we went into this that some  
 20 of the offers would be inappropriate or indeed  
 21 fraudulent. And there's -- you'll have seen it because  
 22 I'm sure you've read all of the paperwork, there are  
 23 references that were made within the meetings to ensure  
 24 that we dealt with those sorts of proposals that were  
 25 unhelpful, as well as obviously the proposals that were

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1 **A.** Okay. So off the top often my head, but having  
 2 reflected on this obviously over the years, the  
 3 number one thing is that the industry and the suppliers  
 4 who are already incumbents need to be properly and fully  
 5 engaged as aggressively as possible, okay? They are  
 6 likely to be the core of the response.

7 Secondly, bringing other suppliers who are already  
 8 supplying those materials into your supply chain is  
 9 absolutely vital.

10 Third, trying to encourage others with the  
 11 capability to pivot to very specific demands with clear  
 12 specifications is absolutely vital.

13 Fourth, you do need to leave open the proposition  
 14 for creative proposals and creative solutions,  
 15 especially from credible players.

16 Layer on top of that the fact that a large, a very  
 17 large proportion of PPE was bought internationally, and  
 18 this was part of a lack of resilience as a country that  
 19 was there before the pandemic, and, you know, still is  
 20 there to a lesser degree now, you needed the  
 21 international element of this. So, for instance, one of  
 22 the things we did early in this stage was we pivoted  
 23 much of the action of the civil servants, Foreign Office  
 24 civil servants who worked on the ground in China to  
 25 helping to procure PPE.

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1 brought forward that were helpful. But the normal PPE  
 2 supply chain was totally inadequate to the task that was  
 3 needed, and the consequence -- these were life and death  
 4 consequences of whether we got more PPE or less.

5 **Q.** And Nigel Boardman's review -- with which I'm sure  
 6 you're familiar, are you?

7 **A.** I contributed -- I was interviewed for the review but  
 8 I wasn't particularly close to it.

9 **Q.** -- concluded that:

10 "... a number of organisations and individuals who  
 11 were well meaning but lacking the necessary competence  
 12 responded to this call to arms and made the task of  
 13 identifying the best likely sources of PPE more  
 14 difficult to identify."

15 **A.** Yes, of course that's true. And some people came  
 16 forward with fraudulent propositions but the overall  
 17 result was more PPE, and my job was to get as much PPE  
 18 as possible.

19 **Q.** So let's just step away from that for a moment and just  
 20 reflect on how the exercise might have been done better.

21 **A.** Okay.

22 **Q.** You touched on that a few moments ago.

23 **A.** Mm.

24 **Q.** Let me pose that initially as a completely open  
 25 question.

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1 Then you need a triage system, and you do need to  
 2 triage for two different things: you need to triage for  
 3 initial assessment, and you need to triage for chasing.

4 And you need a process that those who are  
 5 approached, you know, whether they chose to be or not,  
 6 can put a proposal so that it can be adequately  
 7 purchased.

8 All of this needs to be done whilst removing the  
 9 standard rules that slow down this process enormously,  
 10 which are necessary and proper in normal times, but are  
 11 not adequate in these times. That's both the, you know,  
 12 the extremely rigorous checks, for instance on  
 13 background of suppliers, on the details of the  
 14 shipments, but -- and also on the price point. Because,  
 15 you know, the UK Government has a standard procedure to  
 16 go for a low price point but when the price is moving  
 17 up, that just means that we lost -- we couldn't buy PPE  
 18 for -- easily, because of those standard rules until the  
 19 Treasury, rightly, suspended them for this period.

20 So you've got this global demand which is  
 21 extraordinary. You know, we've heard testimony of  
 22 shipments being taken off the -- being bought from us  
 23 whilst they were being loaded into planes to come over  
 24 to the UK. You have political involvement in every  
 25 country round the world. The idea that this could just

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1 be done independently of ministers is not only wrong and  
2 unconstitutional for domestic reasons but it was totally  
3 impractical.

4 So there was one example where we were desperately  
5 tight and about to run out of one particular item,  
6 I think it was gowns, I can't quite remember, at a  
7 national level. We got a supply from Turkey,  
8 unfortunately a -- the fact that that supply was coming  
9 got into the public domain, and understandably in Turkey  
10 there was a public outcry, "Why are we shipping off our  
11 PPE?" And that supply was stopped on the tarmac when we  
12 had sent the RAF out to pick it up.

13 So all the -- the questions that I've heard and the  
14 questions that I've responded to both at the Inquiry and  
15 many, many times before, including in some of the court  
16 cases around this, far too often completely fail to  
17 understand the sheer scale of the challenge and the  
18 pressure, and so you have to put yourself in the mindset  
19 of what actually is going on at that time, including the  
20 real world pressures -- and these aren't political  
21 presentational pressures, this is people dying -- in  
22 order to then design a system that procures as quickly  
23 as possible.

24 And, you know, Paul Deighton did an amazing job at  
25 getting that straightened out as things calmed down over

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- 1 **A.** And creative potential solutions that you haven't  
2 thought of as well, yes.
- 3 **Q.** Yes. So, so far as the protection of those, so to  
4 speak, on the factory floor, those toiling hard to --
- 5 **A.** To buy the kit.
- 6 **Q.** To buy the kit.
- 7 **A.** Yeah.
- 8 **Q.** Procuring, long hours.
- 9 **A.** Yes.
- 10 **Q.** You refer to possible adverse effects of the Inquiry or  
11 the media in terms of those individuals. I want to ask  
12 you about the protection of those individuals within  
13 this process at the time.
- 14 **A.** Absolutely, that's important too.
- 15 **Q.** Okay. Now, you say there should be triage for  
16 assessment and for chasing?
- 17 **A.** Yes.
- 18 **Q.** Should they be separated?
- 19 **A.** Well, they necessarily have to be connected because you  
20 need --
- 21 **Q.** They do?
- 22 **A.** -- you need to know. So the precise details of the  
23 design of it, you know, we could work out in slower  
24 time, but are -- it is necessary to have both, and there  
25 needs to be a connection between the two of them.

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1 the summer, but the one other thing I'd say, and this  
2 pertains to this -- your questioning and this Inquiry --  
3 is that you also have to protect the people who are  
4 making decisions at great speed, because some of  
5 their -- some of the integrity of civil servants who  
6 gave their all in that time has been impugned since, and  
7 I fear that it will be harder to procure PPE in the  
8 future because people will look at the treatment that  
9 some of the people involved have received, including  
10 some of the sort of undertones of some of the  
11 questioning, and think "I'll just run a mile, in the  
12 future", whereas instead, what actually happened in the  
13 pandemic is people leaned in, and that's what you need  
14 in a crisis of this scale.

15 **Q.** Mr Hancock, you've given a very long answer, but it's my  
16 fault because I asked an open question.

17 **A.** Yes, feel free.

18 **Q.** But -- there are, I'm sure, helpful parts to it --  
19 I just want to ask you about some of it.

20 **A.** Yes, of course.

21 **Q.** In summary, you would advocate for, you would recommend  
22 a more focused approach to procurement, but allowing for  
23 that pivot aspect, ie, to the possibility of suppliers  
24 that were not conventionally manufacturing, say, PPE but  
25 could do so?

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1 For instance, I've heard the Chair ask previous  
2 witnesses "Would you go for this traffic light system?"  
3 Well, the traffic light system is a high priority,  
4 medium priority and low priority triage. We, in the  
5 end, had a high priority and everything else triage.  
6 There isn't much difference between the two. What you  
7 need to do is design a system that has triage and allows  
8 for interrogation of where things are up to. And they  
9 do need to be connected but I'm sure they could be --  
10 they could be designed as efficiently as possible.

11 **Q.** Mr Hancock, what you've not referred to, but I'm sure  
12 you would agree would need to form a part of this, is  
13 the smart use of data --

14 **A.** A hundred per cent. Vital.

15 **Q.** -- the arrival at an early stage of all the data that is  
16 necessary, or as much as possible of the data that is  
17 necessary, to form a view on an offer?

18 **A.** Yes.

19 **Q.** Front-loaded into the system?

20 **A.** Absolutely. And knowing that the progress of any  
21 particular offer is updated accurately in the system, so  
22 anybody chasing could just go into it and say, "Well,  
23 this is where it's up to", yeah.

24 **Q.** So what you have described or what you have recommended  
25 is different to what came into being?

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1 **A.** Of course, because we had to design it from scratch.  
 2 **Q.** Absolutely, and a large part of the purpose of this  
 3 Inquiry is to learn lessons.  
 4 **A.** Yeah.  
 5 **Q.** You say in your evidence that you were not involved in  
 6 the setting up of the High Priority Lane?  
 7 **A.** Sure.  
 8 **Q.** It follows, I think, from the answers that you've been  
 9 giving that, with the benefit of that hindsight, you  
 10 wouldn't reinvent it, you would invent something that  
 11 was better, that was more effective?  
 12 **A.** You need something, right? So, as Secretary of State,  
 13 when I -- before or after a public call to arms,  
 14 irrespective of a public call to arms, as Secretary of  
 15 State, I received proposals. And, as I'm sure you've  
 16 seen from all of the paperwork, what I did with those  
 17 proposals was I pinged them on to the system. In the  
 18 first instance, I sent almost all of them to  
 19 Jonathan Marron. In some cases I would send them to  
 20 private office or Lord Bethell, particularly if somebody  
 21 was being particularly difficult, to be honest. But if  
 22 it was a plain vanilla offer, I'd send it to Jonathan  
 23 Marron. And then, when I heard about the setting up of  
 24 the High Priority Lane, I would ping it on to the High  
 25 Priority Lane.

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1 **A.** Well, you may not be but you said within the confines of  
 2 this module, and, you know, as you know, this is  
 3 a challenge of the modular approach. It is absolutely  
 4 standard in the UK Government to have a process for the  
 5 triage of requests. Absolutely standard.  
 6 **Q.** Do you know of an example of emergency procurement in  
 7 the pandemic of a VIP Lane, of the type that existed  
 8 here, elsewhere?  
 9 **A.** Every single country had a process to try to buy more  
 10 PPE. What -- the evidence -- that evidence which  
 11 I obviously -- actually I heard it on the Today  
 12 Programme rather than the Inquiry, I thought was  
 13 completely flawed, because it -- the problem with some  
 14 of the analysis around this, and we've had it in some of  
 15 the other evidence, is that it tries to pretend that  
 16 these were normal times. You know, there was a court  
 17 case back a couple of years ago where they found that  
 18 some of the paperwork was filed in public a couple of  
 19 weeks late, and that was deemed this great catastrophe.  
 20 It wasn't a catastrophe. People were choosing to save  
 21 lives instead.

22 And the reason I'm answering your question in this  
 23 way is that I think it's an entirely subjective view as  
 24 to how different countries responded to the problem,  
 25 that people would contact ministers and others, like

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1 You do need a system for that because when an offer  
 2 came to me, it would have been a dereliction of duty not  
 3 for me to pass it on to the system.  
 4 **Q.** You do need something, absolutely. I don't know whether  
 5 your following of these module included early on in  
 6 Week 1 when Professor Sanchez-Graells gave his evidence.  
 7 His evidence on this point with which no one has  
 8 disagreed is that there is no equivalent of the VIP Lane  
 9 to be found abroad or in the devolved administrations.  
 10 Do you know of one?  
 11 **A.** There are endless, endless examples across government  
 12 when a -- in particular an MP or a minister has  
 13 a challenge, a request of government, that they are able  
 14 to get a response to it. Lord Bethell referred to the  
 15 scheme for Ukrainians. There are endless --  
 16 **Q.** That's not quite my question, Mr Hancock.  
 17 **A.** It is -- my evidence is that it is absolutely standard  
 18 practice across government. So I was not at all  
 19 surprised when one of these was set up.  
 20 **Q.** Let me re-put my question. We're talking about the  
 21 context of procurement and we're talking about whether,  
 22 within the experience of the pandemic, it is possible to  
 23 find abroad or in the devolved administrations -- I'm  
 24 not focused on Ukrainian refugee allocation --  
 25 accommodation allocation --

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1 MPs, like senior civil servants, like senior clinicians,  
 2 and say, "I've got an offer", and what you need to do is  
 3 get that offer into the system as quickly as possible.

4 And it's become this great big thing and frankly  
 5 we're going to have to have a system to do something  
 6 similar in the future. I have no doubt that the next  
 7 time there is a pandemic people will email the then  
 8 Secretary of State and she or he will need a system to  
 9 be able to send the requests they receive on to. It's  
 10 just -- it's an inevitable part of life.

11 **Q.** Your own system, Mr Hancock, would have that person  
 12 feeding in to --

13 **A.** A triage --

14 **Q.** -- a data-fed system --

15 **A.** Mm.

16 **Q.** -- information about the offer that would populate  
 17 a live platform --

18 **A.** Yeah, but there you go again discussing a perfect world.  
 19 Absolutely we should design a better, data-driven system  
 20 for the future. Of course better use of data would be  
 21 a far better way of doing this in the future than  
 22 essentially starting from scratch and from a -- then  
 23 building it on a spreadsheet. But the problem is -- the  
 24 reason I've answered in this way is that, frankly, the  
 25 questioning on it has been wholly naive to the

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1 circumstances that we faced.

2 **Q.** Let's --

3 **LADY HALLETT:** Mr Hancock, could you just -- I think you are

4 seeing hostility in the questioning --

5 **A.** I certainly am.

6 **LADY HALLETT:** -- where there isn't --

7 **A.** It's totally understandable.

8 **LADY HALLETT:** Will you let me finish, please.

9 **A.** Oh, sorry.

10 **LADY HALLETT:** There isn't hostility. It's about what could

11 we do better in the future, understanding what the

12 system was like, what all the pressures were like.

13 I can assure you this isn't about saying, "Oh well, they

14 should have had this perfect system in place, it's all

15 their fault." You could argue that they could have done

16 more by way of preparedness, you've accepted that --

17 it's about how can we do it better when the next

18 pandemic comes?

19 **A.** Yes, and --

20 **LADY HALLETT:** So it's not intended to be hostile.

21 **A.** Thank you for clarifying that. What I would say is that

22 is how I took the questioning when I was being asked how

23 to do it better in the future.

24 When then asked a question specifically about has

25 anybody else in the world done it this way, my answer, I

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1 one.

2 **LADY HALLETT:** Just read it out.

3 **MR WALD:** Okay, I'll just read it out.

4 "In my view, the 'VIP Lane' also fell short of

5 several applicable requirements and is problematic from

6 a broader perspective. The reasons for its creation are

7 unpersuasive, as there were alternative measures that

8 could be put in place without creating preferential

9 treatment at triage stage. There was no consideration

10 given to the risk of de facto differential treatment

11 that the pressure stemming from regular requests for

12 updates and the labelling of offers as 'VIP' could have,

13 or potential confusion as to what 'VIP' signalled.

14 There was no consideration of the fact that a referral

15 by Ministers, MPs or Senior Officials was not

16 a justification for preferential treatment."

17 Do you wish to comment on that paragraph?

18 **A.** Well, at one level, and I, of course, agree that

19 a reference of -- from who a -- an offer was triaged

20 through doesn't impact automatically the likelihood of

21 that being worth pursuing, but it does have some

22 informational value. And what I would say about that

23 particular paragraph that you read out is that it is

24 wholly naive as to the circumstances that we faced. And

25 I believe Mr Gove gave some pithy evidence as to his

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1 suppose, my considered answer is: every country will

2 have -- I don't know what these systems were like, but

3 every country will have had some kind of system for

4 dealing with this problem.

5 And forgive me for being impassioned on this point

6 but I have been subject to enormous amounts of

7 conspiracy theories about what went on here, when in

8 fact what happened was so many people, working as hard

9 as they could to save lives, and they bought more PPE as

10 a result, and therefore people are alive who would

11 otherwise be dead and, frankly, I'm incredibly proud of

12 the people, who themselves have felt under attack

13 because of the way that questions have been put, which

14 does have a material consequence on future responses to

15 a pandemic.

16 **MR WALD:** Mr Hancock, it's only right that you should have

17 an opportunity to respond to the part of

18 Professor Sanchez-Graells's evidence that relates to

19 this. I'm just going to put it on the screen, I'll read

20 it, and then invite you to comment on it. All right?

21 It's INQ000539153. Where Professor Sanchez-Graells

22 expresses his view on the VIP Lane.

23 "In my view [it says at the bottom]" -- it says --

24 ah.

25 **A.** It says turn it off and turn it on again. That's a new

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1 view of this particular bit of evidence to the Inquiry

2 with which I wholly concur.

3 **Q.** Certainly he did comment on Professor Sanchez-Graells.

4 **A.** But the point about naivety is really, really important.

5 Okay? It's fine having academics write papers about

6 this stuff, and some of the academic analysis of how you

7 could do better in a future pandemic is really, really

8 valuable, but it can only have any value at all if you

9 understand what it was like. You know, you weren't

10 there. This professor wasn't there. But you've got to

11 understand what it was like. And that's what I'm trying

12 to get over. The pressure to save lives is intense, but

13 so is the reality that high-quality offers will come

14 through and be sent through to senior decision makers.

15 And you have to have a process for dealing with that.

16 I didn't design this process. I've no reason to

17 defend it, but I do care that this is done well in

18 future. And I didn't care if an offer came through me

19 and somebody had to go back and say, "I'm terribly

20 sorry, we're not taking this one up", I didn't care

21 either, and there's loads of paperwork of me just

22 saying, "Well, please just go and tell them

23 appropriately." Right?

24 What I cared about was getting PPE and I worry, and

25 the reason I keep repeating this point, this emphasis,

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1 I worry that well-meaning but naive people are going to  
 2 get this wrong for the future, and leave more  
 3 bureaucracy in a future emergency procurement than is  
 4 relevant at the time, and then the Secretary of State at  
 5 the time will set that aside and will end up having to  
 6 invent something from scratch.

7 If we're going to invent something now, let's invent  
 8 something that is going to actually work when the  
 9 proverbial hits the moving object.

10 **Q.** Mr Hancock, you also care about the protection of those  
 11 involved in emergency procurement.

12 **A.** Absolutely.

13 **Q.** And one of those individuals was Chris Hall.

14 **A.** Yes.

15 **Q.** And we know from his evidence, and perhaps we can have  
 16 it up on the screen -- my screen seems to have come back  
 17 to life. Is yours functioning, Mr Hancock?

18 **A.** Yes.

19 **Q.** Great. INQ000536369. He is, in this part of his  
 20 witness evidence, talking about complaints about  
 21 particular offers that have been made, delays in the  
 22 system.

23 **A.** Yeah.

24 **Q.** He says:  
 25 "Ultimately" -- 6.24 --  
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1 increased pressure that is brought to bear on those, and  
 2 we touched on this earlier, at the end of your quite  
 3 lengthy answer, Mr Hancock, how to protect those  
 4 individuals who are working hard and long hours to  
 5 achieve what they needed to?

6 **A.** Yeah, yeah --

7 **Q.** This is an example of where you yourself are  
 8 contributing to that additional pressure. Is there any  
 9 way out of that?

10 **A.** There needs to be a system that takes it into account.  
 11 Please zoom out.

12 **Q.** Yeah, you want to see above that?

13 **A.** Because I want to see Chris's response:  
 14 "All good and we really appreciate the support we're  
 15 getting from Matt and the political team."  
 16 Right?

17 **Q.** Yes.

18 **A.** So absolutely I would refrain from putting this kind of  
 19 pressure on unless there was a good reason to do it.  
 20 For instance, if the particular chasing came from  
 21 somebody who we were also in discussions or negotiation  
 22 with on some other matter, then it would have a material  
 23 consequence. So you've got to have a system that takes  
 24 this into account. And this is why I disagree with this  
 25 assessment that such a system didn't exist anywhere else  
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1 **A.** Yeah. Tell me about it.

2 **Q.** Or is it 6.25?

3 "Ultimately, many of these complaints would be  
 4 referred back to the HPL mailbox by the official or  
 5 minister who had received the complaint. This simply  
 6 added to our existing workload and required time to  
 7 investigate and to explain to hard-pressed ministers  
 8 what had in fact happened and why the offer had not  
 9 proceeded further."

10 Now, if we can move from there -- thank you for  
 11 that -- to INQ000527557 and page 2, there's an email  
 12 from Chris Hall, and if we go up to the top of this,  
 13 Allan Nixon says:  
 14 "Thanks Chris. Mammoth effort from you and [the]  
 15 newly established team and we really appreciate the note  
 16 setting this out.  
 17 "We will keep trying to insulate you and your team  
 18 from things like this unless absolutely necessary  
 19 (problem was this one came direct from Matt ..."  
 20 Who I assume is yourself, Mr Hancock?

21 **A.** Yes, that would have been me, yeah.

22 **Q.** "... and he'd asked for an answer on it). I've spoken  
 23 to him and he's happy -- as is the MP."

24 **A.** Yeah.

25 **Q.** So it's an illustration not just of the pressure or the  
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1 in the world. That can't be true, right, in my  
 2 experience. I haven't been a minister in any other  
 3 government so I don't know directly, but I can ask some  
 4 of my colleagues who were.

5 The -- these sorts of pressures exist in reality.  
 6 If we try to design a system to pretend they don't  
 7 exist, or worse, to say these pressures exist and what  
 8 we're going to do is tell the senior people "stop  
 9 putting this pressure in place", then it will fail.  
 10 Right?

11 I would not have gone to Chris with a request unless  
 12 there was a good reason to do so. And that's why  
 13 I respond in this way, it's because my motivation was to  
 14 get as much PPE as possible. I was also, at the same  
 15 time, dealing with a dozen other subject areas, and  
 16 I had to make decisions as appropriate. Senior  
 17 leadership sometimes involves asking what's going on in  
 18 one area because of something important going on in  
 19 another area, and so you do need a system that deals  
 20 with this, yes. And you can't just say, "Let's just ask  
 21 people to ignore those pressures", because they are  
 22 real.

23 **Q.** All right. Mr Hancock, let's move on from the VIP Lane.  
 24 You anticipated that we would come to excess PPE --  
 25 **A.** Yeah.  
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1 Q. -- or overpayment for PPE. I want to do that with you  
 2 now, if I may.  
 3 A. Mm-hm.  
 4 Q. You've said in your witness statement at paragraph 16  
 5 that the procurement teams, as we've been exploring,  
 6 were under immense pressure, and that in those  
 7 circumstances, you don't expect everything to be perfect  
 8 so that when action was taken that can later be  
 9 criticised, for example overpaying for a consignment of  
 10 PPE, you don't apologise for a minute because you had  
 11 one goal, and you've said this several times today and  
 12 in other modules, and that was saving lives?  
 13 A. Yes.  
 14 Q. You say:  
 15 "While of course theoretically there is a limit to  
 16 this approach ..."  
 17 A. Yes.  
 18 Q. "... we were nowhere near it."  
 19 A. Yes.  
 20 Q. And would you apply that to both prices paid for and  
 21 surplus amounts of PPE and other urgently needed medical  
 22 kit?  
 23 A. No, I think that that refers only to prices paid,  
 24 I think, in what you read out from what I said. In  
 25 terms of oversupply, obviously, what you want is the

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1 some of the PPE, and my view was that we should put it  
 2 into a future stockpile, not dispose of it.  
 3 And -- but that's a difficult and very practical  
 4 matter, what can be stockpiled, where it is. And so  
 5 there is -- there's an important administrative task of  
 6 dealing with an oversupply. Exactly how much was  
 7 oversupplied is actually impossible to tell because it  
 8 all depends on what you could do with it.  
 9 Q. Well, we'll come back to that. I just want to go to the  
 10 previous point, which is pricing.  
 11 A. Yes.  
 12 Q. And you're quite right, the bit that I read out was  
 13 relating to pricing, but I wanted to ask you about both  
 14 aspects at the same time.  
 15 A. Sure, sure.  
 16 Q. Let's turn to INQ000088616, and page 6 of it.  
 17 The minutes of the 20 April 2020 Covid-19 strategy  
 18 ministerial group?  
 19 A. Yes.  
 20 Q. This records you as saying that:  
 21 "The current rules state that the Government should  
 22 buy at 25 per cent below market value."  
 23 Was that the position at the time?  
 24 A. That is the standard normal times position of Treasury  
 25 in terms of public sector procurement.

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1 perfect quantity. Right?  
 2 Q. Yeah.  
 3 A. That's obvious. But it's also extremely hard to  
 4 deliver.  
 5 Q. Yeah.  
 6 A. My instruction to the team and my bias -- and by the  
 7 way, it will be the bias of whoever is Health Secretary  
 8 next time there is a pandemic, is more rather than less,  
 9 and they achieved more rather than less. They over --  
 10 the oversupply was rather larger than I anticipated, but  
 11 it is better to have more -- to err on the side of more  
 12 supply, because if you err on the side of less then you  
 13 run out and we got very close to that.  
 14 Q. I think Sir Christopher Wormald said that he would  
 15 rather be sitting there saying that we had too much than  
 16 that we had too little?  
 17 A. He's absolutely right.  
 18 Q. Yes. When you say that your own view is that we rather  
 19 oversupplied, can you say by a factor of what? I mean,  
 20 did you form a view as to how much of an excess it was?  
 21 A. No, it's very hard to say because by -- firstly, by then  
 22 Paul Deighton was running PPE supply and doing it  
 23 brilliantly. Secondly, it depends how much you can put  
 24 into a future stockpile.  
 25 So I was asked in 2021, for instance, to dispose of

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1 Q. Well, clearly that's unachievable in a crisis such as  
 2 this.  
 3 A. Correct, and when I brought that to light of Rishi Sunak  
 4 as Chancellor, he removed that rule.  
 5 Q. "He said that we should buy above market value in order  
 6 to become a 'go to' customer for global suppliers of  
 7 PPE."  
 8 A. Yes, there were stories, I don't know whether they were  
 9 true or not, of the CIA turning up with literally  
 10 truckloads of US dollars in China in order to buy a kit.  
 11 We didn't do that, but that was the sort of thing that  
 12 we were dealing with, and you've heard other stories of  
 13 losing supplies when they were on the tarmac. I mean,  
 14 so -- and when a price is rising, if you're trying to  
 15 buy below par in a rising market you just get nothing at  
 16 all.  
 17 So that rule was a problem for a period, but as soon  
 18 as it was brought to the Chancellor's attention, he  
 19 suspended it. It is, of course, totally reasonable in  
 20 normal times.  
 21 Q. What did you envisage it being necessary to do to become  
 22 that go-to customer?  
 23 A. To pay above par.  
 24 Q. And how much?  
 25 A. That was entirely a matter for people on the ground.

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1 **Q.** You've made reference at numerous points in the course  
 2 of today to the fact that you were -- you had many  
 3 responsibilities within your department: vaccines,  
 4 therapeutics, IPC guidance, test and trace, and so on.  
 5 All of them required some form of budgeting, didn't  
 6 they?  
 7 **A.** Yes.  
 8 **Q.** So you presumably needed to keep a close eye on that  
 9 which was budgeted for, say, PPE procurement and ensure  
 10 that there was enough in the coffers to allow for other  
 11 expenditure?  
 12 **A.** No, that's not really how it worked in the pandemic.  
 13 Because of the extraordinary circumstance, as  
 14 a department we were able to draw down on the Treasury  
 15 Reserve, and indeed the Treasury issued a huge amount of  
 16 debt in order to pay for these costs.  
 17 So that -- the management of that was -- obviously  
 18 I cared about how much money we were spending, but  
 19 I thought that that was second order to stopping the  
 20 pandemic and keeping people alive.  
 21 The -- I essentially delegated the day-to-day  
 22 management of that challenge to David Williams, who of  
 23 course engaged with civil servants in the Treasury, and,  
 24 frankly, the system they put together was exceptional  
 25 and they are exemplary in their service. I only got

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1 prepared to pay above market value, which normally  
 2 I would have been pretty aghast at. I was the minister  
 3 for efficiency before I was the minister responding to  
 4 Covid, and so I found it quite uncomfortable, but it was  
 5 necessary to save lives.  
 6 **Q.** It wasn't the risk of over-procuring?  
 7 **A.** At this point I was not worried about the risk of  
 8 over-procuring because we were desperately short. That  
 9 became -- I think the question is referring to about  
 10 April, May 2020. The risk of over-procuring hove into  
 11 view later.  
 12 **Q.** Okay let's just pick up on this point that we -- as  
 13 I say, we heard evidence from Steve Barclay.  
 14 **A.** Yeah.  
 15 **Q.** He, along with Lord Agnew, who did become a minister for  
 16 efficiency, and he had various other roles --  
 17 **A.** As well, yeah.  
 18 **Q.** -- expressed a degree of frustration at the sums that  
 19 were being asked of the Treasury --  
 20 **A.** Yeah.  
 21 **Q.** -- at very short notice.  
 22 **A.** Yeah.  
 23 **Q.** And in fact Mr Barclay invited the Inquiry to seek  
 24 evidence from DHSC as to why such little notice was  
 25 given.

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1 involved when something then needed to be escalated to  
 2 ministerial level in Treasury.  
 3 **Q.** We'll come on to the relationship between DHSC and  
 4 Treasury in a moment -- and we've heard some evidence  
 5 that relates to that: Steve Barclay appeared earlier in  
 6 this module.  
 7 **A.** Yeah.  
 8 **Q.** But I just want to ask you this point: in a minute of  
 9 a meeting of 21 April, so the following day, you  
 10 indicated that the government needed to take a dynamic  
 11 approach to pricing and be willing to take on extra  
 12 risk?  
 13 **A.** Yeah.  
 14 **Q.** What did you have in mind there by "extra risk"?  
 15 **A.** Oh, to be able to pay above par market value. So my  
 16 attitude -- I basically took a risk on attitude to many  
 17 areas in the pandemic because of the scale of death that  
 18 we were facing. I took a risk on attitude to legal  
 19 risk; I took a risk on attitude to making decisions that  
 20 may not have had the formal minute. I've referred  
 21 somewhat grumpily to your reference of the first formal  
 22 advice I had in early March on PPE procurement. That's  
 23 because we weren't doing formal advice at this point; we  
 24 were getting on and buying stuff.  
 25 So I took a -- the risk on attitude here was to be

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1 **A.** Yeah.  
 2 **Q.** I think both of those witnesses felt that by the time  
 3 they'd received the request, given the short timeline,  
 4 it wasn't possible to apply --  
 5 **A.** Normal levels of scrutiny.  
 6 **Q.** Normal or even any meaningful level of scrutiny.  
 7 Lord Agnew refers to a particular request for  
 8 1.25 billion with a turnover time of 24 hours?  
 9 **A.** Right.  
 10 **Q.** So can you comment -- can you help the Inquiry as to why  
 11 the deadlines imposed, even for sums as large as that,  
 12 were so short?  
 13 **A.** Because we were in a desperate situation with, you know,  
 14 this -- if you're referring to something I think in  
 15 about May 2020, there were just under a thousand people  
 16 a day dying, and there was -- we had no idea how long  
 17 the pandemic would go on for, and there was a high  
 18 degree of scepticism as to whether a vaccine would be  
 19 successful. So sometimes actions needed to be taken  
 20 very quickly.  
 21 As I say, I understand those frustrations. They're  
 22 natural frustrations for a Chief Secretary to  
 23 the Treasury and a minister for government efficiency in  
 24 the circumstances. I wouldn't have been particularly  
 25 close to the individual procurements or spend because

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1 I wasn't close to any contracting other than on  
 2 vaccines, and really David Williams was the person  
 3 I turned to for those questions.  
 4 **Q.** They were, as you say, exceptional circumstances. The  
 5 normal rules, regulations, norms, did not apply as  
 6 between DHSC and the Treasury?  
 7 **A.** Rightly so.  
 8 **Q.** You say that you told Sir Chris Wormwald that "we deal  
 9 with any legal headaches later and ... the primary goal  
 10 above all else was to save lives".  
 11 And that's a phrase I think you use -- let's just  
 12 turn up the document.  
 13 INQ000536350, paragraphs 10 and 11 of your  
 14 statement, I think.  
 15 **A.** There you go.  
 16 **Q.** Pages 10 and 11, I beg your pardon. It's paragraph 48.  
 17 Yes. What did you have in mind there, the "legal  
 18 headaches"?  
 19 **A.** Oh, for instance, if -- the statutory declarations is  
 20 a good example. You know, there are a whole series  
 21 of -- as Secretary of State, you inhabit a world  
 22 constrained by a statutory and common law framework  
 23 which is entirely right and understandable in -- and in  
 24 normal times, working through that can be frustrating,  
 25 but is proper. And there are some ministers who rail

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1 were made?  
 2 **A.** Yeah, and we were a couple of weeks late with some and  
 3 there was then a case about it, and it was -- the whole  
 4 thing was ludicrous.  
 5 **Q.** Yes, indeed. And you had that -- well, I'm not sure it  
 6 was ludicrous but --  
 7 **A.** Well, it was. That's my evidence.  
 8 **Q.** -- I understand what you were referring to.  
 9 That's what you had in mind, is it?  
 10 **A.** Yes.  
 11 **Q.** Or anything like that?  
 12 **A.** That sort of thing, yes.  
 13 **Q.** All right.  
 14 **A.** I can give you another example. We had to change the  
 15 law with the Coronavirus Act in order to remove a whole  
 16 series of restrictions that made it difficult to act  
 17 quickly. So that's another, you know, in that case we  
 18 changed the law.  
 19 **MR WALD:** My Lady, I see the time. I am very close to the  
 20 end of this topic -- I'm in your hands.  
 21 **LADY HALLETT:** Yes, I think we'll break now and I'm issuing  
 22 a warning to all advocates, the Inquiry has given an  
 23 undertaking to the last witness of the day that he can  
 24 catch a flight back to Northern Ireland. He will get  
 25 that flight if I have anything to do with. That means

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1 against it more fulsomely and publicly than I do.  
 2 I actually think that working within the rule of law to  
 3 get stuff done that is a -- is basically the job of  
 4 leadership as a Secretary of State, and if you really  
 5 don't like the law, then you have to seek permission to  
 6 change it, and that takes time and brings in further  
 7 constraints. That is how you operate. That is the  
 8 statecraft of being a Cabinet Minister.  
 9 When you have a scale of this -- a calamity of this  
 10 scale facing you, when you realise that you are going to  
 11 be the Secretary of State facing the first global  
 12 pandemic in 100 years, and when you know that the death  
 13 toll if you don't act and lead is going to be in the  
 14 hundreds of thousands, the estimate at the end of  
 15 January was 800,000 people dead, then you are prepared  
 16 to lean into that and deal with, as it says, legal  
 17 headaches later. What mattered was appropriate action  
 18 to save lives, and that -- and that is what we did.  
 19 **Q.** I'm just trying to focus on my question, you said  
 20 statutory declaration --  
 21 **A.** Declarations, yeah. So I'm referring to the court case  
 22 I mentioned earlier, yeah.  
 23 **Q.** The contract award notices?  
 24 **A.** Contract award notices, is that what they're called?  
 25 **Q.** This the notices of what -- the procurement awards that

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1 that all advocates are going to have to think about  
 2 restricting their questioning and we will finish  
 3 Mr Hancock before the afternoon break, and we will  
 4 finish evidence today at the very latest by 4.30.  
 5 Thank you.

(12.46 pm)

(The Short Adjournment)

(1.45 pm)

9 **LADY HALLETT:** Mr Wald.  
 10 **MR WALD:** Thank you, my Lady.  
 11 Mr Hancock, final furlong. We had almost finished  
 12 with excess PPE, we dealt with pricing. I just want to  
 13 finish up with the amounts or the quantity of excess.  
 14 **A.** Yes.  
 15 **Q.** It might be convenient just to turn up a document that  
 16 gives us a sense of that. This was drawn to the  
 17 attention of Mr Marron at the beginning of his evidence,  
 18 but I'll draw it also to your attention. I hope we can  
 19 agree figures from it.  
 20 It's a DHSC document, INQ000534966.  
 21 It's a document produced by Peter Howitt and sent to  
 22 Jonathan Marron, and what we see, if we scroll down  
 23 a bit, please, and a bit further -- that's it:  
 24 "Table 1: Snapshot of volume and value of excess  
 25 stock from 7 June 2021, with high assumptions for

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1 demand ..."

2 This by items in billions.

3 **A.** Yeah.

4 **Q.** It results in an excess stock amount of 6.9 but we need

5 to reduce that down and we'll look at the paragraphs

6 that follow in order to do that.

7 **A.** Could you just tell me the date of this note?

8 **Q.** Yes. If we turn to the top of it, I hope it's got that

9 date on it. I think it's towards the end -- it's

10 28 July 2021.

11 **A.** So I obviously haven't seen this because I wasn't

12 Secretary of State at that point. So this will have

13 been a note to Secretary of State Sajid Javid.

14 **Q.** Yes, you may not have seen it at the time. I think

15 you've seen it in advance of today's hearing, have you

16 not?

17 **A.** Impossible to remember --

18 **Q.** Well, I don't think that's a critical point for these

19 purposes.

20 **A.** No, no, but the point that matters is -- the point is

21 that "SoS" there, that's Secretary of State, but that's

22 not me.

23 **Q.** Yes, a different individual?

24 **A.** Yeah.

25 **Q.** But what we have here is a snapshot of the excess PPE

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1 laid down in storage for next time.

2 **Q.** And it's put into pounds, shillings and pence at

3 paragraph 3 beneath it.

4 "The PPE network in the UK is currently storing

5 1.3 [million] pallets of PPE. This costs [the

6 department] in the region of £300 [million] per year in

7 operational costs (mainly storage) ... At current

8 pandemic usage, we estimate that £3.8 [billion] of stock

9 ... will expire before it can be used."

10 So there's a deduction there because some of it will

11 achieve beneficial use within its lifespan.

12 **A.** Well, who knows, because we don't know when the next

13 pandemic is going to strike. My point isn't to be

14 defensive on this, it's that these figures are the best

15 estimate; working out how much PPE you should stock is

16 difficult, you don't know how long a pandemic is going

17 to go on for when you're responding to one. Obviously

18 it's self-evident and sort of banal to say that you want

19 to buy the right amount of PPE but there are -- nobody

20 is going to, in practice, get that exactly right.

21 We clearly bought -- we, as a nation, bought more

22 than was necessary. The July 2021 estimate of that is

23 here. The learning is: try to buy the right amount.

24 Well, sure.

25 **Q.** Well, the only reason for the point I raise, and I don't

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1 position was at this date?

2 **A.** Yes. Large.

3 **Q.** Yes, it's very large.

4 **A.** Yeah, enormous.

5 **Q.** It's enormous, and you said earlier that it was larger

6 than you would have certainly hoped, that you would have

7 expected. I pressed you to see if you could give any

8 indication of by how much. I think that was a difficult

9 exercise for you to conduct. And I appreciate there

10 were many, many variables in play at the time, weren't

11 there? Whether a vaccine would become available --

12 **A.** Yeah, you see -- exactly. So the thing is that these

13 figures obviously are the best estimate at the time but

14 they're also unknowable. If the pandemic had carried on

15 for another year then we would have used 6.9 more

16 billion items.

17 If it had ended sooner, we -- the stockpile would

18 have been even greater. So, you know, it's actually --

19 it's a very hard thing to judge.

20 As it happens, once Paul Deighton was brought in,

21 then those judgements on -- ultimately on purchase were

22 for him. So I wasn't particularly close to it at this

23 stage, and this note is about how -- what then to do

24 with it. But it is a, you know, obviously that's a very

25 large number, and I would have hoped most of that is

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1 want to labour it, is that, even absent a pandemic,

2 there is a degree of use of PPE --

3 **A.** Sure, yeah, on the run, yeah.

4 **Q.** -- and that's the basis on which these figures are

5 reduced down?

6 **A.** As best you can, yeah.

7 **Q.** All right. Let's just have a look, at best we can, at

8 how the UK compared in terms of its over-procurement

9 with other countries.

10 Could we have INQ000474994.

11 We've got a couple of graphs here provided to us by

12 UKACC, who have given evidence within this module.

13 You'll note at the outset that this doesn't relate only

14 to PPE but its total cumulative Covid contract awards,

15 here initially awarded in direct and negotiated

16 procedures without publication.

17 And you can see that on this chart the UK is

18 a significant outlier compared to other countries,

19 Germany, France and Poland.

20 **A.** This -- in my understanding, not having seen this chart

21 before, my understanding from the words in the title is

22 that this is entirely meaningless because we have

23 a national publicly-owned single purchaser health

24 system, whereas Germany, France and -- is that

25 Poland? -- I don't know much about the Polish health

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1 system but I know a lot about the French and the German,  
 2 and they don't. So it's a meaningless chart.  
 3 **Q.** All right, well, just for completeness hear -- I hear  
 4 that evidence. The chart below it relates -- you've got  
 5 the sums involved down the X axis, cumulative value?  
 6 **A.** Yes.  
 7 **Q.** You'd say equally meaningless?  
 8 **A.** Yeah, because in a privately run system, even if it's  
 9 got nationally required insurance, like the French  
 10 system, the -- what's directly procured by central  
 11 government is different. It's just a -- it's -- the  
 12 chart might as well be stating that there are two  
 13 different types of health system and that we're the only  
 14 one out of all these to have an NHS. That's what it  
 15 tells you. Other than that, there is no factual value  
 16 in this chart.  
 17 **Q.** All right, Mr Hancock, I want to now ask you -- you've  
 18 been asked about ministerial pressure. I also want to  
 19 ask you about the pressure that was placed on  
 20 ministers --  
 21 **A.** Okay.  
 22 **Q.** -- such as you, by others?  
 23 **A.** Right, yeah.  
 24 **Q.** And there was no shortage of that, presumably?  
 25 **A.** By others and by circumstances, yeah.

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1 the trust of nursing staff, which would have been  
 2 a problem.  
 3 **A.** Yes, I'm not sure "political" is the right word because  
 4 it wasn't about -- none of this was about party  
 5 politics. That was irrelevant. It was -- but I was in  
 6 negotiations directly or indirectly with Donna Kinnair  
 7 on a whole series of different subjects at any one time,  
 8 for instance, you know, the ratio of nurses who might be  
 9 looking after people in intensive care, the rules around  
 10 protective equipment and what people should be wearing.  
 11 So it was a very important relationship to maintain.  
 12 **Q.** Yeah. We know ...  
 13 Perhaps let's have it on the screen and display  
 14 INQ000536369.  
 15 I think this is an excerpt from your -- yes, Chris  
 16 Hall's evidence.  
 17 "I was contacted again [says Chris Hall] by  
 18 Matt Hancock on 16 April ... He expressed concern that  
 19 Donna Kinnair would go to the press with criticism of  
 20 the way in which his department was procuring PPE, and  
 21 asked why we were not able to proceed."  
 22 So that, presumably, is an illustration of the sort  
 23 of pressure you were experiencing as a result of this  
 24 intervention from Donna Kinnair?  
 25 **A.** Yes. I don't think that Donna Kinnair -- I can't recall

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1 **Q.** Yeah. Now, one of those others, without levelling any  
 2 criticism at her, was Dame Donna Kinnair, who placed you  
 3 under a degree of pressure when she contacted you  
 4 directly about gown shortages.  
 5 **A.** For context, she was the head of the Royal College of  
 6 Nursing, so it was entirely appropriate that we should  
 7 be in contact. And what would you have done?  
 8 **Q.** I didn't suggest otherwise, and it's not my role to  
 9 answer questions today.  
 10 **A.** Mm.  
 11 **Q.** This is presumably someone you would have wanted to  
 12 maintain a good relationship with?  
 13 **A.** Yes, that was very important.  
 14 **Q.** Of course. You were very concerned about frontline  
 15 workers, and knew that they were at risk every day  
 16 working on the front line?  
 17 **A.** That's correct.  
 18 **Q.** Yes.  
 19 **A.** As was she.  
 20 **Q.** As was she. She represented their interests quite  
 21 directly, didn't she?  
 22 **A.** She did, yes.  
 23 **Q.** Yeah. You were probably aware at this sensitive time  
 24 that a negative interaction with Dame Donna Kinnair  
 25 might have political repercussions and might risk losing

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1 Donna Kinnair ever having directly threatened me that  
 2 she would go to the press but she was in the news a lot  
 3 and there was a lot of -- there were a lot of questions  
 4 being raised by PPE supply. But this is a reasonable  
 5 description of the dynamics that we were living in.  
 6 **Q.** Let's display INQ000551316, please.  
 7 This is an exchange of messages between yourself --  
 8 I think you're the owner of the cellphone in this  
 9 exchange?  
 10 **A.** Yeah.  
 11 **Q.** Donna Kinnair to you:  
 12 "... we are going to need to talk about what we do  
 13 about the shortages of gowns coming over the horizon."  
 14 And then:  
 15 "Why can we not use waterproof table cloths ..."  
 16 And other suggestions that she makes.  
 17 **A.** And recycling gowns that are intact.  
 18 **Q.** And recycling gowns that are intact, exactly. Also the  
 19 96-hour quarantine. You respond:  
 20 "Yes that is a very good argument. We are looking  
 21 at all options -- very important we keep the front line  
 22 onside & supported", you say.  
 23 **A.** Yes.  
 24 **Q.** Which she apparently interprets as a sort of -- as  
 25 a point of PR. She says:

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1 "This isn't a PR job we are on side we are going to  
2 work I am volunteering"  
3 **A.** Yeah.  
4 **Q.** "But already this morning leaders are telling those  
5 requiring PPE yesterday to forget it today. I am very  
6 concerned ..."  
7 **A.** Yes.  
8 **Q.** Then she mentions to you the possibility of a supplier:  
9 "George Farha [whom she describes as] one of your  
10 party donaters and my friend can get fda approved gowns  
11 here by Wednesday."  
12 **A.** Yeah.  
13 **Q.** And:  
14 "He ... know[s] how many you want."  
15 To cut a long story short, you helped to take that  
16 forward, did you not?  
17 **A.** Yes, I -- well, you'll see it, no doubt, in the -- it'll  
18 be all be written in the messages. I would have -- what  
19 I expect and what I recollect happened is I said,  
20 "Please send in the proposal". And I then sent it on to  
21 the team. That's what I generally did.  
22 **Q.** It resulted in a contract for 10,000 gowns, did it not?  
23 **A.** I subsequently discovered that. I didn't know about  
24 that at the time.  
25 **Q.** There were other offers made by Mr Farha, and they

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1 **A.** Well, there were many -- as we've been through this  
2 before. There's proposals that worked well and there's  
3 proposals that didn't. And what you can see in front of  
4 us is my response, which is entirely appropriate.  
5 "Thanks for letting me know," ie, it's not like -- you  
6 know, there's no -- well, there's no pressure applied to  
7 Chris Hall to do anything about it. It's entirely  
8 proper, and no doubt, having read all of my  
9 correspondence, you'll know that that was exactly how  
10 I treated all of these proposals that came to me.  
11 **Q.** Mr Hancock, I must urge you to be a little bit less  
12 defensive. No one has accused you in this email string  
13 of impropriety.  
14 **A.** Aha!  
15 **Q.** All right?  
16 **A.** Carry on, then.  
17 **Q.** Right? What I want to know from you, we touched on it  
18 before lunch, you were devising methods of improving the  
19 system and we started to explore the possibility within  
20 a Parliamentary democracy of controlling or moderating  
21 the input that some may regard as inevitable either from  
22 ministers or from individuals such as Dame Donna Kinnair  
23 to find out what's going on, to recommend suppliers of  
24 urgently-needed gowns.

Now, first of all, do you think that type of

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1 are ...  
2 Can we have INQ000551372, please.  
3 This is Chris Hall, I think, to you:  
4 "I'm sorry but I've some disappointing news on this  
5 deal."  
6 So this was a separate deal, not the 10,000 gowns  
7 but something else that Mr Farha was offering as  
8 introduced by Dame Donna Kinnair.  
9 **A.** Okay.  
10 **Q.** "I've some disappointing news on this deal. We worked  
11 intensively with George and his colleagues over five  
12 days ..."  
13 And so on.  
14 "The deal would have involved about £6 million being  
15 at risk at any one time through a company with very  
16 little capitalisation while George offered bank  
17 guarantees of up to £0.5 million at the last moment.  
18 This was not enough to convince DHSC colleagues that  
19 this was an acceptable risk ...  
20 "We will keep exploring options ..."  
21 And so on.  
22 In the end this exchange, this set of exchanges,  
23 took up quite a lot of time, including your time,  
24 resulting in a relatively small number of gowns, didn't  
25 it?

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1 intervention is ever problematic? Was problematic on  
2 this occasion?  
3 **A.** I'm not quite sure what you're getting at. If you --  
4 if -- you're going to have to ask a better question.  
5 **Q.** Well, thank you for your comment.  
6 Did you welcome Donna Kinnair's intervention?  
7 **A.** Oh, I welcomed the proposal of more PPE and I sent it  
8 into the system. It also had the characteristics of  
9 a response that I needed to maintain was properly looked  
10 at, even if the result of it was not successful, it  
11 needed success -- it needed proper handling. It's  
12 a really good example of why it would be naive to  
13 suggest that ministers shouldn't be involved in this,  
14 notwithstanding the constitutional point, it's -- it  
15 just -- it happens, in these sort of circumstances.  
16 **Q.** Now, Mr Hancock, you said again, before we -- the short  
17 adjournment, that you were concerned, to put it lightly,  
18 at the welfare of those who were busily, who were  
19 actively engaged in emergency procurement?  
20 **A.** Yes.  
21 **Q.** One of the ways of protecting them, of safeguarding  
22 them, is to provide as much transparency as is possible  
23 about offers that come in to their attention; would you  
24 agree with that?  
25 **A.** I don't know. It depends on the circumstances.

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1 Q. So last week, Mr Gove was taken to a number of emails in  
2 which he was described as a friend of Mr Meller.  
3 A. Right.  
4 Q. He said that the reference to his friendship was a way  
5 of signalling to others that the offer should be treated  
6 scrupulously, should be treated without offering any  
7 favours to Mr Meller.  
8 A. Right.  
9 Q. There are alternative methods of dealing with an  
10 association or a friendship such as that, such as  
11 declaring the association --  
12 A. Right.  
13 Q. -- but adding a caveat that no preferential treatment  
14 should be given?  
15 A. Yes, the thing is I saw that, I saw that exchange and  
16 again, I'm sorry to keep having to come back to this,  
17 the circumstances at the time were of a shortage of PPE,  
18 enormous numbers of people dying, and a huge amount of  
19 pressure. So when I was responding to that email or  
20 those messages, I'll have been dealing with 100 such  
21 messages at the same time. And so I saw this  
22 implication that, you know, an appropriate and proper  
23 disclaimer should be put on every email. It's just not  
24 what happens in the real world and so the naivety of the  
25 questioning is a bit of a problem.

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1 with it.  
2 Q. You deal in your witness evidence with Hinpack and Alpha  
3 Laboratories?  
4 A. I do.  
5 Q. You do. You were first contacted by Alex Bourne by  
6 WhatsApp on 30 March 2020, weren't you?  
7 A. I -- (overspeaking) -- contacted.  
8 Q. Sorry, in relation to this?  
9 A. Yeah.  
10 Q. Presumably you had been contacted previously, he had  
11 your number?  
12 A. He had my number because he was a constituent. So as  
13 you mentioned at the start of this session, I had two  
14 roles: one as the MP for West Suffolk and the other as  
15 Secretary of State.  
16 Q. Was that the extent of your relationship with him?  
17 A. Essentially, yes. I had been to a constituency event  
18 with him beforehand.  
19 Q. Not a friend?  
20 A. I didn't know him before he became a constituent and  
21 he -- but he had my mobile number because many  
22 constituents did.  
23 Q. Was he also your pub landlord?  
24 A. He had run a pub in the village which I had opened, but  
25 he's not my pub landlord, and he also ran a plastics

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1 Q. Mr Hancock, let's focus on your evidence, I want your --  
2 A. You asked me about his evidence, so forgive me for  
3 answering.  
4 Q. I want to know whether you agree that repeated  
5 references to a friendship are a sufficient method of  
6 signalling to others involved with triaging and  
7 processing an offer that no favouritism should be  
8 offered?  
9 A. I think it's absolutely reasonable but not the only way  
10 of dealing with it.  
11 Q. What are the other ways of dealing with it?  
12 A. Well, making sure that whenever you send on a proposal,  
13 and it's rejected, that your response is "No problem."  
14 Making clear that your sole objective is to procure more  
15 PPE wherever it's necessary. There's lots of different  
16 ways of doing it. You could have done it within the  
17 triage system. That's one of the reasons that we had  
18 the triage system that -- that we had a triage system,  
19 so that people like Chris Hall could say, "I can't  
20 recommend this" at then it wasn't recommended.  
21 In fact, there's a benefit to that, which is that I  
22 could then go back and say, "I'm terribly sorry, this  
23 isn't going to work because it hasn't got through the  
24 gateway."

So there's lots of different ways you can deal

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1 factory which is an entirely reasonable enterprise.  
2 Previously he had served with distinction as a soldier  
3 in the UK army. He's a man of high integrity.  
4 Q. Can I just have up on the screen INQ000551393, please.  
5 He contacted you on 14 May as he had approval to make  
6 test tubes for antigen tests?  
7 A. Right.  
8 Q. He was also hoping to get sign-off to produce saliva  
9 test kits to be assembled and that is why he contacted  
10 you. You passed on his communication to Lord Bethell,  
11 didn't you?  
12 A. Well, that's what this shows, yeah.  
13 Q. And we've heard evidence to that effect earlier today  
14 from Lord Bethell himself. You say of Alex Bourne:  
15 "I think this is a very interesting critique from  
16 someone who turned his business to testing when the  
17 crisis broke. He's a very impressive guy and quite  
18 a good analysis."  
19 To which -- you're referring to the analysis he  
20 gives below in the email chain there?  
21 A. Yes.  
22 Q. Again, this is a neutral question, Mr Hancock. Would it  
23 have been helpful or necessary or protective of others  
24 for you to have described your relationship with  
25 Mr Bourne or do you think that that was unnecessary in

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1 this context?

2 **A.** Totally unnecessary, given the context, and it was --

3 what mattered was, in this case, seeing whether this

4 analysis that he put forward was reasonable.

5 **Q.** Can we just finish up, INQ000551404.

6 Again, this is an exchange, you are the "owner of

7 the cell phone". It says:

8 "Yes -- I'm taking not forward this end" -- that

9 must be a typo.

10 I assume from the response that you get from Alex

11 Bourne that you are signalling here to him that you will

12 be taking his proposal forward; is that right?

13 **A.** Well, actually, what this shows you is the speed at

14 which all this was done, this -- you know, the argument

15 you imply that there should be a full legal disclaimer

16 put on all communications is for the birds. I am acting

17 at high speed to respond to hundreds of messages.

18 You've picked out a couple. You've chosen the ones that

19 had most tabloid interest, which is frankly

20 disappointing, but inevitable, I suppose. And what you

21 can see in all of the communications around this is my

22 impeccable behaviour in terms of taking forward this

23 proposal from somebody who was both a constituent and

24 a -- somebody trying to help in the national effort.

25 It is a shame that you continue to impugn the

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1 pandemic as to who would be responsible for procurement.

2 And specifically she says in her statement that -- she

3 said:

4 "There were occasions [where] I felt individuals

5 were playing politics and there were lots of big

6 personalities in the room during COBR meetings, rather

7 than a complete focus ..."

8 She said:

9 "... in my view, there was a lack of clarity as to

10 who was in charge between [the Secretaries] of State in

11 DHSC and the Cabinet Office. There was a lack of

12 understanding of how the NHS worked in practical terms

13 by the majority of those in COBR ..."

14 So my question is, did a lack of clarity as to who

15 was in charge between the DHSC and the Cabinet Office

16 delay action to procure PPE between February and March

17 of 2020?

18 **A.** Oh no. We put out the -- I put out the call to get

19 going procuring PPE in January 2020, and that's what we

20 did. There were some areas where procurement was moved,

21 for instance, on ventilators. The Prime Minister did

22 that in order to essentially take some of the huge

23 burden off the department, and -- but I thought there

24 was -- I thought there was perfect clarity on that.

25 Some people round the COBR table may not have understood

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1 integrity of those involved, especially Mr Bourne, who

2 leant in when the crisis came.

3 **Q.** Can I bring you back to my question, please.

4 **A.** I answered it, yeah.

5 **Q.** I don't believe you did. My question was: does your

6 message contain a typographical error?

7 **A.** I have no idea. I can't remember sending the message.

8 I will have been sending hundreds at the same time.

9 **Q.** Did you take Mr Bourne's offer forward, or not?

10 **A.** I've absolutely no idea. You can see the paperwork if

11 you've read it.

12 **MR WALD:** All right, Mr Hancock, thank you very much.

13 My Lady, no more questions for this witness.

14 **LADY HALLETT:** All right, just a few more questions,

15 Mr Hancock.

16 Ms Morris.

17 **Questions from MS MORRIS KC**

18 **MS MORRIS:** Thank you, my Lady.

19 Mr Hancock, I ask questions on behalf of the Covid

20 Bereaved Families for Justice, as you know. I've got

21 two topics to ask you questions about, please.

22 The first, Johanna Churchill, a junior minister

23 within the DHSC, has recalled in her written statement

24 that there was what she described as a tussle between

25 the DHSC and the Cabinet Office at the outset of the

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1 the distinction between what NHS England does and what

2 the department does, and that would be an entirely

3 reasonable reflection, and in terms of what in practice

4 is done by the Cabinet Office and what in practice is

5 done by the department -- remember, the department was

6 not a big procuring department before the crisis. That

7 was one of the things we had to invent, as I discussed

8 in the previous questions.

9 **Q.** So do you accept the observation about there being

10 a tussle at the outset?

11 **A.** It's not how I experienced it, but she may have been --

12 she may have seen things that I didn't.

13 **Q.** Moving on to later on in March of 2020. At that stage,

14 were you still providing assurances that PPE supply was

15 under control, and that you had about ten weeks' supply

16 left in stock, and if so, on what basis were you making

17 those assurances?

18 **A.** Well, I was given some advice at that time saying that

19 there was -- which matches that description, but, as you

20 know, I had been working on PPE supply from

21 January 2020. I think the question you're getting at

22 comes from the evidence of Mr Cummings, but we've

23 already seen that that is not reliable evidence.

24 **Q.** Well, the Chair has got evidence before from Module 2

25 from Mr Cummings. What my question is really getting at

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1 is did you attempt to downplay PPE  
 2 shortages -- (overspeaking) --  
 3 **A.** Absolutely -- absolutely not. On the contrary, I was  
 4 raising the concerns with the appropriate people. So,  
 5 for instance, one of the things we've discussed is the  
 6 need to change the Treasury rules in terms of the price  
 7 at which you could buy. So I raised that at the cabinet  
 8 table and the Chancellor changed the rules.  
 9 With respect to Mr Cummings, of course, I had  
 10 experienced already by then, and it got much worse, some  
 11 of the very difficult problems that he caused in  
 12 intervening in some ways in a totally inappropriate  
 13 manner and --  
 14 **Q.** Mr Hancock, I don't need to trouble you with your view  
 15 on Mr Cummings --  
 16 **A.** No, no, I'm -- but --  
 17 **Q.** -- it was really about whether you were downplaying  
 18 anything --  
 19 **A.** That's what I'm answering --  
 20 **Q.** -- or creating a comms package, I think is the word  
 21 we've seen from other emails, about the state of PPE at  
 22 the end of March 2020.  
 23 **A.** No, I'm -- I was answering the question, actually,  
 24 because in that particular concern I was concerned to  
 25 ensure that that particular individual, because of his  
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1 how were the strategies and actions tailored to address  
 2 the differential needs and challenges faced by ethnic  
 3 minority healthcare workers? Could you help us with  
 4 that, please.  
 5 **A.** Yes, it's an incredibly important question and I think  
 6 that it is -- it would have -- it would have been far,  
 7 far better if it had been properly addressed before the  
 8 pandemic, because we did find that the stockpile did not  
 9 include nearly enough PPE that specifically could be  
 10 fit tested to non -- essentially non-white features, if  
 11 you will forgive me for phrasing it that way. And in  
 12 particular, those from a black ethnic group. This was  
 13 true, for instance, with face masks. I remember going  
 14 on a visit to a fit test unit and seeing for myself  
 15 the -- the pure and straightforward physical differences  
 16 that need to be taken into account. They were not taken  
 17 into account enough in the stockpile that we inherited,  
 18 and that must be addressed.  
 19 **Q.** That's very helpful, Mr Hancock.  
 20 I want to be forward looking to assist the Inquiry.  
 21 **A.** Yes.  
 22 **Q.** I know you're not Health Secretary now, but, having been  
 23 in that role, what would you -- what advice would you  
 24 say to deal with this in the future?  
 25 **A.** Well, I think the first thing to do is to recognise that  
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1 malign influence, was not heavily engaged in this  
 2 subject area.  
 3 **MS MORRIS:** Thank you.  
 4 Thank you, my Lady.  
 5 **LADY HALLETT:** That's very kind. Thank you, Ms Morris.  
 6 Who is next? Mr Thomas.  
 7 **Questions from PROFESSOR THOMAS KC**  
 8 **PROFESSOR THOMAS:** Good afternoon, Mr Hancock.  
 9 **A.** Nice to see you again.  
 10 **Q.** Yeah, likewise.  
 11 Mr Hancock, you know I represent FEMHO, the  
 12 Federation of Ethnic Minority Healthcare Organisations.  
 13 I've only got one topic to discuss with you this  
 14 afternoon and I'll be quick.  
 15 When we've previously met at this Inquiry, you've  
 16 previously acknowledged the existence of and your  
 17 awareness of institutional racism within the NHS.  
 18 **A.** Yes.  
 19 **Q.** So here's the question: reflecting on PPE procurement  
 20 and the management of the PIPP stockpile during the  
 21 pandemic, in the light of the previous knowledge and  
 22 acknowledgement of institutional racism, question: can  
 23 you help the Inquiry with this: what key lessons were  
 24 learned regarding ensuring equitable access to suitable  
 25 PPE for all healthcare workers? And more specifically,  
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1 the proportion of people who work in the NHS and in  
 2 social care who are from ethnic minority backgrounds is  
 3 much higher than in the population as a whole. The  
 4 service given in those two professions is incredible  
 5 from people either who didn't -- and whether -- wherever  
 6 they were born, the proportion who have ethnic minority  
 7 backgrounds are much, much higher, and that was not  
 8 reflected in the stockpile. So the future PPE stockpile  
 9 must -- must -- be appropriate for the workforce that it  
 10 is primarily intended for.  
 11 **PROFESSOR THOMAS:** Thank you, Mr Hancock.  
 12 My Lady, those are my questions.  
 13 **LADY HALLETT:** Thank you, Mr Thomas.  
 14 Mr Stanton. Mr Stanton is right over there.  
 15 **Questions from MR STANTON**  
 16 **MR STANTON:** Thank you, my Lady.  
 17 Good afternoon, Mr Hancock.  
 18 **A.** Good afternoon.  
 19 **Q.** I ask questions on behalf of the British Medical  
 20 Association.  
 21 **A.** Mm-hm.  
 22 **Q.** I'd like to ask you about PPE supply and demand  
 23 modelling, please.  
 24 **A.** Okay.  
 25 **Q.** And to refer you to a document which I hope you will  
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1 have some familiarity with.

2 **A.** Uh-huh.

3 **Q.** By -- authored by McKinsey and Company together with  
4 DHSC colleagues. It's dated 29 March, and the reference  
5 is INQ000339131, page 3.

6 I hope you have that before you.

7 **A.** Yeah.

8 **Q.** And on the top line you'll see it deals with the issue  
9 of FFP3 respirator shortages.

10 **A.** Yeah.

11 **Q.** The second column makes a couple of observations about  
12 how demand will burn down existing stock, and also that  
13 forecasted supply would be inconsequential against  
14 demand. And then in the final column under "Actions" it  
15 suggests three options or --

16 **A.** Yeah.

17 **Q.** -- increase acquisition, reduce demand with policy, and  
18 approve FFP2 masks as a substitute. And it's the second  
19 bullet that I'd like to particularly refer you to, the  
20 reduction of demand through policy.

21 I'd like to ask, please, whether you were aware of  
22 this proposal to manage the demand for FFP3 masks  
23 through policy, and whether you could provide any  
24 insight into how this reduction in demand was achieved.

25 **A.** I'm afraid I don't recollect anything in this space.

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1 issue with emails having been sent to the wrong email  
2 address, but actually, ultimately, your conclusion was  
3 that the UK programme was better and more effective.

4 Can I ask you, though, whether any consideration was  
5 given to joining the EU procurement programme for PPE.

6 **A.** Yes.

7 **Q.** And why that wasn't done?

8 **A.** Well, I was entirely pragmatic on this question, and we,  
9 in the end, didn't join these procurement schemes  
10 because they would have -- because we thought that we  
11 could procure quicker ourselves because of the  
12 mutualisation of supplies, and we were -- remember, for  
13 all the problems, we were in a better position than many  
14 of our EU counterparts, much of this time. So we  
15 would -- we made a judgement on that basis. There was  
16 the problem with ventilators when the EU sent the  
17 invitation to the wrong email address.

18 We also looked, for instance, at joining the  
19 procurement with -- for vaccines, with the EU. And I'm  
20 very glad that we didn't, because their procurement was  
21 slower than ours, and we would have had to give up our  
22 supplies into their system in order to be able to access  
23 it. So I was entirely pragmatic on this question.

24 **LADY HALLETT:** Sorry, can I ask what do you mean by

25 "mutualisation" of supplies?

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1 I mean, it is obviously -- what is written there is

2 obvious, and you have to deal with the art of the  
3 possible when you're in a pandemic, as your members will  
4 know. But I've no recollection. And I wouldn't really  
5 have been involved at this level of detail.

6 **Q.** Given what you've said around your priority to save  
7 lives, which is entirely accepted by the British Medical  
8 Association, would the fact that demands management of  
9 this nature was taking place cause you -- have caused  
10 you any concerns, or does becoming aware of it now,  
11 cause you concern?

12 **A.** Well, obviously, action 1 is the best, isn't it?

13 I mean, you don't want to have to move people down from  
14 FFP3 to FFP2 if you can avoid it. You don't want to  
15 constrain demand by reducing the recommendations in  
16 terms of usage, for instance by saying that masks should  
17 be used for a longer period than previously. You don't  
18 want to do that, but you could -- but it may -- if -- if  
19 acquisition improvement is not possible, then the second  
20 and third bullets may be better than running out. But  
21 nobody would want to do that.

22 **Q.** Thank you.

23 One final question, on a different topic. You  
24 explain at paragraph 217 why the UK did not join the EU  
25 procurement programme for ventilators. There was some

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1 **A.** Well, there was -- part of any agreement was about  
2 making sure that the supplies that were bought in were  
3 then spread equally across the different participants in  
4 the schemes as opposed to going to who bought them, and  
5 we felt that our firepower was more, was stronger than  
6 the average EU position would have been.

7 **LADY HALLETT:** Thank you.

8 **MR STANTON:** Thank you, Mr Hancock.

9 Thank you, my Lady.

10 **LADY HALLETT:** Thank you, Mr Stanton.

11 Right, I think we have -- is it -- no, it's

12 Ms Parsons.

13 **Questions from MS PARSONS**

14 **MS PARSONS:** Thank you, my Lady.

15 Good afternoon, Mr Hancock. I ask questions on  
16 behalf of the Covid-19 Bereaved Families for  
17 Justice Cymru. My questions are on just one topic, and  
18 that is pandemic stockpiles. I want to ask you about  
19 a meeting that you had on 11 February 2020, so at the  
20 start of the pandemic, with Steve Oldfield, the  
21 department's Chief Commercial Officer.

22 It's described in your witness statement at  
23 paragraph 60. So that's page 13 of the witness  
24 statement, INQ000536350. I'll just read it out, it  
25 forms the basis of the questions that follow:

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1 "At the meeting Steve commented that the devolved  
2 administrations had asked to access PHE's stockpiles,  
3 which were for England. I commented that the stockpiles  
4 should be open to the Devolved Administrations but that  
5 we should ask them to also plan to stockpile. While not  
6 a formal responsibility of the UK Government in normal  
7 times, I was very concerned to ensure adequate supplies  
8 across the whole UK, despite lower stockpiles in the  
9 devolved nations."

10 Firstly, is it right, Mr Hancock, that Wales had its  
11 own stockpile, and it was the Welsh Government that was  
12 responsible for that stockpile?

13 **A.** Yes, that was entirely reasonable, given that the NHS is  
14 run by the Welsh Government in Cardiff.

15 **Q.** And we know that there were shortages across all four  
16 nations of PPE. Are you able to help with why it was  
17 necessary for the Welsh Government to ask for access to  
18 England's stockpiles?

19 **A.** Well, because there were -- there's a whole series of  
20 different things that add up to PPE as a group  
21 description, you know, gloves, masks, gowns, and one  
22 country within the UK may have been short of one at one  
23 point and the other one -- and another be able to help,  
24 and as the four health ministers worked well together,  
25 and we helped each other out in this way. So just

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1 supply programme.

2 When reading the documents that have come in to the  
3 Inquiry and have been disclosed to Core Participants,  
4 there have been a number of instances where it's been  
5 said, against that background, that because the  
6 UK Government and devolved governments and different  
7 bodies may have all been bidding for PPE, that they may  
8 have been cannibalising their own supply in that  
9 process. Given that there are number of bodies that can  
10 buy PPE, do you think it would be better to try and  
11 streamline the process rather than relying on  
12 communication methods between all the buyers?

13 **A.** No, it absolutely would not be better to narrow down who  
14 could buy PPE by doing it centrally. It was far better  
15 to have many buyers in the global market. I don't  
16 accept that there was any cannibalisation. Many  
17 hospital trusts went out and bought PPE directly for  
18 themselves. It's totally understandable that the  
19 devolveds did as well. If you had Jeane Freeman sitting  
20 here and you told her that she had to buy through the UK  
21 system, she would have given you short shrift because  
22 she was responsible for the NHS in Scotland, and wanted  
23 to get PPE.

24 So we collaborated, as described in the answers to  
25 the previous questions, but it was absolutely right that

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1 because the formal delineation of responsibility for the  
2 NHS in Wales fell to Cardiff, doesn't mean that if they  
3 were short of masks in Wrexham Hospital and we had some  
4 spare ones in Chester, we wouldn't send them down the  
5 A534. I mean, that's how you -- that's -- it's another  
6 example of how we worked together to try to mitigate the  
7 enormous challenges that we faced.

8 **Q.** And were you aware of any particular problems faced by  
9 the Welsh Government in respect of its stockpiles?

10 **A.** Yeah. They were short as well. We all had the same  
11 problem.

12 **MS PARSONS:** Thank you, those are my questions.

13 Thank you, Mr Hancock.

14 **LADY HALLETT:** Thank you very much, Ms Parsons.

15 Now it's Ms Mitchell. That way.

#### 16 Questions from DR MITCHELL KC

17 **DR MITCHELL:** I appear as instructed by Aamer Anwar &  
18 Company on behalf of the Scottish Covid Bereaved. I'd  
19 like, first, to ask you about PPE supply. A document,  
20 I don't need it to be brought up, but for the purposes  
21 of the Inquiry, the reference is INQ000551263.

22 This document notes that in relation to PPE supply,  
23 that consistent, proactive and clear communication with  
24 stakeholders, including devolved administrations, have  
25 been vital to the success of the continuity of the

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1 everybody went out and bought -- lots of people went out  
2 and bought on behalf of the nation. The idea of  
3 centralisation, which would require cutting off some  
4 options of supply, I think would be a mistake.

5 **Q.** Yeah, I perhaps didn't, in my question, mean you to  
6 consider that I was saying that there should be one  
7 purchaser.

8 **A.** Okay.

9 **Q.** I simply asked whether or not streamlining a process  
10 would be helpful, and if so, what that might look like.

11 **A.** Oh. Well, as per the discussions about -- in the main  
12 evidence session, the -- of course it can be  
13 streamlined. Of course we can use better data.  
14 Absolutely you should. But that wasn't the reality that  
15 we faced at that moment.

16 **Q.** Well, this takes me neatly right on to my next question,  
17 which is about the issue of data.

18 **A.** Yeah.

19 **Q.** I note that when you gave evidence you explained that  
20 all the data at the early stages would be good as much  
21 as possible, and you said, "And knowing the progress of  
22 any particular offer is updated accurately in the system  
23 so someone could just go into it and say, 'Well, this is  
24 where we're up to'."

25 In relation to independent sourcing, do you think it

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1 would make sense in the future to have a centralised  
2 system of data? Now, this question, I am asking about  
3 centralisation.

4 **A.** Yes.

5 **Q.** A centralised data system to show if and when different  
6 PPE buying boards, Scotland, the UK Government and  
7 individual NHS trusts, are pursuing their own sourcing  
8 to avoid conflict with other buyers?

9 **A.** Intelligent use of data is at the centre of any  
10 high-performing system, increasingly so in the modern  
11 world. And so centralising data exchange whilst  
12 decentralising activity, including, for instance,  
13 procurement activity, is, in principle, usually the best  
14 approach. You know, it's certainly the best approach, I  
15 think, to fixing the NHS now, decentralised decision  
16 making, but have a national data system.

17 So the proposal you make, I entirely concur with,  
18 yes.

19 **DR MITCHELL:** My Lady, those are my questions.

20 **LADY HALLETT:** Thank you very much indeed, Ms Mitchell.

21 May I thank everybody for all the efforts they've  
22 made to reduce their questioning. It's been extremely  
23 effective and I'm very grateful. I'm sure Mr Losty will  
24 when we come to him.

25 Mr Hancock, that completes the questions that we  
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1 restrict their questions so we could keep our guarantee  
2 to you that you would make your flight, and they've all  
3 been good at doing that.

4 **THE WITNESS:** Thank you, my Lady. Really appreciate that.  
5 Thank you.

6 **LADY HALLETT:** Now you've got to hope the airline meets its  
7 obligations.

8 **MS GARDINER:** My Lady, the next witness is Tim Losty.

9 **MR TIM LOSTY (affirmed)**

10 **Questions from COUNSEL TO THE INQUIRY**

11 **MS GARDINER:** Could you please state your full name for the  
12 Inquiry.

13 **A.** Timothy Gregory Losty.

14 **Q.** Thank you.

15 Mr Losty, you've provided a witness statement to the  
16 Inquiry for which we're grateful. That's at  
17 INQ000541535, and it's 28 pages, signed on  
18 12 February 2025.

19 Is that statement true to the best of your knowledge  
20 and belief?

21 **A.** There is one correction I just want to draw your  
22 attention to in terms of time. It says that I returned  
23 to Belfast after finishing my post in February 2020.  
24 It's actually August 2020, when I finished the post in  
25 China.

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1 have for you.

2 Can I just say this: you're not the first and I'm  
3 sure you won't be the last witness to think that this  
4 Inquiry is all about criticising people, with the  
5 considerable benefit of hindsight and without  
6 understanding the pressures that people like you were  
7 under. Please may I assure you that that was not my  
8 aim. My aim is to investigate what happened, to explore  
9 with witnesses matters of public concern and to get  
10 people's answers on those areas, and to try to come up  
11 with recommendations, if I can, that will save lives,  
12 something that you were obviously trying to do  
13 throughout your time, reduce the human and economic cost  
14 of any future pandemic, and maybe reduce the pressure  
15 that people like you were under when you had no proper  
16 systems in place to respond in an emergency.

17 So please don't take from the questions any kind of  
18 pre-determined conclusion from me. I am still exploring  
19 all different options and I am not in the business of  
20 criticising with the huge benefits, as I say, of  
21 hindsight.

22 So thank you for your help.

23 Right, Mr Losty, who I'm sure will be very grateful  
24 to everybody.

25 Mr Losty, I hope you heard that I asked everybody to  
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1 **Q.** Okay. Is that at paragraph 90 of your --

2 **A.** Paragraph 90, yes.

3 **Q.** Yes. So that's -- the bottom of paragraph 90 notes you  
4 left the laptop and iPad in China when you returned to  
5 Northern Ireland in February 2020, but that should --  
6 where it says "February" that should read "August"?

7 **A.** August, yes.

8 **Q.** Okay. Is the statement otherwise true to the best of  
9 your knowledge and belief?

10 **A.** It is, yes.

11 **Q.** Thank you.

12 Mr Losty, I'm going to go through your rather unique  
13 professional background in some detail. But a question  
14 at the outset, because you are the first witness that  
15 this module of the Inquiry is hearing from in relation  
16 to Northern Ireland, from 2012 to 2021, you were the  
17 Director for International Relations within The  
18 Executive Office in Northern Ireland; to what extent is  
19 international relations a devolved matter for Northern  
20 Ireland?

21 **A.** International relations as an issue and as a sector is  
22 an accepted matter. But in recognition that there are  
23 international activities that have impact on areas that  
24 are devolved to local government, or to the local  
25 devolved administrations, they would have responsibility

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1 in those areas, so things like economic development,  
2 inward investment, attracting students and things like  
3 that, so there's an international dimension there.

4 The Northern Ireland Executive also had particular  
5 interests at that time in relationships with  
6 United States. We had an office in Washington. We had  
7 an office in Brussels, given our relationship with the  
8 European Union, and then we had the office in Beijing.

9 **Q.** And it was while you were the director of International  
10 Relations that you were posted to Beijing as the  
11 director of The Northern Ireland Bureau?

12 **A.** That's correct, yes.

13 **Q.** And that was between 2014 until mid-February 2020 when  
14 you were evacuated along with a number of other staff?

15 **A.** Yes. I continued in my role as director for  
16 International Relations. I went over to Beijing  
17 September 2014 to set up the office. Initially, I was  
18 to be there for six months. It was extended to a year  
19 and then extended to two years, and then to four years,  
20 and I ended up staying there for six years. And I was  
21 evacuated out in February 2020. It was on a temporary  
22 basis so I still maintained the role of director of the  
23 Northern Ireland Bureau, China, and director for  
24 International Relations.

25 **Q.** And in addition to those two roles, you also took up an  
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1 **A.** I was meant to take up that role in 2018 but, because of  
2 some problems in getting a replacement for me, I ended  
3 up staying in China a bit longer than expected.

4 **Q.** Thank you. So it's important to clarify at the outset  
5 that you, in any of those three roles, would not usually  
6 have any significant role in procurement of healthcare  
7 equipment; is that correct?

8 **A.** That's correct, yes.

9 **Q.** And The Executive Office, does it usually have any role  
10 in procurement, to your knowledge?

11 **A.** No, The Executive Office wouldn't have a responsibility  
12 with regard to procurement. It may have an interest in  
13 some issues but it's not their responsibility. It would  
14 normally be the responsibility of the appropriate  
15 department and their arm's length bodies. So Department  
16 of Finance, and they would have had their procurement  
17 body and Health also had theirs.

18 **Q.** And we'll be hearing from witnesses from the Department  
19 of Finance and the Department of Health later on in this  
20 module.

21 So in the corporate witness statement of The  
22 Executive Office, which has been made by Karen Pearson,  
23 I believe you've seen it, we don't need to get it up at  
24 this point, but she describes the Executive Office, and  
25 your role as:

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1 additional role from 23 March to 16 June as acting  
2 principal private secretary for the deputy  
3 First Minister?

4 **A.** That's correct. And I returned to Belfast after the  
5 evacuation. I volunteered to help out when staff who  
6 had underlying health conditions were no longer able to  
7 come into work. I volunteered to help out and I was  
8 asked to help out in the deputy First Minister's office.  
9 So that role, as PPS, principal private secretary, was  
10 as well as my other responsibilities.

11 **Q.** Thank you. So throughout the period of time we are  
12 going to discuss, you were wearing all three of those  
13 hats --

14 **A.** Yes.

15 **Q.** -- I believe, and you returned to China on 17 June 2020,  
16 and it may provide additional context to know that you  
17 returned in September 2020 from China. And what role  
18 did you take up at that point?

19 **A.** When I returned, I took up the role as joint secretary  
20 for the North South Ministerial Council, which is round  
21 two of the machinery of government in Northern Ireland.

22 **Q.** And throughout the period of time that you were working  
23 on the procurement that we're here to discuss today, you  
24 were aware you were going to take up that role at some  
25 point in the future or you became aware?

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1 "... borne more from circumstance/opportunity in  
2 that [The Executive Office] had, and still has,  
3 operational responsibility for the Northern Ireland  
4 Bureau in China ... and therefore, had members of staff  
5 who are more knowledgeable with regards to operations in  
6 that country and were able to avail of existing  
7 contracts ..."

8 I presume that's a reference to you.

9 **A.** It is, yes.

10 **Q.** And would you agree with her characterisation of how you  
11 became involved as "borne more from circumstance/  
12 opportunity"?

13 **A.** Yes, we didn't have a formal role in procurement as  
14 either TEO or as the Northern Ireland Bureau and I did  
15 not have a formal role in procurement, so it was the  
16 fact that PPE was required and people were looking for  
17 someone who had contacts in China that I got involved in  
18 the exercise.

19 **Q.** And do you have any background in procurement in your  
20 wider career history?

21 **A.** Not in a professional way. My involvement in  
22 procurement would have been to work with responsible  
23 procurement bodies in terms of meeting our needs either  
24 in the department or in another role in Civil Service.

25 **Q.** And how did you first become aware of the need to source

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1 PPE for the health and social care bodies in Northern  
2 Ireland?

3 **A.** Well, at that time, mid to late March, I still would  
4 have been going into the office, and I would have had  
5 meetings with people. I was aware from discussions  
6 around the office that there were concerns about  
7 sourcing PPE. It was also a major issue for frontline  
8 staff, and the media picked it up, so we were all aware  
9 that PPE was becoming a big issue.

10 **Q.** And how were you identified as being someone who could  
11 be involved in the procurement of PPE?

12 **A.** I suppose describing it as, at that time, there was  
13 a recognition by the ministers and senior officials we  
14 needed to get PPE into Northern Ireland. There were  
15 concerns about the traditional supply routes. It was  
16 identified that China was a possible source, and,  
17 I suppose, to paraphrase, the question went out: do we  
18 know anybody with contacts in China who could maybe help  
19 us? I was aware of those discussions and I met with  
20 people and said, "Let me see if I can help."

21 **Q.** And in those discussions, did you discuss any other  
22 official within the Department of Health, the Department  
23 of Finance or anywhere else who had a similar level of  
24 contact or insight into procurement in China?

25 **A.** I don't believe any other senior official at that time

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1 Was this the first that you had heard of the  
2 existence of this body?

3 **A.** Yes, it is. As you say, at that time I was trying to  
4 scope out or trying to find out more information as to  
5 what was happening, and help provide some clarity to  
6 colleagues. So I contacted people that I knew in the  
7 embassy and -- (overspeaking) --

8 **Q.** And your colleagues in Northern Ireland, did they at  
9 that point know what was going on from contact with the  
10 UK Government?

11 **A.** I'm not sure if they would have had the same information  
12 as to what was happening via the embassy in China. So  
13 I contacted people that knew there to get that  
14 information and I passed it back into the system.  
15 I think, I suppose, at that time there was a lot of  
16 information and a lot of uncertainty around a lot of the  
17 organisations and departments at the time.

18 **Q.** If we can now get up INQ000505601.

19 This is an update that you provide to some of your  
20 colleagues at the Department of Finance, Department of  
21 Health -- we can see you include the Chief Medical  
22 Officer -- reporting on what Mr Edwards has said  
23 regarding the healthcare ministerial groups. You also  
24 say you "have a list of suppliers in China, recommended  
25 by contacts there, and will send this on."

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1 would have had the knowledge or the contacts in China.

2 **Q.** Thank you.

3 So, turning to the point where you become involved,  
4 I believe you contacted colleagues in the British  
5 Embassy around 23 March, 24 March, and I want to get up  
6 a document that you provided to the Inquiry.

7 INQ000505603. If we can look at the bottom of that  
8 document at page 2. Sorry, at page 2, the bottom of  
9 page 2. Thank you.

10 So this is an email that you sent to John Edwards at  
11 the FCO, as it was then. And you ask him whether the  
12 devolved administrations are to receive an allocation of  
13 supplies that the Embassy has secured of PPE equipment.  
14 And you also say that you'd be grateful for contact  
15 information for any suppliers that they have.

16 So at this point you're scoping out what the  
17 situation is in China in regards to general  
18 UK Government procurement, and also looking for  
19 suppliers. And John Edwards' reply is just above.

20 On page 1. Thank you.

21 And he draws your attention to the ministerial  
22 implementation groups, specifically the Healthcare  
23 Ministerial Implementation Group, which he says:  
24 "... should be speaking to your colleagues in the  
25 DAs directly. But this may not yet be happening."

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1 Is that what you describe in your witness statement  
2 as the "White List"?

3 **A.** It is, yes.

4 **Q.** And what is the "White List"?

5 **A.** It's -- it was a list of companies that was prepared by  
6 the Chinese authorities at the time of companies who  
7 would be allowed to export PPE because they were able to  
8 meet the necessary quality standards.

9 **Q.** So is it quality assurance point?

10 **A.** Quality and ability, yes.

11 **Q.** And did you or anyone else contact any of those  
12 companies?

13 **A.** No, I looked through the list of the companies on that  
14 list and I didn't recognise any of them. I spoke with  
15 some of my Invest NI colleagues in China and they didn't  
16 recognise any of them either. I passed the list on to  
17 the people who were then involved in procurement of PPE.  
18 They may have been aware of the companies at that time,  
19 or I thought whenever I sent it on to them, and that  
20 wasn't the case. So we weren't aware of anybody on  
21 that list.

22 **Q.** And so it was on that basis that you decided not to  
23 contact any of those companies, and instead contact  
24 a company that you were aware of, called China  
25 Resources; is that correct?

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1 **A.** Yes, so at that time we -- I didn't know any of the  
 2 companies on that list. We didn't know anybody else who  
 3 knew companies on that list. And again, sort of the  
 4 question that might have went out would have been: can  
 5 we find somebody over there who knows any of these  
 6 companies or who can help us?  
 7 So my role at that time was to try to identify  
 8 a competent and reliable company who could help us with  
 9 our PPE needs and persuade them to help us. So I knew  
 10 one company in China that had been involved in managing  
 11 hospitals and healthcare, and I contacted them.  
 12 Initially, in my mind, I was contacting them to see if  
 13 they knew any of those companies and if they could help  
 14 us with introductions or help us get supplies. So  
 15 I contacted China Resources, the health people. They  
 16 said that they got their PPE supplies from China  
 17 Resources Pharmaceutical, and that --  
 18 **Q.** And was that a subsidiary body of the same company?  
 19 **A.** Of China Resources, yes. And that they would have  
 20 worked with a lot of the companies on the list.  
 21 **Q.** So yes, you say in your witness statement that China  
 22 Resources Pharmaceutical confirmed that they sourced PPE  
 23 products from approved manufacturers on the white list.  
 24 So does that mean China Resources Pharmaceutical is  
 25 essentially a middleman between the Northern Ireland  
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1 company with that note verbale, which is a note from  
 2 a government body to another organisation or to another  
 3 government body for another organisation, which  
 4 basically clarified that we were a government, we were  
 5 buying the PPE for humanitarian reasons and it wasn't  
 6 going to be going to any other organisation.  
 7 **Q.** And do you understand that to be a kind of standard  
 8 measure or was this because you were specifically  
 9 a devolved administration or was this something out of  
 10 the ordinary?  
 11 **A.** I think, given my time working with colleagues in the  
 12 embassies, I think a note verbale would have been  
 13 a regular diplomatic tool that was used. We had used it  
 14 couple of times in the Northern Ireland Bureau but this,  
 15 in the circumstances around Covid and getting an  
 16 introduction to a company, certainly it was the first  
 17 time we were involved in doing something like that.  
 18 **Q.** Okay.  
 19 You go on to explain in your witness statement that  
 20 you provided a submission to ministers, both the Health  
 21 Minister, the Finance Minister, and ultimately to the  
 22 First and deputy First Ministers, and that that was  
 23 approved on 12 April.  
 24 I want to go to INQ000505635, and page 2.  
 25 This is a query sent on 11 April, so the day before  
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1 Executive on the one hand and a white list company on  
 2 the other?  
 3 **A.** I'm not sure if "middleman" would be a fully accurate  
 4 description, but my information was that they were  
 5 already sourcing PPE supplies from these manufacturers  
 6 on a regular basis, ie, not just during the Covid  
 7 outbreak.  
 8 I'm not sure whether the companies manufactured  
 9 solely for China Resources, but I was aware that they  
 10 were using companies that were on that list.  
 11 **Q.** It was around about that time that you heard from the  
 12 Chinese Consulate in Belfast that you would require  
 13 a note verbale, or a letter of authorisation in order to  
 14 procure this PPE. Can you explain what that is?  
 15 **A.** Yeah, these things didn't happen in a linear fashion,  
 16 you know, all these things were happening at the same  
 17 time, so to try and identify a competent, credible  
 18 organisation, going through China Resources to get the  
 19 introduction, I was also in contact with the consulate  
 20 in Belfast to get their help, again to see if they knew  
 21 any of the organisations or companies on the list.  
 22 I mentioned China Resources, they confirmed that  
 23 China Resources was a credible company that would have  
 24 been on the government's list to export. They advised  
 25 that the best way of moving forward was to provide the  
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1 the letter was ultimately signed by the First and deputy  
 2 First Ministers and they have two questions -- or the  
 3 First Minister has two questions.  
 4 The first is that:  
 5 "[The] consignment will have no detrimental impact  
 6 on the [Northern Ireland] share of the UK wide  
 7 consignment ..."  
 8 And we'll come back to that.  
 9 And the second:  
 10 "That [the] contract provides reasonable value for  
 11 money."  
 12 Now, if we can go up to page 1 to see the response.  
 13 We'll look first at paragraph 2 ... I appreciate that  
 14 this email doesn't come from you, Mr Losty, but it says:  
 15 "Given the global demand for PPE and the shortages  
 16 of supply of some items, it is inevitable that unit  
 17 prices will be higher. However given these conditions  
 18 the price is reasonable. Appropriate checks and  
 19 balances have been undertaken in this regard."  
 20 Were you involved at all in the assessment of value  
 21 for money?  
 22 **A.** No, that would have been the procurement professionals  
 23 who would've been looking at that, and I think in that  
 24 case it was the body working for the Department of  
 25 Health.  
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1 Q. Thank you. But considering what you've said about the  
2 lack of alternative contacts within China, did Northern  
3 Ireland have another option than to sign this contract?

4 A. I think at that time, given the need for PPE, given the  
5 uncertainty about the future, and the fact that we had  
6 an option where we could buy the PPE that was needed by  
7 the frontline staff, to the right quality, that was the  
8 only option we had at that time.

9 Q. Thank you. I'm looking at paragraph 1. This is  
10 a response to the query from the First Minister that the  
11 consignment will have no detrimental impact on Northern  
12 Ireland's share of the UK-wide consignment.

13 The reply notes that DHSC and the Cabinet Office  
14 Complex Transactions Team have been supportive of the  
15 approach, but that from the next week, the Northern  
16 Ireland team in Beijing will be integrated with the  
17 British Embassy team, and that will manage the potential  
18 conflicts. And that you're going to manage the  
19 relationship at a senior level.

20 Prior to the pandemic, what was your understanding  
21 of where Northern Ireland got most of its PPE?

22 A. Again, it wouldn't have been an area that I would have  
23 been involved in at that time, but my understanding from  
24 later getting involved in that is that they would have  
25 been sourced centrally.

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1 "To enable maximum focus on procurement of supplies  
2 to be distributed ... the Joint Action Coordination  
3 Team ..."

4 And we heard from witnesses last week that this was  
5 basically the team that was in the British Embassy in  
6 Beijing.

7 "... have, on the advice of Ministers, advised the  
8 overseas network not to undertake any additional work to  
9 support any new procurement 'asks'. However, they stand  
10 ready to support any existing orders that have already  
11 been placed."

12 And it goes on to say later in the letter that  
13 future procurement will be on the basis of a four  
14 nations approach.

15 So is the situation at this point that the devolved  
16 administrations are being discouraged or perhaps we can  
17 put it even stronger than that: an embargo is being  
18 placed on any future direct procurement by the devolved  
19 administrations?

20 A. Those discussions would have taken place with the people  
21 who would normally have been involved in procuring the  
22 PPE and working with the UK Government on it. My  
23 understanding of what I was doing working with people in  
24 the Department of Finance and Department of Health was  
25 to procure PPE to meet that immediate need that we had,

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1 Q. So it would have come from UK Government central supply?

2 A. I believe so but the relevant professionals in those  
3 bodies will be in a better position to answer.

4 Q. Yes, and we'll address that with them next week.

5 So we have a situation in late March, early April,  
6 where Northern Ireland, and potentially other devolved  
7 administrations, have been relying entirely on  
8 UK Government supply for their procurement of PPE, that  
9 supply has dried up, and now Northern Ireland, including  
10 yourself, have gone to carry out a direct procurement  
11 with a company that ordinarily you wouldn't have been  
12 involved in. And the First Minister, quite reasonably  
13 one might say, is concerned that that might have an  
14 impact on any allocation of PPE that might later come  
15 through the government central supply.

16 A. Mm.

17 Q. So we've seen the email which says that this particular  
18 procurement had been supported by DHSC and the Complex  
19 Transactions Unit. I want to look now at a letter that  
20 came from Chris Wormald, the permanent secretary of DHSC  
21 at the time, it's dated 16 April. It's at INQ000505641.  
22 And you've provided this as part of your witness  
23 statement.

24 If we can look at the bottom two paragraphs, he  
25 writes that:

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1 and I think there was an understanding amongst people  
2 that eventually or hopefully matters would return to  
3 normal processes. I think the letter -- and again,  
4 other people will be in a better position to answer more  
5 accurately, but I think the letter and us putting our  
6 team into the embassy was to make sure that we were  
7 coordinating all our work. We weren't competing against  
8 each other. And that eventually there would be kind of  
9 a normalisation of the procurement practices.

10 Q. And you go on to say in your witness statement that it  
11 was indeed confirmed to central UK Government that  
12 following completion of that particular order, PPE would  
13 be procured on a four nations basis. And we'll discuss  
14 that with other witnesses later in this module.

15 Finally, you provide a helpful chronology in your  
16 witness statement which we don't need to bring up, I  
17 don't think, but we can see from that, that the contract  
18 was concluded in mid-May, that the first shipment  
19 arrived in June.

20 A. Yes.

21 Q. As an outside observer, one might say, not a procurement  
22 professional yourself, do you have insight into why it  
23 took a month from your first contact with China  
24 Resources on 3 April, or more than a month, for the  
25 contract to be concluded, and why it then took a further

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1 month for the PPE to be delivered when I believe it was  
2 delivered by air?

3 **A.** I remember being slightly frustrated at the time because  
4 of the delay that it was taking, but there was a lot of  
5 discussion to make sure that we were getting the right  
6 products with the right quality. We also had to look at  
7 how best we could get the PPE products back into  
8 Northern Ireland and looking at the various logistic  
9 routes. So the team that was involved in this  
10 procurement exercise at that time, some of us were  
11 talking to logistics people from the UK Government to  
12 see if we could get the PPE on to flights as opposed to  
13 trains, which would have taken longer.

14 So we worked through a lot of that.

15 There was also the issue of going through the  
16 approval process and then determine how best to manage  
17 risk, and I think the ministers in Health and Finance  
18 made the decision to procure the PPE in a number of  
19 batches. So there were discussions around that.

20 I think, at the end of the day, we got the products  
21 from China Resources from their warehouse in Tianjin to  
22 Beijing and then back into the UK very, very quickly and  
23 I know it took an extra few days to get from London to  
24 Belfast, as the various consignments were unloaded and  
25 had to be packed up.

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1 you know, where the presenter may that have put forward  
2 options, "Oh well, PPE is needed, we need to get it as  
3 quickly as possible", I think there was a balance, but  
4 the fact that the memo was leaked at that time when we  
5 were still in the early stages of negotiation and  
6 getting the necessary PPE items confirmed and the right  
7 quality standard, it wasn't helpful.

8 **Q.** And just to clarify, the memo that was leaked, did it  
9 cast any aspersions on the products that were likely to  
10 be provided by China Resources?

11 **A.** I don't think the memo that was leaked cast aspersions.  
12 But I think one of the people who rang in raised what  
13 they considered to be concerns about PPE that were  
14 received elsewhere.

15 **Q.** So it was simply the fact that Northern Ireland was  
16 involved in discussions with a Chinese company for the  
17 supply of PPE, and that there had been reports elsewhere  
18 in the media that the PPE from China was of poor  
19 quality; those two things were linked?

20 **A.** There were issues in the media, across a number of media  
21 outlets, about quality of PPE that was coming in. None  
22 of those queries related to the company that we were  
23 dealing with.

24 **Q.** Okay.

25 **A.** PPE was coming in from China in a variety of different

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1 **Q.** I want to turn to two issues that you raise in relation  
2 to this procurement. The first is one of media  
3 reporting. On 10 April, so at a very early stage in  
4 your discussions with China Resources, the Stephen Nolan  
5 Show on the BBC Northern Ireland broadcast a programme  
6 questioning if PPE provided from China met UK standards,  
7 and it referenced a memo dated 6 April from  
8 Sharon Gallagher. It might first be helpful for the  
9 Inquiry for those of us who aren't aware, if you explain  
10 a little bit the tone of the Stephen Nolan Show in  
11 reporting this event.

12 **A.** Tone in general, or tone for that particular ...

13 **Q.** For this particular procurement.

14 **A.** Okay. Well, PPE and the scarcity of PPE was a big issue  
15 of concern for frontline staff or for people who were  
16 experiencing Covid, for the families and the  
17 politicians, so everybody was concerned about it. The  
18 media was also concerned, quite rightly, and I think it  
19 was an (unclear) media interest.

20 When this particular show came on, this issue, it  
21 was a leaked memo, so we didn't know it was going to be  
22 covered. The name of the company we were dealing with  
23 was mentioned by one of the people who'd called in to  
24 the show, and that wasn't helpful. I think attempts to  
25 try to have a balanced discussion around it on the show,

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1 ways. The PPE that we got met all the standards. We  
2 received some donated PPE from organisations we were in  
3 partnership with, as well as expat groups. Some of that  
4 PPE, because it didn't come with the necessary quality  
5 certification, we were not able to use in frontline  
6 services.

7 **Q.** But ultimately, the PPE that was provided as a result of  
8 this procurement was of good quality and was used?

9 **A.** It all met the necessary standards. That was confirmed  
10 by the health professionals and by the ministers who  
11 then confirmed that to China Resources.

12 **Q.** Finally on this point, are you aware of any  
13 investigations that were carried out into the source of  
14 the leak?

15 **A.** I was told there was an investigation, but I never heard  
16 anything from that investigation. I wasn't contacted,  
17 and I'm not aware of anything that ever came of it.

18 **MS GARDINER:** Okay. Thank you.

19 **LADY HALLETT:** Leaking is something about which I've heard  
20 before in relation to in relation to Northern Ireland,  
21 I fear.

22 Shall we break there? Is that a convenient moment?

23 **MS GARDINER:** Yes, my Lady.

24 **LADY HALLETT:** Very well, I shall return at 3.20.

25 **(3.05 pm)**

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(A short break)

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(3.20 pm)

**LADY HALLETT:** Ms Gardiner.

**MS GARDINER:** Thank you, my Lady.

Mr Losty, I just want to turn briefly to the other main risk that you identified in your witness statement that you encountered in the course of the procurement from China Resources Pharmaceutical. You describe various measures that the Department of Health, the Department of Finance and the company itself had in place to prevent fraud, due diligence checks, and you've already mentioned the decision to split the order into two batches to mitigate any risk.

But you say that there was still some clumsy attempts of -- at fraud. The first in April 2020. Could you describe what happened on that occasion?

**A.** Yeah, when I say clumsy, it was basically somebody who found out that we were dealing with China Resources, sent in an email to say that they were now looking after the order, and could we send the money to a different bank account.

**Q.** Perhaps we could get that email up. It's INQ000505650, thank you. And if we go to the next page, page 2, thank you.

We can see the email that you describe, asking for  
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time, but you say that on that occasion, the impersonation was of the Executive.

**A.** Mm.

**Q.** And a contact was made with China Resources trying to confirm the second shipment of gloves, I believe. Is that correct?

**A.** I believe that second episode was basically contact made with the companies that were working with China Resources to supply us with PPE. Contact was made with one of them to say that this new company was working on behalf of the Northern Ireland Executive, and to provide them with the products. And this was a shell company, in other words it hadn't existed before. It had just been set up in a couple of days before we made that contact. And no names, no company history, nothing.

**Q.** Okay. But they were aware that the order had been split in two and there was going to be some further batch that was going to make its way to Northern Ireland?

**A.** Yeah, I can't say if they were aware the order was split in two. I think they were aware of an order of gloves that the Northern Ireland Executive was expecting to get from, or via China Resources.

**Q.** And can you say how they could have become aware of that?

**A.** Again, I don't know. Could be a variety of ways that  
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a change to contract payment accounts and saying that they've lost a copy of the contract and asking for a copy of that.

As you've described, not the most sophisticated attempt.

**A.** Yes.

**Q.** And we can see from later on in that email chain that it was forwarded to -- within the Executive and also then to China Resources, who presumably confirmed that this didn't come from them.

**A.** Yes.

**Q.** The question I have to ask about that is how would this impersonator have been aware that the negotiations were going on?

**A.** I don't know, I suppose in this day and age we're all very familiar with how scammers operate. They can be very clever. But I don't know how people picked up on that information but I know at that time, with everything else happening in the world, that there were some people who were up to very unscrupulous activities.

**Q.** Then the second example you've given was in August. You've mentioned that the order with China Resources was split into two parts. And I recognise, Mr Losty, this was towards the end of your time with the Executive, so perhaps your involvement would have been limited at that  
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these people operate. But again, it was a clumsy attempt. And would never have happened; one, because of China Resources, their practices. Also we had at that stage an exclusivity agreement with China Resources and also the shell company wouldn't have been on the China Government's list to have been able to export PPE.

**Q.** Was there ever any investigation into whether the source of the leaks we discussed earlier could have also passed on information to these potential fraudsters?

**A.** Not that I'm aware of, sorry.

**Q.** That connection was not made at any point?

**A.** No.

**Q.** No. I want to move on to talk briefly about the proposed joint procurement, you mention in your statement, with the Republic of Ireland. This was not successful ultimately, but it did receive some media coverage at the time. I'm aware from your statement that you say you were not involved in early discussions -- and we'll explore that with other witnesses later in this module, but when and how did you become involved in these discussions with the Republic of Ireland?

**A.** Around that -- if I'm right in the area that you're looking at, I was contacted by someone in the Department of Finance who had been talking to colleagues in the counterpart departments in the Irish Republic and  
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1 I think the offer had been made that if we procure PPE  
2 potentially we could do it on a joint basis.

3 The question I think I was asked was, if we are  
4 going to do something with the south, would I be willing  
5 to help? And I said that I would be willing to help,  
6 but after that, I think it never went any further. The  
7 south had their systems, procedures, and operation and  
8 we continued on with ours.

9 **Q.** You say in your witness statement that it became  
10 apparent very quickly that the Republic of Ireland was  
11 doubtful they would be able to receive a supply that  
12 would allow some of that to be syphoned off for Northern  
13 Ireland?

14 **A.** Sorry, in relation to that, my contact then was in the  
15 early stages when we were trying to find out if we could  
16 source PPE. There had been discussions with their  
17 Minister of Finance, with the Irish Government, and  
18 there was hope that they would have been able to meet  
19 the PPE needs in the Northern Ireland Executive.

20 I suppose there was some uncertainty started to  
21 develop. Because I was hoping to go to the North South  
22 Ministerial Council, I would have been in contact with  
23 the other joint secretary there, had the opportunity of  
24 a telephone call and we discussed the matter, and I was  
25 made aware that there were concerns within their system,

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1 Executive has, or if I had, to contact them and see if  
2 they could help.

3 At various times there was talk about maybe trying  
4 to get PPE products back using their logistics chain.  
5 Possible introductions, things like that. But by that  
6 stage we'd already initiated the negotiations with China  
7 Resources.

8 **Q.** Okay. I want to look, finally, at two recommendations  
9 or lessons learned that you highlight in your witness  
10 statement. The first is at paragraph 104 of your  
11 witness statement. Thank you.

12 You highlight the variety of organisations that were  
13 involved here, nine departments, each headed by  
14 a permanent secretary reporting to ministers from five  
15 different parties, as is the nature of the Northern  
16 Ireland Executive.

17 **A.** Yeah.

18 **Q.** You say that this worked well because the two ministers  
19 agreed on the priority of securing PPE, and the  
20 officials worked well.

21 But you do also say:

22 "The operation of senior officials within  
23 departmental silos did not always facilitate the  
24 cooperation required to face a crisis and highlighted  
25 the weakness of the chain of command between the Head of

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1 whether they would be able to secure enough PPE that  
2 would have helped us out.

3 I became aware that they were trying to source them  
4 via China. I worked very well and very closely with the  
5 Irish Embassy in Beijing, and I said, "Well, look, I'll  
6 try to contact the embassy, and see what they say."

7 So I was in contact with the ambassador at the time,  
8 we set up a Zoom or a Skype call, and they confirmed to  
9 me that they had been talking to PPE suppliers, and that  
10 they had basically exhausted all the amount that they  
11 were able to get at that time.

12 They had met the quota -- or if they'd been given  
13 the quota, they couldn't go beyond that.

14 **Q.** And I'm asking you this question partly with your hat on  
15 as joint secretary of the -- as you were later, but do  
16 you think that there were opportunities that were missed  
17 in terms of collaboration with the Republic of Ireland  
18 over procurement?

19 **A.** If I go back to that time, I don't think there were  
20 opportunities missed. And I -- I spoke to both the  
21 joint secretary and people in the embassy in Beijing.  
22 The agreement was: look, you know, we keep the  
23 communications going. If we can identify areas where we  
24 can help the Northern Ireland Executive, we will. And  
25 also, if there's issues that the Northern Ireland

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1 the Civil Services ... and the Permanent Secretaries."

2 You note that the Head of Civil Service does not  
3 have an accounting officer role and the permanent  
4 secretaries each report to a different minister.

5 Could you just expand or perhaps give us an example  
6 of what you mean by that cooperation or lack of  
7 cooperation highlighting the weakness of the chain of  
8 command.

9 **A.** I don't think it was an unwillingness to cooperate but  
10 given the chain of the command, you know, senior  
11 officials and permanent secretaries would, first of all,  
12 have to go to their minister to agree on lines to take  
13 or actions that might be taken, and then they would come  
14 together.

15 So the system of government works for us and it's  
16 been successful, but in some issues were -- I suppose  
17 decisions needed to be taken very quickly and problems  
18 solved very quickly. There was this additional layer of  
19 approval and authority to go through. And also, the  
20 reality of the situation is you had political parties  
21 with different ideological perspectives on some issues,  
22 and sometimes they may have been factored in.

23 **Q.** So were there occasions where you felt that decisions  
24 weren't made as quickly as perhaps they ought to have  
25 been because of political differences between the

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1 ministers leading their respective apartments (sic)?  
 2 **A.** I think any political differences may have already been  
 3 discussed by previous witnesses. I wouldn't be aware of  
 4 an issue that would stop because of political  
 5 differences. There was a lot of reporting and also  
 6 things going on at the time. The officials operated or  
 7 tried to operate in a non-political environment to get  
 8 things done but when you have the reporting structures  
 9 that you have, you have to work through those.

10 As I say, there was an additional layer of people  
 11 who had to be persuaded to do things.

12 **Q.** And if we can just go to paragraph 106 on the same page.  
 13 You note that:

14 "On a number of occasions [you] also felt that the  
 15 UK Government came across as disinterested in working  
 16 with, or hearing the concerns of the devolved  
 17 administrations, and this was sometimes reflected in the  
 18 attitudes of some of the UK officials."

19 Do you have examples of where you got that  
 20 impression?

21 **A.** First of all, when I was acting PPPS for the deputy  
 22 First Minister I would have either sat in on calls with  
 23 the four nations with the UK Government ministers, or  
 24 I would have been party to or listened in. And I felt  
 25 at the time, I was kind of -- the call came in, the

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1 **A.** I don't think I'm the only one with that perspective,  
 2 and also I think it may be shared in other devolved  
 3 administrations.

4 **MS GARDINER:** Thank you.

5 That was all my questions for Mr Losty.

6 **LADY HALLETT:** Thank you, just a few more questions, from  
 7 Mr Wilcock, who may be trying to get the same flight,  
 8 I don't know.

9 **Questions from MR WILCOCK KC**

10 **MR WILCOCK:** Mr Losty, I'm asking you questions on behalf of  
 11 the Northern Ireland Covid Bereaved Families for  
 12 Justice Campaign, and my question is just going to cover  
 13 your role in relation to the Northern Ireland  
 14 procurement exercise with China Resources Pharmaceutical  
 15 and also a few questions in relation to the failed  
 16 north-south attempt to buy the PPE from China in  
 17 March 2020.

18 So you've probably maximised your chances of getting  
 19 your plane, which I can guarantee you will do in any  
 20 event, but you'll maximise those if you answer as many  
 21 of the questions I ask you "yes" or "no".

22 And let's start in this way. You've told us about  
 23 the circumstances in which you got in contact with China  
 24 Resources Pharmaceutical Limited and how that was  
 25 a mixture of circumstances and opportunity. Had you

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1 Scottish Government would go, Welsh Government would go,  
 2 Northern Irish government would go, say their concerns,  
 3 and at the end it would have been "Well, thanks very  
 4 much, we'll arrange a call next week." And I felt some  
 5 of the issues were more deserving of discussion and  
 6 debate.

7 So that's very much a personal reflection of mine at  
 8 the time.

9 In relation to working with officials from the  
 10 UK Government, first of all, I would pay respects to the  
 11 people in the UK Government who did help us, and the  
 12 people that I talked to on a personal basis that helped.  
 13 But I was frustrated that I never really got to talk to  
 14 senior decision makers, perhaps people more of my grade  
 15 within the embassy network, where -- you know, when  
 16 you're talking to the decision makers, you can be -- you  
 17 can be talking about the problems, you can be talking  
 18 about the possible solutions, you can find out what is  
 19 happening in terms of instructions or policy or practice  
 20 and things like that, and I felt a bit of frustration at  
 21 times when we were trying to work through the early days  
 22 of getting this sorted.

23 **Q.** Thank you.

24 Do you think that was an impression that was  
 25 generally shared by your colleagues?

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1 experience of working with China Resources  
 2 Pharmaceutical Limited prior to Northern Ireland's  
 3 post-Covid procurement exercise with them?

4 **A.** No. And if you don't mind, I'll expand on that. I had  
 5 experience of working with the China Resources  
 6 organisation across a number of their sectors, in  
 7 agriculture and in trade and market access, and then  
 8 also with their health division, where they were  
 9 managing hospitals. So I was familiar with the company  
 10 there and I'd met the company -- or many representatives  
 11 of the corporation at many events involved in -- or  
 12 thorough my role in economic diplomacy.

13 **Q.** And to be clear, you make clear in your statement that  
 14 you'd had experience of working with them but you didn't  
 15 have any personal business interest in either the  
 16 resources or the pharmaceutical company; is that  
 17 correct?

18 **A.** That's correct, yes.

19 **Q.** Now, you also made it clear in your statement that you  
 20 declared your prior working with the China Resources  
 21 Corporation in verbal briefings with the head of the  
 22 Civil Service, the First Minister, and the Minister of  
 23 Finance after you made first contact.

24 Did you, in doing so, make clear the link between  
 25 the China Resources Corporation you did have prior

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1 contact with, and the China Resources Pharmaceutical  
 2 Limited who were to become the main, I think the word  
 3 was used, go-between in relation to the procurement  
 4 exercise?  
 5 **A.** My recollection would be that: I know a company in  
 6 China, I've had dealings with them in the past, I know  
 7 they are involved in this sector, I think they can help  
 8 us. So I would have made the politicians and the senior  
 9 officials aware of how I knew the company.  
 10 **Q.** But would you have made them aware of the link between  
 11 the company you were just floating a past link to, and  
 12 the company that Northern Ireland was about to try and  
 13 deal with?  
 14 **A.** I think that I would have declared that after our -- or  
 15 after my initial contact with the organisation where  
 16 I contacted the people that I knew and they said, "We  
 17 don't provide this but one of our other family  
 18 companies, they provide it."  
 19 So I would have said to senior officials that we  
 20 were going to get an introduction to this other part of  
 21 the organisation.  
 22 **Q.** Thank you. Different topic. I'm right, am I not, that  
 23 the Inquiry doesn't have any of the phone messages or  
 24 emails from any of the devices that you were using at  
 25 the time of your dealings with China Resources

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1 Civil Service email account; it was a standalone account  
 2 that was set up for me. When I came back to Belfast  
 3 I still had access to that account, and knowing  
 4 that I was retiring and knowing also that we needed to  
 5 provide relevant documents to the Inquiry, our internal  
 6 Inquiry team, I then made those available.  
 7 **Q.** And can I make it clear I'm not suggesting there's  
 8 anything suspicious in the fact your phone was broken  
 9 and someone else cleared the emails; my question is  
 10 really this: did it not occur to you to ensure that all  
 11 of your communications on your phone and your email  
 12 accounts were backed up and would therefore be available  
 13 should those devices be broken or closed down, as  
 14 happened?  
 15 **A.** First of all, with the emails, it was my understanding  
 16 that they were still available after I retired, and  
 17 I was still able to access that email account. It was  
 18 deleted without contacting me and I wasn't aware of it  
 19 until we started to get involved in this.  
 20 The back-up of the WeChat messages -- and I know  
 21 people back up onto this thing, the Cloud, and all the  
 22 rest of it -- I didn't get around to doing that because  
 23 the phone I was using at that time was my personal  
 24 phone, which I had purchased on the understanding  
 25 that I was coming back to Belfast at that time and that

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1 Pharmaceuticals?  
 2 **A.** I believe it has emails. The majority of the -- in fact  
 3 all of the negotiations with China Resources were  
 4 conducted by the procurement professionals in Finance  
 5 and Health. My job was as the facilitator and adviser  
 6 on doing business with the Chinese company.  
 7 Emails that I had from that time I kept and they  
 8 were provided to our TEO Inquiry team before I retired.  
 9 I did have a very frustrating experience in that the  
 10 phone that I was using to communicate with my colleagues  
 11 in China and also China Resources, that broke around  
 12 20 April. It caused me a lot of problems because we  
 13 were at a very important stage of the negotiations, so  
 14 I had to get reconnected back on to the WeChat platform  
 15 to maintain communications.  
 16 So it was a frustrating and difficult time, there  
 17 were no WeChat messages from that early period up until  
 18 about 21, 22 April.  
 19 **Q.** I think in relation to the emails, we do, and we saw one  
 20 when you were answering questions of Ms Gardiner, we do  
 21 have some of the emails that you were sent, but we don't  
 22 have them for your email account, do we? We have them  
 23 from other parties to the exchanges. Am I wrong about  
 24 that?  
 25 **A.** My email account at that time was not a Northern Ireland

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1 I wasn't going to have my period in China extended. It  
 2 was, so I continued to use that phone. It broke. If  
 3 I had had that phone in working order, those messages  
 4 would have been backed up.  
 5 But I would want to assure any of the people who  
 6 were involved in the frontline services, any of the  
 7 relatives of the people who were victims of Covid and  
 8 anybody else, certainly there was nothing untoward or  
 9 irregular --  
 10 **Q.** And I want to make it clear that I'm not suggesting  
 11 there was.  
 12 **A.** Yeah. The messages also, in WeChat, tended to be more  
 13 administrative, and I think we've provided examples  
 14 of -- or not examples, we've provided all those messages  
 15 post 22 April, but all those messages or the majority of  
 16 those messages would be admin-type messages following up  
 17 on meetings that we would have had or trying to arrange  
 18 times for Zoom calls or WeChat calls, things like that.  
 19 So I don't believe there would have been anything in  
 20 those earlier messages that we're missing information  
 21 on.  
 22 **Q.** Do you think, with the benefit of hindsight in an ideal  
 23 world, it would have been better to have backed up both  
 24 of those devices?  
 25 **A.** It would have been better to have backed up the phone,

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1 but it wasn't my intention that it broke at the time.  
 2 In hindsight also, I would have preferred not to have  
 3 had to use my own phone, but I was in a peculiar  
 4 situation where I thought I was returning home, and  
 5 sitting in the airport I get a call to say, "No, we need  
 6 you to stay on for a while."  
 7 **Q.** Just for the benefit of those listening for those who  
 8 don't know, WeChat is the Chinese equivalent of  
 9 WhatsApp; is that right?  
 10 **A.** WhatsApp, Facebook, all those things, yes. Yes.  
 11 **Q.** Last topic. The joint procurement exercise with the  
 12 Irish Government. In your statement, and if you have it  
 13 in front of you -- you don't need it, but if you do have it  
 14 in front of you it's at paragraph 82, you describe  
 15 your brief involvement in the proposed joint procurement  
 16 in late March, and you describe a Zoom call at that time  
 17 with the Irish Embassy, including the ambassador. And  
 18 you say it was explained to you that they had utilised  
 19 all of their resources in terms of the PPE supplies, and  
 20 that, due to the international demand, they were unable  
 21 to add any more to their allocation at that time.  
 22 Now, one interpretation of this explanation was that  
 23 by the time the Northern Ireland Executive approached  
 24 Dublin, the Irish Government had already agreed a quota  
 25 that they couldn't then go beyond to bring the north

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1 were looking back at these things, it looks like  
 2 everything was happening in a linear way, all these  
 3 things that were happening at the same time. And  
 4 information on what was happening on the PPE procurement  
 5 market, we were getting that on a live basis.

6 So I don't think I would say that the problem was  
 7 the timing of the request going in, because we now know,  
 8 you know, there was still discussions with the UK Four  
 9 Nations Network and hopefully that that would have been  
 10 able to provide, and I think at that time we were  
 11 looking at all options. We knew there was pressure on  
 12 the frontline staff, we knew there was pressure there,  
 13 and the Executive, the ministers and the officials all  
 14 wanted to try to get this stuff in as quickly as  
 15 possible.

16 **Q.** I'm just -- so everyone knows, we're now talking about  
 17 late March by the time of this joint approach between  
 18 the two governments.

19 **A.** When I would have been -- yes.

20 **MR WILCOCK:** Yes. Thank you very much.

21 My Lady, they are all the questions I have to ask.

22 **LADY HALLETT:** Thank you very much, Mr Wilcock.

23 That completes all the questions we have for you,  
 24 thank you very much for your help to the Inquiry and  
 25 safe journey back to Belfast.

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1 into their approaches. Is that interpretation correct?  
 2 **A.** I don't think I can fully answer that question. I think  
 3 that's something the Irish Government could answer.  
 4 In my role, and because I knew people, I was trying  
 5 to find out what the situation was, and it was described  
 6 to me in that meeting, you know, we've got everything  
 7 that we're going to get.  
 8 I don't think there was maybe a quota negotiated at  
 9 the start, but it was an extremely competitive and  
 10 challenging environment, and it was certainly a seller's  
 11 market, and the view from those officials was: we're  
 12 getting everything we're going to get.  
 13 Now, it wasn't their decision as to whether or not  
 14 the south would be able to help. That would have been  
 15 taken at a senior level and a political level. But  
 16 I was able to get from that information that, you know,  
 17 from my view, it was unlikely that this was going to  
 18 happen.  
 19 **Q.** Did you get any impression as to whether the reason the  
 20 exercise didn't succeed was not because of any  
 21 fundamental obstacle with the two governments putting in  
 22 a joint bid but because the Northern Ireland Executive  
 23 hadn't contacted the Irish authorities early enough?  
 24 **A.** I don't know if I can fully answer that. I don't think  
 25 it was a matter of timing. And again, you know, when we

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

2 **LADY HALLETT:** Very well. Tomorrow I shall be sitting at  
 3 10.00, but as everyone here knows, I will be in closed  
 4 session at least until the afternoon when I think  
 5 there's part of a witness who can be heard in open, but  
 6 otherwise closed tomorrow morning. Thank you.

7 (3.49 pm)

8 (The hearing adjourned until 10.00 am the following day)

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