

Witness Name: Jeane Freeman
Statement No.: 6
Exhibits: JF6
Dated: 20 December 2024

**UK COVID-19 INQUIRY
MODULE 5**

WITNESS STATEMENT OF JEANE FREEMAN

Background

In relation to the issues raised by the Rule 9 request dated 7 November 2024 in connection with Module 5, I, Jeane Freeman, will say as follows: -

Positions I have held

1. I am Jeane Freeman of the University of Glasgow, University Avenue, Glasgow, G12 8QQ where I have held a part time post since November 2021 and am currently Dean of Strategic Community Engagement and Economic Development. In the preparation of this statement, I have referred to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry Response Directorate, solicitors taking my statement via interview and other appropriate assistance to enable the statement to be completed. I have also been assisted in identifying documents and factual information relevant to the questions being asked to assist in the preparation of my statement. However, any views or opinions expressed in this statement are my own.
2. Prior to entering politics, I trained and qualified as a nurse on leaving school and subsequently completed my degree in 1979. From 1981 to 1985, I was General Secretary of the British Youth Council. I founded Apex Scotland, which is an employment organisation for people with a criminal record, in 1987 following a feasibility study in 1986. I was Chief Executive of Apex Scotland from 1987 to 2000. I was a senior civil servant working in education in Scotland from 2000 to 2001 and

was then appointed as Senior Policy Special Adviser to Rt Hon Jack McConnell and held that post until 2005. Between 2005 and 2015, I held a number of public appointments on the Parole Board for Scotland, the Judicial Appointments Board, the Scottish Police Authority and was Chair of the NHS Scotland Golden Jubilee National Foundation for 7 years until 2015. A former member of the Labour Party, I was in no political party until 2015 when I joined the SNP. In May 2016 I was elected to the Scottish Parliament as MSP for Carrick, Cumnock and Doon Valley. In May 2016 I was appointed as the Minister for Social Security within the Scottish Government, and I held this role until June 2018. As part of this role, I led the establishment of Social Security Scotland, including the underpinning legislation under the newly devolved social security powers. In June 2018 I was appointed as the Cabinet Secretary for Health and Sport. I held this role until May 2021. I had no involvement with the Scottish Government's response to the pandemic after that point.

My role in procurement in Scotland

3. A unique feature of the distinctive health infrastructure in Scotland, and one which made a significant contribution to the pandemic response, is the existence of National Services Scotland ('NSS'), which was established in 1974 (with the name The Common Services Agency). Amongst other functions, NSS acts as a procurement arm for the whole of the NHS in Scotland. NSS has tried and tested procedures in place with regards to the due diligence of suppliers, pricing, quality control, distribution and supply of a wide range of medical supplies and equipment and has longstanding, trusted relationships with a diverse range of suppliers. This gave Scotland a number of strategic advantages in responding to a global health emergency. For example, with regards to the procurement of Personal Protective Equipment ('PPE') in the context of global shortages, NSS was able to bring economies of scale due to the fact that it acted on behalf of the entire NHS in Scotland enabling more sustainable and cost-effective supply routes. This meant that Scotland did not need to operate a fast-track system for any new supplier. Where new suppliers were needed or came forward with offers, the standard tried and tested NSS procedures for due diligence, quality control and pricing applied. The experience and expertise of NSS was also deployed to increase distribution to all primary care facilities and adult social care, developing and improving new order and distribution routes over the course of the period. With the aid of the then Scottish Government Minister for Trade, we were also able to deploy NSS to develop a domestic supply route providing increased security of supply and new jobs.

4. The role of NSS was also critical in managing our PPE stock as it was able to track both the source and destination of all items of PPE in Scotland. I personally received a daily sit rep on levels of PPE held in stock and on order and could directly question any areas of concern and take steps to address these. The information provided by NSS to me covered each item of PPE, current volume, current order volume and new deliveries expected. A traffic light system to highlight any critical areas was essential to: (i) the proactive approach to the supply and distribution of PPE across healthcare settings taken in Scotland and (ii) supplying all primary and social care settings with PPE from bespoke ordering and distribution routes.
5. Given the evolving knowledge and understanding of the means by which the virus was transmitted, there was significant iterative work undertaken, based on clinical advice, on the type of PPE needed and to ensure a flow of PPE through distribution routes including additional routes for social care and community-based care settings. As Cabinet Secretary for Health and Sport, I was ultimately responsible (politically) for this activity, and for the establishment and performance of these distribution routes. NSS National Procurement ('NP') is in turn responsible for national PPE contracts in Scotland and was responsible for supplying PPE to the healthcare system during the pandemic through its National Distribution Centre ('NDC'). NSS was, and still is, accountable to Scottish Ministers, and reported to me in my capacity as Cabinet Secretary for Health and Sport.
6. As noted, in terms of PPE, we had the advantage of a single procurement arm for the whole of NHS Scotland, namely NSS which has a long-standing relationship with the providers and manufacturers of PPE. That being the case, at the very outset of the pandemic and despite very high global demand and associated pricing, we were able to increase the volume of PPE on order. In addition, the stocks of PPE had to increase because we were now supplying it to areas of health and social care not previously supplied from the public purse.
7. The level of global demand and the increased pricing posed severe challenges to health and social care provision outwith hospital settings. Therefore, we took the decision to supply these settings of primary, community and social care directly. We set up new order and distribution routes to enable us to do so and increased our volume demand from suppliers. We also secured the necessary equipment to allow two companies in Scotland to produce items of PPE and, therefore, created a domestic supply chain. My understanding is that the companies concerned were:

- Don and Low, based in north east Scotland, who received a £3.6m repayable grant from the Scottish Government to purchase equipment that could produce material of the right specification for gowns and negotiated an agreement with NSS in May 2020 to supply this material.
 - Alpha Solway, based in the south west of Scotland, received a contract negotiated with NHS Scotland to supply FFP3 masks and other items of PPE. Their necessary expansion to meet demand was supported by the Scottish Government
8. As Cabinet Secretary for Health and Sport I was ultimately responsible (politically) for ensuring that the health workforce in Scotland had access to appropriate PPE. As the Chief Nursing Officer (CNO) and Chief Nursing Officer Directorate (CNOD) had overall responsibility for Infection Prevention and Control (IPC) in hospitals, she led on guidance in relation to the types of PPE required. The CNO was informed by advice from Public Health Scotland (PHS), SAGE and the Covid-19 Advisory Groups and her office would then distil this knowledge to create guidance. NSS would then be informed as to the types and volumes of PPE required.
 9. I ultimately had political responsibility for ensuring that there were sufficient supplies of ventilators, lateral flow tests, PCR equipment and oxygen in Scotland. However, the practicalities of ensuring that those supplies were delivered to the right places on time lay with officials.
 10. Officials would advise me where challenges arose. For example, in order to quadruple the number of ICU beds in Scotland, we were required to secure additional ventilators. There was a short period where we were waiting on ordered supplies of ventilators to arrive. Officials confirmed to me that anaesthetic machines could be adapted by medical physicists to be used as ventilators, at no additional risk to patients. These anaesthetic machines had become available due to the suspension of elective surgery. This work was primarily developed by the Scottish Government Uplift & Escalation Group.
 11. On 26 March 2020 I was copied into a submission sent from John Connaghan to the First Minister which provided an update on ventilation capacity and outlined the urgent work underway to increase capacity within NHS Boards through the use of anaesthetic machines. It also asked Ministers to note that officials had met that afternoon with Board technical and clinical representatives to consider repurposing

anaesthetic machines in theatre for ventilation purposes. The submission is provided: [JF6/001- INQ000261354].

12. On 01 April 2020 I was copied into a submission sent from Caroline Lamb to the First Minister which provided the latest position on ventilator capacity. It noted that repurposing anaesthetic machines would allow the capacity required to be reached. The submission is provided: [JF6/002-INQ000250357].

13. I therefore approved that adaptation of anaesthetic machines to be used as ventilators to cover the time gap. In an email sent 26 March 2020, John Connaghan requested all Health Board Chief Executives to commence immediate work to free up as many anaesthetic machines as was safely possible for use as ICU ventilators within the following seven days.

14. Where there were any other potential glitches in supply, officials would advise me of the issue and the proposed solution.

15. In respect of PPE, as stated earlier, I received daily status reports showing stock levels and anticipated demand, as well as the status of all orders. There was a red, amber, and green reporting system within those reports - where green meant there were no significant challenges, but red indicated significant challenges in terms of PPE running short (with orange being somewhere in the middle of green and red). Examples of these reports have been provided to the Inquiry: [JF6/003 – INQ000528122] [JF6/004 – INQ000528123].

Other ministers, Scottish and UK government departments and devolved administrations

Working relationships

16. The UK Covid-19 Inquiry ('UKI') has asked me about the working relationships I had during the Covid 19 pandemic.

17. My responsibilities as Cabinet Secretary for Health and Sport included the NHS and its performance, staff and pay, health and social care integration, patient services and patient safety, national clinical strategy, quality strategy and national service planning, allied healthcare services, carers, adult care and support, child and

maternal health and sport and physical activity. I was supported by the Ministers for Public Health, Sport and Wellbeing and for Mental Health.

18. Between January 2020 and May 2021, I worked very closely with the First Minister in reaching key political and administrative decisions in relation to the management of the pandemic in Scotland. I met with the First Minister during this time period every day, at least twice a day. These meetings were in person. We would also on occasion make phone calls to each other to follow up on previously agreed actions and discuss any developments or new information which had occurred or been presented. There would be additional in person meetings depending on what was needed.
19. I communicated with the First Minister primarily in person and via phone calls. My preferred method of communication was in person. The only other form of communication with the First Minister was through text messages and telephone calls. The content of these text messages was limited to following up on decisions already taken through other means of communication.
20. In my role as Cabinet Secretary for Health and Sport, my main working relationship with the Deputy First Minister was through Cabinet meetings. I did not have regular 1 to 1 meetings with him. We would both attend the Scottish Cabinet and Scottish Government Resilience Room ('SGoRR') meetings, and we were both part of the First Minister's Advisory Group on Covid-19. I would speak with the Deputy First Minister over the phone on occasion.
21. Beyond my statement above, I did not discuss the management of the pandemic with the First Minister or the Deputy First Minister on informal or private communication channels or other messaging platforms.
22. In my role as Cabinet Secretary for Health and Sport, I worked closely with the Ministers of Health, Sport and Well-being, Joe FitzPatrick, until 18 December 2020, and subsequently Mhairi Gougeon, in operationalising key political and administrative decisions about the management of the pandemic in Scotland. In addition, I also worked closely with Clare Haughey in her role as Minister of Health with responsibility for mental health. Between January 2020 and autumn 2020, the frequency of meetings with them depended on the work required in any specific circumstance or area. Towards the autumn of 2020 and leading into 2021 I had

regular meetings with them in order to provide an update on the overall health portfolio. I communicated with both Ministers through Microsoft Teams or Zoom. I did not discuss the management of the Covid-19 pandemic with either Minister using informal or private communication channels or other messaging platforms.

23. I had regular portfolio meetings which involved my Ministers and key officials. Prior to January 2020, these meetings were held fortnightly and in person. From the end of March 2020 (when the first lockdown began), until April 2021 they were held weekly and via zoom/teams. Joe FitzPatrick and I (or Mhairi Gougeon) and Clare Haughey would have all attended these meetings unless apologies were given. Another series of regular meetings with my Ministers were the weekly comms meetings. Until lockdown in March 2020, these were held weekly. From April 2020, these meetings became woven into the portfolio meetings. Again, I and the health ministers would have attended these meetings unless apologies were given. I also had meetings with my ministers on a frequent basis in regard to matters of individual portfolio responsibility. These included discussions around vaccines/testing/drug/policy/dentistry/sport-related/cluster outbreak covid incidents. We also attended the Mobilisation Recovery Group, which met from August 2020 and initiated or attended meetings with Opposition health spokespeople. Finally, I attended meetings of the Scottish Parliament as required, both in Chamber and with relevant Committees.

24. In my role as Cabinet Secretary for Health and Sport, I also worked closely with Kate Forbes, who was the Cabinet Secretary for Finance at the time. We spoke regularly about funding in relation to the Scottish Government's response to Covid-19 as far as that affected areas in my portfolio. I also worked closely with Ivan McKee who was the Minister for Trade at the time, specifically in relation both to the international procurement of PPE and the creation of a domestic PPE supply chain.

25. There was a regular meeting on Thursday evenings over Zoom which involved the health secretaries from the Four Nations and on occasion, their respective ministers. I would always have an official present. These meetings were recorded, and notes were taken. The purpose of these weekly meetings was primarily to discuss any operational issues being experienced. For example, we discussed the performance of the Lighthouse Laboratory network, including where there were backlogs in the processing of tests in a particular laboratory and how that impacted on process times elsewhere across the Four Nations.

26. The role of the Chief Medical Officer (CMO) and Deputy Chief Medical Officers (DCMOs) is as independent clinical advisers to government. An important part of the role of CMO is to be able to use judgement and professional clinical experience to be able to communicate effectively and fully, so that their commitment to professional and ethical requirements as defined by the General Medical Council (GMC) is not breached. During the pandemic, the CMO or a DCMO would be in attendance to provide clinical advice in SGoRR and Cabinet as required. The CMO or DCMO attended media briefings to support public scrutiny of their advice.
27. I have previously confirmed to the UKI that early in 2020 the Scottish Government foresaw that the sudden surge in global demand for PPE would create ongoing challenges for health and social care services in Scotland (other than in acute hospital settings, where there was adequate PPE). To respond to this challenge, I oversaw a process in which NSS placed additional orders and created new distribution routes to supply PPE to primary care, dental care, opticians, pharmacies, and residential social care and home-based social care.
28. In setting up new distribution routes, there was always the potential for certain teething problems. We established a PPE Helpline, which was initially (between April 2020 and June 2020 monitored from 8am to 10pm on weekdays and 8am to 6pm on Saturdays and Sundays), before reducing to 8am to 6pm weekdays on 5 June 2020, and being effectively closed down on 20 July 2020. I asked Graeme Dey, Minister for Parliamentary Business and Veterans, to oversee the PPE Helpline so that where additional support was needed, it was provided.
29. I was assisted by Ivan McKee, the Minister for Trade, who provided assistance to NSS in looking for additional suppliers. Where private companies made offers to supply healthcare equipment or PPE, those offers were processed through NSS, who followed their own standard due diligence processes and procedures. Scottish Enterprise provided assistance to NSS where required.
30. In addition, we secured raw materials from Germany that were subsequently utilised by a company in Arbroath to manufacture masks domestically. This assisted with supply during the pandemic, but also created a longer-term domestic supply route.

Ways of working

31. I held regular meetings with the Convention of Scottish Local Authorities ('COSLA'), health and social care trade unions, and with Scottish Care, on a number of issues including PPE (provision, distribution and supply of PPE). This allowed me to be aware of any pressing matters which we had not yet resolved.
32. I was aware of the difficulties that private social care providers were facing when trying to secure PPE – this was brought to my attention by Donald Macaskill.
33. As the UKI knows from my previous evidence, issues were raised by COSLA and trade unions about the level of PPE available to social care workers providing care at home. Union members felt that they did not have the right level of PPE for all of their clients. I took the decision that they should be supplied with the maximum level of PPE because we could confidently rely on their professional judgement on the level of PPE they should use for each client.

Key officials and advisers

34. The UKI has asked me to identify (by full name, title and department) the key officials and advisers who advised me on the procurement of key healthcare equipment and supplies during the pandemic, so I provide the following list. Please note that some officials may still be in post, but I have provided only for my tenure:

Director General and Chief Executive of NHS Scotland:

- Malcolm Wright – June 2019 to May 2020
- John Connaghan – Interim Chief Executive – April/May 2020 to January 2021
- Elinor Mitchell – Interim Director General – April/May 2020 to December 2020
(Note: This position was split into two in April 2020 when John Connaghan and Elinor Mitchell took up interim posts. It was then merged back into a single position from January 2021)
- Caroline Lamb – January 2021 to May 2021. (Previous roles in SG: Delivery Director for ICU expansion (March 2020 to May 2020), Portfolio Director for Test and Protect from May 2020, Delivery Director for the Extended Seasonal Flu and Covid-19 vaccination programmes from August 2020)

Directorate of the Chief Operating Officer (COO):

- John Connaghan – Director for Performance and Delivery (April 2021-May 2021) and Chief Operating Officer, NHS Scotland (January 2021-May 2021)

- Michael Healy – Interim Deputy Director, Health Emergency Preparedness, Resilience and Response (EPPR) (April 2020 – May 2021)

PPE Directorate:

- Paul Cackette – Director of PPE (April 2020-July 2020)

Health Finance, Corporate Governance and Value Directorate:

- Richard McCallum – Director for Health Finance, Corporate Governance and Value (December 2019 – present)
- Caroline Jack, PPE Division Interim Deputy Director (July 2020 – December 2020)
- Alan Morrison – Interim Deputy Director for Health Infrastructure and Investment (now Health Infrastructure and Sustainability) (January 2021 – May 2021)

The Test and Protect Directorate

- Annabel Turpie - Director of Testing (April 2020 - June 2020)

Directorate for Covid Public Health/Directorate for Population Health

- Christine McLaughlin – Director for Test and Protect (June 2020 – May 2021)
- Richard Foggo – Director for Covid Public Health (June 2020 – May 2021)

Chief Medical Officer Directorate (CMOD)

- The Chief Medical Officer and their Directorate were not involved in decisions relating to the procurement or distribution of medical equipment. The CMOD provided professional clinical advice to policy officials alongside opinions if requested but was not the policy or strategy lead for PPE or other medical equipment.
- The Medical Devices Unit within the CMOD did assist in the purchasing of ICU equipment, however this was reporting to/on behalf of COO under the wider ICU work that COO Directorate was leading on ICU Resilience.
- For reference, the Chief Medical Officers in post during my tenure were:
 - Dr Catherine Calderwood – February 2015 – April 2020
 - Professor Sir Gregor Smith – December 2020 – May 2021 (serving as interim CMO between April 2020 – December 2020)

Chief Nursing Officer Directorate (CNOD)

- The Chief Nursing Officer and their Directorate were not involved in decisions relating to the procurement or distribution of medical equipment. The CNOD did provide

advice on the appropriate use of PPE by the health workforce within health and social care settings as part of infection prevention and control.

- For reference, the Chief Nursing Officers in post during my tenure were:
 - Fiona McQueen – November 2014 – February 2021
 - Amanda Croft – February 2021 – May 2021

Special Advisors

- David Hutchison – Health Special Advisor who was in post for my tenure.

Temporary Structural Change

35. Prior to the Covid-19 Pandemic, primary health care agencies and adult social care organisations were responsible for securing their own PPE. However, to ensure that staff and those people who were receiving care were protected, we opened new lines of PPE supply to primary health care and adult social care settings, and the Scottish Government covered that cost.

Preparedness for procurement in a health emergency

36. The Inquiry has asked me to describe the key processes, procedures and technologies introduced, adapted or overseen by me to ensure preparedness for a pandemic by way of effective systems and infrastructure.
37. Health Emergency Preparedness, Resilience and Response (EPRR) Division led pandemic planning arrangements on behalf of the DG Health and Social Care family over several years prior to Covid-19 and developed well-established approaches and structures to pandemic planning across NHS Scotland. This included co-production of the UK Four Nations Pandemic Influenza Strategy 2011 and cross-Directorate working within the Scottish Government through the Pandemic Flu Readiness Board.
38. Health EPRR devised plans, which were subsequently approved by Scottish Ministers. It was then the responsibility of NSS to operationalise those plans. NSS has years of experience in building relationships with suppliers. NSS completes due diligence in the ordering, stockpiling and management and distribution of all of those items. The experience of NSS gave Scottish Ministers a significant advantage in the management of the pandemic compared to other parts of the UK.

39. NSS and Scottish Enterprise have established due diligence processes for all suppliers and that procedure was applied to any new offers of supply that came in from any route. From time to time, MSPs would draw my attention to a local business or company that had contacted them to offer help in the provision and supply of PPE. At other times Scottish Ministers received direct email offers from potential suppliers. In all circumstances, the offer was passed directly to NSS so that they and Scottish Enterprise could undertake their standard due diligence procedure and make a decision about whether or not a new supplier had the experience, competence and track record to supply the necessary materials.
40. Although I was not in post during any of the pre-pandemic exercises (Cygnus, Silver Swan or Iris), my understanding is that the lessons which came from them fed into our pandemic planning and preparedness. I cannot comment further on those exercises.
41. The Scottish Government was significantly aided in the procurement and management of stock, and in the delivery of all key healthcare equipment in Scotland including PPE, due to the long-established existence of NSS. In my view, NSS scaled up and adapted very well to the demands of the pandemic, even as those demands changed through time. NSS were informed by the clinical advice particularly from the CNO and her office on PPE needs as understanding of the virus and emerging strains developed.

EU Exit

42. The UKI has asked me whether Brexit impacted procurement and supply chains during the pandemic. Inevitably and understandably, the informal but productive relations that existed across Europe pre-EU Exit were strained as a consequence of Brexit. It is not possible for me to say whether those strains had a direct effect on procurement for the Scottish Government during the pandemic or on supply chains, because all of these matters were handled very effectively by NSS.

Principal issues with procurement as Scotland entered the pandemic

Existing structures coped with global surge in demand for PPE

43. As explained above, the principal issue placing strains on the procurement of key healthcare equipment and supplies in most countries, including Scotland, was the nature of the sudden increase in global demand for key healthcare equipment and PPE, which inevitably put pressure on supply and on prices. However, NSS' track record of establishing relations with suppliers, combined with the assistance of Scottish Ministers, meant Scotland was in a good place to rise to the challenge. There were short periods of time where supply of particular items was under stress, but at no point did Scotland run out of any item of PPE or key healthcare equipment. As noted in the Audit Scotland report (published June 2021), in April 2020 supplies of some centrally held PPE stocks, such as gowns and visors, were very low. This was because these items had not been held in the pandemic stockpile. Exhibit 4 within the report (page 12) shows the number of days of stock held centrally by NSS, April 2020 – May 2021 [JF6/005– INQ000108737].

44. In my experience during the pandemic, while in the face of global demand there were challenges in supply from time to time, the more significant challenges were with the distribution of certain items to those who needed them.

45. Pre-pandemic, NSS supplied PPE only to NHS hospitals. Hospital departments would send a request for PPE to a central unit in their hospital and the PPE would then be sent to the relevant department – a demand-led distribution system. As we became aware of instances where we knew a hospital had a supply of the item of PPE in question, but this item was not reaching the staff who required it, we took the approach to one where items (e.g. FFP3 masks) were sent to hospital departments directly where required – in effect a 'push' distribution system. This change flowed from the useful information we received via the Helpline and through direct contact front line staff could have with me via social media or email.

Key decision-making forums and groups

46. The UKI has asked me about the effectiveness of working relationships during the Covid-19 pandemic. In my opinion, Scottish Ministers worked together effectively and collectively. The Scottish Cabinet benefitted from regular updates and discussions about all matters relating to the pandemic in Scotland, including PPE and healthcare supplies.

47. As already noted, I had direct assistance of two Scottish Ministers on PPE.

48. I cannot comment on how the UK Cabinet or other bodies outside of Scotland operated. I did attend COBR meetings and as already noted, I found them to be of interest but of no direct benefit to my work.

Key decisions and policies during the pandemic

49. The UKI has asked me to provide a chronology with supporting material which sets out the key decisions and policies which I made or to which I made a material contribution in relation to the procurement of key healthcare equipment and supplies during the pandemic. I have set out the Cabinet meetings from March 2020 in the table below. Pre March 2020, there were two SCANCE papers which discussed issues related to the scope of Module 5. These were on 28 January, where the establishment of testing laboratories in Scotland was noted, alongside the distribution of facemasks from the national stockpile, and on 18 February where an update on Scotland's laboratory testing was given.

Cabinet meeting	Discussion
17 March 2020 [JF6/006 - INQ000078529]	<ul style="list-style-type: none"> • Availability of ventilators and other essential equipment and status of orders placed on behalf of NHS Scotland should be pursued as a national priority.
24 March 2020 [JF6/007 - INQ000214725]	<ul style="list-style-type: none"> • ICU and ventilator capacity issues. • Mr McKee update on ongoing discussions as part of his Ministerial Group on manufacturing.
31 March 2020 [JF6/008 - INQ000214646]	<ul style="list-style-type: none"> • ICU capacity tripled and hoped to increase four-fold once additional ventilator beds in place. • Reasonable grounds for confidence that NHS Boards would have ventilator capacity in next two weeks. • Pipeline of orders need to be monitored closely. • Official level engagement ongoing with UKG. • Work underway to repurpose anaesthetic machines to be used as ventilators – this would make more than 200 additional machines available in the short term. • New supply routes been put in place for PPE.
7 April 2020	<ul style="list-style-type: none"> • Availability of appropriate PPE – a concern for healthcare

[JF6/009 - INQ000214556]	<p>workers, social care and critical services across UK.</p> <ul style="list-style-type: none"> • 4N mutual aid arrangements operating. • Ventilators being procured as quickly as possible. • Work underway on resilience of PPE supply chains. • At UK level, there is a scheme for the centralised ordering and distribution of PPE. Scotland would take part in mutual aid but Scottish supply and distribution routes would remain in place. • Mr McKee and officials pursuing further sources of PPE from a variety of potential suppliers, ventilators, hand sanitiser and other equipment. • Distribution of PPE raising concerns in social care. • Distribution of PPE to Police Scotland raised.
14 April 2020 [JF6/010 - INQ000214644]	<ul style="list-style-type: none"> • Active consideration given to ensuring adequate stocks of medical supplies being maintained. • All possible efforts being made by NSS to identify additional sources of supply for NHS Scotland. • Mr McKee also continuing to seek out new suppliers in the domestic market. Main constraints related to quality. • ICU capacity three times greater than pre-pandemic.
21 April 2020 [JF6/011 - INQ000078537]	<ul style="list-style-type: none"> • Levels of PPE within care homes being checked. Although they are responsible for their own supplies of PPE, NHS Scotland was providing a top-up service to recognise the exceptional level of demand in all settings. • Work continued on 4N basis to increase capacity of testing in Scotland as part of the UK-wide scheme. • Supply of PPE continues to be a problem. Mutual aid operating (Scotland sent 1million masks to Wales, to be replenished by end of the week by Wales). • NSS pursuing possible procurement from new manufacturers.
5 May 2020 [JF6/012 - INQ000214723]	<ul style="list-style-type: none"> • [Cabinet paper by Kate Forbes] - strong focus at present on providing increased PPE. • The consequences for this are minimal at the moment, potentially reflecting a UK Government expectation that the majority of this will be allocated via the UK stockpile. Scotland is purchasing significant amounts of PPE as well as

	ventilators, and will continue to do so, potentially without further UK funding towards these additional costs.
19 May 2020 [JF6/013 - INQ000078545]	<ul style="list-style-type: none"> • Ongoing dialogue with UKG about funding the costs of PPE and testing. • Work ongoing with UKG on 4Nations PPE Protocol.
3 June 2020 [JF6/014 - INQ000214276]	<ul style="list-style-type: none"> • Funding of PPE.
9 June 2020 [JF6/015 - INQ000214405]	<ul style="list-style-type: none"> • Growing Scotland's capacity and capability to produce key products such as PPE and build resilience for the future. • New domestic supply chains in record time mean we are working towards self-sufficiency in many key items.
16 June 2020 [JF6/016 - INQ000214407]	<ul style="list-style-type: none"> • Since 19 March, deadline helpline has delivered emergency PPE directly to social care providers. • Also established local PPE Hubs, allowing care homes to collect equipment or have it delivered to them.
8 July 2020 [JF6/017 - INQ000214409]	<ul style="list-style-type: none"> • Increased both the volume of PPE being manufactured in Scotland and the amount being improved for immediate and future needs. • Working with partners across Scotland and the four nations to ensure continued supply and distribution. • All Health Boards now have Single Point of Contact ('SPoC') to manage local PPE supply and distribution. Top up and emergency provision being provided to social care. • Other public services, such as police and fire are involved in SG led working group on procurement and supply for non-NHS PPE. A process has also been established with a third-party supplier to make PPE available for purchase to organisations who were providing essential services but having difficulty accessing supplies.
29 July 2020 [JF6/018 - INQ000214410]	<ul style="list-style-type: none"> • Funding for PPE. • Covid-19 Route Map: Reviewing of phasing.
18 August 2020 [JF6/019 - INQ000214414]	<ul style="list-style-type: none"> • Covid-19 Route Map: Reviewing of phasing.

25 August 2020 [JF6/020 - INQ000214415]	<ul style="list-style-type: none"> • Programme for Government. • Establishing Scottish PPE supply chain.
8 September 2020 [JF6/021 - INQ000214446]	<ul style="list-style-type: none"> • Covid-19 Route Map: Reviewing of phasing.
22 September 2020 [JF6/022 - INQ000214448]	<ul style="list-style-type: none"> • Funding of PPE and Louisa Jordan, including ventilators.
2 October 2020 [JF6/023 - INQ000232752]	<ul style="list-style-type: none"> • EU Exit: ensuring the continuity of medical devices and clinical consumables supply chain, and of PPE for health and social care workers.
1 December 2020 [JF6/024 - INQ000078584]	<ul style="list-style-type: none"> • PPE required for administering vaccinations.
8 December 2020 [JF6/025 - INQ000078586]	<ul style="list-style-type: none"> • EU Exit: medical devices, clinical consumables and PPE supply chains.
15 December 2020 [JF6/026- INQ000078587]	<ul style="list-style-type: none"> • EU Exit: medical devices, clinical consumables and PPE supply chains. Update on NSS' work to build up stock. PPE at 4 months' supply.

Methods of Communication

50. I have been asked how any decisions I made during the pandemic were communicated. All decisions I made at any point during the pandemic on any matter would be communicated via my Private Office for officials for action. That is the only way in which action can be taken in the Scottish Government on decisions that Ministers take.

Calls to arms

51. I played no direct role in the policy or operation of Operation Moonshot or in the Ventilator Challenge.

52. The UK Government's Department of Health and Social Care ('DHSC') did offer to supply ventilators to NHS Scotland and the other Devolved Administrations and

Crown Dependencies. As is noted in the Module 5 DG Health and Social Care statement, two NHS Boards trialled the Penlon ES02 ventilator to consider if it was a product that could be used in Health Boards in May 2020. Following assessment, it was decided by the ICU Resilience Group that these did not meet NHS Scotland requirements. The feedback from clinicians and medical physics teams was that these offered a slight advantage over anaesthetic machines but were not to full ICU specification. The ICU Resilience and Support Group requested that Scotland's allocation of these should be held by the DHSC in reserve in the event of an extreme surge scenario.

Overall value of the contract awarded

53. The UKI has asked me to describe the key processes and procedures introduced, adapted or overseen by me to ensure that there was overall value in the contracts awarded with respect to the procurement of key healthcare equipment and supplies during the pandemic. However, it was the Cabinet Secretary for Finance's role to monitor spending. If she had had particular concerns she would have raised them with me, but I do not recall any such concerns being raised in this particular regard.

Spending controls

54. The UKI has asked me about spending controls. Again, spending controls fell under the responsibility of the Cabinet Secretary for Finance. During my tenure as Cabinet Secretary for Health and Sport, as far as I am aware my senior officials continued to implement due diligence in respect of expenditure in my portfolio area, as did NSS, despite the Covid-19 pandemic. Financial reports were then sent to the Cabinet Secretary for Finance. It is important to note, as mentioned above, that all standard procedures, which pre-dated the pandemic, were followed.

Steps taken to eliminate fraud and the prevalence of fraud

55. The UKI has asked me about steps taken to eliminate fraud and the prevalence of fraud. This is a question that would be better put to the Cabinet Secretary for Finance and the Finance Directorate, as it was not my area of responsibility. As I have mentioned, NSS and Scottish Enterprise had standard procedures for carrying out due diligence on potential suppliers. The purpose of those procedures was to identify fraud and ensure due probity in relation to spending. While the Health Finance

Directorate has a role in ensuring that as far as health and social care is concerned, those procedures are duly followed, the overall responsibility sat with the Finance Directorate and the Cabinet Secretary for Finance. This applied pre-pandemic and during the pandemic.

Conflicts of interest

56. The UKI has asked me whether I oversaw any key processes and procedures to ensure that there was an effective system for managing conflicts of interest. I would refer the UKI back to my earlier explanation that it is NSS and Scottish Enterprise who carry out due diligence, including looking at company track records, accounts, who runs the company and identifying whether there are any conflicts of interests with Scottish Government senior officials or ministers. As I have mentioned, NSS and Scottish Enterprise continued to apply their standard due diligence processes during the Pandemic.

57. I believe that the processes followed by NSS and Scottish Enterprise were effective.

58. I have no reason to believe that any company or person received preferential treatment as a result of connections with (or being a donor to) my own political party or any other political party in Scotland. I am confident that had any such inappropriate practices occurred, it would have been uncovered by investigative journalists, and subsequently brought to my attention.

Contractual provisions and performance by suppliers and manufacturers

59. The UKI has asked me to describe the key processes and procedures introduced, adopted or overseen by me in respect of contractual provisions and performance by suppliers and manufacturers. I would refer the UKI to previous paragraphs, where I explained that NSS and Scottish Enterprise carry out their long-established due diligence processes to detect any risk of fraud, to put in place insurance policies, to avoid conflicts of interest and to ensure value for money. The Finance Directorate and the Cabinet Secretary for Finance play a role in overseeing those due diligence activities, but it was not my area of responsibility.

Compliance with public law procurement principles and regulations

60. The UKI has asked me about compliance with public law procurement principles and regulations. It was NSS and Scottish Enterprise, rather than myself, who were responsible for ensuring that compliance. Audit Scotland also plays a role too in ensuring the Scottish Government operates properly – including in terms of how the Scottish Government decides what to spend money on – and how it ensures that probity is maintained at all times. In its public reports, Audit Scotland comments on public spending in Scotland.

Operation and effectiveness of regulatory regimes

61. I did not make any changes to regulatory regimes relating to procurement of key health care equipment and supplies during the pandemic.

Decisions as to what to buy at what cost

62. The UKI has asked me to describe the key processes and procedures introduced, adapted or overseen by me to ensure that with respect to the procurement of key healthcare equipment and supplies during the Covid-19 pandemic, there was effective decision-making.

63. As Cabinet Secretary for Health and Sport, I received clinical advice about the nature of the Covid-19 virus and how it was transmitted. I then had discussions with NSS about requirements, which allowed NSS to make informed decisions about which key healthcare equipment and supplies would be required, including the volume of particular items of PPE that should be ordered. In previous UKI Modules, I have described to the UKI how clinicians' understanding of the virus evolved over time. That evolving understanding of course then influenced the advice clinicians were providing to the Scottish Government, which meant that we had to adjust our orders of key healthcare equipment and supplies.

64. Clinicians provided advice to government in respect of the quality and quantity of PPE that should be ordered. However, we also listened to what health boards and other healthcare providers told us they would require in respect of equipment and PPE. We then passed all of that information about what was required to NSS, whose responsibility it was to then reach agreement with their various suppliers.

65. My role was to ensure that all emerging clinical advice was followed in respect of the volume and type of PPE that would be required, and to make sure that distribution

routes of PPE were optimised to combat the challenges faced during the Covid-19 pandemic.

Disposal strategies

66. The UKI has asked me to comment on the key processes and procedures introduced, adapted or overseen by me to ensure that with respect to the procurement of key healthcare equipment and supplies during the pandemic there was, in the event of over purchasing (for example of PPE) strategies for disposal. I understand the DG Health and Social Care corporate statement for Module 5 clarifies that a relatively small amount of the volume of stock necessarily purchased for the anticipated demand arising from the 'worst case' scenario, was disposed of or redirected to other non-health and social care areas of the public sector. This would reflect in my view, the effectiveness of other strategies to minimise the impact of the virus as set out in my other witness statements, meaning we fortunately did not reach 'worst case'.

Distribution of key healthcare equipment and supplies

67. The UKI has asked me to describe the key processes and procedures introduced, adapted or overseen by me to ensure that there was effective distribution of key healthcare equipment and supplies during the pandemic to end users.

68. The new order and distribution routes of PPE inevitably experienced challenges. I wanted to ensure that we were quickly alerted to any problems and acted to resolve these. I personally received a daily situation report on levels of PPE held in stock and on order and could directly question any areas of concern and take steps to address these. I was also able to assist in particular cases as a result of the fact that I was being kept updated.

69. On one occasion, I had a very senior clinician from a hospital in Edinburgh contact me to say that he and his colleagues were in the A&E Department and did not have access to the PPE they needed. The daily situation report that I had received showed me the exact volume of each item of PPE that we had in stock so I could not understand why this PPE was not available. We investigated that evening and discovered that the PPE had been delivered to the hospital but was in a particular cupboard which no-one had told the clinician about and so he was unable to access

the supplies that he needed. Provision of PPE is the responsibility of the employer. In the case of clinicians, this would be the Health Board, and information on where PPE could be accessed would be provided via internal communication routes, such as through line management. In addition, in April 2020 we required each Health Board to have a nominated Single Point of Contact (SPoC) for PPE. The SPoC was responsible for managing PPE supply in their Health Board and were in place to resolve issues, and concerns and to be notified if the normal process is not working well.

70. The ability of healthcare and social care staff to contact me directly, alongside their unions or bodies such as Scottish Care, together with the PPE Helpline and the support of my Ministerial colleague Graeme Dey, then Minister for Parliamentary Business and Veterans, who took on the task of following up issues raised via the Helpline to ensure resolution, meant that I could become quickly aware of any glitches in supply reaching the staff who needed it and resolve these. These various routes and mechanisms were important in a fast moving and complex situation.

71. I believe that the above example is illustrative of the high quality of data (both as to supply and distribution) and the precise levels of co-ordination involved in the management of PPE in Scotland.

72. Social care providers received PPE support during the pandemic through: (i) recouping pandemic-related PPE costs from Scottish Government funding; and (ii) accessing PPE free of charge from local and national PPE Hubs when supply routes failed. The PPE Hubs were supplied by NSS, with governance arrangements set out in a Memorandum of Understanding which was co-signed by Scottish Government, COSLA, NSS, Health and Social Care Partnerships, the Coalition of Care Providers Scotland, Scottish Care and National Carer Organisations.

73. Due to some services struggling to source PPE, and the size of some organisations, it was decided to bring in a large third-party supplier to purchase PPE which had more reliable supply chains and was able to purchase PPE at lower costs than smaller organisations. This supplier was Lyreco and the Lyreco Framework was set up on an exceptional basis to respond to unprecedented need and was awarded under a Non-competitive Action ('NCA') basis. The contract was awarded on 26 May 2020 and ran to 31 October 2021. There was a significant drop in orders from the beginning of 2021, which suggested normal business supply routes and market

prices had stabilised. This correlated with wider understanding of the global market and the improved stability since the beginning of the pandemic, and therefore provided an acceptable justification to end the contract.

74. I commissioned the setup of additional distribution routes, the establishment of the Helpline mailbox and the additional ministerial monitoring of it and support to resolve issues. Between April 2020 and August 2020, I received daily reports on the status of PPE stocks by location and item. These reports moved to twice weekly after August 2020 until I left office.
75. In early April 2020, the Scottish Government set up and managed a dedicated PPE helpline mailbox for HSC staff to contact if they did not have access to the PPE that they needed, or if they had other concerns regarding PPE supply. This covered Acute, Primary Care, Social Care and members of the public. At the same time, each Health Board nominated a SPoC for PPE.
76. Correspondence received in the mailbox was triaged by officials within the PPE Directorate and was actioned depending on the content and the correspondent. Each email was categorised for a response and / or further action as required. A copy of the categorisation and triage process for this mailbox is provided: [JF6/027 - INQ000470090].
77. In the first instance, staff or members of the public enquiring about availability of PPE were directed to their local Health Board PPE SPoC. Where there were supply or distribution issues that could not be resolved at NHS Health Board level, the Health Board PPE SPoC engaged with NHS NSS for action and resolution.
78. The PPE helpline mailbox was invaluable in assisting us to understand the issues healthcare staff were facing with regards to PPE. In addition, I had frequent conversations with the healthcare unions who raised issues with regards to the appropriateness of the PPE they were receiving. The unions also had regular discussions with other Cabinet Secretaries and the CNO. These conversations were extremely useful as a means of understanding problems and finding resolutions for them.

79. Whilst the mailbox was open, I received weekly emails which provided me with information on the number of emails received, the number responded to, the number of outstanding responses and the median number of days a response had taken.

80. The table below shows the number of emails received and responded to from the Helpline mailbox and the median processing time for the first month of operation for the mailbox. These emails covered a wide range of issues, but were primarily businesses offering to assist with the production of PPE, concerns and criticism from members of the public about the procurement and use of PPE and, requests from businesses, including social care providers, for PPE supplies.

Date	Number of emails received	Number of responses completed	Median response time
w/c 30 March 2020	365	244	20
w/c 6 April 2020	693	600	10
w/c 13 April 2020	580	542	7
w/c 20 April 2020	233	233	5
w/c 27 April 2020	130	131	1

81. Following the first month of operation for the Helpline mailbox, traffic began to slow and a proposal to close the inbox was shared with Ministers on 8 July 2020, the relevant submission is provided [JF6/028 - INQ000480809]. The slowdown in traffic to the mailbox was understood to be the result of a number of factors, including:

- Stabilisation of PPE stock and supply lines
- The effectiveness of the NHS PPE helpline.
- the NHS National Services Scotland Social Care PPE Triage helpline
- Expanded local PPE Hubs
- A Single Point of Contact to manage local PPE supply and distribution in each Health Board
- A new SG PPE Division, providing strategic co-ordination in relation to all aspects of the provision of PPE in Scotland.

82. There was concern that closure of the mailbox could create confusion and it was therefore agreed that any emails to the mailbox would be rerouted to a different monitored email address. Therefore, I agreed that the mailbox could be effectively 'closed' from 20 July 2020, but any emails that were sent would still be picked up. This would also allow a smooth transition back to it being 'live' should there be a need to restart the mailbox due to second Covid wave during the winter.

Suitability and resilience of supply chains

83. The UKI has asked me to provide my reflections on the suitability and resilience of supply chains for key healthcare equipment and supplies in Scotland, immediately prior to the pandemic, during the pandemic, and following the pandemic.

84. I believe that supply chains were resilient pre-pandemic, and indeed even during the pandemic (given that they continued to function despite a significant increase in demand). During the pandemic it became clear that more required to be done to ensure there was a domestic supply chain within Scotland of PPE and key healthcare equipment. This is why, along with Mr McKee, I took steps to ensure that there was a domestic supply chain. I was not in post following the pandemic, so I would not wish to comment upon supply chains post-pandemic.

Reflections on procurement processes

85. I believe that NSS performed extremely well during the pandemic in ensuring supply, implementing additional distribution routes and adapting processes to meet the pace and nature of demand whilst also maintaining due diligence and probity procedures and systems. The adaptations made as described earlier were made in response to issues raised with me or my officials and were implemented quickly and effectively. In terms of improvement for a future position, some thought could usefully be given to whether the tension between stockpiling and use dates can be more effectively resolved or improved.

Lessons learned

86. A chronological list of any internal or external reviews, lessons learned exercises or similar, produced or commissioned by the Scottish Government relating to Module 5 during my tenure, is provided below:

Date	Documentation
July 2020	<p data-bbox="354 275 1300 306">Covid-19 Health supply chain programme feedback [JF6/029 - INQ000470064]</p> <p data-bbox="354 369 1341 491">This exercise collated the pandemic experiences of a selection of senior Scottish Government, Scottish Enterprise and NSS staff, splitting them into 'Best Practices' or 'Lessons Learned' and then into thematic groups:</p> <ul data-bbox="399 510 927 772" style="list-style-type: none"> • Collaboration, motivation and dedication • Systems, tools and processes • Leadership and structure • Project management • Communication • Resilience <p data-bbox="354 789 1333 867">The document also outlined potential solutions to various issues encountered and suggestions for ongoing action.</p>
Aug 2020	<p data-bbox="354 884 1133 915">PPE Division survey results summary [JF6/030 - INQ000470065]</p> <p data-bbox="354 978 1357 1146">This internal review collated feedback from staff who had worked within the Scottish Government's PPE Team throughout the pandemic. This included both positive and negative reflections, as well as suggested changes to be implemented in a future pandemic situation. Key themes included:</p> <ul data-bbox="399 1163 1304 1287" style="list-style-type: none"> • Staff believed the work they did within the PPE Team was very valuable • Unclear objectives/responsibilities in the early stages of the pandemic • High workloads for staff.
Feb 2021	<p data-bbox="354 1304 1271 1381">PPE Single Procurement Framework Deep Dive Outcomes Paper [JF6/031 - INQ000470066]</p> <p data-bbox="354 1444 1341 1566">This paper summarised a deep dive discussion between the Scottish Government and various partners involved with PPE/medical devices procurement. The key themes identified were:</p> <ul data-bbox="399 1583 1352 1850" style="list-style-type: none"> • The business as usual model was not sufficient in a pandemic situation. A new approach was required • There were a number of key strategic questions to consider, such as how to best support the domestic manufacturing base and encourage innovation • The scope of the PPE to be included within any future pandemic supply strategy

	<p>These themes informed several proposed objectives to underpin the future pandemic PPE procurement strategy, which the PPE Strategy and Government Board were then recommended to consider. These were:</p> <ol style="list-style-type: none">1. A resilient PPE supply chain2. High quality PPE at an appropriate price3. Secure Best Value in PPE procurement
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Statement of Truth

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

Signed:

Personal Data

Dated: 20 December 2024