

**Statement of Dame Donna Kinnair**

I, Dame Donna Kinnair, of Personal Data state as follows:

1. I have worked in nursing for over 42 years. I held the positions of Acting Chief Executive and General Secretary of the Royal College of Nursing (the '**RCN**') from 2018-2019 and then the permanent position of CEO and General Secretary from 2019-2021. In my role at the RCN, I was responsible for delivering the RCN's strategic and operational plans and promoting patient and nursing interests on a wide range of issues.
2. During the Covid 19 pandemic, this involved representing the interests of my members and holding the Government to account. I worked with both the Chief Nursing Officer (the '**CNO**') and the Nursing and Midwifery Council (the '**NMC**') on initiatives to bring students and retired nurses back into the profession to work on the frontline. I also provided education for these nurses, enabling them to come back to work. I spent time myself on the frontline, including at the Nightingale hospital, and was therefore acutely aware of the dire Personal Protective Equipment ('**PPE**') shortages nurses were facing at this time. I was contacted by numerous members to alert me of the shortage of PPE as can be seen by an email I received from a regional representative Emma Phillips (RCN Bundle reference Ea9eae95dd90c1e7e14) stating they were struggling for PPE. I also spoke with Ruth May on the 25 March 2020 which she confirms by email the conversation where the RCN had been contacted by nurses leaving London Hospitals as they felt they were provided with inadequate PPE. (RCN bundle Lawson Reference F0b4a81a8fb1d2aa22227.) I felt a huge responsibility to ensure that nurses and all frontline workers were afforded appropriate protection from the virus we were all fighting.
3. Although I was not directly or indirectly involved in the procurement of PPE during the pandemic, I do have experience of how the procurement process for the NHS works. For a period of roughly 14 years, I was Director of Commissioning for the London Borough of Southwark & Southwark Primary Care Trust and the Strategic Commissioner for Lambeth, Southwark and Lewisham Health Authority's Children's Services and community services.
4. Given the matters touched upon in this Statement occurred when I was in post at the RCN, and given I no longer have access to their systems, I contacted the RCN on 21 June 2024 to request copies of documents, diary entries of meetings, notes from meetings and other correspondence relevant to the issues raised in this Statement. The RCN were able to

provide me with some relevant documentation and correspondence but were unable to provide other materials. I have received further bundles on the 20<sup>th</sup> January 2025. I have therefore referenced and appended relevant dates and documentation where it was made available to me, but there are some dates and meetings that I cannot be certain of and many in my diary are marked "Private" I have therefore provided approximations to the best of my recollection in those instances.

### **Procurement of PPE**

5. Given that my role at the RCN was to represent the interest of my members in the nursing community, I had no direct role in the procurement of key healthcare equipment, including PPE, Ventilators, Lateral Flow Tests and PCR Testing Equipment.
6. However, as my role at the RCN was a public-facing one, I did receive various offers of support from members of the public who wished to assist with the procurement of PPE. All potential suppliers contacted me at the RCN. (See Appendix one, Tab 3.)
7. Other than Mr Farha (see 14 below), I did not know the potential suppliers prior to them contacting me at the RCN. The only information I had about them were what individuals told me they could do in their emails.
8. Given part of my role involved protecting my members by ensuring they had access to adequate PPE, I therefore forwarded **all offers of help** from the public to the relevant Government departments (see 9-12 below) and I regarded it as the Government's job to carefully consider those offers of help and decide which were appropriate to take up. I therefore did not perform any checks on any potential suppliers that contacted me, as this would have been outside my remit. My only priority was doing everything I could to ensure that my members were equipped with PPE of sufficient quality.
9. In terms of the referral process, I initially referred all potential suppliers that came to me at the RCN directly to Emily Lawson at NHS England.
10. From memory I recall discussing the fact that I had received offers of public support in a meeting I had in early April 2020 with the (then) Health Minister Matt Hancock, his advisors and my policy team. I explained that I had forwarded these offers of support to NHS England. (See Email in 11)

11. I was subsequently advised by the Health Minister that he was taking over the procurement of PPE in an email on the 12 April 2020 (The RCN bundle shows an email with Matt Hancock asking me to send offers of support to the Cabinet office or around April 2020 and I was directed to refer **all** potential suppliers to the Cabinet Office going forward. I complied with that request. (See Appendix One, Tab 3.)
12. I asked my Secretary at the RCN to collate and maintain a spreadsheet of all offers of help and onward referrals that I made to Emily Lawson and/or the Cabinet Office respectively.

### **The High Priority Lane**

13. I have no knowledge of how the HPL came about, nor did I have any role in its establishment nor its operation and/or supervision. However, I recognised from the many meetings and discussions that I attended in 2020 that there was a concern about shortages of PPE. Nurses reported the absence or shortage of PPE to me through RCN Council members and I was told that new expiry dates stickers were being put over expired dates on PPE that staff were being supplied. I, myself, can testify to this when I volunteered to work on the frontline, having to re-use some PPE. Stories of nurses wearing black plastic bags over their clothes as they attended to patients in the community were communicated through the press and through RCN staff.
14. In the case of Mr Farha, to the best of my recollection, his offer to procure PPE came about during a telephone conversation on or around 11 April 2020, when I told him about my worries for front line nurses who were seeing patients in the community and in various settings e.g. mental health trusts, without adequate PPE. He offered to help and told me he would look to see if he could secure PPE. Mr Farha told me he was supportive of the NHS and interested in helping to protect the lives of frontline workers.
15. Mr Farha was known to me as a philanthropist. It was my understanding that he donated to St Johns Ambulance, University College London and various other charitable works and bodies. I also understood that he supported educational and health projects and was also a Conservative Party donor. I was aware that he financially supported the RCN Prince of Wales Cadets scheme, through the RCN Foundation. From memory, I believe the RCN Foundation conducted due diligence on Mr Farha for the purposes of him funding the RCN Prince of Wales Cadets, which is still operating today and has delivered a thousand cadets.

16. On 11 April 2020 I sent Mr Farha's details to the Health Secretary by text message. See Appendix One Tab 1.) I explained that he was able to procure FDA approved gowns by the next Wednesday. I provided some details about Mr Farha, including that he was a friend of mine and the fact that he was a Conservative party donor. Mr Farha had, to my knowledge, no previous experience procuring PPE but given his philanthropic work with the RCN, I knew he was someone who was experienced in business and got things done. I therefore provided these biographical details because I thought it would be considered relevant information by the Cabinet Office. The reason why I contacted the Health Secretary directly about this offer is because when I had communicated previous offers of support from the public "up the line" neither I nor they had received any updates or responses.
17. On 13 April 2020, the Health Secretary replied by text message and asked me to get Mr Farha to contact him directly on his DHSC email address, which I did. Later that same day the Health Secretary texted me to confirm that he had spoken to Mr Farha. (See Appendix One. Tab 1.)
18. Later that day on 13 April 2020, I was contacted by Jonathan Marron via text message, who introduced himself as the Director General at the DHSC and explained that the Health Secretary had asked him to contact me about PPE. I replied on 16 April 2020 and asked him to contact Mr Farha directly about potential PPE procurement. I reiterated to him that on the front line (where I had been working) we only had two days' supply of PPE. (See Appendix One, Tab 2.)
19. In terms of monitoring the progress of the referrals I made, the below correspondence illustrates my attempts to understand the progress of these offers of public support I had forwarded on. This was important to me given I was working on the front line and was acutely aware of the dire shortages nurses were facing at this time. The awarding of contracts to individuals was not within my remit, instead I sought information and updates on behalf of nurses. I wouldn't characterise this as my intervening on behalf of the proposed suppliers, I was seeking updates on behalf of my members given the severe PPE shortages at the time.
20. These requests for updates included the following exchanges -

I contacted the Health Secretary by email on 12 April 2020:

*"I have sent at least 10 offers up the line and I have been back to them, they haven't heard a thing. If they were on the front line in ppe / supplies they may move a bit faster. I am, my son is, my friends and colleagues are. So what have they done about it? Lots of false reassurances. I fear you are being let down"*

I contacted the Health Secretary again on 12 April 2020 saying:

*"Dear Matt. See the images. I realise we need HSE approval but these individuals are responding to your call to arms the least I would expect is some engagement form those in charge. I am going to refrain myself from sending you [directly] the amount of offers I have received that have been sent up the line. Even if we have ordered and received the wrong gowns that aren't waterproof why can we not advise healthcare workers to wear plastic aprons under the gown – it would be better than wearing nothing as our incompetent leaders (not on the frontline) are planning to ask us to do."*

In response, the Health Secretary replied:

*"Hi Donna. Do you feed these sorts of offers in? We need a route to make sure they get taken up at our end. Let's try to work up a process that works for you. Matt"*

On 23 April I sought a further update from the Health Secretary:

*"I have to tell you after George has secured a regular supply with China at a fantastic price he is now being given the usual bureaucratic none sense. With absurd scenarios being suggested. He has delivered and I am always unsure if those around are supporting your endeavours to get gowns and other PPE to the frontline."*

The Health Secretary replied to say:

*"Get him to email me again with the problems, I am working on this directly"*

On the 13 April I receive an email from Chris Hall stating  
*Donna and Emily*

*Disappointingly one of the leads you gave us this morning is not for medical quality equipment but for hazmat suits. This was the 11000 pieces in Sheffield. Still pursuing other lead with George Farha which looks more promising , 50000 surgical gowns in Shenzhen.*

Regards

Chris  
(RCN Bundle Lawson FL008720589059902413)

21. Mr Farha did provide me with updates throughout the process. This was primarily done by him forwarding me on correspondence between himself / his team and the Cabinet Office. (See Appendix one, Tab 4.) I believe Mr Farha sent me these emails to demonstrate that he was making good on his offer to support nurses and was doing all he could to procure PPE for them.
22. I did not do anything in response to being forwarded these emails by Mr Farha. The only thing I was asked by Mr Farha to do was to pass on an email authored by Mr Farha to the Health Secretary (dated 6 May 2020) on to Mr Marron, which I did on or around 13 May 2020. (See Appendix One, Tab 4.) My understanding, based on the 6 May email, was that Mr Farha was experiencing issues dealing with the Cabinet Office and, as stated above, I had been asked to email Mr Hancock / Mr Marron about problems related to procurement.
23. I was never asked to intervene directly in the process of award of contracts. Any discussions I had with the Chief Nursing Officer or Public Health England or anyone else was around my general concerns about the shortage of PPE throughout the country, which was being communicated to me through RCN members.
24. I did not intervene directly in the process of awards or refusal to award contracts to potential suppliers.
25. I was not approached by any potential suppliers whom I refused to refer to the HLP, as stated above all potential suppliers who made offers were referred to NHSE and / or the Cabinet Office.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true.

**Personal Data**

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**DAME DONNA KINNAIR**

**DATE 28 January 2025**