

Witness Name: Jin Sahota

Module 5 Statement No: 1

Dated: 26 November 2024

In relation to the issues raised by the Rule 9 Request dated 1 October 2024 in connection with Module 5, I, JIN SAHOTA, will say as follows:

1 Introduction

- 1.1 Supply Chain Coordination Limited ("SCCL") (a company limited by shares) was created on 25 July 2017 by DHSC. It was initially wholly owned by the Secretary of State for Health & Social Care. I was the CEO of SCCL from the date of its incorporation until December 2020. From January 2021 I have been CEO of EPSCOT which is a consultancy business.
- 1.2 As it is now nearly 4 years since I left SCCL I have refreshed my memory by reading relevant parts of the first witness statement of Paul Webster which has been submitted to Module 5 of the Inquiry on behalf of SCCL. I have not retained and no longer have access to any documents relating to the period covered by the Inquiry.
- 1.3 In terms of my role and responsibilities during the pandemic as CEO I would have been overseeing the management of the day-to-day running of the business and liaising as needed with DHSC, NHSE, PHE (as it then was) and fulfilling the role of CEO alongside other members of the senior management team who Mr Webster identifies at paragraph 2.2 of his statement.
- 1.4 I have been asked to give a high-level overview of the role of SCCL in relation to the PIPP stockpile and business as usual procurement for the NHS.
 - 1.4.1 At paragraphs 17.1 to 17.43 of his witness statement Mr Webster sets out the role of SCCL in relation to the PIPP stockpile. I have read those paragraphs and have nothing further to add about the role of SCCL in relation to the stockpile.
 - 1.4.2 In relation to business-as-usual procurement, again, Mr Webster's statement describes at length the basis on which SCCL was managed and

the role of the Category Tower Service Providers ("CTSPs") in relation to procurement. I refer in particular to paragraphs 4.1 to 4.17 and paragraphs 5.1 to 5.13. I have nothing further to add about business as usual procurement.

2 The PIPP Stockpile (prior to the pandemic)

- 2.1 I have been asked to explain how, in my role, as CEO I was able to ensure that contractors such as Movianto were delivering the services required of them in relation to the stockpile.
- 2.2 As CEO I was the head of the management team overseeing a major logistics and procurement business which managed a substantial number of contractual arrangements with a wide range of businesses and the government. It was not my responsibility to oversee the day-to-day contract management of individual contractors unless there were serious issues which needed to be resolved. This was not the case with Movianto.
- 2.3 There was a contract with Movianto which set out what they were required to do in relation to the stockpile and I refer to paragraphs 17.26, 17.38 and 17.41 of Mr Webster's statement.
- 2.4 Paragraphs 17.1 to 17.43 of Mr Webster's statement cover how the PIPP stockpile was created, managed and distributed and I have nothing additional to add from the point of view as CEO of SCCL. As I have explained, unless there were significant problems the operation of the stockpile would not have required specific attention from the CEO and I do not recall any significant problems. Had there been issues then they would have worked up through the contract management team and been escalated to me. As Mr Webster has explained the content and volume of the stockpile was a matter for PHE and not SCCL. SCCL simply acted on instructions from PHE and, accordingly, there would have been no reason for me to arrange inspections of the stock.
- 2.5 I am not in a position to provide any documents relating to the PIPP stockpile as I left SCCL nearly 4 years ago and do not have access to minutes of any meetings.
- 2.6 I have been asked about expiry dates of items in the PIPP stockpile and decisions to extend the shelf-life of products in the stockpile. Mr Webster's statement sets out in detail how expiry dates were monitored and the procedure for extending the shelf life

of products (see paragraph 17.29) as well as stock rotation, product swaps and product cycling. These were routine aspects of the management of the stockpile which would not have required any particular involvement from me as CEO. I am not surprised that there were items in the stockpile which had passed their original expiry date because the stockpile had to be created well before it might need to be used and, indeed, before SCCL was established. Therefore, there would have been items in it that had been acquired some time previously. However, to clarify, I would not expect that there would be any items in the stockpile which had passed their original expiry date and which had not then been re-tested and re-certified as fit for use. As Mr Webster made clear in his statement all decisions relating to the stockpile were made by PHE. Again, as Mr Webster describes the stockpile was managed on the instruction of PHE. If an item could not be re-certified then it would have been circulated out of the stockpile before its expiry date again as Mr Webster describes in his statement. I would be very surprised if there were items in the stockpile that had simply expired. The monitoring of this and arrangements for re-testing were all part of the day-to-day management of the stockpile. There is also no reason why items which had been tested and certified with an extended expiry date should not have remained in the stockpile.

- 2.7 I was not aware of any challenges in relation to distribution of items from the stockpile within England. As Mr Webster explains at paragraph 17.42 of his statement it was the clarity of the demand signal which was an issue not the distribution itself.
- 2.8 SCCL was not responsible for distribution of the stockpile in Wales, Scotland or Northern Ireland. I cannot therefore comment on any reports regarding distribution of the stockpile in the devolved nations.
- 2.9 The existence or otherwise of a pandemic stockpile or the mechanisms for procuring key healthcare equipment and supplies in a future health emergency or pandemic is a matter for government taking into account the lessons learned from the Covid-19 pandemic and identified by this Inquiry. Since I left SCCL at the end of 2020 I have not thought about whether any improvements might be made in respect of these matters.

3 During the pandemic

- 3.1 I have been asked what correspondence or instructions I had as CEO in relation to the PIPP stockpile during the pandemic from various bodies. I cannot now recall any instructions beyond permission from PHE to make the stockpile available for

distribution as explained in paragraph 17.17 of Mr Webster's statement. I do not know if there are any documents relating to this matter but if there are I no longer have access to them.

- 3.2 In Mr Webster's statement he refers at paragraph 7.26 to the standard logistics response to a big increase in demand which is to implement some demand control or rationing in the same way that supermarkets implemented a policy, for example, of limiting the amount of toilet paper which could be purchased. As Mr Webster goes on to say, with the approval of DHSC some demand management was implemented at the start of the pandemic by taking the average demand by requisition point and applying it to everyone (see paragraph 7.32). There were no specific individual considerations in relation to orders. The same principle was applied to everyone.
- 3.3 DHSC was aware of SCCL's approach to demand management but this was a logistics response. Mr Webster describes the involvement of DHSC in his witness statement (see for example paragraph 7.30). I cannot now recall if there were any meetings to discuss this and I do not have access to any documents which might exist. I do not recall that SCCL was ever instructed to cancel orders.
- 3.4 I have been asked about a letter dated 1 April 2020 from the Secretary of State for Health & Social Care. My interpretation of the letter is as set out at paragraph 11.13 of Mr Webster's statement ie that were SCCL to receive a buying instruction from DHSC in respect of items of PPE, then we were entitled to rely on that without there being a requirement to make further inquiry as to regulatory compliance. In any event, as Mr Webster points out, at the time of receipt of that letter SCCL was no longer responsible for PPE buying decisions.
- 3.5 Insofar as the letter impacted any buying decisions by SCCL then it would have been implemented. I would not have been in a position to do anything other than implement the direction given by the Secretary of State. As far as I am aware, the letter did not impact Movianto which was responsible under contract for managing the PIPP stockpile and not for any buying decisions.
- 3.6 I do not recall if there were any further directions from the Cabinet Office.
- 3.7 I do not recall any follow-up discussions with DHSC, the Cabinet Office, PHE or any other regulatory or relevant body in relation to these instructions. Again, however, if SCCL were instructed by the Secretary of State to do something then it would carry out that instruction until such time as it was directed otherwise.

3.8 I did not receive any instructions from the devolved Administrations.

4 Regulatory Easement Generally

4.1 The only regulatory easement I was aware of related to PPE and was set out in the letter of 1 April 2020 referred to above. I do not believe that there was any other regulatory easement on “other key healthcare equipment or supplies” during the pandemic. As Mr Webster explains at paragraph 11.13 of his statement, SCCL would not have been aware of the considerations applied by Cabinet Office in making a purchasing direction.

4.2 I do not recall raising any concerns in relation to the letter of 1 April 2020.

5 Domestic Manufacture

5.1 I left SCCL in December 2020 and have not been involved in the procurement of PPE or other key healthcare equipment since then. I cannot therefore comment on whether the availability of domestic manufacture has had an impact on prices or the availability of goods.

6 Lessons Learned

6.1 Again, I left SCCL in December 2020 and I have not reflected since on what might have been done better. However, I have read paragraph 19 of Mr Webster’s statement and the table set out there and these are the type of issues that I agree should be looked at as part of the work the Inquiry is undertaking.

6.2 The challenges faced by the NHS Supply Chain were not, in my opinion, caused by the design of the operating model but, rather, the unprecedented worldwide demand for PPE. The Tower model allowed for specific categories of products to be purchased by those most familiar with those categories which is why the PPE Cell made use of some of those Tower employees to support their buying programme. However, the demand for PPE was such that around 500 people were involved in the PPE Cell and no amount of foresight would have led to a design including that level of additional resource being included for resilience purposes.

6.3 From my perspective, the Tower structure and the contracts in place allowed the SCCL senior team and I sufficient oversight over the contractors providing the services and did allow for appropriate performance management (albeit there were few if any such

issues). The model was also sufficiently flexible to allow us to loan staff to the PPE Cell which I believe improved that team's ability to meet its purpose.

Statement of Truth

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

Signed:

Personal Data

Dated 26 November 2024