1		Monday, 24 March 2025	1		your knowledge and belief?
2	(10.	30 am)	2	A.	It is.
3	LA	DY HALLETT: Can you see and hear me?	3	Q.	Thank you very much.
4	MR	STOATE: I can, thank you, my Lady. Good morning.	4		As indicated, you have given evidence to the Inquiry
5		Our first witness this morning is Jeane Freeman.	5		before but by way of very brief reintroduction, if
6		I'm sorry if I cut you off there, my Lady.	6		I may, you are currently the dean of Strategic Community
7	LA	DY HALLETT: No, you didn't. I was merely going to say	7		Engagement and Economic Development at the University of
8		that, as has already been announced but for those who	8		Glasgow; is that correct?
9		are watching, online, I'm attending remotely today but	9	A.	Yes, it is.
10		all other participants are present in the hearing room.	10	Q.	And pertinently for this module, in June 2018, you were
11		Thank you, Mr Stoate.	11		appointed as Cabinet Secretary for Health and Sport in
12	MR	STOATE: Thank you. Can we call Jeane Freeman, please.	12		Scotland.
13		Thank you.	13	A.	Yes.
14		MS JEANE FREEMAN (sworn)	14	Q.	And you held that role until May 2021.
15		Questions from COUNSEL TO THE INQUIRY	15	A.	That's correct.
16	LAD	DY HALLETT: Welcome back, Ms Freeman.	16	Q.	Thank you very much.
17	THE	E WITNESS: Good morning, my Lady.	17		The focus of my questions now, as you know, is the
18	MR	STOATE: Would you please give the Inquiry your full	18		procurement of key medical equipment and supplies during
19		name.	19		the pandemic. As to your role in that, as Cabinet
20	A.	Jeane Tennent Freeman.	20		Secretary for Health and Sport, is it right that you
21	Q.	Thank you. You have very helpfully provided the Inquiry	21		were ultimately politically responsible for ensuring
22		with a witness statement for this module. It's in fact	22		that the health workforce in Scotland had access to
23		your sixth to the Inquiry. The reference is	23		appropriate PPE during the pandemic?
24		INQ000531855. It's 27 pages long and dated	24	A.	That's correct.
25		20 December 2024. Is that statement true to the best of	25	Q.	I want to look briefly, please, at the question of the
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1		PPE stockpile available to you in your role and for use	1	Q.	But the procurement was in fact coordinated by Public
2		in Scotland during the pandemic.	2		Health England on behalf of all the four nations?
3		Very briefly, by way of context, prior to the	3	A.	For the stockpile, yes.
4		pandemic, Scotland owned a PPE stockpile as a portion of	4	Q.	Scotland liaised with UK counterparts on the procurement
5		the Pandemic Influenza Preparedness Programme (PIPP); is	5		of any items into that stockpile. Did that include you,
6		that right?	6		as Cabinet Secretary? Were you part of that liaison?
7	A.	That's right, yes.	7	A.	No, I wasn't. That would be led by our NSS, which was
8	Q.	The PIPP was a joint planning and procurement venture by	8		our National Procurement arm in Scotland.
9		the four nations of the UK; is that right?	9	Q.	Thank you. We'll come to them shortly.
10	Α.	Yes.	10		Last week in his evidence the UK Health Secretary
11	Q.	And the idea of that was to ensure an adequate stockpile	11		Matt Hancock talked a bit about the stockpile.
12		of PPE based on a reasonable worst-case scenario for an	12		Can we bring up, please, part of the transcript of
13		influenza pandemic?	13		his evidence. It's PHT000000159.
14	A.	Yes, that's right.	14		Can you see the second line here? This is
15	Q.	That was based on an assumed pandemic wave of 15 weeks?	15		Mr Hancock's evidence last week.
16	Α.	Yes.	16	A.	Yes.
17	Q.	Is that your understanding?	17	Q.	He is talking about January 2020, and he says:
18	Α.	Yes.	18		" we in the department could foresee the likely
19	Q.	After which it was predicted that normal procurement	19		potential, which Professor Whitty put at 50/50, of
20		arrangements would have recovered?	20		a global pandemic."
21	A.	That's correct.	21		Moving down a bit he says:
22	Q.	Again, just briefly by way of context, Scotland, in	22		" in the last ten days or so of January 2020, is
23		common with the other nations of the UK, owned its PPE	23		when we put in place a whole series of actions to
24		within the PIPP stockpile; is that right?	24		mitigate the gaps that immediately became evident. One,
25	A.	That's right, yes.	25		having been reassured that we had an adequate stockpile,
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which you can see in the middle of January and before the pandemic, by 30 January, when I asked for the audit, the audit comes back and there are serious problems."

Just towards the end he says:

"So at that point, I instructed that we got going on all the things we needed, including the fact that whatever the nature of the pathogen, we were going to need more PPE, because you can never stockpile enough PPE for a whole pandemic."

Thank you.

Thinking specifically about PPE and the stockpile from your perspective as Scottish Health Secretary, did there come a moment when you -- it occurred to you, or you realised, that the PPE stockpile available for Scotland could or would be insufficient in the face of the oncoming pandemic?

- A. So that came from NSS, who were alerting my officials to the fact that their longstanding relationship with suppliers was bringing them intelligence that there was a growing and competitive global market for PPE that was being squeezed, if you like, and that would be when both -- so they were intelligence gathering. I think I've spoken before at the Inquiry about clinical intelligence gathering that was going on with our Chief Medical Officers and so on. So it was a kind of
- A. Yes, because NSS is a board like other -- in other
   instances, territorial boards. We have territorial
   boards in Scotland and we have what we call national
   boards, ie boards that cover the whole country, and NSS is one of those.
- Q. So, accountable to Scottish ministers; and while you
   were in post in the pandemic, they reported directly to
   you, did they?
- **A.** Yes.

10 Q. Thank you.

You make a number of comments in your witness statement that I want to ask you about in relation to NSS. First, you say it's a unique and distinctive feature of health infrastructure in Scotland and you make this point:

"The experience of NSS gave Scottish ministers a significant advantage in the management of the pandemic compared to other parts of the UK."

Can I ask you to expand upon that from your perspective. What do you, or did you then, understand to be the main differences in the management of the pandemic as regards NSS?

A. So there are a number of elements to that. First of
 all, the length of time that, from the Common Services
 Agency through to its operation as NSS, that it had been

parallel intelligence gathering through NSS and their
 supplier contacts about an emerging global -- increased
 global demand for PPE and, consequently, what they
 believed they needed to do to secure existing supply,
 but also to look to increase supply.

Q. You've mentioned NSS, and as the first -- we'll be
hearing from them later but as the first witness today,
for those unfamiliar, NSS, is this right, you say in
your statement, was established in 1974 with the name
the Common Services Agency?

11 A. Correct.

12 Q. And you say acted as the single procurement arm for the13 whole of the NHS in Scotland; is that right?

14 A. That's right.

15 Q. What did that cover?

A. So that covered all items of procurement that would be needed in a health setting. So that's from items of kit, PPE, and of course during the pandemic, as you and colleagues will know, they extended their work into, for example, vaccines and Test and Protect, but they're --they are the single procurement arm for all kit and consumables, I think is probably the best way to put it, for our National Health Service in Scotland.

Q. As Cabinet Secretary for Health and Sport, were youultimately politically responsible for that activity?

around. It had longstanding, established relationships with suppliers across a range of consumables for NHS. It had well-established relationships with clinical and other advisers on the nature of what comestibles or supplies might be needed and how that would develop over time through improvements in healthcare and innovation.

It had a well-established procurement process of due diligence and probity to test suppliers' probity but also their capacity to deliver, which meant that for us, we could -- it also had a level of expertise in the whole field of procurement that meant that when we had something like a pandemic, then we already had this established experienced body of expertise and due process that we could then use and apply to the situation that we were then confronted with.

Q. One thing you mentioned in your statement is economies
 of scale. What do you say in relation to NSS and its
 ability to bring economies of scale to the procurement
 of PPE?

A. From a supplier's point of view, we have an established body of some standing that, if you like, a supplier can trust -- can trust to be accurate in its order and its specification of what it requires, and trusting in terms of payment of due invoices for supply. So you've got this established body from the supplier's point of view.

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1 From NSS's point of view it's procuring for the 2 whole NHS in Scotland. So its volume demand is high, 3 and that means you can negotiate reasonable prices for 4 whatever it is that you are seeking to procure, simply 5 through the weight of your order and also, internally, 6 you can streamline your processes so you are minimising 7 the cost of your procurement work, because you're doing 8 it at such scale.

- Q. You'll be aware that the Inquiry has heard a lot of
  evidence about the operation of, in England, a High
  Priority or VIP Lane for the procurement of PPE. You've
  talked about how NSS worked. Did that mean that
  Scotland needed to operate a fast track system for new
  suppliers?
- 15 **A.** Absolutely not. We had, as governments did in the other 16 your four nations, we had offers of help and assistance 17 and we -- that would come to me directly from other MSPs 18 or by email, or would come in to government externally. 19 All of those were then passed straight to NSS who, in 20 collaboration with their colleagues in Scottish 21 Enterprise and Scottish Development International, had 22 a proper triage process that would apply due diligence 23 to all those offers, standard due diligence that would 24 be the case in normal times, if you like, which would 25 then allow them to make decisions about whether or not

safety of your staff and the patients that they are treating.

Q. One thing you mentioned was clinical input and advice.
Is it right that NSS had a route for input of clinical advice?

6 A. Yes, so as I think the Inquiry is certainly aware and 7 I'm sure you are, our Office of our Chief Nursing 8 Officer was our lead office for infection prevention and 9 control and so as guidance was produced in an iterative 10 fashion, actually, as we became more knowledgeable about 11 the nature of this virus, how it transmitted, and so on, 12 the guidance would be issued on the type and range of 13 PPE that was appropriate in different settings, in 14 health and in social care, and that then informed NSS

16 Q. NSS also had a role in managing Scotland's PPE stock; is17 that right?

about the volume of stock it needed to try to secure.

18 **A.** That's right.

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19 Q. You say in your statement that they tracked both the
 20 source and destination of items of PPE in Scotland, and
 21 that you received what you call a daily sitrep. Does
 22 that mean situation report?

23 A. Yes, I did.

24 Q. What did that entail? What did that show you?

25 **A.** Well, what that showed me every day was every item of

these new offers from suppliers, or new suppliers of offers, were appropriate to look to award contracts, and I think, as I know you will have seen, in the Auditor General for Scotland's report in October '21, they concluded that there was no evidence of preferential treatment or bias in any of the awards made. So we did not have a VIP Lane and we did not need one.

Q. Were you aware of the operation of the High Priority
 Lane for PPE procurement in England at the time?
 A. At the time I don't believe I was. I think it would be

fair to say that I -- I can't think of another way of
putting it other than to say I had enough on my plate,
to make sure that we were doing things at pace and
appropriately, to be looking at how others might be
procuring their PPE. I obviously became aware of it and
would have views thereafter, but not at the time.

17 Q. Well, you've said you had views thereafter. Are theyviews that would assist the Inquiry?

A. Well, my view is, I think there are many questions to be
asked and I'm sure the Inquiry will do, about the
operation of a VIP Lane, and the application of due
diligence and probity to any offer of supply, especially
when -- two things: when you are using public money for
that purpose, and secondly, when the quality and
appropriateness of the PPE secured is critical to the

1 stock, what we had at hand, what was expected by way of confirmed orders and when they were expected. And it 2 3 was traffic lit, so I could see, at a glance, where we 4 had particular problems because we only had stock at 5 hand for another two weeks or whatever. And that is 6 based on NSS's knowledge of the volume demand coming 7 into it or anticipated from health boards but also its 8 modelling that it would be doing.

So I saw every day, and I don't think there was ever a day where there wasn't red in that sitrep, and that would allow me to follow up directly with NSS: what are we doing? We've got orders but we don't expect them in time, what's our back-up plan? What else have we got?

So I could pursue where it looked like we might have difficulty in securing sufficient supply to meet the demand that we were modelling would be needed.

17 Q. You said you can't recall a day that it wasn't red, red18 being?

A. Red being that the stock is low, that the -- so
sometimes red would be that the stock of a particular
item was low, we only had one/two weeks of it left in
store, if you like. We had an order, and the order was
due to come in in one week but we didn't have the order
yet. So that could be red. But equally, it could be
that there was an order for a particular volume but it

wasn't expected for three weeks or four weeks. So red could be one or the other.

Q. Could we look briefly, please, at the Audit Scotland report of June 2021.

There's the front page for you.

It's INQ000108737. If we could turn to page 4, please.

Can you see there at the top left-hand box -- I'm sure this is a document with which you're familiar -- it says:

"Centrally held PPE stocks were very low at points during April 2020 as stock was rapidly distributed to NHS boards:

"0.3 days' worth of stock of long sleeve gowns

"1 day of FFP3 masks

"2 days of visors."

So at that point in the early pandemic, is this fair, stock of that type of PPE was really very low?

19 A. Centrally held stock was low.

20 Q. Yes.

A. What that means is that our boards had the level of
 stock that they said they required and that would be
 adequate for their purposes. What we didn't have
 centrally was only that amount of stock should they need
 an earlier re-supply than was expected.

issues was in the timeous distribution of PPE to where it needed to go, not only in hospital, in our acute settings, but also as we expanded our supply of PPE to all of primary care and to adult social care, both residential and at home.

Q. The expansion into adult social care, was thata particular area of challenge for you?

A. It was a particular area of challenge for my officials and NSS, because adult social care, be it residential or at home, traditionally, pre-pandemic, had secured its own PPE, as had primary care, because by and large, pharmacies, GP surgeries, opticians, dentists, are small businesses, as is much of residential adult social care, and so they operated as small businesses and secured their own PPE. In that circumstance of a global market for PPE that is highly competitive and very challenged, it was very difficult for them to secure their orders, and they needed more in addition.

And so that was why Scottish Government, I took the decision that we would take over that supply through NSS.

Now, that is a logistical challenge, both in establishing demand route, so that those various parts, both of primary care and adult social care, can tell NSS what they need, what their volume demand is, is also

1 Q. That's very clear.

What did you understand the reasons to be for those levels of centrally held PPE stock in the early pandemic to be so low?

A. Because of the nature of the global market and the
 demand. So although I said earlier that Scotland has an
 advantage because of NSS procuring for the whole of our
 NHS in Scotland, in global terms, that was still
 relatively small compared to even -- even England,
 a bigger country, bigger demand, before we even go
 beyond these shores.

So competitively in that global market, Scotland was not obviously at an advantage, except that we had long-established relationships through NSS with suppliers, which they could leverage in order to try to ensure that where orders are being placed, those orders would not be gazumped, if you like, by an alternative order that was new to that supplier from a larger country or a larger demand.

Q. Can I ask you this question directly: did Scotland run
 out of any item of PPE or key healthcare equipment at
 any point?

A. No. No, we didn't, although it is important for me to
 caveat that with saying while we did not run out at any
 point, we obviously came very close. Where there were

a challenge in distribution, two completely new elements
to NSS's work and Scottish Government's work, so it was
a logistical challenge to set that up at pace, get it
right, and improve it, as the problems with it became
evident, and you'll have seen the timeline of when those
improvements were made.

7 Q. And what is your assessment of that timeline?

A. So I think the timeline is pretty impressive in the establishment of local hubs, of the triage helpline, with NSS, of the helpline direct, a helpline for social care and NHS staff to contact -- an email line -- to contact us with particular individual issues, for example, they might go on shift, they couldn't find -- they didn't have the PPE they needed, to do the top-up delivery direct to residential care homes and then the direct delivery route.

I think, in just over a month, all of that was achieved. And one of the improvements that was made inside the NHS was the creation of a single point of contact in our acute settings, in our boards. And the switch. So pre-pandemic, in a health board, the PPE that they received from NSS, they would hold centrally, and the different parts of the acute setting would make a demand for that PPE and it would then be distributed.

What we switched that to was a push approach, if you

like, so when you get the PPE in centrally, push it out 1

2 to those that need it, even if they're not going to use

- 3 it immediately, at least it is close to them and when
- they do need it, they can use it. 4
- 5 Q. You've talked about the establishment of the PPE 6 Helpline; this was in April 2020, is that right?
- 7 A.
- 8 Q. And by July you say it was effectively closed down?
- 9 A. Yes.

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- 10 Q. We're hearing later from the witness Paul Cackette, 11 director of PPE in Scotland, who tell us that one of 12 his -- the early tasks of the directorate he established 13 or that was established with him, the PPE Directorate, 14
  - "... carrying out a review of a helpline established at the start of the outbreak where any NHS staff unable to secure the appropriate PPE could email in to ensure supply ..."

That's what you're talking about?

- 20 A. Yes, it is.
- 21 Q. He says this:
  - "... the system had been set up urgently and there were failures to respond adequately or quickly enough due to administrative systems failures which required an overhaul of the help line."

- 1 responses, and the median response time, is that 2 20 days?
- 3 A. I believe so.
- 4 Q. Mm. And by the time we get to the end of April we can 5 see there's, in fact -- the numbers suggest there's more 6 responses than there were emails and only a day of 7 response time.

Did the problems that Mr Cackette describes there, the need for an overhaul, does that explain some of the early delay and lack of response and how that was resolved?

A. Yes, it does. Yes, it does. So it was, as he says quite rightly, established very quickly because I wanted to have a means by which staff on the front line could raise directly with Scottish Government issues that they were experiencing on shift. And that we could then respond to those. But that did -- partly, I presume, because of the speed that it was set up, it produces, as Mr Cackette says, those administrative glitches and the system didn't always work very well, or people who were in -- who were responsible for responding, in other words tracking down what had gone wrong and sorting it out, were perhaps not aware of everything that -- or all the routes that they could pursue. And so the median response time was too slow. And then there was a review

Do you recall that having to take place? 1

2 A. Yes, I do, and we also benefited from the assistance of 3 one of my ministerial colleagues, Mr Dey, who was 4 Minister for Parliamentary Business, was his role, and 5 he asked if he could help in any way in our overall 6 response, and I asked him to oversee the operation of 7 the helpline and make sure that the calls or the emails 8 that were coming in were responded to quickly and that 9 the issues that the were being raised were resolved, but 10 also to identify for me if there were particular trends. 11 So we were seeing, if you like, the same issue being 12 raised more than once or in more than one place that 13 would then alert us, for example, to establishing the 14 single point of contact in health boards.

15 Q. Can we look briefly, please, at a paragraph in your 16 statement.

It's INQ000531855 at page 24.

At paragraph 80 of your statement you've very helpfully provided a table showing the number of emails received and responded to from the helpline mailbox, as well as the median processing time for the first month of its operation; can you see that?

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Q. If we look in the first part of the timeline, you -- in 24 25 the first week there, 365 emails received, 244

- 1 and it improved considerably.
- 2 Q. Do you think the speed at which it was built and the 3 need for the overhaul and, as we can see, the result of 4 the overhaul, certainly by the end of April, does that 5 tell us anything in terms of preparedness or lessons 6 learned in the event of a future pandemic?
  - A. Yes, I think it does. I think the email helpline was exactly the right thing to do. I think the speed with which it was set up was the right thing to do, but I think one of the things that we need to recall is that a lot of those officials who were drafted in to that task were not necessarily officials from Health, the Health Directorate of Scottish Government. There was redeployment of Scottish Government civil servants all over into Health from different parts of Scottish Government. And perhaps what it tells me is that we need to give them more support as they move, perhaps from Agriculture and Fish into this, or Events into this area. More support that's almost like a script about: if it's this kind of query, here's how to track down what's actually happened; here are the points of
- 22 contact inside health boards, you know, here's where to 23 go. So that they, if you like, have a better level of

24 support to respond to the queries than they initially

25 had.

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Q. As a more general reflection in relation to procurement 1 2 processes and preparedness in particular -- so that was 3 quite a specific example -- can we look very briefly, 4 please, again at the Audit Scotland report from 5 June 2021.

INQ00018737. It's at page 3. Thank you.

The left-hand side box says this:

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"The Scottish Government could have been better prepared to respond to the Covid-19 pandemic. The Scottish Government:

"• did not fully implement improvements identified as part of pandemic preparedness exercises"

"• could have done more to ensure access to PPE and related training in its use."

Now appreciating, as you say, Ms Freeman, that you were not in post during any of the pre-pandemic exercises, Cygnus, Silver Swan, Iris, but reflecting back now, do you think that anything more could or should have been done in Scotland to prepare for pandemic PPE procurement?

21 A. I'm not sure that I do think that. I'm not sure that 22 I can think what more NSS could have done. I think, for 23 the next pandemic, I think we are much better placed in 24 understanding, for example, the importance of wrapping 25 our arms around, from the outset, all of health and

- 1 Dr Macaskill that we considered the social care sector 2 as secondary within the NHS.
- 3 Q. Just pausing there, that's Dr Macaskill of Scottish 4 Care, right?
  - A. Yes. I think it would be fair to say that as soon as he and others raised those problems, the problems that individual care homes had in securing both the quantity and the type of PPE that they needed, as soon as that was raised, we acted quickly to ensure that we could be the supplier of that PPE, and I think NSS responded very quickly and very collegiately to trying to work out, with Dr Macaskill and others, what would be the best route for individual care homes to provide their volume demand information to NSS. We initially distributed through the local hubs. There were problems there, in terms of individual care homes feeling that they were not -- that they were losing out in some way, and we then did both the one-off top-up supply and the direct distribution.

So I think we responded very quickly to the issues that were raised, because we understood the absolute importance of adequate PPE in our residential and at-home social care sector and we also extended it to unpaid carers, to personal assistants for people with disabilities, and to the third sector.

social care, regardless of the model that may exist. I think we are also better able to -- and so have those logistic routes and so on, we know how to do that now.

4 We know how to avoid some of the earlier glitches.

In terms of access to PPE, related training and its use, I think there is a point about, for example, fit testing for the FFP3 masks and making sure that remains up to date, and also making sure that that training and the fit process is adequate for an 10 ethnically diverse population.

- 11 Q. You mentioned briefly, but importantly, the work in 12 taking over procurement for the adult social care 13 setting.
- 14 A. Mm-hm.
- 15 Q. You may be aware that a concern in the evidence -- we 16 heard from Helen Whately, the UK care minister, you've 17 seen as part of your preparation the witness statement 18 provided by Scottish Care -- a real concern about the 19 prioritisation of PPE for the NHS as opposed to for 20 social care, leading to real difficulties amongst 21 providers in being able to get that PPE.

Do you have any reflections on the proper prioritisation of the social care sector within the procurement of PPE, from your experience?

25 So, yeah, I would say that I do not entirely agree with

- Q. Two more brief points of reflection, please, before 2 I finish, about four nations working.
- 3 A. Mm-hm.
- 4 Q. You're aware that Nicola Sturgeon, the former 5 First Minister of Scotland, was asked whether she agreed 6 with a comment from Boris Johnson in his evidence to the 7 Inquiry. His comment was this:

"We should probably [we, the UK] should probably try to proceed as one UK, with the simplest possible messages and decisions."

And Nicola Sturgeon's answer is:

"... I do not agree with this."

13 She gives her reasons.

14 Can I ask, what do you make of that suggestion from 15 the former Prime Minister?

16 A. Well, first of all, I don't think we had differing 17 messages on the guidance around PPE. In fact, I know 18 that we did not. We perhaps, from time to time, 19 exercised a position where we argued for and, if you 20 like, permitted more professional discretion by staff 21 regardless of the guidance, if they felt they needed 22 a higher level of PPE, then they should be able to use 23 that.

> If what the former Prime Minister means is that we should have a single procurement route, then I don't

agree with that. I don't agree with that for two reasons. First of all, I think that he moves the -- or undercuts the necessary democratic accountability that devolution demands of a Scottish Government, and I think that is a good thing that there is that democratic accountability. And secondly, from experience, the route that the UK Government took with the VIP Lane and so on is not a route I would wish Scotland to take.

And so having a single system, if all parties are not equal in that regard, could lead to a situation where Scottish ministers are accountable for actions over which they had no say, but with which they disagreed. That is not to say that we shouldn't have cooperation, we shouldn't have exchange of data, exchange of approaches, and what we did have, the mutual aid agreement, whereby we would help each other out in terms of the supply of PPE where any one of the four nations was particularly struggling in any regard, and we both benefited from that and contributed to it as

21 Q. So lastly, then, can I put to you, please, one of the 22 recommendations of one of the Module 5 experts, this 23 time on supply chains, Professor John Manners-Bell.

> Can I bring up briefly, please, INQ000476864 at page 132. This his author recommendation 19. Can you

1 A. Good morning. 2

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Q. I ask questions on behalf of Covid Bereaved Families for Justice UK, and following on from the questions that you have just been asked by Counsel to the Inquiry, the theme of my three brief sets of questions is around the interaction between the Scottish Government and the Westminster government around procurement.

The first topic is around funding, please. Your colleague, Kate Forbes MSP, wrote to Steve Barclay, then the Chief Secretary to the Treasury, on 12 May 2020 jointly with other devolved administrations to express their "collective concerns" in regards to the limited supply of PPE currently being delivered to the UK-wide procurement approach, and they said in that letter that

[As read] "... resulted in the devolved governments' incurring significant costs to secure sufficient PPE to protect our frontline workers."

They went on to say that:

[As read] "The DHSC cannot currently guarantee the UK Government-led PPE procurement can meet the needs of the devolved administrations."

That they were generally supportive of there being a protocol for devolved PPE purchasing as well as a UK-wide approach, but they were looking for some

see there on screen?

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Q. He says: 3

> "A structure should be established to enable formal communication between the UK Government and DAs on PPE and healthcare equipment issues, meeting regularly in business-as-usual times to monitor the market and plan for emergencies. Although DAs will continue to manage their own procurement operations, data sharing and shared decision making would be encouraged."

Taking into account the answer you've just given, from your point of view and reflecting on your experience, do you agree with that recommendation? I think I would be in agreement with it all until we get

14 15 to the point about shared decision making, because 16 I think it would be entirely appropriate for each of the 17 four nations to reserve the right to make their own 18 decisions for which they are democratically accountable.

19 MR STOATE: My Lady, thank you. Those are my questions. 20 There are some from other Core Participants.

21 LADY HALLETT: There are. I think Ms Morris you're going 22 first, I think.

Questions from MS MORRIS KC

24 MS MORRIS: Thank you, my Lady. 25

Good morning, Ms Freeman.

assurances that the DAs would receive funding for DA purchased PPE.

It's a long build-up, forgive me. I'm seeking to understand what your understanding was of the intended UK-wide procurement approach in May 2020.

6 A. So my understanding of that was that there -- that 7 anything secured through that UK-wide procurement 8 approach would then be proportionately distributed 9 across the four nations using the, if you like, the 10 standard formula for distribution. There was always 11 a debate as to whether Scotland's share of that was 8.2% 12 or 10%. I have to say it depended who you were talking 13 to, but that that was the way it would work, and that 14 was how Scotland would, having contributed to the 15 UK-wide approach, would then benefit from that approach.

16 Q. And what did you think some of the advantages and 17 disadvantages of that were?

18 So an advantage of it is that we have an additional 19 route, and it is a UK-wide approach so, again, in that 20 global market where you're competing with other 21 countries, then to do it as four nations together, then 22 the volume demand that you're taking to suppliers gives 23 you some leverage, so there is an advantage to that.

> The disadvantage to it is, if you do have quibbles about what your share is going to be, then you can't

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- 1 plan with confidence that you will receive the share 2 that you expect without argument, and with hindsight, 3 that there may be occasions where that UK-led approach 4 does not operate the level of due diligence and probity 5 that I would expect of government procurement.
- 6 Q. Thank you. And I think you've already touched on this 7 next question already, but is the UK-led procurement 8 approach, in your view, preferable to the devolved 9 approach? From what you say, you seem to favour the 10 devolved approach, devolved decision making, familiarity 11 with your own manufacture base, ability to be able to 12 have that direct contact, or do they both work side by 13 side, in your view?
- 14 A. So, in my view, the devolved approach is the better 15 approach for the reasons you've outlined and also 16 because it was the devolved approach that allowed us to 17 create a significant domestic supply chain in Scotland 18 during a pandemic. I think just over 80% of our PPE was 19 domestically procured. That is a protection against 20 future global challenge. So a devolved approach allowed 21 us to do that.

And I go back to the point about democratic accountability. As a government minister, I was democratically accountable to the people of Scotland for my decisions and my actions. That is entirely

Q. And the second issue: that the suppliers of PPE in England had been instructed to prioritise English NHS settings over Scotland, even where suppliers were contractually committed to Scottish supply. Again, is the second issue something you recall discussing with the Health Secretary at the time?

7 A. I do.

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8 Q. Mr Cackette says that he recalls yourself, the Cabinet 9 Secretary, unable to elicit any sort of response from 10 Mr Hancock during those Zoom calls. You were there on those calls. Do you accept Mr Cackette's description of 11 12 these issues, and what was the impact of those conversations on the PPE supply in Scotland? 13 14 A. So I don't believe, to answer the second part of your 15

question first, I don't believe there was a significant direct impact, negative impact, because we also had our colleagues in Scottish Development International located across the globe producing a significant advantage to us in their local contacts, and so on. And I've already spoken at length about the value of NSS and its relationship with suppliers.

In terms of the particular meeting, if I'm completely honest, I did not expect Mr Hancock to say, "Yes, you're absolutely right, and that's shocking and I'll make sure it doesn't happen." But what I know

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appropriate, but I want those to be my decisions and my 1 2 actions, not somebody else's.

3 Q. Understood. Thank you.

4 Were you aware that Her Majesty's Treasury had 5 provided a funding envelope to DHSC on the basis that 6 they would procure sufficient supply of PPE for the devolved administrations?

8 A. I think I had some awareness of that, but all of that 9 side of the activity was, appropriately, led by 10 Ms Forbes.

Q. Okay, thank you. Did you have any concerns at the time 11 12 about the ability of the DHSC to meet the expectations 13 of that PPE supply to the DAs?

14 A. I think my view was broadly: that's interesting, but 15 we'll get on and do what we need to do as well.

16 Q. Okay, thank you.

> Next, please, in his statement Mr Cackette says that he attended Zoom calls between yourself and Matt Hancock to discuss two issues that arose regarding PPE supply, and a four nations cooperation. The first issue was that the FCO had instructed UK embassies to withdraw embassy support from the Scottish Government when negotiating contracts in foreign countries. Were you aware of that?

25 **A**. I was.

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1 I was doing was laying a marker down that said, "We are 2 aware of this, and I now expect you to do something 3 about it, without you actually admitting that it 4 exists."

5 Q. Thank you. That's helpful.

6 And my final and brief topic is around COBR 7 meetings. You say you attended COBR meetings, which you 8 say you found to be of interest but of no direct benefit to your work. Why was that? Was anything discussed 9 10 about Scotland? And should COBR have been more focused 11 on four nations working in collaboration?

LADY HALLETT: Wait a minute, the subject of this module 12 13 Ms Morris, is procurement. So do you want to rephrase 14 that question to relate it to -- and I can't actually 15 see in the questions I've allowed that I've given

16 permission for this, have I?

MS MORRIS: Yes, my Lady, you have. Yes. 17

LADY HALLETT: It's not on my list. Anyway, okay --18

MS MORRIS: Forgive me, "in relation to procurement". 19

20 Apologies.

21 LADY HALLETT: Thank you.

22 A. I don't recall procurement being discussed at COBR 23 meetings. And as I've said before, my view of COBR 24 meetings is that they only work if all parties to it

25 have equality of status, and that was not my experience.

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MS MORRIS: Th	ank you.	
Thank yo	ou, my Lady. Forgive me if that was	s my
error.		
LADY HALLETT:	Thank you very much, Ms Morris.	Very
grateful.		

Ms Mitchell, I think you're next.

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## Questions from DR MITCHELL KC

DR MITCHELL: I appear as instructed, as I think you'll probably remember by now, by Aamer Anwar & Company on behalf of the Scottish Covid Bereaved and I have some questions for you this morning.

The first question relates to not running out of PPE, and we've heard your evidence given this morning that you didn't run out of PPE.

We know from the Audit Scotland report dated June 2021 that the Royal College of Nursing survey of members showed that 25% of respondents in Scotland working in high-risk environments had not had their mask fit tested and 47% had been asked to re-use single (sic) PPF

We know that a BMA survey of Scottish members in April 2020 found that 29% of respondents who carried out aerosol-generating procedures reported shortages of full-face visors and 13% reported shortages of FFP3 masks. It was also the experience of the Scottish

1 I've told the Inquiry already about the contact I had 2 from an A&E consultant on shift, who emailed me on shift 3 in the evening to tell me that he was in A&E and he did 4 not have the PPE that he needed. And upon 5 investigation, in real time, I discovered that he did, 6 but it had been put in a cupboard near A&E and nobody 7 had told him about that.

8 Q. Yes, I think that --

9 A. So -- so there was number of routes by which I was made 10 aware of these matters, and where we could, we sought to 11 address them as quickly as we could.

12 Q. And touching on that last point, addressing it as 13 quickly as you could, were you aware of the time lag 14 delay between the number of people contacting the 15 helpline and, first of all, that some people were not 16 being responded to, it would appear, and those that were 17 responded to, there was a very significant time lag?

A. So from the table that we saw earlier, the -- at the very start of establishing the helpline, there was a significant delay in responses, but that swiftly improved. So I was aware of a delay.

Again, that would come to me even before Mr Cackette conducted his review, because MSPs would be telling me about it or trade unions would be telling me about members who'd contacted and were still waiting on

Covid Bereaved themselves that there was no PPE available or PPE was being used against manufacturer's recommendation, including PPE not being changed between handling different patients.

Now, you've explained this morning the new system that was set up to meet the link between having sufficient PPE but not being able to get it distributed, and that appears to be where the link has fallen down. The question that I would like to ask was, were you aware at the time that doctors and people on the front line weren't receiving what they needed, and how did you find that information out?

13 A. Yeah. Thank you very much. So the answer is yes, I was. Not necessarily of every instance, but I was aware through two -- three principal routes, I think I'd say. First of all, the helpline, where people were phoning in and saying they didn't have what they needed, and Mr Dey's work on that to identify, as I said earlier, trends as opposed to one-off.

> Secondly, through both those surveys and our regular contact with the BMA and the RCN and RCM, but also Dr Macaskill of Scottish Care raising issues, and of trade unions.

But actually, there's a fourth route, and that is where individuals might email me directly, and I think

a response.

So the pace with which we set if it up in part explains the initial delay in responses to individuals. I'm well aware, though, if you're on shift and you don't have adequate PPE, then that doesn't really help you. All I would say is, as soon as we were aware of delays and what we could do to improve them, then we acted to try and make those improvements and be better at responding.

10 Q. I wonder if I might then move on to the issue of 11 distribution.

12 **A**.

Q. This has already been touched on by my learned friend, who I think we've been given very similar grants for questions, but if I might be permitted a follow-up question, our question had been: the bereaved were aware of complaints that suppliers in England were instructed to prioritise English NHS settings over Scottish ones, and they understood that this caused you concern. And that's obviously something that we have just touched on. You've said that those were addressed in a meeting, and you made it clear that you were aware this was happening and ought to stop.

My question was to you: who did you raise those concerns with? We now know that that was direct with 36

the Health Minister for the UK, Mr Hancock. How were they resolved? Ie once you'd said, "We know this is happening, can it be stopped?", did you follow it up and did you get a response that it was being stopped?

- A. So I never received a formal response, if you like. If I'm completely frank, I never expected one. All I cared about was that you now know that we know, so can you stop it. And the follow-up was that, to the best of my knowledge, in looking to double-check whether that still appeared to be the case, through NSS and by other means, it appeared to have stopped.
- 12 Q. And by that, do you mean you appeared to be getting in
   13 more PPE from suppliers that you hadn't been before?
   14 A. So it appeared that suppliers were not being advised to
- prioritise one nation over another, and that in terms of our -- of the UK's embassies abroad which of course are there to represent all four nations of the UK, then the obvious approach that they had been taking was stopped.
- 19 Q. Moving on, we heard what you said in your evidence about
   20 not being gazumped, and I want to ask you a little
   21 around the purchasing of PPE by Scotland and by the UK,
   22 and how they interacted with one another.

There was, at the UK level, obviously a scheme for the centralised ordering and distribution of PPE, and we heard also, you've explained, that Scotland participated

to procure for Scotland. My view is we were using, NSS was using, long-established suppliers and relationships with those suppliers, and most obviously using its long-standing relationship leverage with those suppliers to remind them that if they -- I can't think of another way of putting it, excuse me -- if they dumped us in favour of somebody else, then there would be a time when the pandemic was no longer here, and they might not be able to get that supply route back to Scotland, if that is how they had behaved.

Relationships operate on trust and good behaviour.

So I never felt, and I was never made aware, that there was the kind of competition that your question might suggest we were worrying about because we had this body called NSS that had worked for a long time, plus we took steps to create our own domestic supply route, which was a preventative measure against such a thing.

Q. Indeed. Forgive me, sorry. I understand about the supply itself, and the 80%. Really, what I was wondering was, we've heard lots of evidence that the PPE

market became very hot and very unstable, and the prices

- 23 A. Mm-hm.
- Q. What I wanted to know was, was there any specific
   engagement with the UK Government to say, "Look, let's

were just going up and up and up.

in mutual aid but maintained its own supply and distribution routes.

There has been a concern raised in some of the documents that have been seen that if the various administrations were bidding on the same PPE, particularly from China, the UK would effectively be bidding against itself, ie, Scotland might be bidding for something that the UK was bidding for and we were all trying to get the same PPE. Were you made aware of these concerns, and if so, what was done to address them?

A. So in order to answer that, I need to briefly remind all of us of the different nature of the NHS between Scotland and England. So pre-pandemic, the NHS in England operates on the basis of individual trusts which are standalone entities. And so each of those, individually, would be looking to procure its PPE in normal times. The UK exercise was for a pandemic stockpile. In Scotland, NSS was -- we don't have trusts, we have boards -- NSS was procuring for all of them. So in a competition, if you like, NSS's volume of demand would inevitably always be greater than an individual trust's.

In a pandemic situation, then the UK procurement is looking to procure for four nations, Scotland is looking

make sure that if Scotland is looking for something or the NSS is looking for something or the UK is looking for something, we're not actually bidding against ourselves"? And if not, would that have been a good idea?

A. So I can't answer that question except to say that I did not engage in those discussions. Whether NSS was having comparable discussions like that with their counterparts south of the border, I don't know, but I'm sure they'll be able to -- they would be able to answer that. There certainly had always been exchange of information and collaboration, and as I'd said to a colleague earlier, that I think is something that is valuable and should continue

15 DR MITCHELL: I'm obliged.

My Lady, those are my questions.

17 LADY HALLETT: Thank you very much Ms Mitchell, very18 grateful.

Can I, just before Mr Thomas asks a couple of questions, could I just go back to the suggestion that suppliers in England were being told to prioritise England over other nations in the United Kingdom. Did you have reports of that or did you have any evidence to discover whether or not it actually was happening? I appreciate people may report many things but when you

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1 look at the evidence you find that your one report 2 wasn't based on evidence and it then got repeated. 3 Did you have evidence or was it merely reports that 4 you had?

A. It was reports, my Lady, and it was on the basis of that that I raised it with Mr Hancock. It wasn't an assertion as an absolute fact with him; it was simply, you know, "I have had these reports, and that's a worry, so can we make sure it doesn't -- it's not happening."

10 LADY HALLETT: As I thought. Thank you very much, 11

Ms Freeman. Now Mr Thomas.

## Questions from PROFESSOR THOMAS KC

PROFESSOR THOMAS: Good morning, Ms Freeman. I'm representing FEMHO, the Federation of Ethnic Minority Healthcare Organisations. I've two topics to raise with you. You've touched upon them already this morning, but if I can just delve a little bit deeper into them.

Ms Freeman, I'm sure you'll agree that the importance of procurement of suitable PPE for all healthcare workers cannot be overstated, particularly those from black, Asian, and minority ethnic healthcare workers, who, as we know, faced specific challenges with standard PPE.

In your statement at paragraph 208, INQ000493484, we don't need to call it up, you discuss the procurement of

staff in one of our larger health boards that resulted 2 in a change to guidance that then introduced an improved 3 risk reduction framework.

4 Q. Thank you. I think you've answered one of my questions, 5 which was: did risk assessments outcomes feed into these 6 considerations?

7 A. Yes.

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8 Q. And you'd say yes?

9 A. Yes.

Q. Just one small question just to piggyback: when was all 10 11 of this done?

So this was -- the report I'm looking at is May, 12 Α. 13 May 2020.

14 Q. Okay, thank you.

A. But there were earlier ones, but I think getting to 15 16 grips with what was needed and understanding the level 17 of requirement was earlier, but that's when some of 18 those specific actions took place.

19 Q. Thank you.

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I want to move on to my second and last topic. FEMHO, whom I represent, the organisation I represent, they very much want to look forward to improving future responses and ensuring that equality considerations are embedded in procurement processes. So with that in mind, just a moment ago you mentioned to Counsel to the

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a range of PPE sizing options to address the fit challenges expressed by some black, Asian, and minority ethnic individuals and women.

Question: can you help us with this, what measures were taken to ensure that these options effectively met the need of vulnerable minority health and social care workers on the front line?

8 So we had in Scotland a group representing the BAME 9 community and also involving the unions, of course, that 10 were advising us both on fit and also cultural 11 appropriateness of PPE and PPE guidance and 12 requirements, and we used their advice to inform through 13 our Chief Nursing Officer the various guidance on 14 infection prevention and control. But we were conscious 15 from the outset, I think, and I think I've made this 16 point, of the low level of data that we had about the 17 numbers we might be talking about, and the 18 appropriateness of what we were doing, and that was one 19 of the reasons, for example, that we advised all our 20 health boards to do individual risk assessments of their 21 staff, and also to -- I think we lowered the age in 22 terms of from 70 to 50 on the basis of data coming to

24 Q. I see.

us --

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25 -- from England, but also we did have feedback from BAME

1 Inquiry, Mr Stoate, of the importance of keeping fit 2 testing for FFP3 masks up to date, and ensuring that 3 it's adequate for an ethnically diverse population. 4 I have a couple of questions arising out of that, being 5 future looking.

6 Firstly, could you elaborate, please, on the 7 specific strategies or improvements that are being planned to enhance fit testing procedures? 8

A. I'm afraid I can't. I left government in 2021, in 9 10 May 2021, so I can't say exactly what government is 11 currently doing on that.

12 Q. Right.

13 But it certainly was something that, before I left, 14 people were very alert to.

15 Q. Right. Let me move on to my final area, then. What changes or actions do you consider necessary to ensure 16 17 that the duties under the Equalities Act and, in 18 particular, the Public Sector Equality Duty, are at the

19 forefront of procurement decision making and processes?

So I think my colleagues in NSS would say that they are 20 A. 21 very conscious of those duties and responsibilities, and 22 have those factored into the approach they take.

23 I think it is always wise, though, to ensure that you

24 constantly review your practice to be sure that that is

25 happening, so that would be one of the future things.

I also think it is a case, and it was clear, even during the pandemic, that the quality of our data needs to be improved so we understand -- there can be a temptation in Scotland, I think, if I'm completely frank, to say that this is an issue that we don't have much of, and I think that's (a) not correct, not accurate, and (b), it doesn't actually matter, in terms of whether you do or not. You should still be doing it.

So I think there was a heightened awareness of the impact of the virus on people from the BAME community themselves, but also, the risks of staff that were different from, and in some instances greater than, other staff in our health and social care workforce.

So there is a need, in my view, and I can't comment on whether government is undertaking this now or not, that's for government to answer, but there would be a need, in my view, to be sure that in your preparedness for any future pandemic, that you make sure that that is as much part of your preparedness as any other matter that you might be taking into account.

21 PROFESSOR THOMAS: Thank you.

22 My Lady, those are my questions.

23 LADY HALLETT: Thank you very much indeed, Mr Thomas.

Ms Freeman, thank you very much for your help.
I know we're imposing on you again for certainly one

long and dated 30 October 2024.

Are both of those statements true to the best of your knowledge and belief?

4 A. Yes, they are.

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5 Q. Thank you very much.

You have, like the previous witness, already given evidence to the Inquiry, including giving your professional background and experience, which I think included a variety of senior Health-related positions within the Scottish Government; is that right?

- 11 A. That's correct, yes.
- 12 Q. By way of very brief reintroduction, you are the chiefexecutive now of NHS Scotland?
- 14 A. I am, yes.

15 Q. And in that post, is this right, your role is to ensurethat Scottish ministers' strategy and policy is

17 implemented by NHS boards across Scotland?

18 A. Yes. What I should say is that NHS Scotland doesn't
19 exist as a legal entity, so my chief executive role
20 is -- very much reflects the way in which I work with
21 the chief executives of our health boards.

22 Q. Thank you for that clarification.

And additionally, you became the director general of Health and Social Care in January 2021 in Scotland; is that right?

1 more module, I've just seen a list of witnesses for the

2 Care module, but I'm really grateful to you.

3 I appreciate it's very demanding, assisting the Inquiry,

4 and thank you for your help.

5 THE WITNESS: Thank you very much, my Lady.

6 LADY HALLETT: I shall break now and return at 11.55.

7 (11.39 am)

(A short break)

9 (11.55 am)

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10 LADY HALLETT: Mr Stoate.

11 MR STOATE: Thank you, my Lady. May we please call

12 Caroline Lamb.

MS CAROLINE LAMB (affirmed)

14 Questions from COUNSEL TO THE INQUIRY

15 MR STOATE: Thank you, Ms Lamb. Would you please give the16 Inquiry your full name.

17 A. Yes, Caroline Sarah Lamb.

18 Q. Thank you. You've very helpfully provided, for the19 purposes of this module, two witness statements. First,

20 a corporate witness statement for the directorate of

21 Health and Social Care in Scotland. The reference is

22 INQ000498141. That's 194 pages long and dated

23 21 October 2024.

24 Secondly, a personal witness statement, the 25 reference for which is INQ000512475. That's 27 pages

1 A. That's correct. It's a combined post. So in

January 2021, I became director general for Health and

3 Social Care for Scottish Government and chief executive

4 of NHS Scotland.

5 Q. You remain in that post now, do you?

6 A. I do, yes.

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7 **Q.** And in this role, is this right, you're responsible for

all the directorates that constitute the Health and

9 Social Care portfolio, and are the principal adviser to

10 Scottish ministers on matters relating to health and

11 social care?

12 A. That's correct.

13 Q. Thank you very much. You also say you're the

14 accountable officer for the Health and Social Care

15 portfolio budget; is that correct?

16 A. That's correct.

17 Q. Thank you.

Starting, please, with some questions about the procurement of PPE. The Inquiry is, of course, aware that health and social care in Scotland is a devolved matter to the Scottish Parliament; yes?

22 **A.** Yep.

Q. And it's the Scottish Government that sets nationaloutcomes and priorities for health and social care,

outcomes and phonties for health and social care,

approves plans within each territorial NHS board, and

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		UK Co	ovid-19 Inquiry	
1		manages the performance of those boards; is that right?	1	in relation to an inf
2	A.	That's correct, yes.	2	supplies for day to
3	Q.	But specifically in relation to PPE, you say that during	3	Then you say
4		the early Covid-19 response it was the Health Emergency,	4	"However, the
5		Preparedness Resilience and Response Division, or EPRR,	5	the PPE items with
6		that was involved in the initial stages of supply and	6	stock going out of
7		procurement of PPE to NHS Scotland?	7	before use."
8	A.	So the EPRR division were involved in working with NSS	8 <b>A</b>	A. That's correct, yes
9		around management of the pandemic stockpile. They	9	limited requiremen
10		didn't have any involvement in procurement or management	10	times. There was
11		of business-as-usual PPE; that's entirely a role for NSS	11	around FFP3 mas
12		National Services Scotland.	12	forward at a UK lev
13	Q.	So in terms of the stockpile, part of that work involved	13	stock and to ensur
14		developing principles of stock sharing with other	14	Without that, it wo
15		UK nations; is that right?	15 <b>C</b>	At the outset of the
16	A.	That's correct, yes.	16	concern in relation
17	Q.	And you say in your statement, you raise a particular	17	needing to be reva
18		issue in relation to the stockpile, this is your	18 <b>A</b>	A. I think we were con
19		paragraph 198. I'll just put this to you and ask for	19	place to revalidate
20		your comment, please.	20	that we were not g
21		"From the outset of the Covid-19 pandemic, there	21	using stock that wa
22		were substantial stockpiles of PPE held on a four	22	I think, from m
23		nations basis."	23	stock that was rev
24		As we've heard with Ms Freeman:	24	then failed a five-v

1 the stock.

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3 perspective, what are the key lessons learned in 4 relation to the management of that stockpile, looking 5 forward to any future pandemic? 6 A. So I think probably the -- maybe the key lesson is that 7 the quantities in the stockpile were based on an 8 assumption of a single-wave pandemic flu, and clearly 9 what we were faced with required much more significant 10 stock, so the stock that we're holding now has been increased substantially to reflect 12 weeks' usage at 11 12 the sort of levels we experienced through the pandemic.

Q. Before we move on from the stockpile, from your

"These were based on a modelled provision required

13 Q. Thank you. You say that in February 2020, the EPRR 14 began discussions with NHS to procure additional volumes 15 of FFP3 respirators. You talk about there being 16 a balance. It's a balance we've heard before but I'd 17 like to get your perspective on it, please, and that's 18 a balance of the relative risks between potential 19 overspending on this necessary kit against its 20 availability for the NHS response and the perceived 21 level of threat from Covid-19.

> From your perspective and from Scotland's perspective, if you will, where did the balance fall in terms of that?

A. So I think when we were moving into January and then fluenza pandemic and supplemented by day NHS usage."

this:

ere was limited opportunity to rotate hin the stockpile, resulting in some date and having to be revalidated

, because there was, you know, nt for some items in non-pandemic a requirement, I think, particularly ks, and that was work that was taken vel to -- and essentially to test that re that it was still fit for use.

uldn't have been revalidated.

e pandemic, what was the level of to stock having gone out of date and alidated?

mfortable with the process that was in the stock, and we were very clear joing to in any way accept any risk in as not revalidated.

> nemory, there was some element of the alidated initially for three years but then failed a five-year test, so we decide we weren't going to deploy that. It was quite a small element of

1 February 2020, the balance was clearly around ensuring 2 that we had the supply to be able to provide appropriate and adequate PPE to the NHS and, indeed, beyond the NHS 3 4 in Scotland, so that, you know, that was clearly the 5 position that we were in -- that we were in then. And 6 I think that's evidenced by the fact that, actually,

7 Scotland committed funding to buy PPE in advance of 8 having any certainty of receiving or being reimbursed 9 for that funding from HMT.

10 Q. So as far as Scotland was concerned, it was 11 a procurement at risk?

12 **A**.

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13 Q. I want to ask you, then, since you've moved to HMT, if 14 I may, about the particular aspect of PPE procurement 15 that relates to the four nations joint working. You've 16 already said that in the initial stage of the pandemic, 17 the Emergency Preparedness Resilience and Response Unit

18 worked to develop principles of stock sharing. Was

there also work with the other devolved administrations? 19

20 Yes, that's correct. Yes.

21 Q. And how extensive was that work or was it more focused 22 on the national?

23 A. So I think throughout the pandemic we sought to continue 24 to engage and collaborate with all four nations, so we 25 sought to all work together in a number of areas not

- 1 just around the pandemic stockpile, but also around
- 2 things like data and use of data for modelling purposes,
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- 4 Q. You say in your statement that there was cooperation on
- 5 the procurement and distribution of PPE as part of the
- 6 Four Nations PPE Plan which first launched on
- 10 April 2020. 7
- 8 A. Yeah.
- 9 Q. What were the key features of that plan?
- 10 A. I think the key features of that plan was around
- cooperation and collaboration between the four nations. 11
- 12 You note, as well, that the four nations health Q.
- 13 ministers met regularly to discuss the pandemic, as
- 14 might be expected, from --
- 15 A. Yeah.
- 16 Q. -- 20 April. You say there were some 43 meetings
- 17 between those ministers between April 2020 and
- January 2022. And in addition, you say that there was 18
- 19 significant engagement done via the Strategic PPE Four
- 20 Nations Board. What was that, please?
- 21 A. Yes, so that was the grouping that was set up to oversee
- 22 a, sort of, four nations approach to PPE.
- 23 Q. Who was that chaired by?
- 24 A. That was chaired by the Department of Health and Social
- 25 Care.

- 1 accepting that the devolved authorities would have,
- 2 I think, absolutely appropriately, a need to look at
- 3 their own requirements, as well.
- 4 Q. You say that by April 2021, so moving --
- 5 A. Yeah.
- 6 Q. -- guite significantly on, one aspect of the board's
- 7 remit, this is the Strategic PPE Four Nations Board, one
- 8 aspect of its remit was to facilitate, you say, UK-wide
- 9 PPE demand modelling, sharing information on each
- 10 country's stock positions, model requirements, and
- 11 planned procurement strategies. Up until that point,
- 12 what was your impression of UK-wide PPE demand
- modelling? Was it effective? 13
- 14 A. So I think, if I maybe split this into --
- 15 Q. Yes.
- A. -- two parts. So I think in Scotland, we had recognised 16
- 17 that we needed to have a much more robust approach to
- 18 modelling, including understanding what levels of stocks 19
- were held not just centrally but locally within boards,
- 20 and our modelling started off in the early days of the
- 21 pandemic based on anticipated numbers of cases, and then
- 22 moved to be based on staffing numbers, and then got more
- 23 sophisticated as we worked with our NHS boards,
- 24 particularly to understand the numbers of staff likely
- 25 to need FFP3 masks, for example. So, you know, the

- Q. And did the Scottish Government and other devolved 1
- 2 government officials attend that?
- 3 Yes A.
- 4 Q. And contribute to it?
- 5 A. Yes
- 6 Q. You say that there was a protocol initially drawn up to
- 7 formalise agreement on the way in which the UK-procured
- 8 pandemic stock would be distributed as part of the
- 9 Covid-19 response; is that right?
- 10 A. Yes.
- 11 Q. The first protocol was drawn up to meet urgent temporary
- 12 needs. That might be obvious as to why that was.
- 13 **A**. Yes.
- 14 Q. And how did that develop?
- 15 A. So I think that developed with a view to move to clarify
- 16 the arrangements and I suppose, particularly, around
- 17 concerns that the Scotland, along with the other
- 18 devolved nations, needed to be able to be clearly in
- 19 a position to be able to procure our own PPE through our
- 20 established routes and also to understand how the
- 21 funding was going to flow for that. So that was one
- 22 aspect. And I think the other aspect was around
- 23 actually, you know, agreeing that overall governance and
- 24 agreeing the approach and agreeing that there could be
- 25 both a sort of collaborative approach whilst also

range of services that were being offered and what the

So our approach got more and more sophisticated and

- 2 particular PPE requirements would be.
- 4 I think that was handed over to NSS from about
- 5 August 2020, to actually really provide full visibility
- 6 across Scotland in terms of what we expected on demand,
- 7 what the supply lines looked like, when we were
- 8 expecting delivery, so that people could see what was 9 happening.
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- At a UK level, I think that was more challenging. We didn't really have visibility of what the UK level 11
- 12 pipeline looked like, when deliveries would be expected,
- 13 and I think it was only really after about February 2021
- 14 and probably in line with that protocol finally being
- 15 agreed and signed, that there was clear agreement that
- 16 there would be -- we would share that visibility of
- 17 approach across all four nations.
- 18 Yes. You say it was -- by the time of that protocol --19 can we just look at it briefly, please.
  - It's INQ000242496. Thank you.
- 21 This is the front page of the protocol. If we could 22 go to the third page, can we see there about a third of 23 the way down a note that says:
  - "The UK Government and Devolved Administrations agree to ..."

And there's a whole series of propositions here: seeking value for money, collaboration on PPE sourcing and supply, collaborating on improved resilience, and it's this one here:

"share information on PPE stock, forward orders and shortage items to enable a UK-wide view of the current stock position and supply priorities to be taken."

Is that the concern you were suggesting there that was -- you said it was a challenge. Is this the resolution of that challenge?

- A. Yes, so this is the point at which we'd got to that 11 point of absolutely agreeing that that sharing of 12 13 information was appropriate.
- 14 Q. In fact you say in your statement, your paragraph 235, 15 that data sharing did in fact improve after the signing 16 of that protocol?
- 17 A. Correct, yes.

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- 18 Q. Did the fact that it took -- this is my suggestion, 19 agree or disagree with the suggestion that it took so 20 long -- that it took that length of time, did that have 21 any material impact, from your perspective -- and 22 appreciating you've got a slightly different role to
- 23 NSS --24 A. Yes
- 25 -- but on the procurement, the modelling and thereafter

Are you familiar with this?

2 A. Yes.

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3 Q. Thank you.

> This relates, as we can see in the title there, to "International Procurement of Medical Supplies to Support a UK Wide Response to Covid-19". Again, dated 16 April. It says:

"Thank you to your officials for taking part in the 4 Nations Meeting on Thursday (09/04) to discuss international procurement efforts. As discussed on the call, UK Embassies have now been instructed to work on a single UK 'ask' on international procurement (which will include the needs of Scotland, Wales and Northern Ireland). A focused UK ask to other Governments, coordinated in advance, is the best way to obtain a supply of goods that can support the needs of the whole of the UK. The approach reflects the UK Government's wider commitment to a UK wide approach in our response to Covid-19.

"To enable maximum focus on procurement of supplies to be distributed UK-wide, the Joint Action Coordination Team (JACT) [which is said, brackets, in the Department for International Trade and FCO] have, on the advice of Ministers, advised the overseas network not to undertake additional work to support any new procurement 'asks'.

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the procurement of PPE in Scotland, this particular 1 2 challenge?

3 A. So I think that particular challenge was one of the 4 reasons why we were, I think, so -- it was very helpful to us that we had NSS, that they had -- that they were 5 6 a centre of excellence for procurement, that they had 7 well-established supply routes, and I think why Scottish 8 ministers took assurance of the fact that NSS were --9 had -- were developing a better and better understanding 10 and by August, I think that was pretty -- August 2020, 11 that was pretty sophisticated -- of what the position 12 was in Scotland and what was needed, and therefore I 13 don't think there was a material impact on the supply of 14 PPE to Scotland as a result of it taking so long to 15 agree those data sharing arrangements. But perhaps 16 things could have been improved if that had been in 17 place earlier, but I don't think there was a material 18 impact because we had NSS doing the work for us.

19 Q. That's very helpful. Thank you.

> I want to look at one other challenge, I think I can describe it in that way, in relation to four nations working. And this is a letter from Sir Chris Wormwald to the permanent secretaries of the devolved administrations on 16 April 2020.

Could we have up on screen, please, INQ000496582.

1 However, they stand ready to support any existing orders 2 that have already been placed."

3 First of all, this came to your attention, did it 4 around that time? 5 A. So it didn't come to my attention around -- at that time

6 because I wasn't in the role that I'm in now, and I was 7 actually busily working on trying to procure ventilators 8 at this point.

Q. To which we'll come later. 9

10 A. But clearly I'm aware of it now.

Q. You're aware of it now? 11

12 A. Yes.

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13 Q. All right. In terms of what it says, it talks about the 14 approach reflects the UK Government's wider commitment 15 to the UK approach, and that being the best approach.

16 A. Yeah.

17 Q. How was that received, looking back now?

18 A. So I think, looking back, I mean, I don't think that was 19 appropriate in that the overseas networks absolutely are there to provide support to the devolved nations within 20 21 the UK. Procurement, that's health procurement, are 22 devolved matters, and I think it was -- it wasn't for 23 the UK -- sorry, it wasn't for England to decide

24 unilaterally, effectively, that those mechanisms should

25 not be available to Scotland.

1		I should maybe add that we had in Scotland
2		Scottish Enterprise and others who worked with us in
3		terms of I suppose, particularly where there were
4		where NSS were considering new suppliers from overseas,
5		Scottish Enterprise provided a sort of valuable
6		on-the-ground checking process to confirm the ability of
7		those suppliers to actually provide supplies, but
8		I don't think this was an appropriate way to deal with
9		those that any sort of four nations response.
10	Q.	You say that, on 21 April, Ms Freeman, as Cabinet
11		Secretary, wrote to the Secretary of State for Health,
12		the UK Secretary of State for Health, raising concerns
13		about that. Did she make that as far as you're
14		aware, did she make that view clear?
15	A.	Absolutely, yes.
16	Q.	Can you tell us then how that aspect was resolved?
17	A.	So I think in terms of that aspect being resolved,
18		I think it was clear that those overseas networks should
19		be available to the devolved authorities, but also as
20		I've said, we also had our own connections through
21		Scottish Enterprise that NSS were able to make use of

Q. You also say in your statement that this resulted in the
 devolved administrations -- focusing on Scotland here,
 obviously -- incurring significant costs to secure the
 sufficient PPE to protect frontline workers?

Another challenge that you raise in your statement,

resolved and see what it might tell us for future

working. You say this, your paragraph 224:

I want to ask you about this, and again see how that was

5 A. Yes, that's correct.

22 **Q**.

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Q. Can we look at, please, briefly at a document to which
 you refer and to which we've already referred earlier
 this morning, the Audit Scotland report on Covid-19 PPE
 dated June 2021.

It's INQ000108737.

I suspect you won't need familiarisation but there it is on the screen for you.

Can we look at page 4, please.

Can we see the bottom left-hand box. The statistics provided here are under the heading "£340 million":

"NHS NSS awarded new PPE contract using emergency procurement procedures.

"• 78 contracts worth £340 million were awarded to companies providing PPE between March 2020 and June 2021.

"• 29 of these contracts, worth £98 million, were awarded to new suppliers with no competition."

Can I ask you, then, the significant costs which you say were incurred as a result of that limited PPE provision, are these the costs that you're talking about

1 "Early in the pandemic, the PPE being delivered to 2 the devolved administrations ... through ... UK wide 3 procurement was limited."

4 Is that right?

5 A. Yes, that's correct.

6 Q. To what degree do you say limited? Significantly so?

A. I would say -- well, reflecting on the fact that the
 majority of the PPE that was used in Scotland through
 the pandemic was procured by NSS, then that would imply

10 that the supply from the wider UK was limited, yes.

11 **Q.** You put it, if I may say, in these terms, quite starkly12 in your statement:

"The [devolved administrations] understood that DHSC
 could not guarantee that the UK [Government]-led ...
 procurement could meet the needs of the devolved
 qovernments at that time."

17 Is that right?

18 A. Yes, I think that's correct, yes. That is why we were19 working so hard with NSS, to support them.

Q. Did the situation mean that independent procurement of
 pandemic PPE by NSS went on to provide the majority
 of --

23 A. That's correct.

24 Q. So that's the direct reason, is it?

25 **A.** Yes.

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here?
 A. Yes, the second representation of the second representation.

A. Yes, these are the costs, and I think the concern was
 around the period in which the Scottish Government
 essentially didn't have any cover from the Treasury for
 the costs being incurred.

Q. So that was something that was being briefly discussedin the evidence of Ms Freeman.

8 A. Yeah.

9 Q. There was a concern, was there, about assurance for the10 covering of those costs?

11 A. Yes, I think that's correct, that the -- my

understanding is that HM Treasury had essentially viewed

13 its position as funding the Department of Health, and

14 there was some negotiation that needed to take place and

15 Ms Forbes from the Scottish ministers' perspective, was

primarily engaged in that, as were the other devolved

17 administrations finance ministers to ensure that

18 actually the devolved administrations had their

19 appropriate share of the funding that was being made

20 available for PPE, and that that was directed to them

21 rather than being directed to the Department of Health.

22 Q. I don't think we need to go back to it necessarily but

this was resolved, was it, by the protocol, that we looked at together, in the February of 2021?

25 A. It was actually -- I believe it was resolved earlier

1	than	the	protocol.
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- 2 Q. Right.
- 3 A. I believe it was agreed some time maybe July 2020 --
- 4 June/July 2020, that the funding issues were resolved,
- 5 yes
- 6 Q. I see. Thank you. That's helpful.
- So the funding issues themselves were resolved quitequickly?
- A. The funding issues were certainly resolved in advance of
   the protocol being finally agreed.
- 11 Q. That's very helpful, thank you.
- 12 The final issue, or challenge, if I may, as you
- 13 described them in your statement, around four nations
- 14 working, is around pricing.
- 15 A. Yeah.
- 16 Q. Your paragraph 236. You say:
- 17 "The 4 Nations Demand and Supply meetings showed the
- 18 PPE demand and supply position across the four nations.
- 19 One hurdle [that's your phrase] which arose in relation
- 20 to [that] ... was the pricing of PPE stock."
- 21 What was the hurdle you're describing?
- 22 A. So the hurdle there was that initially HM Treasury
- 23 wanted Scotland and the devolved administrations to pay,
- 24 based on the price that had been paid for the PPE rather
- 25 than the market value at the time that we were drawing
- 1 February '21 protocol. You also, in your statement,
- 2 talk about a DHSC PPE strategy which covered the four
- 3 nations. That was in September of 2020. You say that
- 4 was welcomed by the Scottish Government. Why was that
- 5 welcomed?
- 6 A. I think that was welcomed because it moved away from the
- 7 concept that the Department of Health would procure
- 8 everything on behalf of the four nations to a process
- 9 that was much more collaborative, and our experience, as
- 10 already outlined in my statement, was that the
- 11 Department of Health procurement process was not
- 12 providing Scotland with what it needed, and therefore we
- were absolutely, I think, very reassured to have in
- 14 place NSS, who were able to do that work for us -- which
- 15 also included providing mutual aid to both England and
- 16 Wales in May 2020.
- 17 Q. Yes. You say that the strategy in fact emphasised
- 18 mutual aid and cooperation?
- 19 A. Correct.
- 20 Q. To what extent was that mutual aid, as far as the
- 21 Scottish Government was aware, do you have any examples?
- 22 Do you have any sort of -- (overspeaking) --
- 23 A. So I know in May 2020 we provided, I think, 2 million
- 24 masks to England and, I think, 1.2 million to Wales or
- 25 thereabouts.

- 1 it down.
- 2 Q. So the UK Treasury requested payment or wanted agreement
- 3 to sell stock at cost price when that had been -- of PPE
- 4 when that had been bought at a time when market rates
- 5 were at a peak?
- 6 A. Yeah, that was correct, yeah.
- 7 Q. That was the concern, was it?
- 8 A. Yeah
- 9 Q. You say in your statement this:
- 10 "There was an eventual change to move this to market
- 11 value.

- How long did that take, do you know?
- 13 A. I'm sorry, I can't recall how long that took.
- 14 Q. You say this:
- 15 "If [a] decision had been made earlier, it may have
- 16 increased procurement from UK stocks."
- 17 **A.** Yes, yeah.
- 18 Q. Why do you say that?
- 19 A. Well, I guess if we had thought that we were getting
- a more competitive price compared to the prices that we
- 21 knew that NSS were able to access, then we may well
- 22 have -- it would have made it a more attractive
- 23 a proposition.
- 24 Q. I see. I want to, please, get your overall assessment.
- 25 You've talked about tangible improvements from the

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- 1 Q. And I think you say Wales in fact returned in kind soon
- 2 after?
- 3 A. They did, yes.
- 4 Q. So mutual aid was operating?
- 5 A. Absolutely, yes.
- 6 Q. And worked well?
- 7 A. Yes.
- 8 Q. Do you think, is there any sense in which that could or
- 9 should have happened sooner? These are examples pretty
- 10 early on, aren't they?
- 11 A. They are pretty early on. I mean, May was still -- it
- 12 was still in the period when, I think, everybody was
- 13 still working really hard to try to provide all the PPE
- 14 that they needed. So I think it worked as soon as --
- 15 certainly my impression from that would be that as soon
- as we had that comfort that we could provide what was
- 17 needed in Scotland, we were then, I think, very willing
- 18 to offer mutual aid to other UK four nations.
- 19 Q. So despite the challenges, there was clearly a desire20 and, in fact, a will to cooperate?
- 21 A. Absolutely, yes.
- 22 Q. What, then, is your overall assessment of the level of
- 23 effective cooperation between the four nations in
- 24 respect of the procurement of PPE, taking into account
- the challenges but also the better examples of

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1 collaboration and cooperation, as you've said.

2 A. Yes.

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3 Q. What's your assessment of the effectiveness, and looking 4 forward, what can we learn from it?

5 A. So I think that whilst it probably started off with good

intentions but being a bit tricky in practice,

particularly around data sharing and around that

insistence on the Department of Health sort of being in

the lead around procurement, I think the

10 relationships -- the relationships at an official level

11 were never bad but I think the ways of working together

improved, and what improved -- I think what particularly

drove that was that recognition that yes, collaboration

14 is great, but you need to be equal partners in that

collaboration, and that by working together, we were

16 able to, you know, to do more by accepting everybody's

roles, responsibilities, skills and expertise.

18 Zooming out from four nations and thinking more widely Q. 19 about lessons learned, from your perspective about the

20 procurement of PPE, the Inquiry is aware, of course, of

several reviews and exercises carried out in relation to

22 PPE and lessons learned. You say in your witness

23 statement that the key issues in those reports were

these: first, that the Scottish Government could have

25 been better prepared and should have acted fully on the

predictable, but as soon as that demand starts to go off

the scale you need to have other arrangements in place.

So you need to absolutely have in place both that

additional buffer stock but also the ability to surge up your supply quickly in order to meet demand.

6 Q. In the aftermath of the pandemic, you talk about the PPE

Futures Programme, which was, I think, superseded, is

this right, by something called the PPE Supply

9 Implementation Project, who took on some of this

10 lesson-learning work; is that right?

11 A. Yes, that's correct.

12 Q. Your paragraph 180 (sic), you talk about some of the key

lessons learned that they're taking forward and one is

14 in relation to this, the difficulties of traditional

just-in-time supplier routes and PPE stockpiling

16 arrangements, which you say here:

"... were not sufficient in pandemic circumstances.

A reformed stockpiling and buying approach for pandemic

19 PPE is required."

20 Is that work well underway? Where is it at?

21 A. Yes, that work is well underway in two respects. One is

22 in respect to the increase of the level, the absolute

23 level of the stockpile that we're holding, which is now,

I think, it's 12 weeks but at a level -- at the levels

25 that we -- of demand that we experienced. So it's 1 recommendations of preparedness exercises?

2 A. Yes, that's correct.

Q. Second, longer-term solutions for PPE supply to primary and social care should be implemented. And thirdly, new approaches to stockpiling and supply chain resilience

6 are required.

> You also note that the theme of one of the reviews is the fundamental inadequacy of the traditional just-in-time PPE supply system in the context of a pandemic like Covid-19.

11 Can you expand on that? What do you mean by that?

12 A. Yes, I think -- so I think we had moved in terms of the,

13 sort of, business-as-usual approach to -- just-in-time

14 is essentially you only buy what you -- you only buy 15

when you absolutely need it, and clearly in a pandemic,

16 I think (a) our stockpile wasn't big enough and --

17 Q. Scotland's or the UK's? Scotland's share of or the 18 whole of?

19 A. Scotland's share of the UK stockpile was not big enough

20 to cope with the pandemic, a pandemic of the nature of

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the one that we experienced. And I think the other 22

thing is that we didn't -- and we've worked hard now to 23 put in place surge capacity so that the just-in-time

24 approach, I think, particularly, may work fine as a sort

25 of business as usual when your demand is fairly

1 not -- it's no longer based on the previous sort of

2 planning around pandemic flu, it's much more based

3 around what we actually experienced. And also, and

4 maybe NSS are better placed to answer this around 5

working with suppliers around making sure that we've got 6 that ability to surge supply when we absolutely -- when

7 we absolutely need to.

8 Q. Can I take you, please, to the Professor Manners-Bell 9 conclusions --

10 Α. Yeah.

11 Q. -- INQ000474864, to get your perspective.

12 We've had obviously that of Ms Freeman, who may be, 13 inevitably, focused on the democratic considerations. 14 From your point of view, I'd like -- these paragraphs

15 here, in summary, Professor Manners-Bell is looking at 16 the issue of future PPE and healthcare equipment supply

chains in Scotland, and he's considering something you 17 18 mention: a government consultation exercise, undertaken

19 after the pandemic.

You're familiar with what I'm referring to?

21 A. Yes.

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22 Q. Professor Manners-Bell says this:

"Whether a Scotland-led solution helps a UK-wide pandemic response is not at all clear. It may be useful as part of a Four Nation approach that given an enhanced

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NSS role may positive more visibility on PPE and healthcare equipment demand to UK government crisis planners and present levels of fragmentation.

"However [he says], if the decision were taken by Scottish Government to deal with future pandemic needs on a unilateral process, with no sharing of data or PPE and healthcare equipment between nations, there would necessarily be consequences in terms of UK supply chain resilience."

And this is the bit I'd like to ask you about:

"Clearly [says Professor Manners-Bell] an optimal UK-wide solution should be developed which fits both 'business-as-usual' as well as pandemic needs for all Four Nations. Until that happens, [devolved administrations] will feel that they need to pursue their own strategies to ensure that they address the weaknesses of the systems established before the Covid-19 pandemic. Whilst these new national systems may be an improvement on what went on before, in my view, they will be sub-optimal in terms of procurement and supply and not necessarily resilient enough to cope with future pandemics."

From your experience, both from where you sit now, in your roles at the top of Health in Scotland, but also your pandemic experience, what's your view on what

- 1 intensive care.
- Q. We've heard quite a lot of evidence about quite how hotthe market got --
- 4 A. Yeah.

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- 5 Q. -- for that kind of equipment, a global supply chain
- 6 challenge. Is that your experience
- 7 of -- (overspeaking) --
- 8 A. Yes, that's correct, yes.
- Q. Yes. And one of the main challenges in Scotland that
   you note is, it might be thought something similar to
   the -- that we've heard in relation to England, and
   that's about the availability of information on the

that's about the availability of information on the number of ventilators in Scottish hospitals, which could

in fact provide the type of invasive ventilation at the

start of the pandemic that was thought to be so crucial.

What was the challenge there, please?

17 A. So the challenge there was that although at a Scotland 18 level we knew how many level 3 ICU beds we had, so we 19 knew the total quantum, we had far less -- in fact we 20 didn't have systematic visibility on the precise 21 locations and the precise types of equipment being used. 22 So in the early days of the pandemic there was a lot of 23 manual work, facilitated through the intensive care 24 networks and colleagues who were working with me as part

of that, as part of that team, to actually really 75

Professor Manners-Bell tell us.

A. So I think he's absolutely right, at paragraph 557,
 where he talks about an enhanced NSS role being really
 useful. In terms of that four nations approach, I do
 think that NSS have got a huge amount of expertise and
 also a huge understanding of the position in Scotland,
 with regards to demand as well.

In the second bit of this, where he talks about, you know, if we weren't going to share data, I can't imagine a circumstance where we would not be absolutely prepared to share data. I think my experience was that the challenges that were experienced were in the -- Scotland having visibility of UK data, rather than the other way round

15 Q. Thank you. I'm going to move briefly, please, to
 16 another aspect of procurement about which the Inquiry
 17 has heard some evidence, and I think in which you had
 18 some quite significant involvement, and that's the
 19 procurement of intensive care unit or ICU equipment.

- 20 A. That's correct.
- 21 **Q.** Am I right that your involvement was in fact quitesignificant?
- A. Yes, I was involved in leading our ICU resilience group,
   which was stood up to provide support to our boards and
   also support to NSS, who were involved in procuring for

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- 1 understand what we had at a more granular level.
- 2 Q. Can we bring up, please, INQ000495258, a paper from the
- 3 Scottish Clinical Leadership Fellowship Critical Care
- 4 support and resilience group. Sorry, forgive the
- 5 mouthful. It's Professor-- is it
- 6 Professor Gregory Ekatah?
- 7 A. I'm not sure he's a professor, but --
- 8 Q. -- forgive me.
- 9 A. -- he won't mind being called one.
- 10 Q. Forgive me for inadvertently promoting him. Somebody11 with whom you worked; is that right?
- 12 A. That's correct, yes.
- Q. All right. Can I see -- so this is about a key learning
   point he's talking here in respect of the procurement of
   ventilators. And he says:

"A key learning point is the need for a national medical equipment database to ensure [that] we are able to assess when needed the medical devices being used in NHS Boards. This is particularly important in terms of enabling National Procurement ..."

Pausing there, that's a part of NSS?

22 A. Yes, correct.

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- Q. We'll hear more about that later but just to filleveryone in.
  - "... National Procurement to move quickly with

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suppliers. Numerous manual surveys were undertaken by the Medical Physics leads at Board level to confirm the numbers."

Manual surveys, are we talking about literally walking around counting them?

- Α. Yes, I suspect -- so different boards will have different approaches locally, so some boards will have already had records. I think most boards already had records. However, there would need to be some work done to, sort of, check and data cleanse that to make sure they're absolutely up to date.
- 12 **Q**. Just moving on a little bit, where it says, "However" 13 down here:

"However, while Boards implemented this within a few days it took days to gather the data and intel needed to do this. The ventilators is also a good example, where if there had been a national database, we would have had all the information required to place the order on Day 1 of expansion ..."

Here we're talking about the first time it was realised a lot more ventilators were needed; is that right?

23 A. That's correct, yes.

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"... this would have resulted in orders being secured 24 25 and delivered 3 weeks earlier. In terms of costs alone,

- 1 wait to have that granular level of detail. 2 Q. In the next pandemic you'll want that data immediately,
- 3 won't you? 4 A. It would be much nicer to have that, yes.
- 5 Q. And, in fact, the recommendation for a medical equipment 6 management system, is that now in place?
- 7 A. Yes, it's been rolled out across all boards. I think
  - there's still some final checks to be done to it. My
- 9 understanding is it will be fully complete, I think, by
- 10 late -- summer of this year. 2025.
- 11 Q. One final aspect, please, of the exercise of procurement 12 of ventilators and that's about what models --
- 13 Α. Yeah.
- 14 Q. -- what type of ventilators were in fact procured and 15 supplied into the Scottish NHS.

We've heard a lot of evidence about the Ventilator Challenge. The Scottish Government didn't have a specific role in that, did it? That was a UK Government-led initiative.

- 20 A. That's correct, yes.
- 21 Q. As part of the UK Ventilator Challenge, we've heard 22 about lots of different attempts to scale up new 23 designs. Can you tell us, were any of those new designs 24 in fact taken on via the Ventilator Challenge route for 25 the NHS in Scotland?

with the order of over 900 ventilators there would have been significant cost savings with the cost of ventilators [as we've heard from others] increasing in price daily."

I don't know whether you're in a position to agree with the specifics of Gregory Ekatah's analysis here, but in terms of the general point, there isn't any data, you did it quickly, but it took enough time to significantly increase the costs. As a principle, do you agree with those observations?

So I'm not sure I do agree with those observations. I think if we had waited until we understood precisely what we had in every hospital setting and what make it was, how old it was, all that sort of stuff, then that might have been the case. But the fact is -- and I'm sure NSS colleagues can confirm this -- we didn't wait. So we knew how many ICU beds we had that were already equipped. We knew how many we wanted to get to, in terms of the capacity increase that we were aiming for. And colleagues in NSS took the approach of immediately acting to talk to trusted suppliers, Draeger is probably key amongst those, in terms of trying to identify with them what supply they could make available to us.

So the -- if you just -- if we had waited, then that might have been the case, but colleagues at NSS did not

1 A. Yes, I think we took one type, so it was the Penlon 2 ventilator, I think, and so we had a really 3 well-established -- maybe just to go back a step.

4 Q. Yes.

A. Our approach was, as far as possible, to try and procure ventilators that were of the same make that we were already using in Scotland, because we didn't want to be -- clinicians who were already under extreme stress to also need to deal with, you know, many, many 10 different types of equipment. We wanted them, as far as 11 possible, to be able to supply them with equipment with 12 which they were familiar.

> Where we were considering new types of equipment, then we had a process for, first of all, testing it, so to make sure that it worked as we would need it to and expect it to. So we had a group of clinicians and medical physicians who would work with new equipment coming into Scotland, and also then be able to provide support in relation to training, to use that. And certainly with the Penlon ventilator, I think our view of it was that it was appropriate as a back-up ventilator, but probably about the same level of effectiveness as some of the anaesthetic machines that we had already converted to be used as ventilators.

> > And, in fact, given that those anaesthetic machines

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- 1 were already familiar to clinicians, it was felt 2 preferable to be using those. 3 Q. To be fair to the overall picture you, in fact, say
- 4 ICU -- the procurement of ICU equipment in the 5 government stockpile was an area in which DHSC, the 6 devolved administrations and the Crown Dependencies
- 7 worked collaboratively right from the start, and you say 8
- the DHSC team worked diligently to ensure that ICU 9 equipment was identified and distributed directly to NHS
- 10 boards in Scotland.

A. That's correct, yes.

- Q. So there's no criticism here --12
- 13 A. No, no, no.

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- Q. -- it's just it's a difference of emphasis, isn't it? 14
- A. Absolutely, and actually, remembering that what is 15 16 needed to equip an ICU bed is not just a ventilator.
- 17 There's all sorts of accessories that are required as
- 18 well. And my recollection is that actually, in what we
- 19 were seeing coming through as being available to
- 20 Scotland from that UK procurement, we probably took
- 21 quite a lot of the accessories, and less of the
- 22 ventilators.
- 23 Q. That's very helpful.
- 24 Finally this, then: you talk about the lessons 25 learned exercises here being done through a short-life
- 1 Counsel to the Inquiry, you identified the domestic 2 stockpile for PPE at the moment in Scotland is now 3 12 weeks. And that's a lesson that you identify that 4 has come from the pandemic. Just so we can be clear, 5 does this short period avoid in its entirety the issue 6 of some PPE losing its age and efficacy? Is that a matter which is now -- we don't have to worry about?
- 7 8 A. I think we would continue to want to -- so the way in 9 which we manage the stockpile or NSS manage the 10 stockpile on our behalf is aimed at ensuring that we're 11 recycling, through that stockpile, so that we have to 12 worry less about things going out of date, but given 13 that the business-as-usual requirement for PPE is 14 significantly less than in pandemic times, that there 15 will inevitably be a limit to how much you can recycle 16 in that way, so it doesn't altogether avoid that piece of things potentially going out of date. 17
- Q. So that's being monitored. And just to be clear the 18 19 word "recycle", you're simply meaning that you're 20 cycling through the stock so that the first stock to 21 come in is the first to go out so you're not left with 22 old stock that's constantly sitting at the bottom of the 23 pile?
- 24 Yes, sorry. That's correct, yes.
- 25 Moving on. The Inquiry, again, has heard, and you've

1 working group.

2 A. Yeah.

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3 Q. And you say that one of the key recommendations of 4 a report done by that group in June of 2020 was this: minimising variation and limiting manufacturer of each 5 6 device to a maximum of two per board where possible, 7 thereby reducing the risk of human error and supporting 8 NHS boards' longer-term investment in replacement 9 programmes?

10 Is that a recommendation that, as far as you're 11 aware, has been implemented?

12 Yes, that's correct, we have been --since that Α. 13 recommendation I think there's been two reviews of the 14 stockpile and, indeed, the ventilators that boards hold 15 at board level in order to be able to double capacity as 16 required, and we have been incrementally moving towards 17 ensuring that there are no more than two makes.

MR STOATE: Thank you, my Lady. Those are my questions. 18 19 There are some from Core Participants.

20 LADY HALLETT: Thank you, Mr Stoate.

21 I think, Ms Mitchell, you're going first.

## Questions from DR MITCHELL KC

23 DR MITCHELL: Ms Lamb, I appear as instructed by Aamer Anwar 24 & Company on behalf of the Scottish Covid Bereaved. 25 In your evidence to my learned friend Mr Stoate,

been quoted some of it from my learned friend again, 2 Mr Stoate, from Professor John Manners-Bell about he 3 considers the way that Scotland had been dealing with 4 things is suboptimal. The Bereaved note also the 5 observations of Sarah Ashley of Baringa Management 6 Consulting. And what she says is that the devolved and 7 federated system in UK healthcare added problems, added 8 challenges in relation to procurement and distribution of key healthcare equipment, and we saw that in the 10 pandemic, we've heard evidence of it this morning, about 11 difficulties in procurement in Scotland.

> And as well as those challenges, we would be losing out on benefits, namely the ability to bulk buy as a single unit, thus avoiding any possibility of getting into competition with the rest of the UK.

Standing those factors, would there not be merit in having a single pandemic plan where a single pandemic and distribution plan was agreed between all countries still respecting the devolution settlement? A. So I think that the experience through the pandemic was

20 21 that that arrangement didn't serve us well, and that's 22 the reason why we used NSS so intensively in Scotland to 23 procure for us, because, you know, as I've set out in my 24 statement, we were not getting the PPE we needed through 25 that single UK approach.

Now, could that work differently in the future?

Potentially, that could work differently in the future, but that would need to be around a collaboration of equal partners and I think would need to bring all the data to the table, so certainly in Scotland we have substantially increased our data collection systems, so NSS have implemented a national inventory system that gives us much greater visibility around what's being held not just nationally but also locally.

And you've just heard what I was saying about medical equipment, but I think key to this is what was set out in that protocol around that data sharing across all four nations, and I think that actually, there is something about some of the lessons learned, as well, were around that level of anxiety, particularly in social care where, you know, people don't understand how much is available, and being able to communicate and communicate authoritatively because you're actually involved in understanding what's happening in procurement in your country is really important, I think.

Q. So do you believe that knowing the data would overcome these issues that are being identified, for example not bidding against one another in the next pandemic?
 A. So I don't see why you can't have the best of both

**A.** So I don't see why you can't have the best of both

Equality Duty, are at the forefront of procurement
 decisions and particularly when it comes to dealing with
 minority groups?

A. Yeah, thanks very much. I think that what became clear in the pandemic was that, you know, quite frankly, one size doesn't fit all, and that there was an issue for people from minority ethnic groups and also for women in terms of being able to be -- particularly the face fitting for FFP3 masks. I think we've already done quite a lot of work to try to address that. Certainly NSS have expanded the different types of FFP3 masks that they procure, so that there is a different range of fits available. And we also worked closely with Alpha Solway, a supplier in Scotland, to actually really understand that demographic in Scotland and demographic across health and social care and therefore what Scotlish needs are

But I think actually critical to this is not just having the supply but also ensuring that the people who are likely to need that supply, should we be hit by another pandemic, have been fit tested. And in advance of the pandemic, we did -- as part of our pre-pandemic planning, we had asked all NHS boards to ensure that their staff were appropriately fit tested, and I think the numbers have gone from something like 7,000 members

worlds, actually, and I think that's what the protocol was working towards in that where all four nations identify a requirement that can be better supplied by a collaborative procurement, then absolutely, I would think that was appropriate. But that would need to be agreed through, you know, through those mechanisms that were set out in the protocol.

DR MITCHELL: My Lady, those are my questions.

(Pause)

9 (Pause)
10 LADY HALLETT: Thank you very much. Sorry, Ms Mitchell,
11 I couldn't unmute myself.

Right, I think it's now Mr Thomas.

13 Questions from PROFESSOR THOMAS KC
 14 PROFESSOR THOMAS: Good afternoon, Ms Lamb. I represent
 15 FEMHO, the Federation of Ethnic Minority Healthcare

Organisations. I have one topic to discuss with you.
It shouldn't take too long.

Ms Lamb, as we look to the future to improve the procurement processes, understanding the principles of the Equality Act and, specifically, the Public Sector Equality Duty and how they were applied previously, could be an important lesson to be learned. So my questions are, firstly, what changes or actions do you consider necessary to ensure that the duties under the Equality Act 2010, and in particular the Public Sector

of staff fit tested pre-pandemic to something like 75,000 in -- by about 2023, I think. And I think that's something we need to continue to monitor, because it's not just about having the confidence that you've got supply that will meet people's needs; it's actually that people having that confidence that should they need to use that type of PPE, they've been fit tested for it, and they're comfortable that it will meet their needs.

PROFESSOR THOMAS: Thank you.

My Lady, those are my questions.

**LADY HALLETT:** Thank you very much indeed, Mr Thomas.

Ms Lamb, thank you very much indeed for your help,
yet again. And just like with Ms Freeman, I saw a list
this morning and I know this isn't the last time we're
going to be asking you to help us, so I'm really sorry
about the burden on you, I know you might have a huge
amount to do, but thank you very much for the help
you've given so far.

8 you've given so far.

**THE WITNESS:** That's quite all right. Thank you very much.

20 LADY HALLETT: And I shall return at 1.50. Thank you.

21 (12.51 pm)

22 (The Short Adjournment)

**(1.50 pm)** 

24 LADY HALLETT: Mr Stoate.

25 MR STOATE: Thank you, my Lady. Good afternoon. Our next

1		witness is Gordon Beattie. May he please be sworn.	1	Q.	And you are the current director of National Procurement
2	, .				at NHS National Services Scotland, a position which
3					you've held since 9 December 2019.
4	MR	STOATE: Good afternoon, Mr Beattie.	4	A.	That's correct.
5	A.	Good afternoon.	5	Q.	So, as you say, and for context, a role you took up just
6	Q.	Please give the Inquiry your full name.	6		a few weeks before
7	A.	Gordon Beattie.	7	A.	Yes.
8	Q.	Thank you. You've very helpfully provided the Inquiry	8	Q.	the pandemic hit in its fullness?
9		with a witness statement, the reference for which is	9	A.	That's correct.
10		INQ000521969. It's 132 pages long, dated	10	Q.	In terms of NSS, during the pandemic, National
11		21 October 2024. Is that statement true to the best of	11		Procurement was part of the Procurement, Commissioning
12		your knowledge and belief?	12		and Facilities strategic business unit at NSS; is that
13	A.	It is.	13		right?
14	Q.	Thank you very much.	14	A.	That's correct, yes.
15		By way of background, you tell us you've worked in	15	Q.	And in fact that changed in April 2023, did it, when it
16		NHS Scotland since 2001 in various procurement	16		became a separate business unit within NSS?
17		leadership roles; is that right?	17	A.	Yes, that's right.
18	A.	It is, yes.	18	Q.	Could you just give us a very brief we've heard from
19	Q.	You are a chartered member of the Institute of	19		other from others about your work today, but just give
20		Procurement and Supply.	20		us a very brief overview, please, of what NSS is, to
21	A.	Yes.	21		whom it's accountable, and what its ordinary work was
22	Q.	Prior to joining NHS National Services Scotland, you	22		prior to the pandemic?
23		were the head of procurement at an NHS health board in	23	A.	Yes, so NSS is a health board within Scotland. It's
24		Scotland.	24		our national health board that provides national
25	A.	I was.	25		services, including functions like my own, National
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1		Procurement, but also other functions like the Scottish	1		Procurement undertakes and which supported the Covid-19
2		National Blood Transfusion Service and NHS Scotland	2		response are and can I ask you for a brief
3		Assure. So these services are provided on	3		description of each: strategic sourcing; what's that?
4		a Scotland-wide basis to all of the health boards in	4	A.	So that's us, part of my team who put together national
5		Scotland and they're accountable to the ministers.	5		frameworks for common items used across the whole of the
6	Q.	At the start of the pandemic, NSS responded, is this	6		NHS in Scotland, everything from beds to food to
7		right, to a request from the Scottish Government to	7		medicines.
8		identify which of its services could be ramped up or	8	Q.	Supply chain management and operational logistics,
9		stood down?	9		what's that?
10	A.	That's correct.	10	A.	Yes, so we're the only public sector body in Scotland
11	Q.	And, perhaps for obvious reasons, National Procurement	11		who've got a logistics function, so a large warehouse
12		was determined to be essential to the focus of	12		distribution function. And supply chain is the ordering
13		Scotland's effort in response to the pandemic?	13		and supply of products coming in through various supply
14	A.	Correct, yes.	14		chains in to ourselves that then we can distribute out
15	Q.	NSS functions and responsibilities in relation to the	15		to the hospitals in Scotland.
16		procurement of key healthcare and equipment supplies, is	16	Q.	The last two, contract management and quality assurance
17		this right, included PPE, ventilators, oxygen,	17		might be more self-explanatory.
18		lateral flow devices and PCR tests in Scotland? And all	18	A.	Yeah, so contract management is when we've awarded the
19		of that was supported, as you say, by the National	19		contract, so our role is of managing those contracts,
20		Procurement Directorate?	20		helping with any issues that arise and continuing to
21	A.	Not the lateral flow tests, they were produced on	21		engage with our key suppliers and continuous
22		a UK-wide basis, but some of the PCR testing was	22		improvement. Quality assurance is if things aren't

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procured from -- ourselves.

Very briefly, the core functions which National

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Q. Thank you very much.

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going well, if there's products quality issues, we'll

25 Q. Yes. We may come on to look at the quality assurance

help resolve those problems.

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Q. -- in respect of a couple of examples later.

Can we start, please, by just looking briefly at NSS's role in relation to the PPE stockpile:

"One of the services [that] the Scottish Government commissioned National Procurement to provide was [what you call] a Pandemic Stock Management Service."

What was that, and what did that mean in relation to how the PIPP stockpile became available once the pandemic arrived?

12 Yeah, I think it's important to say that we were A. 13 managing Scotland's share of the UK stockpile. So PIPP 14 UK stock was procured by the Department of Health and 15 Social Care, the demand, volumes, et cetera, were set by 16 the Department of Health and Social Care, and Scotland 17 got a proportional share of that which the Scottish 18 Government asked my team, NSS and National Procurement, 19 to put together the way to hold the stock so we had the 20 warehouse capacity to hold that in and our role was to 21 distribute that in the event of a pandemic.

22 Q. You, Scotland, had an 8.2% share is that right, the23 Barnett --

24 A. Approximately that, I believe.

25 **Q.** And so your job was to manage that part of the national 93

1 Can you expand on that? What do you mean by that? 2 A. Well, I guess a good example would be in terms of FFP3 3 stocks. So there was a replenishment order with 4 a French company; it was due to come in, Scotland was 5 due to get 640,000 FFP3 respirators and France cancelled 6 the order. As far as I was -- that was how it was 7 described to me. So that prevented that replenishment 8 coming in, but it wasn't just France. Germany shut 9 their borders, Taiwan shut their borders, the exports 10 from China were restricted. All over the world, things 11 were changing that we never ever expected to happen. So 12 I don't think that we could really have envisaged 13 happening, it's never happened before and I hope it 14 never happens again. So that ultimately led to the 15 failure of that strategy.

16 Q. We heard last week from Mr Hancock, the UK
 17 Health Secretary, that concerns were emerging about the
 18 UK stockpile in January. We heard this morning from
 19 Ms Freeman that NSS had a sort of procurement
 20 intelligence about things that were changing. Is this

21 French example one of those, where you can see something

really significant happening based on the procurement

23 activity?

24 A. Yeah, yeah.

25~  $\,$   $\,$  Q.  $\,$  Did you, Mr Beattie, have concerns before the pandemic,

1 stock?

2 A. To hold that stock, really.

3 Q. To hold it?

A. For example, revalidation of stock would have been
 carried out by the Department of Health and Social Care,
 we would have provided the means for the stock to be
 revalidated and to put it back into storage.

Q. You make this point about revalidation in your statement
 at paragraph 92, I'm just going to read it to you and
 ask for your reflection, if I may. You say this:

"Guidance from the UK was that stocks were being revalidated by the manufacturers and additional supply would be delivered based on the UK pandemic stock strategy of 'Just in Time'."

15 A. Yeah.

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Q. "Just in Time allowed for an 8-week stock pandemic
 holding across the UK based on demand modelling by DHSC
 with replenishment orders triggered in the event of
 a pandemic."

20 Then this:

21 "The nature of the worldwide pandemic, the collapse 22 of international supply chains and the restrictions on 23 cross-border international trade meant that the UK 24 strategy ultimately failed."

25 **A.** Yes.

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January or February or any other time, about whether the UK strategy to replenish the stockpile, to use your phrase, would fail?

A. I don't think so at that point, because it wasn't until European countries started shutting their borders that it became evident there was something really different happening that we'd never experienced before in anybody's lifetime. So not really, no.

Q. Looking forward, do you think just-in-time contracts are a reliable system in a global health emergency?

A. I think when you look at the two expert reports, they talk about two different things: one having frameworks with multiple suppliers in it, so that's what we were putting in place, and the other was talking about having long-term strategic relationships with suppliers, and that's a bit more tricky, because in a world where you have to do public procurement tendering, having long-term strategic relationships are a bit more difficult to keep in place.

difficult to keep in place.
Q. Thank you. I want to look at some of the changes to
NSS's work then during the pandemic, as it hit from
March 2020 onwards. During the pandemic you say that
NSS supported procurement and distribution relating to
inventory management and led on implementing a new
national inventory management system across all health

- boards to procure pandemic stock. How did that work?
- 2 What was the impact of that and what, was it?
- 3 A. Yeah, so at the very beginning when we had low stocks,
- 4 we were trying to build our stocks up, we were trying to
- 5 distribute stocks out to where they were needed in
- 6 hospitals and in the healthcare sector, we didn't -- we
- 7 knew what we had nationally, because we had good
- 8 national stock systems, but the systems we were having
- 9 at the hospitals were a top-up system. So it kind of
- told you "You should have 20", you go along and you
- 11 count eight, and it gives you another 12, but it doesn't
- tell you how much you've actually got.

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quite critical.

- So we had to rely on manual stock counts or our colleagues -- we worked very closely as a community of procurement professionals across Scotland, so our colleagues in the health boards had to do manual stock counts and provide us with information of what they had on hand locally and then what did we have on hand nationally, and together we got a total value of stock and we focused on those kind of lines that were kind of
- So the inventory management system now gives us eyes on to actual stock levels across all of our hospitals, so it gives us much more visibility of stock.
- 25 **Q.** We heard from Ms Lamb this morning a little bit about

were trying to respond to the requirements of our

- 2 hospitals and trying to get a good sense of what was 3 going on across our hospitals, bringing that group 4 together that I chaired on a regular, very regular 5 basis, I think it was twice weekly, initially, gave us 6 all a sense of exactly where the hot spots were that we 7 were trying to respond to, and to -- you know, I think 8 it also built a camaraderie amongst everybody in terms 9 of being -- that kind of sharing of what our issues were 10 and suchlike, and indeed sharing between the hospitals,
- as well, so it was a really good mechanism to havejoined-up working.
- 13 Q. One that you'd recommend for the future, presumably it's14 embedded --
- 15 A. Oh totally, yeah.
- 16  $\,$  Q. In terms of PPE supply and demand modelling, you say
- that in the initial phase of the pandemic, due toadverse publicity being generated around roque
- adverse publicity being generated around roguesuppliers, the Chinese government introduced new export
- 20 licensing which effectively stopped the flow of PPE from
- 21 China until local licences had been issued. What was
- 21 China until local licences had been issued. What was
- 22 the -- it may be obvious but what was the impact of that
- 23 in terms of Scotland?
- 24 **A.** Yes, all these things were probably happening in the
- 25 first three to four weeks, it felt like quite a long

- 1 manual counting. Can I summarise it in this way: you
- got there in the end but it was time consuming?
- A. It was time consuming for our colleagues in the health
   boards, absolutely, they had to make sure that -- and
- 5 for the colleagues in the wards and departments who had
- 6 to do the counting and get the information back and all
- 7 that kind of stuff. So while stocks were tight over
- 8 those first few months, yeah, we had to rely on that.
- 9 Q. And time consuming can be very costly at a time of such10 a globally overheated market, can't it?
- 11 A. Time consuming in terms of the cost of people doing it,
- 12 I think what allowed us to (unclear) was better
- information in terms of where we had to plug gaps and
- 14 how we could allocate stocks. So we were able to much
- 15 more effectively distribute stock to where it was needed
- on our -- on a push basis rather than relying on people
- asking for it, and getting it in on a pull basis.
- 18 Q. Can we turn, please, to PPE again. At the start of
- 19 April 2020, National Procurement introduced a strategic
- 20 group, you say, of single points of contact --
- 21 A. Mm.
- 22 Q. -- to manage the supply, distribution and use of PPE.
- What did that mean in practice? What was the impact of
- 24 that?
- 25 **A.** Yeah, that was a really useful mechanism. So where we
- 1 time but, actually, when you look back, it was a very,
- 2 very condensed period of time until that was resolved.
- 3 And that was in some respects understandable that China
- 4 did not want to have rogue exports tarnishing their
- 5 reputation as a provider of medical equipment. So we
- 6 had to work very closely on the ground -- and luckily we
- 7 had our colleagues in Scottish Enterprise who were there
- 8 on the ground and they were able to help us engage with
- 9 factories and officials, et cetera, to make sure that we
- 10 had the right -- we were using the right companies that
- 11 had the right authority to export to the UK.
- 12 Q. In parallel with that, you've mentioned Scottish
- 13 Enterprise, there was work to establish locally-based
- 14 suppliers to manufacture PPE in Scotland?
- 15 A. Yes
- 16 Q. What's your assessment of the impact of that, please?
- 17 A. I think that transformed what we were doing. We were
- 18 heavily reliant on finding stock, as I said sourcing
- stock within a very, very difficult world market, and by
- 20 identifying suppliers who we knew, quite a lot of them,
- 21 because they were existing providers to the NHS, for
- different things, but we knew them, and we were able to
- support them and work with them to onshore production
- 24 back into Scotland and give them long-term commits,
- because we also had to give a long-term commit as people 100

were bringing on staff, they were bringing in equipment, they were bringing in raw materials, it wasn't just something we were buying for a couple of days, we were buying it for a number -- for a longer period of time.

And that was very successful and I think -- it's probably been mentioned elsewhere, I think we ended up getting about 88% of PPE was getting produced in

9 Q. You make this point:

> "No contracts awarded through the scheme with Scottish Enterprise failed as a result of non-performance [or] fraud ..."

13 A. Yes.

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- 14 Q. What does that tell us about the effectiveness? It may be obvious, but give us your take on it. 15
- 16 Sorry, repeat the question, sorry? Α.
- 17 Q. Of course. You talked about the work of Scottish 18 Enterprise --
- 19 A. Yes.
- 20 Q. -- and how they went about --
- 21 Α. Yes
- -- assisting in domestic manufacture? 22 Q.
- 23 A. Yes.
- 24 Q. You go on to say that:
- "No contracts awarded through [a] scheme with 25
- 1 were inundated with offers of supply from non-NSS 2 suppliers ..."
- 3 So not those trusted sources we've heard.
- 4 A. Yes.

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- 5 Q. Non-NSS suppliers. The use of the word "inundated", 6 potentially quite problematic?
- 7 A. Yes, so it was just I think everybody's mailboxes, we 8 were getting emails in from various well-meaning 9 individuals who could offer to source PPE on our -- on 10 our behalf or knew someone who could get PPE. And quite -- quite random offers of help, you know. And 11 12 they might come in to three or four emails and people 13 would pass them around, "Have you seen this? Have you 14 seen that?"

So that was, kind of, quite a lot of, you know -just uncoordinated, you know, requests -- or offers for help. And we were considering them, we were putting them through our normal, sort of, process. We had stood up staff from other parts of National Procurement, so we'd put on hold some of our national framework activity, and we'd allocated staff to help support this. So we had, like, a triage system in place and people were considering those things, making sure they had the information they needed to make decisions.

25 Do you think being inundated was the result of any call Q. 103

1 Scottish enterprise failed as a result of

2 non-performance [or] fraud ..."

- 3 A.
- 4 Q. And why was that? What can you tell us about the 5 lessons learnt from that seeming success?
- 6 **A.** I think there was a partnership between ourselves, as, 7
  - you know, the people who were used to procuring this
- 8 type of -- these items, and Scottish Enterprise and
- 9 a range of suppliers who -- certainly ones who we used
- 10 in Scotland who we knew and had previously contracted
- 11 with them. So it was a joint effort. Everybody was
- 12 facing the same direction, I think, trying to respond --
- 13 both as buyers and suppliers, trying to respond the best 14
- way we possibly could to address this national crisis. 15 Q. You did, of course, face the issue of unsolicited offers
- 16 of help?
- 17 A. Yes.
- 18 Q. No doubt many of them entirely well meaning?
- 19 I'm sure, yes.
- 20 Q. Of course, we've heard, the Inquiry has heard, lots of 21 evidence about the fast-moving and volatile nature of
- 22 the global PPE market, and about how quickly contracts
- 23 had to be -- decisions around contracts had to be made.
- 24 I put that context because you say this:
- 25 "At the start of the pandemic National Procurement
- 1 to arms by the Scottish Government or indeed the
- 2 **UK Government?**
- 3 **A.** I'm not actually sure about that. I'm trying to think
- 4 when that happen -- I think it was just generally,
- 5 because every single news article, every single
- 6 News at 6, every single News at 10, it was full of it.
- 7 PPE was the number one lead item on every news. It was
- 8 just in the public conscience and I think people were
- just trying their best to -- "Can we help?" 9
- 10 Q. To give a flavour, you say that the number of emails
- being received by various individuals across National 11
- 12 Procurement had the consequences of mailboxes reaching
- 13 their limit and being unable to be used for urgent work?
- 14 A. Yeah, so that -- I mean, we have a limit of how much we
- 15 could take in terms of emails, so these were coming 16
- in -- some of these were, you know, big attachments. 17 Some might send you an attachment that had a 10 --
- 18 10 megabit attachment or something on it. So things
- 19
- like that were coming in and causing issues.
- 20 Q. So you implemented something called the "Supplier Office 21 Portal"?
- 22 A. Yes.
- 23 Q. This was 17 April 2020 when it went live. Can you give 24 us brief description of what that is and what it tried
- 25 to do?

A. Yeah, so it's a standard piece of software we use
 that -- it's a system called ServiceNow, which allows
 you to do customer service interface. So you can go
 into a portal, it asks you certain questions, you fill
 the information in and it comes in a form that you can
 then look at and triage.

So we build a form that allowed anybody to be pointed towards that portal, fill in all the information they could give us, and we then could get that information, put it through the expert team, who could then triage that and decide whether they were valid or not.

- 13 Q. Did it then become, in effect, the single point of14 entry?
- 15 **A.** Yes.

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- 16 Q. To give us a flavour of the numbers, you say this:
- 17 "... 2,047 offers were received through the 18 portal ..."
- 19 Is that right?
- 20 A. Yeah.
- Q. Of which you say 436 were blank, 820 failed the
   checklist questions, and some 790 passed the checklist
- 23 questions but were deemed as to be not required by NSS?
- 24 A. Mm.

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25 **Q.** Is that right, that's the figures?

And then we were putting in place the contracts with our -- or suppliers we knew and some new suppliers, to cover that demand. Not just for the immediacy but for the next period of time.

And so by the time we came to the portal offers, these are your -- we had that in place. So we didn't need any more. We had already kind of covered our demand going forward.

- Q. Was there any deviation from normal -- NSS normal
   procurement processes and the handling of these
   unsolicited offers through the Supplier Office Portal?
- A. We tried to cover the normal process. So, who were the companies? What was their -- you know, what was their track record? Did they have the right quality assurance certification? Were they CE marked? Were they -- did they have their proper certificates of export and all that kind of stuff?

So, yeah, we tried to follow as close as we could do to a normal process.

- 20 Q. Turning to something else, NSS took on, you said, an21 expanded role in regulatory compliance?
- 22 **A.** Yeah, so I think that was probably particularly two 23 on -- there's a table in that particular part of my --
- 24 and there's two companies on there who made gowns for

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us. These are non-sterile surgical gowns, long-sleeved

- 1 A. Yeah
- 2 Q. And in fact only one unsolicited offer was progressed to 3 contract. What was that one?
- 4 A. Yeah, that was for face masks, I think, from ICL.
- The other ones, the 700-odd, they were passed on to other public bodies who might have needed access to PPE.
- 7 Q. All right. So you'd done an initial triage of it?
- 8 A. Yes
- 9 Q. Deemed them acceptable --
- 10 A. Yes.
- 11 Q. -- in terms of what they might be able to provide?
- 12 A. Yeah.
- 13 Q. NSS didn't need them, so they were passed on?
- 14 A. Yeah
- 15 Q. So we've gone from 2,000 to one.
- 16 **A.** Mm.
- 17 Q. What does that tell us about this process?
- 18 A. I think the key part of it was those first three or
- four weeks when we were left with this issue of how do
  we protect the frontline workers.

We were asked to also stand up our services to cover social care and unpaid carers, and we had created the modelling to show what the demand would be. And all of that was happening in the first -- you know, the first

25 couple of weeks.

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- gowns, that were used within aerosol-generating procedures, and we worked closely with them to help
- 3 design a gown that would work and a gown that could meet
- 4 the quality standards.
- Q. Presumably product development and regulatory compliancewould normally rest with -- solely with the supplier?
- 7 A. Yes, uh-huh.
- 8 Q. So why did NSS need to take on that expanded role?
- 9  $\,$  **A.** We were just trying to help at that point in time. We
- 10 had staff who knew what was required, they had -- they
- 11 were expert in buying sterile gowns, which is our normal
- gowns that we normally buy for surgical procedures, so
- they had a real deep understanding of what was required,
- and these -- these suppliers who were helping us hadn't
  done that before.
- 16 Q. Did it involve any engagement with regulatory agencies?
- 17 A. You know what, I can't -- I can't recall.
- 18 **Q.** You say in your statement there's some engagement with
  - British Safety Industry Federation and the Health and
- 20 Safety Executive to ensure that the products met the
- 21 appropriate standards?

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- 22 A. I assume that would have been done with my team,
- 23 yeah -- (overspeaking) --
- 24 Q. Right, but -- you may not be able to answer then, if
- 25 you're not sure, but what I want to ask was, is this now

- 1 something to be embedded for the future? Is this a role 2 in a future pandemic that NSS has the experience, and 3 has already engaged with other regulators, that, looking
- 4 forward, it could take on again? Would it wish to?
- 5 A. I think probably something we should learn a lesson from
- 6 and think about as we -- we move forward. I can't say
- 7 that we have embedded that at the moment, but it's
- 8 certainly something that the Inquiry could consider in
- 9 terms of being -- you know, being ready for the future.
- Q. 10 Clearly it was important that every item -- thinking
- 11 specifically of PPE -- met its international or 12 locally-agreed clinical standard?
- 13 A. Yes.

- 14 Q. You say in your statement, and this is the context that
  - I think it's important to give before I ask you about
- 16 a couple of more challenging aspects, couple of
- 17 challenging contracts, but you make this point very
- 18 clearly, that all of the PPE sourced by NSS met those
- 19 regulatory standards, was manufactured in accordance
- 20 with international standards, and held the necessary
- 21 certification including CE marking.
- 22 Yes
- 23 A. Yeah.
- 24 Q. Where there were quality issues raised, they were
- 25 managed through a quality assurance process, which you
- 1 Scotland?
- 2 A. Yes, that's right and Bunzl and Honeywell were really
- 3 helpful, I think, in terms of responding to our needs.
- 4 We know Bunzl, they're a well-known supplier to the
- 5 public sector, and Honeywell are a company who have got
- 6 a base in Scotland, as well, and they tried their best,
- 7 their very best, to provide us with a solution which 8
  - would meet our needs, which was to try and bring in more
- 9 FFP3 masks which at that point in time were one of the
- 10 critical supplies were trying to -- we were trying to
- 11 source for Scotland.
- 12 Q. So what were the issues that arose? I should say at the
- 13 outset, it's entirely right to say this, there's no
- 14 criticism implied at all -- (overspeaking) --
- Oh no, not at all -- (overspeaking) -- relationship with 15 Α. 16 them
- 17 Q. Yeah, absolutely, but looking at how you resolved any
- 18 issues, what was the issue that arose, and how did you
- 19 go about trying to resolve it?
- 20 A. Yeah, so when they were producing the product in
- 21 Tunisia -- and I think the first thing that came up was,
- 22 again, back to the export bans. The raw material that
- 23 was required to make the product in Tunisia came from
- 24 France and France rejected the request for an export
- 25 licence from France to Tunisia, so there was an initial

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- mentioned earlier? 1
- 2 A. Yes, uh-huh.
- 3 Before we turn to specifics, in very brief summary, what 4 was the quality assurance process?
- A. Yeah, so we're ISO9001 accredited within our national 5
- 6 logistics service so we have a standard quality
- 7 assurance regime, we have ways in which quality issues
- 8 can be fed back to us, we have a documented process that
- 9 tracks quality complaints, and we have a requirement to
- 10 manage those complaints through with the suppliers to
- 11 conclusion. So these are things that all are just
- 12 a standard part of our processes.
- 13 Q. I'm going to look at some -- two examples with you, of 14 when those types of issues, quality assurance issues,
- 15 were raised within contracts --
- 16 A. Mm.

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- 17 Q. -- and other issues, and look at how they were resolved,
- if I may. And the first is with Bunzl. On 18
- 19 29 March 2020, you say, after introduction by Scottish
- 20 Enterprise, a sole supply award was made to Bunzl
- 21 Healthcare for the provision of a large number of FFP3
- 22 respirators for a large contract value.
- 23 A. Yes, uh-huh.

was an issue.

- 24 Q. They were to be manufactured by Honeywell in Tunisia, is
- 25 that right, and then imported by Bunzl for use in

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problem of getting the raw material that was required to make the mask -- again, just a reflection on the state of the international supply market at that time, and political market, and political issues of people closing borders and all that kind of stuff, you know, so that

Honeywell tried to create a mask that we were looking for, we had all the standards, all the specifications they were working to. When we got the initial samples in, and we tried to do them, tried to do the fit testing with them, the fit testing results were pretty poor, so we weren't getting the level of pass rates we needed. The -- Honeywell, Bunzl, our own teams worked really close with the hospitals, we did lots of testing, we tried to do different approaches to it. Honeywell offered us different types of mask which we tried as well, but the none of them could really get us to the level of fit test pass rates that we needed, and so after a lot of effort, we decided to bring that to an end, and mutually decided to bring it to an end, and the contract was cancelled.

We retrieved our money back for what we had paid upfront, and then we had an amount, I think it was in my witness statement, an amount which was either given as stock value or as credit from Bunzl who provided the 3M

masks, which were the ones we were normally using.
Q. All right. I want to turn briefly to the fit testing issue that arose and look at, please, INQ000483631, starting on page 2. An email chain between NHS Scotland and in fact yourself, we can see.

If we could look up a little bit, please, to the email beginning "Info agreed to purchase the Bunzl Honeywell FFP3, I'll do paperwork Monday."

Yeah?

Then if we go up again, please, over the page to the bottom of page 1, this is an email from a colleague of yours at NHS National Services Scotland to you and another colleague.

14 A. Mm.

Q. "Hi, I'm a bit torn on this [is what it says], while I'm delighted that we've met one part of the sourcing brief, ie, to get large repeatable volume, the flip side is that this product is not in use at all in hospitals, instead, of fit testing less than 50% of staff, we will now be asking for near 100% testing, which means there will be an enormous burden on health boards to fit test these masks. I'd liken it [says the writer] to asking clinical staff to remove every handwashing dispenser screwed to the wall and replace with a new unit from a different supplier within a period of 2-3 weeks.

manufacturer, model number of an FFP3, it needs to be fit tested. So this was an inevitability of moving to an alternative supply of FFP3. In fact, at this same time, I see it is 29 March, at this same time, the national stockpile of -- this is the UK national stockpile, we had something like 2.6 million FFP3s that were out of date in that stockpile. 1.7 million had recently expired, ie, 2019, and that was a stockpile that was being revalidated by the Department of Health and Social Care colleagues, and they were a particular type of mask that had been fit tested for some of our staff. So some of our staff were being fit tested for these, they're called 1863 3M masks. So yeah, these themselves were having to be fit tested and all through the pandemic as masks changed, because the 1863 were now a manufactured mask that was no longer made, every time an FFP3 changed, you had to fit test people to them.

So I think it's a valid point but it would -- it's the same, no matter which range of masks you move from, which you inevitably had to, because the stockpiled masks were going to be different as you move forward.

22 Q. Thank you.

Just to complete the picture, you say in your statement about PPE deliveries generally that most of the time any delays were a few days to two weeks, with

"Add this to the demand on testing consumables (also tight on supply), then we just may be about to create another massive bottleneck.

"This email is not to be critical of anyone's efforts but just meant to inform of the wider impacts of decisions made based on a single variable.

"The ideal solution is to have the same level of negotiations from both 3M and Alpha Solway [both of whom we've heard about from you and others today], can we at least attempt this before pushing the button?"

Just to complete it, at the very top of the page:

"... those have taken place with 3M and Alpha Solway cannot provide that certainty of supply. Those discussions have been continuous with delays and restrictions through the countries even when agreed. 3M have diverted to England, as you know."

Talk me through this if you would. I appreciate --

18 A. Yes.

19 Q. -- I have pulled out a couple of emails from a very long
 20 time ago, but what they appear to suggest is a real
 21 concern amongst you and colleagues here, that the
 22 fit testing issue could create really quite significant
 23 issues. What's your take on -- what does this tell us?

24 A. Yeah, so every single FFP3 needs to be fit tested to an25 individual. So any time you change supplier,

1 the exception of the masks provided by Bunzl.

2 A. Yeah.

Q. Can you recall what any delay was, or was it, I suppose,indefinite if they weren't delivered?

A. Yeah, they didn't come in. So Bunzl very helpfully helped as best as they could with the 3M masks, which was the type of masks we were using, Alpha Solway masks we were trying to use as well, they had been used by our hospitals, so they were just helping as much as they can, with other suppliers, like Arco who were also another what I would call a master vendor, you know, they have lots of suppliers below them, so they were helping us as well, they were on our national framework, and directly from Alpha Solway who were helping us as well. So lots of people were trying to help us ensure those products were in place.

What changed, I guess, was there was an approval for the revalidated FFP3s, the 1.7 million that were just expired, and they'd already been allocated out to all the hospitals. So you'll see in one of the other Audit Scotland report they talked about having a very small number of days of stock of FFP3s, about 40 days of stock in the hospitals because we were doing that daily, or twice-weekly stock count, we knew what we had, and they were all the ones that were being revalidated, and when

- they became available, we had something like 1.6 million FFP3s in situ that could be used.
- Q. One other challenging contract you raise in yourstatement, Continuum?
- 5 A. Yes.
- Q. National Procurement placed an order for a very large
   number of type 2R masks with Continuum at the very start
   of the pandemic; is that right?
- 9 A. Yes, that's fluid-resistant surgical masks. I know
   10 we're using different terminology depending on who
   11 you're speaking to, the blue standard.
- 12 Q. Understood. Thank you for the clarification. One of
   13 the issues that arose here was a cash on delivery
   14 approach.
- 15 A. Mm.
- 16 Q. Can we look, please, briefly at INQ000502505. Having
   17 plonked you into an email chain you were in five years
   18 ago, I am now going to, I hope not unfairly, plonk you
   19 into one you weren't in five years ago?
- 20 A. Thanks.
- 21 Q. But I would like your view on what it tell us, please,about this deal.
- 23 A. Mm.

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Q. It's the top email here. If we go to the very top ofthe page, please, Lawrence.

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we'd been asked to provide service to all of health and social care. So we had a big, big demand for type 2R fluid-resistant surgical masks, and we were in a marketplace where, if you didn't move, you'd lose the supply lines. So there's companies in China with production, machines producing thousands of these masks every day, but they were selling them to whoever had got the manufacturing slot. You weren't really buying the product; you were buying the manufacturing slot. And that was important to think about, when you think about John Manners-Bell talking about supplier relationships, in supply chains and tiers of supply chains, that's what you've got to think about when you think about that is.

So we had to secure the factory production slot for our production, you know, a couple of weeks ahead and you had to pay for it, otherwise the production would go to somebody else.

- 18 Q. You've led me neatly on, please, to Professor19 Manners-Bell's conclusions.
- 20 **A.** Mm.
- Q. And I just want to ask you about one other aspect, it's
   a slightly different aspect, I've tried to keep them
   slightly different to those discussed with other
   witnesses this morning.

25 Could we please have a look at INQ000474864? It's 119

- Some discussion is arising about the payment upfront in the emails below.
- 3 A. Mm.

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Q. And an email here to -- from a Mike McCourt to -- at
 least your colleagues here, we can see NSS colleagues
 can't we?

"I can't speak directly to that decision however the circumstances he describes in his email pan out with me."

Then this:

"Most suppliers here are asking for 100% upfront payment at prices double of what they were three days ago. The fact that they have negotiated [they, I'm assuming Continuum] 50% payment upfront is quite something.

"As [somebody] said, we need to move urgently orelse there will be no suppliers to negotiate with".

18 A. Yes

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19 Q. "I appreciate you all have your risks metrics in place20 but this is not an ordinary marketplace at present."

What does this kind of discussion amongst your colleagues, reading it now, what does it tell us about the difficulties of this type of approach, a cash on delivery approach?

25 **A.** I think two things, the date, 24 March, was just after 118

page 131 of Professor Manners-Bell's report,
 paragraph 574.

This is Professor Manners-Bell's view of what an optimal model might look like. So I'm taking you out of the specifics and back out to the general, the four nations approach. Drawing on some of what we've been discussing here. This is Professor Manners-Bell's view:

"If an optimal model were to be adopted across the UK, it would be essential for there to be ..."

And then he gives a list: shared data on actual PPE usage; shared information on potential and actual supply chain risk; a single model for projected usage, or burn rates; realtime visibility of stock at central warehouses across the four nations; more visibility of stock held by trusts; a shared policy approach to the provision of PPE to both healthcare and social care, which I know is something you were quite significantly involved in, weren't you, as we may hear later?

- 19 **A.** Mm.
- Q. And a database of suppliers and contracts awarded by all
   procurers of PPE in order to enable the development of
   local buying consortia.

Drawing together your experience, what's your view on the model there proposed by Professor Manners-Bell? **A.** Yeah, I think all these things are, you know, fine. You

**A.** Yeah, I think all these things are, you know, fine. You 120

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can look at them -- of course, we should have that information, I think the sharing is fine as well. I think what we have to have behind it, however, is what is our strategy for resilience in the UK? You know, I think you'd have to link that to an overall resilience strategy. I think Professor Manners-Bell talks about contingency as well, as well as these elements here. So I think you have to take the whole thing in the round.

I think, does it -- does it -- does that help? I guess it does. Single model for projected usage, yeah, I suspect that would be useful. A slight difference, I suppose, I can't remember, I think at one point we were providing to unpaid carers and the rest of the UK weren't, so there's some differences in the modelling. Assumptions -- whether there's anything else that makes any specific difference to Scotland. Visibility of stock, absolutely. Those things --I think they're easy enough to say.

So in Scotland, we have a single inventory management system. In Scotland we've a single finance system. We have lots of single systems working. I don't think that's the same case in the rest of the UK. So to knit together multiple systems to give you those single visibility pictures I think could be really difficult, you know.

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getting our head back above water, I guess, and we were looking back to what had happened in the previous few months. You can see it was only a few months since the outbreak in March. So yeah, that was an early reflection.

- 6 Q. I just want to ask you, I mean there are plenty in 7 there, much of which you touch upon in your statement 8 but I wanted to ask you about one, please, at page 5.
- 9 A. Sure.

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- Q. Under the heading "Are there any other learning points"? 10 11 Can you see over the far right there?
- 12 Α. Yeah, I can see that.
- Q. It says, "Our staff" -- this NSS staff, is it? 13
- 14 Α.
- 15 "Our staff worked long hours with little rest due to the Q. 16 reliance on our relatively small resource pool."
- 17 Α. Mm

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18 "We were unable to 'hand-off' to other resources. Q.

"We did all of this within our own teams. Elsewhere UK relied heavily on [brought] in resources including large consultancy organisations and the [Ministry of Defence]. A very expensive resource which was not incurred in Scotland. A fraction of that would help build a more resilient team across [National Procurement] for [NSS] and H&SC."

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an early pandemic set of reflections, isn't it? 25 A. Yeah, it was quite soon after we were kind of, you know, 122 It may be self-explanatory, but looking forward to another pandemic, the sense I get from this is that you feel you achieved a lot with very little. A. Yeah, mm-hm. Q. What's been done in terms of addressing your concern and your reflection here, in terms of future preparedness? Mm-hm, I think, you know, that's obviously a reflection at the time. In an ideal world would we have a lot of people sitting there waiting to be pulled in? No, we 10 don't really have that. We have to put in our business 11 continuity plans where we stand down some work and pause 12 it, and let the staff focus their attention on other 13 things. We had an absolutely fantastic -- I've got to 14 say the staff across procurement in Scotland generally 15 and certainly across the NHS procurement, you know, we 16

needed You know, most of us had been in the NHS for, you know, 15, 20 years, so we kind of knew what was at stake, and people responded with little rest, as I said. And you've heard, I think, in the other witness statements about NHS England bringing in the MoD and setting up parallel supply chains. In Scotland we

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(31) Pages 121 - 124

I did -- I think I saw something in one of the other witness statements where Supply Chain Limited only supply 38% of the trusts in England, which I was really surprised at. National Procurement provides 100% of the hospitals in Scotland, approximately 80% of the items used every day in hospital departments come from our national distribution service. So we've got a kind of whole-country approach to our data and I think that makes us much more capable now of reacting to the needs in Scotland.

11 Q. Thank you. Can I ask about one of your own reflections 12 now, please. And this is in a policy document from NSS 13 entitled "Lessons Learned Future Change Framework."

14 A. Mm.

**Q.** 22 July 2020. 15

16 A. Mm-hm.

17 Q. Can we look, please, at INQ000320497 at page 5 -- well 18 actually page 1, first. We can see your name on the --

19 A. Oh ves.

20 Q. Yes? Heartening that you recognise this one, in terms 21 of my questions.

22 Α. Thank you.

23 Q. So this is something you drafted -- so this is a sort of 24

all know each other, it's a small community, we all work really well with each other and everybody did everything they possibly could to support the responses that we

- 1 didn't do any of that at all.
- 2 Q. If you're not getting the MoD, you're not getting large
- 3 consultants, have you got the team in place and the
- 4 resources, do you think, to face a challenge of similar
- 5 magnitude in the future?
- 6 A. Well, we'd have to do the same again, so we'd have to --
- 7 so the business continuity plan would be you stand down
- 8 certain things and focus your attention on these things,
- 9 you know. You've got to remember in the background
- things were happening like, you know, elective surgery
- 11 was being cancelled and other things were happening, so
- some of the pressure was getting taken out of the system
- to allow us to focus on these other things.
- So yeah, we don't really have the luxury of having
- 15 big groups of people ready to come in, but yeah, it
- 16 was -- at that moment, that was our reflection. That's
- 17 all I can say.
- 18 MR STOATE: Thank you.
- 19 My Lady, those are my questions. There are some
- 20 from the CPs
- 21 LADY HALLETT: Thank you very much indeed. I think the next
- 22 person to ask is Ms Morris.
- 23 MS MORRIS: Thank you, my Lady.
- 24 May I reassure you that I have cross-checked my
- 25 questions to ensure that they've all been allowed. And 125
- 1 and it would be dealt with in the same -- consistently,
- 2 that's all I can say. I can't -- I can't recall those
- 3 particular six. So no, everything was dealt with
- 4 consistently.

- 5 Q. Did any of those unsolicited offers, as you've
- 6 mentioned, create any additional noise in the system,
- 7 it's a term we've heard used in other evidence, such
  - that it was causing difficulties or requiring a bespoke
- 9 process to be put in place to triage those particular
- 10 offers or did it always stay that single point of entry
- 11 that you've described?
- 12 A. Yeah, no, it was that single point of entry. We had
- a small team, people triaging these offers that came in
- 14 and it was just being done consistently. I think that's
- 15 all I can say
- 16 Q. Thank you. I think therefore the answer to my next
- 17 question, were any offers that came via ministerial/MSP
- 18 offices prioritised or given any sort of preferential
- 19 treatment?
- 20 **A.** No.
- 21 **Q.** Thank you. Next topic, please, community distribution.

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- 22 You say in your statement that National Procurement
- 23 supplied PPE, that's to 48 local authority hubs --
- 24 A. Yeah, yeah
- 25 Q. -- for onward distribution to care homes --

- 1 any apologies -- any errors previously were entirely
- 2 mine.

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- 3 LADY HALLETT: Thank you very much, Ms Morris.
  - Questions from MS MORRIS KC
- 5 MS MORRIS: Mr Beattie, good afternoon.
- 6 A. Good afternoon.
- 7 Q. I ask questions on behalf of the Covid Bereaved Families
- 8 UK. I've got two topics for you, please, one in respect
- 9 of those unsolicited offers that you touched upon with
- 10 Mr Stoate.
- 11 A. Mm.
- 12 Q. In his statement Mr Cackette refers to offers of PPE
- 13 being made through ministerial offices, and to a group
- of -- he remembers to a group of Conservative MSPs who
  - were raising complaints on behalf of six private
- 16 companies, companies who had no other prior experience
- 17 of PPE, and those companies were complaining that more
- 18 effective steps could be taken to prioritise their
- 19 offers.
- 20 A. Mm.
- 21 Q. So my question is: what did National Procurement do in
- 22 respect of offers coming in via ministerial MSP offices?
- 23 Were they managed through the same supplier office
- 24 portal or were there different processes?
- 25 **A.** No, everything would come through to the same process,
  - A. Yeah.
- 2 Q. -- and social care providers. We also aware that the
- 3 Scottish Government provided PPE to funeral homes and
- 4 nurseries in an arrangement with Lyreco?
- 5 A. Oh yes, uh-huh.
- 6 Q. And National Procurement supplied the PPE stock directly
- 7 to Lyreco in order to be able to do that; is that
- 8 correct?
- 9 A. On some occasions. I think when they were a bit tight
- we were able to supply them with a bit of stock to help
- them over a particular shortage period.
- 12 Q. And did that supply of stock, was that at commercial
- 13 rates or was it provided to Lyreco for free?
- 14 A. I think -- I'd need to look back. I can't -- I didn't
- know you were going to ask that question so I don't know, it wasn't in my witness statement so I don't think
- 17 I can remember that.
- 18 Q. Can you recall whether that was at cost price or
- 19 otherwise?
- 20 A. No, I'd need to come back and confirm what it was.
- 21 Q. All right.
- 22 My Lady, I did have two additional questions for
  - 23 Mr Beattie on that.
  - 24 I think the position is, if I've understood it
- 25 correctly, that you don't have a recollection but you

1	may be able to assist the Inquiry?	1	difficulties provided
2	A. Oh yes, I would be able to look back	2	securing PPE were
3	and (overspeaking) absolutely, yes.	3	Macaskill and also
4	<b>Q.</b> Because my questions were going to be what controls were	4	and trade unions a
5	put in place if they were supplied on a commercial basis	5	social care workers
6	to protect	6	passing that "We h
7	A. Yeah.	7	our social care and
8	Q against inflated prices and whether there is any	8	Can you expla
9	refund, if it's on a commercial basis, given that the UK	9	entailed, ie how die
10	Government had endeavoured to provide PPE for the whole	10	A. Yeah, I can remem
11	public sector as part of that UK procurement support?	11	on Friday the 13th
12	A. Okay, any information, I'm sure if the Inquiry wishes,	12	this is in March, to
13	we can provide additional information.	13	to cover social car
14	MS MORRIS: Thank you. That's helpful.	14	some expert staff i
15	Thank you, my Lady.	15	colleague who'd re
16	LADY HALLETT: Thank you very much indeed, Ms Morris. Very	16	us. By the Monday
17	grateful.	17	By Wednesday, we
18	I think there are now some questions from	18	Thursday we had a
19	Ms Mitchell who shall be looking directly at you.	19	first lot of PPE out
20	Questions from DR MITCHELL KC	20	very rapid respons
21	DR MITCHELL: I appear as instructed by Aamer Anwar &	21	We then ran w
22	Company on behalf of the Scottish Covid Bereaved.	22	whilst we stood up
23	There's just one issue I wish to ask you about and it's	23	place, I think, by A
24	already been touched on by Jeane Freeman. She said in	24	place was a bit of a
25	her statement and her evidence earlier today that the 129	25	emergency call line
1	DR MITCHELL: My Lady, no further questions.	1	particularly FFP3s
2	LADY HALLETT: Thank you very much indeed, Ms Mitchell.	2	of FFP3s were nee
3	And now I think it's Mr Thomas.	3	And we ended up
4	Questions from PROFESSOR THOMAS KC	4	stock. I think we b
5	PROFESSOR THOMAS: Good afternoon, Mr Beattie. I represent	5	and that gave us a
6	FEMHO, the Federation of Ethnic Minority Healthcare	6	specific masks whi
7	Organisations.	7	was kind of during
8	Mr Beattie, given the significant impact of the	8	Locally, within
9	virus on ethnic minority healthcare workers, who	9	infection preventio
10	experienced disproportionate, higher, infection rates,	10	and other respirato
11	it's critical for FEMHO to assess how procurement	11	who were not able
12	processes address these disparities, and that's what my	12	the FFP3. So that
13	questions are aimed at.	13	We now have
14	At paragraph 23.3 of your statement we don't need	14	Government to NS
15	to turned up, but the reference is INQ000521969_0008,	15	fit testing, building
16	you explain there the strategic sourcing and supply	16	and that will inform

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chain management during the pandemic.

My first question is, given the documented

disparities in infection rates amongst ethnic minority

made in the procurement process to meet the specific

needs of these groups, these vulnerable groups?

I've got to say we relied on fit testing of individuals

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A. Yeah, so I think during the pandemic we relied on --

to give us the sense of what range of FFP -- it's

healthcare workers, can you elaborate on any adjustments

difficulties provided by private care providers in securing PPE were brought to her attention by Donald Macaskill and also that concerns were raised by COSLA and trade unions about the level of PPE available to social care workers. You've said in your evidence in passing that "We had to stand up our services to cover our social care and unpaid carers."

Can you explain what standing up our services entailed, ie how did you go about solving this issue? Yeah, I can remember that very well. So I think on Friday the 13th we had a meeting with government, and this is in March, to say we have to expand our services to cover social care, and that was the Friday. We got some expert staff involved over the weekend. A colleague who'd recently retired came back into work for us. By the Monday we had the first kick-off meeting. By Wednesday, we had the systems in place, and by Thursday we had a call centre set up and we issued the first lot of PPE out to care homes. So it was a very, very rapid response.

We then ran with that process for a couple of months whilst we stood up the 48 hubs, and the 48 hubs were in place, I think, by April time, that the 48 hubs were in place was a bit of a kind of crossover between the emergency call line and the hubs being put in place.

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particularly FFP3s, I think, relevant here, what range of FFP3s were needed to fit different types of faces. And we ended up with about 15 different products in stock. I think we brought that back down to about ten, and that gave us a broad range of those types of specific masks which required to be fit tested. So that was kind of during the pandemic.

Locally, within our health boards, there was local infection prevention and control assessments, and hoods and other respirator provisions were provided for people who were not able to wear or could not be fit tested to the FFP3. So that was during the pandemic.

We now have a commission from the Scottish

Government to NSS to consider the forward look at FFP3
fit testing, building up a database of fit requirements,
and that will inform us in terms of the products we'll
have to hold -- we'll have to hold in stock.

So that's kind of -- the kind of FFP3 part of that, if that helps.

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Q. Okay. Moving on, at paragraph 83, you discuss the national service for PPE procurement and distribution. How did the National Procurement ensure that equitable access for PPE for healthcare workers and -- from minority ethnic groups and backgrounds, how did it consider access, considering the higher risk they faced?

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1	A.	Yeah, so I guess we responded to the demands from our
2		health boards as such. So I guess there may have been
3		local assessments and local requirements within our
4		hospitals. We purely responded to the demand that came
5		to us, and we were able to provide the products that
6		were needed. So I don't think we had any particular
7		specific role in that, other than to respond to what was
8		demand following local risk assessments.

- Q. Well, specifically, were there any specific policies or 10 protocols or measures in place to address these disparities?
- The -- other than the wide range of FFP3 masks that we 12 Α. 13 kept in stock, we also spent -- and were successful in 14 getting a transparent mask which allowed people who 15 required to see people's lips moving if they were --16 there for people who were unable to -- who had to 17 require to see people's lips moving. And that was 18 successfully put in place. But other than that I cannot 19 think of anything else particularly on that side of it.
- 20 Q. All right, let me move on to my final area.

As we look to the future -- and FEMHO wants to be future looking -- the lessons learnt from the pandemic are essential for improving preparedness and ensuring that all healthcare workers have access to suitable PPE. And I'm particularly interested in your insights being 133

1 What's that, sorry?

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- 2 Q. Will that assist with lessons to be learned?
- 3 A. I'm sure it will do, absolutely, yes.
- 4 PROFESSOR THOMAS: My Lady, those are my questions.
- 5 LADY HALLETT: Thank you very much indeed, Mr Thomas. Very 6 grateful.

Mr Beattie, that completes the questions that we have for you. You've spoken in an extraordinarily calm manner about a period of your life which must have been so pressured and so stressful, and I'm sure that the people of Scotland would like me to express my thanks to you on their behalf for the work that you did to try to protect them and healthcare workers. So thank you for all that you did and thank you for your help with the Inquiry.

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THE WITNESS: Thank you very much. 17 LADY HALLETT: Mr Stoate, I think you've got an 18 even particularly busier day than normal today and you'd quite like just to be able to go and say goodbye and 19 20 thank you to Mr Beattie yourself, so shall I break now before the final witness of the day? 21

22 MR STOATE: Yes, please, my Lady. I'd be very grateful.

23 LADY HALLETT: Very well, I shall return at 3.05.

24 (2.50 pm)

25 (A short break)

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valuable in shaping how we can better incorporate the needs of ethnic minorities in long-term planning for medical supplies.

So, with that introduction, let me come on to my final set of questions. In the light of the mention, as you make, in paragraph 276 of your witness statement regarding the fit of masks for ethnic minorities, what steps are being taken to incorporate the needs of ethnic minorities into the long-term planning for PPE and other medical supplies?

A. Yes, so, as I said, there's a commission at the moment 11 12 that we have from Scottish Government to consider the 13 kind of longer-term fit testing, and those aspects will 14 be included within that commission to consider what we 15 have to have in stock going forward.

> But also in every one of our categories where we're creating frameworks for Scotland we do a -- quality impact assessments, and so there'll be specifics for individual categories of spend, and we have subject matter experts who participate in all these to inform our procurement colleagues in terms of what we have to put into our specifications. So it's a kind of a bit of business as usual as well as something a bit more focused on the FFP3.

25 Q. And will that assist with the lessons to be learned? 134

1 (3.04 pm)

LADY HALLETT: Mr Stoate. 2

3 MR STOATE: My Lady, before we resume today, there are 4 number of witness statements relating to evidence from 5 Week 2 that we ask your permission to adduce into 6 evidence and be published on the Inquiry's website.

If I could ask for the list of documents to be brought up, please. Thank you.

9 My Lady, they provide important additional 10 contextual information and background evidence which 11 will assist you when considering the evidence you've heard in this investigation and in your report. 12

LADY HALLETT: Thank you, they can be published. 13

14 MR STOATE: Thank you very much.

15 My Lady the next witness is Paul Cackette.

MR PAUL CACKETTE (sworn)

Questions from COUNSEL TO THE INQUIRY

MR STOATE: Good afternoon, will you give the Inquiry your 18 19 full name, please.

20 A. Paul Henry Cackette.

21 Q. Thank you very much.

You've provided the Inquiry and this module with a witness statement, the reference for which is INQ000512904. It's 53 pages long, dated 30 October 2024. Will you confirm, please, that that 136

- statement is true to the best of your knowledge and
  belief?
  A. Indeed so, yes.
- 4 **Q.** Thank you very much. By way, briefly, of background, you've had a long career, Mr Cackette, working for the
- 6 Scottish Government from 1988 until your retirement in
- 7 January 2021; is that correct?
- 8 A. That's correct.
- 9 Q. Prior to the pandemic you've held a number of posts,
- 10 including interim director of Legal Services in Scotland
- 11 and Chief Planning Reporter?
- 12 A. Correct.
- 13 Q. So a variety of different roles?
- 14 A. Indeed so, yes.
- 15  $\,$  **Q.** Importantly for this module, you were redeployed, you
- say, to Covid roles on 26 March of 2020; is that right?
- 17 A. Yes
- 18 Q. And you held three different roles.
- 19 A. Indeed.
- 20 Q. What were they, please?
- 21 A. Yeah, the first role was the deputy director of
- 22 Organisational Readiness, which involved preparation for
- the Scotland Cares campaign, which is a volunteering
- 24 campaign. Then on 9 April 2020 I was promoted on
- a temporary motion to be director of PPE, which was
- suggested that there was a need for a co-ordinatedapproach because of concerns that had arisen relating to
- 3 the adequacy of supply of PPE in all public sector
- 4 contexts in Scotland.
- 5 Q. Thank you.
- 6 The directorate was located within the Health and
- 7 Social Care Directorate-General business area of
- 8 Scottish Government?
- 9 A. It was, yes.
- 10 Q. That's right. You reported then to the chief executive
- 11 of the NHS and director general for Health and Social
- 12 Care?
- 13 A. Yes, that's correct. The intention was that the
- 14 directorate will be across the departmental directorate,
- 15 but because the pandemic was essentially a health crisis
- 16 first and foremost, the line management responsibility
- 17 effectively lay within the Health and Social Care
- 18 Directorate, so the ministerial responsibility would be
- 19 to the Cabinet Secretary for Health and Sport.
- 20 Q. You say in your statement, Mr Cackette, quite vividly in
- 21 terms of helping us place the foundations of
- 22 the -- (overspeaking) --
- 23 **A.** Yes.
- 24  $\,$  Q. -- directorate, on its opening day it had a staff of
- one, namely you?
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- 1 a role I carried out until around 26 June 2020, when
- 2 I was redeployed to be director of Outbreak Management,
- and I held that through to my retirement at the start of
- 4 January 2021.
- 5 Q. Thank you very much.
- 6 As you'll be aware, in this, the procurement module,
- 7 the questions I'm going to ask you today focus on your
- 8 role as director of PPE --
- 9 **A.** Yes
- 10 Q. -- in those first crucial months, April to June 2020.
- 11 Yes?
- 12 A. Yes.
- 13 Q. The Directorate of PPE was a newly created directorate,
- 14 wasn't it?
- 15 A. That's correct.
- 16 Q. Can you tell us, please, what was that directorate
- 17 designed to do?
- 18 A. The intention behind the directorate was a response to
- 19 concerns about the broad-ranging provision of PPE once
- the pandemic had begun, and the purpose of that was to
- 21 provide a Scottish Government coordination of a number
- 22 of aspects of the supply of PPE. It didn't involve
- 23 clinical advice and didn't involve the direct
- 24 procurement or delivery of PPE by NSS and others, but
- 25 there was a range of concerns that had arisen that had
  - 138
  - A. Yes, me. Correct.
- 2 Q. How did it develop? To what size are we talking about?
- 3 A. It varied a bit over time. The essential core numbers
- 4 that were involved were around 20, in total, of
- 5 different professional backgrounds.
- 6 I think, as the directorate developed, and following
- 7 the PPE helpline review, as I recall the admin staff
- 8 that were involved in the helpline, they were
- 9 transferred into the directorate. But in terms of the
- 10 professional services that were provided, which came
- from a range of different people across the directorate,
- 12 it was around 20.
- 13 I've not been able to lay my hands on the organogram
- 14 which set out the exact rules and structures, but it
- 15 also varied from time to time. But that was the general
- 16 rough size of the staff cohort.
- 17 Q. In its -- in the first iteration of what you say was the
- 18 directorate plan --
- 19 **A.** Yes.
- 20 Q. -- which you developed --
- 21 A. I did yes, yeah.
- 22 Q. -- a number of issues -- we don't need to bring it up,
- but a number of issues were initially part of your work,
- 24 weren't they?
- 25 **A.** Yeah.

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- Q. Including, as you've said, access to PPE for health and
   social care staff and patients. Also within your remit
   was coordinating Scotland's involvement in a four-nation
   approach to PPE.
- 5 A. Yes.
- 6 Q. Is that correct?
- 7 A. It was indeed, yes.
- 8 Q. Working with the Scottish companies on domestic9 manufacture?
- A. Yes, that was led through colleagues in the business and
   innovation division in Glasgow, but we certainly
   coordinated that in terms of ministerial advice.
- 13 Q. Consultation with interested people, COSLA and others?
- 14 A. Yes.
- 15 Q. And also in procurement and distribution?
- 16 A. Indeed so, yes.
- 17 Q. I'd like to ask you, please. Here we are, April, a very18 difficult -- we've heard lots of evidence -- time.
- 19 A. Yeah.
- 20  $\,$  Q. You and colleagues across the government and across
- 21 procurement. Your statement is quite reflective but
- 22 could you give us a summary, please, of what you
- 23 perceived to be the advantages of a new directorate and,
- 24 indeed, the disadvantages of that approach with the
- 25 benefit that we now have of hindsight?

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really had experience or the need to be involved in a, kind of, political small P, let alone Political capital P, process -- it allowed them to get on with what they were skilled at and expert at in delivering PPE across their areas of responsibility.

So, in a sense, the directorate was a buffer coordinating all of this between ministers and their expectations, facing up the public response in the daily press conferences and the delivery mechanisms through, for example, NSS but also Scotland Excel, which was the local authority procurement overarching body.

- 12 Q. That was the advantage --
- 13 A. Yeah.

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- 14 Q. That was the perceived problem to be solved?
- 15 A. Yeah.
- 16 **Q.** Taking it just slightly slower, if you would, for the
- 17 stenographer's benefit, please, Mr Cackette --
- 18 **A.** Yeah, I beg your pardon.
- 19 Q. -- were there any disadvantages in standing up a new20 directorate in these circumstances?
- A. Yes. It is -- it is one of the challenges involved in
  a crisis of that nature arising quickly, if you've -- if
- you don't have a record or a background of rapid
- 24 response arrangements for a national crisis, of which
- a pandemic is one of only a number that could arise.

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Yeah, I mean, the intention of the new directorate was to draw together a number of aspects of cross-cutting Scottish Government interests. There was a concern to ensure that PPE was supplied not just to healthcare workers and those in care homes, but at the appropriate level of clinical assessment to everybody in the public sector who required PPE. So one of the intentions was to try to achieve as consistent an approach across the board as we could.

We were also conscious, because of the degree of concerns that were being raised at that time about the adequacy of PPE, to make sure that our external communications messages or comms messages were consistent, and up to date and accurate, which is partly relating to the discouragement of panic buying or overstocking of PPE, but, in addition to that, the intention was to have somebody like myself, who had a background in working within the Civil Service, to provide a consistent advice process to ministers and to assist ministers with their engagement with MSPs and with comms and with other stakeholders such as COSLA and the STUC.

And in one sense, one of the advantages of that, bearing in mind that NSS was very much the operational branch of the provision of PPE -- and therefore hadn't 142

One of the difficulties was the very one you alluded to, sir, is the fact that I was the only member of the directorate on day one, so I was simultaneously required to deal with a standing start in addressing real issues and real concerns whilst at the same time trying to secure support systems and set up structures for

recruiting staff on a short-term basis.

And I think that was -- that was certainly challenging, and in some ways very frustrating, that you inevitably had to spend time writing job descriptions for people so that Scottish Government colleagues could assist you in providing staff, which they were very good at doing, but nevertheless it was quite time intensive in trying to do that.

The second disadvantage, which I might categorise as a risk in terms of the management of that process of a new directorate, is to strike the right balance between bringing and encouraging change, enabling change and improvement, against the risk of moving to brand new systems in the context of a pandemic where they'll inevitably run the risk that the systems can fail initially because of the newness of them in that kind of crisis situation.

So it's quite a nuanced balance in the role of the directorate in trying to ensure that they made

- a difference and they empowered the improvement of
   services without engaging in well-intentioned but
   disruptive changes that actually made things worse,
   effectively.
- 5 Q. Yes, thank you.

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Just in terms of the context, the Inquiry has heard in Module 3 from an organisation you mentioned in passing there, the Scottish Trades Union Congress.

- 9 A. Yes, indeed, yes.
- 10 **Q.** And, in particular, the evidence of its generalsecretary, Rozanne Foyer.

Could we bring up, please, the transcript of a small part of her evidence. It's PHT000000099. Thankfully, Lawrence is ahead of me. And could we look, please, at -- this is page 47, line 11, talking about the very beginning of the pandemic.

Ms Foyer says:

"At the very beginning, there were some really acute supply issues at the beginning. It became then a more complex range of issues, so we definitely had issues with Scottish Ambulance Service at the very beginning, where there was a really acute lack of appropriate PPE; we had people across healthcare settings being asked to reuse, wash, and wipe down PPE, pie their own PPE; there were inconsistent supplies; there was sometimes PPE in

- 1 first half of the period the survey covered.
- 2 Q. So it was reflecting back on some of your time in post.
- 3 Can we have a look, please, at that document.
- 4 INQ000470065.
- 5 You recognise this document?
- 6 A. I do indeed, yes.
- 7 Q. So looking back across the work that we've just --
- 8 A. Yeah.
- 9 Q. -- been looking briefly at:
- 10 "Findings: overall key messages"
- 11 At paragraph 4 there.
- 12 "People ..."
- 13 This is people in your directorate, is this right?
- 14 A. Yes.
- 15 Q. "• People were in many cases very complimentary aboutother team members and the efforts they put in.
- "• Several people wanted to stress the value they
  place on being able to make a difference during the
  Covid pandemic."
- 20 A. Yes
- 21 Q. "One person described the work as 'a privilege'."
- Pausing there, do you yourself have any reflection in that regard?

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A. No, I think that that's very accurate. I think people
 didn't -- did put their -- put their shoulder to the

- 1 the building but it was locked away; there were a range
- 2 of debates about the type of PPE being fit for
- 3 purpose ..."
- 4 And so on.
- 5 A. Yes.
- 6 Q. Really quite acute difficulties?
- 7 A. They were indeed.
- 8 Q. Thank you. That can be taken down.
- 9 You make this point in your statement, Mr Cackette,
- 10 the directorate was established on 9 April.
- 11 A. Yeah.
- 12  $\,$  Q. Some 17 days after the full national lockdown had been
- 13 announced.
- 14 A. Yeah.
- 15 Q. At a time when, is this right, those types of acute
- issues that we've just looked at there were really at
- 17 the fore for the Scottish Government?
- 18 A. They were, yes.
- 19  $\,$  Q. One of the documents I wanted to ask you about, please,
- 20 is a report from the PPE directorate entitled "Summary
- 21 Report on Survey of Former and Current Staff", dated
- 22 31 August of 2020.
- 23 A. Yes.
- 24 Q. To be clear, you weren't in post at that point?
- 25 **A.** No, that's correct, yes. I was in post roughly the
- 1 wheel. In some ways some of the issues we'll go on to
  - discuss later in that set of overall messages --
- 3 Q. Yes.

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- 4 A. -- I think reflect the fact that people were really,
- 5 really keen to make a difference. They knew they were
- 6 stepping up in a national crisis, a national emergency,
- 7 and they wanted to do their bit.
- 8 Q. Yes. Notwithstanding that feeling of pride,
- 9 challenges --
- 10 A. Yes.
- 11 Q. -- arose, didn't they?
- 12 **A.** Yes.
- 13 Q. It says here:
- 14 "• The early phase (around March to May) was15 difficult, with unclear objectives and high workloads."
- 16 **A.** Yeah.
- 17 Q. "Specifically, the processes of a) setting up a new
- 18 Directorate and b) dealing with the correspondence
- 19 backlog were not as well planned and executed as would
- 20 be ideal, and this placed pressure on individuals in
- 21 this first place."
- 22 Yes?
- 23 A. Yes.

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- 24 **Q.** Then we can go through it says:
  - "• 'Chaotic' processes around joining the team ..."

1 Although that wasn't universal.

- 2 "• Individuals ... under considerable pressure,
  3 especially during the early weeks ... (workload[s] ...
  4 described as 'unmanageable' and 'impossible')."
- 5 **A.** Yes.
- 6 Q. And down the bottom:
- 7 "• A lack of clarity on roles and responsibility ..."
- 9 **A.** Yes.

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- 10 Q. Do you think overall that's a fair summary?
- A. I think it is, yes. Nothing, really, in the survey as
   a whole particularly surprised me. It's what I kind of
   would have expected from staff working in these acutely
   difficult circumstances.

I think the issue of the correspondence backlog, which is at bullet 3, on the issues raised, I was aware particularly for staff involved in the PPE Helpline that one of the issues they felt was completely overwhelmed by the number of emails that they were receiving and requests for help which they were desperate to try to help answer, and was one of the issues (unclear). We'll no doubt come to that.

So I knew that staff were feeling a very high level of pressure and low levels of morale in having to deal with hugely difficult workloads and perhaps not feeling 149

1 longer than others, but it was very much that

difficulty, at those -- at those early days, that

diluted resource and led to some of those very

- reasonable comments and observations from the affected
- 5 staff.
- 6 Q. Thank you very much.
  - That can be taken down.
- 8 Over time, you say the directorate took on effectively a troubleshooting role.
- 10 **A.** Yes.
- 11 Q. Is that right?
- 12 A. Yes.
- 13 Q. And dealt with a whole series of issues --
- 14 A. Yes.
- 15 Q. -- which you set out in some detail in your witnessstatement.
- 17 A. Indeed.
- 18 Q. So I'm only going to pick out a couple.

One of those is something we've heard a little bit through the evidence today, and that's the delivery of PPE to public and private nursing and care homes in Scotland?

151

- ScotlandA. Yeah.
- Q. You described that as the "single biggest and mostdifficult challenge for [you] in the earliest days of

as if they were ever making a difference, in addressingthem.

- Q. Ms Foyer describes very difficult issues with the supplyof PPE.
- 5 A. Yes

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Q. This survey demonstrates, despite a real pride and
 willingness to work, really challenging workplace
 issues.

Coming back to the issue that you raise about the timing of when this directorate was stood up, as you say, do you think that the impact of when it came into being had -- were any of these issues and challenges the result of that timing?

A. I think they were, and I think it was -- the timing and, if you like, the -- the lack of a process for setting up a sort of surge capacity or rapid response teams in relation to public emergencies of this nature, and there are many you could give examples that might need such a response, but it was the standing start -- from whatever date it was chosen to stand up, the directorate, it was the standing start that caused such a difficulty, I think.

And that was certainly something that made the whole establishment of the directorate, the recruitment of staff -- some staff didn't stay very long, some stayed 150

1 the Directorate"?

- A. Yes.
- Q. In brief, please, why was that such a difficultchallenge?
- A. It appeared to me to be difficult because the task that
   had been set of NSS in changing what they were doing to
   deliver to care homes and nursing homes was just
   different from what they'd had a number of years of
- 9 experience doing since the Common Services Agency was
- established. So I was reasonably confident that NSS,who were gearing up to the scaling up of the challenge
- 12 in providing PPE into primary and secondary healthcare
- settings could do that. It was the transition into new arrangements and it echoes my anxiety as an
- administrator in -- about the risks of setting up new
- systems, in the most acute of times, and that the risks that that brings.

And obviously, it was well known that age is a very,
very significant contributor to the consequences of
Covid and therefore people in nursing homes and care
homes were acutely vulnerable and needed a particularly
significant response, and it just felt like a big

- challenge at that point.
- Q. We've heard from Ms Freeman about how the governmentstepped in --

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- 2 Q. -- and what it did.
- Yeah. 3 Α.
- 4 Q. We've heard from Mr Beattie --
- 5 A. Yes
- 6 Q. -- about the hubs and the arrangements of the hubs, and 7 the delivery through those hubs. In brief, please, what 8 was your directorate's role in solving the challenge of 9 PPE getting into care homes?
- A. Two things. One of which is we sought to engage, along 10 with NSS, with the hubs coordination and had a number of 11 12 phone calls during those early weeks to try to ensure 13 and lend support to the improvement of systems in order 14 that care homes could better identify information about 15 what PPE they needed in order that the hubs could then 16 pass that on to NSS and then NSS in turn could deliver 17 to those. So it was a kind of smoothing out of early 18 processes in endeavouring to make the hubs work.

And the second role related to a concern that both Cabinet Secretary of Health and the First Minister about the adequacy, operational adequacy of the hubs which led to the deep dive that she held, and I've submitted my note following that deep dive which she chaired, First Minister chaired, and I was the lead official on. So I was coordinating the discussion about whether the 153

it was implemented, I think four or five days later.

I think what happened thereafter is that following that initial delivery to the 1100 care homes, matters stabilised. I'm not 100% sure now whether there were further direct deliveries, or whether the direct delivery gave a bit of breathing space for the hubs to get themselves in a place where they were better organised to operate themselves, but one way or the other, that seemed to kind of break a log jam and the system seemed to work more effectively in the period after that.

- 12 Q. You say in your statement, 3.85, that there was in fact 13 no need to initiate further one-off or a series of 14 one-off -- (overspeaking) --
- A. That's what I recall was the position, yes. 15
- Q. So it worked tolerably well? 16
- 17 A. It worked tolerably well, yes.
- Q. In terms of easing the particular challenge of supply 18 19 into care.
- 20 A. Yes.
- 21 Q. All right. Briefly, then, another one of the challenges 22 you've touched upon was getting this PPE mailbox --
- 23 A. Yes.
- 24 -- up to scratch. What was your role and what did you 25 do in order to get it there?

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1 hub's model was successful or successful enough in 2 delivering PPE to the 1100 care homes in Scotland.

I think it was very successful, but it wasn't universally successful. There was scope for improvement, and the First Minister was very concerned to ensure that we properly looked at alternatives to see whether this could be done better, and my role as director of PPE was to coordinate the work around the deep dive and then implement the decisions that the First Minister made on that date, 14 April, I think it

- 12 Q. And just complete this story for us. Was it there were 13 challenges?
- 14 A. Yeah.
- 15 Q. It wasn't, as you say, universally successful?
- 16 A.
- 17 Was it sufficiently successful to carry on through the 18 pandemic?
- 19 A. The process was successful to carry on. The decision 20 was made to do a -- the direct delivery. That wasn't 21 something that was universally agreed by all involved. 22 COSLA were opposed to that. I had some reservations 23 about some of the risks that were involved in doing so, 24 but following discussions during the deep dive, the
- 25 First Minister felt that that should be implemented and 154

1 In that regard, the difficulty that had arisen regarding 2 people who had been invited to email to the Cabinet 3 Secretary's private office if they needed PPE, if they 4 were healthcare workers, health service workers, wasn't 5 working as effectively as it could have been. I think 6 it must have been private office that alerted me to the 7 difficulty with that. I don't think there's any way 8 I could have worked it out myself. I think I had to be told from private office that they must have been 9 10 getting further complaints, that the figures, and 11 I think you've touched on them, in the evidence from the 12 Cabinet Secretary this morning, and so what we did was

17 One of those concerns was indeed the morale and 18 staffing numbers that were there and lack of clarity and 19 training to the staff as to how they would action the requests that came in that resulted in a percentage 20 being dealt with and being lower than really was

we recognised that there was a need to have a review of

the best way in which these individual responses could

that system to see if it worked effectively, in being

21 22 acceptable, in the circumstances.

23 Yes. I mean, presumably, those early response times, 24 median response times of 10, 20 days, weren't --

25 **A**. Yeah.

be addressed.

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- 1 Q. -- acceptable to you?
- 2 A. No use. I'm sure they were no use.
- 3 Q. But you got them down.
- 4 A. We got them down. I asked a colleague, a business
- 5 manager who I knew had skills and experience in looking
- 6 at these things, to review the system and set up a new
- 7 system that primarily involved additional resource but
- 8 I think also involved greater clarity of instruction as
- 9 to what to be done, and that did get the figures down,
- 10 but we did continue to report the figures to ministers
- for some time after that, before they were satisfied 11
- 12 that -- I think it was weekly reporting, that weekly
- 13 reporting was no longer necessary, and eventually, the
- 14 system reached the point at which the numbers I think
- 15 you've alluded to before were pretty successful.
- 16 Q. A successful overhaul?
- 17 A. Yes, exactly. Yeah.
- 18 Q. Mr Cackette, I don't want you to feel I'm in any way
- 19 doing an injustice to your very lengthy statement. I've
- 20 tried to pick out some of the key points and some of
- 21 those key points are in fact drawn together in your
- lessons learned section. 22
- 23 A. Yes.
- 24 Q. You provide a number of reflections and conclusions in
- 25 your lessons learned section, part six.

- 1 the nature of the last would be unforgivable."
- 2 A. Yes.
- 3 Q. Specific to the challenge of PPE procurement, you say:
- 4 "Central to the need for PPE is the need for future 5 planning on the basis that the next pandemic is not
- 6 a matter of if but when."
- 7 A. Yeah.
- **Q.** You contrast the lack of emergency planning for 8
- 9 a pandemic with that for a terrorist attack --
- 10 A.

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- Q. -- for which you had received previous training? 11
- 12 A. I had indeed, yes.
- 13 Q. And then perhaps you could expand, if you would briefly,
- 14 on your recommendations at paragraphs 6.12 and 6.13. 15

"In my view we need a cadre of officials identified (working across all administrations) to be trained, prepared, and updated (through simulations and

19 exercises) to be more ready for the next pandemic. 20

"6.13 Equally, there needs to be in my view a template of measures that can be triggered and adapted to circumstances arising. For PPE, that might mean

23 standby contracts for PPE, earlier triggering of systems 24 and structures such as the PPE Directorate, and

strategies for all the issues identified by the PPE

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Yeah A.

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- 2 Q. I want to put some of them to you and ask for any
- further reflections. At 6.7 you say this: 3 4

"... [Scottish Government] went into the pandemic unprepared in terms of the numbers and skill sets of the 5 6 leaders and senior staff it needed. Too much was asked

of too few (see as simply an example, the hours 8 I worked, as did many, many others in all walks of

9 life)."

Give us a flavour of the hours you were working.

Yeah, certainly -- I mean, from the start when I was 11 12 redeployed at the end of March, I didn't have a day off,

13 completely off, until I think the beginning of June. So

14 I was working seven days. Generally my hours would be

15 from sort of 6.30 in the morning until about 8.00 at

16 night, and I would have an hour or so off at that point

17 and do two, or three or four hours more beyond that. So 18

sometimes I was finishing at around 2 am and starting

19 again at 6.30 the next morning.

20 You say this:

21 "We were not prepared to face the scale and enormity 22 of the challenges and to a degree we never could be."

23 A. Yeah.

25

- 24 Q. You then make this point:
  - "[A] lack of preparedness for the next pandemic of
- 1 Strategy and Governance Board ..."
- 2 A.
- 3 Q. So first question, looking at that, you would, would
- you, have something akin to the PPE Directorate again in 4 5
  - the future?
- 6 A. Yes, if a pandemic analogous to this would arise,
- 7 I would, yes.
- 8 Q. But it would be better prepared, better trained and
- 9 better staffed?
- 10 A. Indeed.

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- 11 Q. To try and avoid some of those early issues --
- 12 A. And it was particularly those issues about staffing up
- 13 and scaling up, I think, are particularly key issues.
- 14 I think it is, in my view, something around staffing up
- 15 and scaling up. I've given thought to other models of
- 16 this and sort of the firefighter's model comes to mind
- 17 where firefighters are willing to run into a burning
- 18 building, but they're there the whole time waiting for
- 19 something to happen. That's, I think, entirely
- 20 unrealistic when you look at the sorts of staff and
- 21 skills and resources that are required in dealing with
- 22 something like a pandemic.

What I think is required is an ability to redeploy and have people who are skilled and trained. One of the huge challenges of that, though, and this is where

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I think there's a risk within the Scottish Government, and my point about us being too thinly spread, I do have views about the size of the Scottish administration and its ability to cope and one of the things I worry about is that we are thin in people who have got the resilience and the skills to be moving into such a role, and one of the difficulties, I think, is in looking at people who have got those skills, the very fact they are so able means they're almost certainly doing 10 a day-to-day job elsewhere that is extremely important. 11 So how do you then move, if you like, your best people 12 into this sort of role at no notice whatsoever? And 13 therein lies the challenge.

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I think further work has to be done and further thought in pre-planning has to be done but I don't underestimate the challenges of doing so in practice for any administration, let alone one the size of the Scottish Government, which is not enormous in terms of people and in terms of senior people's skills and

- 21 Q. What difference do you think having standby contracts or 22 ready to trigger systems structures or strategies would 23 have had for the effectiveness of the procurement 24 response in Scotland?
- 25 A. I think two things come to mind. I know that, in

process, it gives confidence to people, particularly those who might have bid for the work because they have the skills and experience, but they didn't know the contract was awarded, therefore couldn't bid. I think there's some scope there for maybe doing better in terms of publication of the relevant information.

Now, I should say that probably is not as easy as it sounds because publication of procurement information still requires redaction of commercially confidential information, so it's not a simple, easy fix, but I do believe that transparency in procurement processes would assist in giving public confidence in the overall procurement process.

MR STOATE: Thank you very much indeed, Mr Cackette. My Lady, those are my questions. There are some from Core Participants.

17 LADY HALLETT: Thank you very much indeed, Mr Stoate. 18 Ms Morris, I think you're going first again.

Questions from MS MORRIS KC

MS MORRIS: Thank you, my Lady. 20

Good afternoon, Mr Cackette.

- 22 A. Good afternoon.
- 23 Q. I ask guestions on behalf of the Covid Bereaved Families 24 for Justice. Two topics, please. The first topic in relation to the supply of PPE for public sector 25

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procurement terms, there are specialisms of procurement. I don't have enough knowledge of PPE to know the extent to which there's a specialism in that regard but I think there is something to be said for moving towards consistent modelling of the sorts of PPE that would be -- that needs to be procured, consistency in processes around procurement, in order that if an emergency arises and we address issues such as fragmentation of supply, some of the issues that I was faced with here, including different legal bodies being legally committed to certain parties, how then do you coalesce that into one supplier that addresses fragmentation? That's really difficult.

One way of doing that is to have maybe a model set of procurement contractual terms that work for PPE. Now, maybe that exists, maybe it exists since 2020, but some thought to that, I think, is worthwhile.

The second aspect, I guess, and it's one of the most important things, I think, about the procurement processes, is the importance of transparency of award of contracts, whether they be through non-competitive actions or otherwise, by being fully transparent and publishing the information that you've awarded a contract, especially on a non-competitive basis. I think it drives up the quality of the procurement

1 organisations.

- 2 Δ Yes.
- Q. A matter I addressed with Mr Beattie. I wonder if you 3 4 can help. You said in your statement, you made 5 a reference to the Scottish Government contracting with 6 Lyreco?
- 7 A. Yes, yeah.
- Q. Can you just help with that, please. Was that 8 9 a contract with Lyreco to provide PPE to public sector 10 organisations?
- 11 A. It was indeed. To public sector plus a range of other 12 organisations carrying out, effectively, public sector 13 type duties like funeral directors in the middle of the 14 pandemic where they weren't able to source that through 15 Scotland Excel and other sources.
- 16 Q. So was that a commercial contract with Lyreco?
- 17 A. It was a commercial contract. One of the conditions of 18 the contract was that it would be, I think their 19 profitability was capped at 5%, but essentially they 20 were contracted with to provide, effectively, an at-cost 21 service, and they were a well-established body who had 22 experience in providing those services.
- 23 Q. That's helpful. Then they would pass on the PPE to the 24 quasi public sector -- (overspeaking) --
- 25 **A**. Correct, yes.

- Q. And -- (overspeaking) -- point of provision. 1
- 2 A. Or at least at no profit to them, I think.
- 3 Q. Understood.

4 We've heard in evidence about the UK procurement 5 allocation to Scotland?

- 6 Α. Yes
- 7 Q. And other devolved administrations. How does this
- 8 commercial contract then sit with the HMT-allocated
- 9 funding which was proposed to cover funding PPE for the
- 10 whole public sector?
- A. I'm not sure I know the answer that question. I know 11
- 12 the funding came through the Barnett formula to NSS and
- 13 I guess your question relates to the fact that NSS
- 14 provided a bit of what they provided in the Lyreco
- 15 contract, but I don't know about the interrelationship
- 16 between the two.
- 17 Q. I guess what I'm trying to understand is if the --
- Her Majesty's Treasury allocation was intended to fund 18
- 19 public sector PPE, but yet Lyreco are being -- in
- 20 a commercial contract --
- 21 A. True, yeah.
- 22 Q. -- is there a disparity there?
- 23 A. I don't know if there's a disparity. It's certainly --
- 24 it does leave a situation arising whereby a private
- 25 company, albeit one with a good track record, would be
- 1 to be done, I think, was when the extent of home-grown 2
  - supply was expanded, and I've heard a couple of times
- 3 reference to about 80% of supply was eventually through
- 4 homegrown sources, through Alpha Solway, through
- 5 Honeywell and others, there would have been more
- 6 capacity for NSS to mandate that better fitting
- 7 equipment was provided.
  - How quickly that's possible to be done, again in
- 9 foreshortened timescales of the pandemic, is hard to 10
  - say. What I think was very hard to do, probably
- 11 impossible to do during the pandemic, was achieve that
- 12 from suppliers from overseas, or from outwith the EU,
- 13 I should say.

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- 14 MS MORRIS: Thank you. Those are my questions.
- 15 Thank you, my Lady.
- LADY HALLETT: Thank you very much, Ms Morris. 16
- Sorry, I pressed something too long there. 17
- 18 I think it is now Ms Mitchell, isn't it?
- Questions from DR MITCHELL KC 19
- 20 DR MITCHELL: I appear as instructed by Aamer Anwar and
- 21 company on behalf of the Scottish Covid Bereaved.
- 22 I would like to ask you about a part of your statement
- 23 where you say at one point that you were:
- 24 "... advised that [the] UK embassies abroad had been
- 25 instructed by FCO [that's the Foreign and Commonwealth 167

- receiving money that would have come from Treasury. So 1
- 2 I think that probably is right, yes.
- 3 Q. Yes, okay. Thank you.

My next topic is around structural inequalities

- because you say in your statement that you became aware
- 6 that historically the one-size-fits-all model --
- 7 A.

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- 8 Q. And I think you used the words "bizarre" --
- Yes 9 A.
- Q. -- and "incomprehensible". So what was, in your view, 10
- 11 the effect of this one-size-fits-all for healthcare
- 12 workers, particularly for women and black and ethnic
- 13 minority healthcare workers?
- 14 Yeah. I should say at the time that my awareness then
- 15 in relation to ill-fitting masks was only in relation to
- 16 female workers; I wasn't aware that there were other
- 17 issues in relation to minority ethnic groups that had
- 18 that effect. I don't know the extent to which it caused
- 19 a problem in terms of the procurement channels. What
- 20 I say in my statement is an indication of some of the
- 21 challenges, I think, that would have arisen in trying to
- 22 rectify that problem in the middle of a pandemic.
- 23 **Q.** So what was done about it in the middle of the pandemic?
- 24 I don't know. I mean, Mr Beattie may have answered some
- 25 of these questions earlier on. I think -- what was able

Office I take it] only to help English negotiators in offering embassy services. Embassy support for these

3 matters was withdrawn from [Scottish Government] (and 4 [you] would presume devolved administrations)."

> Firstly, can I ask how did you come to find out that this was the situation with UK embassies?

7 I think almost certainly I'd have found it out through

- 8 the investment teams based at Atlantic Quay in Glasgow,
- 9 working to Ivan McKee, who was the minister for business
- 10 and innovation, and his -- his support staff work very
- 11 closely with -- I think it was Colin MacBean was the
- 12 deputy director with primary responsibility for that
- 13 area, and as -- part of my functional responsibility was
- 14 liaising with that team to progress the securing of PPE
- 15 from abroad, but also to develop home-grown supply.
- 16 Because they were working in China primarily, and
- 17 through Scottish Enterprise, I can only recall -- I can
- 18 only say as far as I recall of the structures that were
- 19 in place, that information I think must have come from
- 20 Scottish Enterprise through the teams Atlantic Quay, and
- 21 then to --
- 22 Q. To yourself?
- 23 To myself through the meetings that we held with
- 24 Mr McKee.
- 25 Q. Can I ask, what was your understanding of the reasons

1	for the decision taken for embassy support to be	1 FEMHO.
2	withdrawn?	2 Mr Cackette, your insights are particularly valuable
3	A. I don't know. I can speculate as to some of the	in trying to understand how the procurement processes
4	issues	4 can be improved to better serve diverse needs of
5	Q. No, I don't think that would that would	5 healthcare workers, particularly considering the
6	A. Would help?	6 disproportionate impact that the pandemic had on
7	Q help my Lady, but if you have	7 minority healthcare workers.
8	A. I don't know.	8 So, given the challenges outlined at paragraph 3.122
9	Q. If you believe you have an understanding of the reasons,	9 of your statement we don't need to turn it up but the
10	then I'm sure my Lady would want to hear that, but not	10 reference is INQ000512904_0036, where you discuss the
11	speculation.	11 procurement of PPE and its compatibility issues.
	•	
	•	
13	(unclear) it would fall too close into speculation,	ensure that future PPE procurement processes are more
14	I think.	inclusive of the needs of ethnic groups and accommodate
15	DR MITCHELL: My Lady, in that case, I don't suppose my Lady	those of specific religious or cultural dress
16	would wish to hear that.	requirements? Can you help us with that, please?
17	I have no further questions.	17 A. I would I think the first thing that I would
18	LADY HALLETT: Thank you very much, indeed, Ms Mitchell.	suggest is that there needs to be a proper understanding
19	Very grateful.	within both the Scottish and the UK systems, the health
20	Mr Thomas, please.	service systems, and those who provide PPE too, of the
21	Questions from PROFESSOR THOMAS KC	21 different needs that are required. So a proper
22	PROFESSOR THOMAS: Good afternoon, Mr Cackette.	22 understanding of which groups for either for
23	A. Good afternoon.	religious or other reasons, or gender reasons, would
24	<b>Q.</b> My name is Leslie Thomas, and I am representing the	require a different form of PPE, and to absolutely
25	Federation of Ethnic Minority Healthcare Organisations,	25 mandate that any procurement of PPE in those
	169	170
1	circumstances is truly and properly reflective of the	1 MR STOATE: It does. Thank you, my Lady.
2	breadth and make-up of the identified recipients.	2 LADY HALLETT: Very well. 10.00 tomorrow morning, please
3		3 (3.49 pm)
	And I think understanding that information and	
4	making that a really important part of a procurement	4 (The hearing adjourned until 10.00 am the following day)
5	process. Procurement, of course, is not only about how	5
6	much you pay for your procurement, but it is underpinned	6
7	by principles of value for money, and ensuring those	7
8	matters can be properly addressed to protect those who	8
9	need that protection most, I think, will be a vital part	9
10	of the award of contracts to ensure that can be	10
11	achieved.	11
12	, ,	12
13	My Lady, that's my question.	13
14	LADY HALLETT: Thank you very much indeed, Mr Thomas.	14
15	Okay, those are all the questions that we have for	15
16	you. As you said, the hours that you and your	16
17	colleagues were working, they're unsustainable. It's	17
18	just awful, the kind of pressure the pandemic put upon	18
19	people like you and your colleagues. So thank you very	19
20	much for withstanding the pressure and still being here	20
21	to talk about it, and thank you for your help you have	21
22		
	given to the Inquiry.	22
23	given to the Inquiry.  THE WITNESS: Thank you.	22 23
23 24		
	THE WITNESS: Thank you.	23

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171/21			
yours [1] 113/12 yourself [6] 30/18			
31/8 113/5 135/20			
147/22 168/22			
<u>Z</u>			
<b>Zoom [2]</b> 30/18 31/10			
			(75)
			(75) you've Zooming