

Tuesday 25 March 2025

1
2 (9.59 am)
3 **LADY HALLETT:** Good morning, Mr Wald.
4 **Housekeeping**
5 **MR WALD:** Good morning, my Lady. Before we resume today
6 there are a number of witness statements relating to
7 Week 3 evidence that we ask your permission to adduce
8 into evidence and to be published on the Inquiry's
9 website.
10 If I could ask that the list of documents be brought
11 up on to the screen, please.
12 These documents provide important additional
13 contextual information and background which, my Lady, we
14 hope will assist you when considering the evidence that
15 you have heard in this investigation and for your
16 report.
17 **LADY HALLETT:** Very well. They may be published. Thank
18 you, Mr Wald.
19 **MR WALD:** Thank you, my Lady.
20 Our next witness and our first today is Mr Chris
21 Young. May the witness be sworn or affirmed, please.
22 **MR CHRISTOPHER YOUNG (affirmed)**
23 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 5**
24 **MR WALD:** Please state your full name for the Inquiry.
25 **A.** My full name is Christopher Young.

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1 **A.** I am, yes.
2 **Q.** All right. That's very helpful. Thank you.
3 In terms of accounting officers or fellow accounting
4 officers, at the outset of the pandemic there were two
5 of these, were there not: Mr David Williams and
6 Sir Chris Wormwald?
7 **A.** Sir Chris Wormwald was the Principal Accounting Officer
8 and David Williams was the Second Permanent Secretary,
9 also accounting officer, correct.
10 **Q.** And you tell us that during non-pandemic times, the
11 number of AO assessments, accounting officer
12 assessments, undertaken in DHSC was minimal. Why is
13 that, if you could just explain the difference between
14 business as usual and the circumstances with which we
15 were all presented during the pandemic?
16 **A.** Yeah. So essentially the rule book for accounting
17 officers, their roles, their responsibilities, including
18 an accounting officer assessment, is set out in Managing
19 Public Money. Essentially, that's Treasury's rule book
20 on how government departments should manage the public
21 purse. Within that document it sets out the rationale
22 of why and when accounting officer assessments are
23 necessary.
24 In simple terms, when something new is novel and/or
25 contentious enough to warrant an accounting officer, who

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1 **Q.** Thank you, Mr Young, and thank you also for providing to
2 the Inquiry a witness statement. Its reference is
3 INQ000563070. It's a statement that runs to 20 pages
4 and is signed, I believe, by you at the back of it.
5 Could you confirm for us, please, that it's true to
6 the best of your knowledge and belief?
7 **A.** I can confirm that's true.
8 **Q.** Thank you very much, Mr Young.
9 By way of background, your background, we know
10 I think from your witness statement that you first
11 joined the finance function of the Department of Health
12 and Social Care in 2005; is that right?
13 **A.** Correct, yes.
14 **Q.** Thank you. And in 2014 you became a senior civil
15 servant specialising in the finance profession as deputy
16 finance director. Is that also correct?
17 **A.** That's correct.
18 **Q.** Thank you, and you were appointed director of finance at
19 the DHSC in August 2017 and in January of 2020 you
20 became the capital director of finance at DHSC?
21 **A.** Correct.
22 **Q.** Then finally, you, in terms of your background, your
23 credentials, your experience, you are a member, are you
24 not, of the Chartered Institute of Management
25 Accountants?

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1 is often one of the most senior senior civil servants in
2 a department, to undertake a rounded assessment to give
3 their personal endorsement, or not, on whether something
4 should go ahead.
5 In ordinary non-pandemic times, the role of the
6 Department of Health and Social Care didn't necessarily
7 mean that those sorts of assessments were needed on
8 a frequent basis. From memory, the time that one was
9 necessary prior to the Covid pandemic was in the
10 possibility of a hard Brexit scenario, but outside of
11 that, the Department was not making significant
12 purchasing activities to warrant the need for an
13 accounting officer assessment. So they were few and far
14 between leading up to the pandemic itself.
15 **Q.** All right, thank you for that. You've mentioned
16 Managing Public Money and we will come back to that
17 document in a few moments and I'll be inviting you to
18 explain the extent, if any, to which the circumstances
19 of the pandemic affected how the guidance contained
20 therein was to be applied. But before we get there, can
21 I just explore with you, relatively briefly, the unique
22 circumstances that were created by the pandemic so far
23 as your work was concerned.
24 The Inquiry has already heard significant evidence
25 to the effect that the economics of the supplier market

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1 was significantly imbalanced. There was global demand
 2 for PPE, which vastly exceeded the supply that was
 3 readily available. That's right, isn't it?
 4 **A.** That's right. That's my understanding, yeah.
 5 **Q.** And this was -- and it's that demand that overwhelmingly
 6 influenced some of the decisions that you and your
 7 fellow AO colleagues needed to make; is that right?
 8 **A.** Sorry, could you just explain?
 9 **Q.** Yes, the demand for PPE, the urgent need for PPE
 10 resulted in significant influence on the judgements, the
 11 discretions that you -- we'll come on to the specifics
 12 of this in a few moments -- had to make in relation to
 13 particular offers.
 14 **A.** So the scarcity of supply and the need to adopt
 15 a heightened risk appetite to, essentially, maximise our
 16 chances of securing the scarce PPE meant that when
 17 accounting officers took their overall assessment, they
 18 did have to take into account (a) that risk appetite,
 19 but (b) also what that meant in terms of the scarcity of
 20 the product itself. So the contextual market which
 21 you've described was an important factor in terms of (a)
 22 applying the Managing Public Money principles, but (b)
 23 bringing in that risk appetite that was set essentially
 24 by the Prime Minister from the outset of the pandemic.
 25 **Q.** And as you've already explained and you explain also in

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1 Contracts required substantial upfront payments in
 2 advance of receiving the goods on many occasions?
 3 **A.** Correct.
 4 **Q.** And AO approvals were given at short notice. Yes?
 5 **A.** [No audible answer]
 6 **Q.** And those in excess of £100 million were handled by
 7 David Williams?
 8 **A.** So David remained responsible for any decision over
 9 100 million. Below that was myself and a colleague.
 10 **Q.** I think Mr Williams says that he handled a total of ten,
 11 so there were that number that exceeded the
 12 £100 million threshold. It follows, therefore, that the
 13 remainder fell to you and Mr Fundrey?
 14 **A.** I've seen some evidence that suggests around
 15 400 contracts were signed between March 2020 and
 16 July 2020. If ten of those, only ten of those fell,
 17 that would suggest that the vast majority fell to myself
 18 and Jon Fundrey. Those are just contracts that were
 19 approved so that number wouldn't include ones that were
 20 rejected so you are correct, yeah.
 21 **Q.** Indeed. And was that workload, broadly speaking, split
 22 50/50 between the two of you?
 23 **A.** We operated a shift rota because one of the operational
 24 adjustments that was necessary from the outset was to
 25 cover non-UK business times, because we were operating

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1 your written evidence, AO assessment and approval needed
 2 to be more frequent, it was more urgently conducted than
 3 in peacetime?
 4 **A.** Correct.
 5 **Q.** And compared to business as usual, there was less
 6 opportunity and time for inspection and quality control,
 7 testing of goods before delivery, wasn't there?
 8 **A.** So in terms of my personal role, the reason I got
 9 brought into delegated accounting officer
 10 responsibilities was because of the volume and pace at
 11 which accounting officer assessments were required,
 12 which far exceeded business-as-usual times, to your
 13 point, but also far exceeded what was practically
 14 possible from one individual, which was David Williams
 15 at the time. Hence the --
 16 **Q.** I think that's a "yes" to my question.
 17 **A.** Hence the delegation to myself, yes. So the frequency
 18 and pace at which we were taking decisions was higher
 19 than you would ever imagine in -- (overspeaking) --
 20 **Q.** Less opportunity and time for inspection?
 21 **A.** Less opportunity and time for inspection because the
 22 cost of inaction, in terms of decision making, meant
 23 that deals would be lost because we were competing with
 24 every country around the world essentially.
 25 **Q.** Understood, understood.

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1 in a global market. So, essentially, an accounting
 2 officer needed to be available from roughly 7 am through
 3 to 10 pm, seven days a week. So Jon and I, between us,
 4 organised a rota period which ensured there was at least
 5 one accounting officer available at all times, seven
 6 days a week, 7 am till 10 pm.
 7 When the deals fell would depend. So the split of
 8 work, the time split, was 50/50. But when and where the
 9 deals fell, it wasn't within our control.
 10 **Q.** I'm assuming that, over time, you ended up doing,
 11 broadly speaking, a roughly equivalent number of --
 12 considering a roughly -- or authorising a roughly
 13 equivalent number of offers?
 14 **A.** I don't have those facts -- (overspeaking) --
 15 **Q.** All right.
 16 **A.** -- to me, sorry.
 17 **Q.** It's not critical. In terms of your training, as we've
 18 touched on, you're a qualified finance professional with
 19 knowledge of MPM, Managing Public Money. You're
 20 experienced in AO work, aren't you?
 21 **A.** Mm-hm.
 22 **Q.** You're aware of the significant amounts that the DHSC
 23 budget deployed each year on the procurement of medical
 24 equipment and supplies?
 25 **A.** So my finance director role, prior to it being split in

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1 January 2020, had oversight of the funding flows outwith
 2 the system, the NHS, et cetera. So I was aware of the
 3 levels of money that ordinarily are spent on
 4 NHS procurement activity.

5 **Q.** And you have a knowledge of UK Government procurement
 6 processes and framework as well, don't you?

7 **A.** I have knowledge, yes. I'm not a commercial expert, I'm
 8 not commercially qualified, but I had a knowledge.

9 **Q.** That's business as usual. So far as non-business as
 10 usual, or the extreme circumstances that prevailed
 11 during the pandemic, neither you nor, for that matter,
 12 any of the AOs had specific training or experience,
 13 understandably, in emergency procurement; is that right?

14 **A.** That's correct. I think I would characterise the
 15 requirements of the AO during the pandemic as
 16 unprecedented, and in fact Managing Public Money
 17 specifically sets out that principled decision making in
 18 unprecedented circumstances is something that an AO may
 19 be expected to do.

20 I would characterise Covid-19 and the pandemic as
 21 unprecedented, so the parameters in which an accounting
 22 officer will take decisions stand the test of time,
 23 whether it be in an emergency or non-emergency, but the
 24 conditions and the specific conditions themselves were
 25 unique.

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1 Sir Chris Wormald, the penultimate paragraph:
 2 "I recognise, as part of this, the work you and your
 3 teams have been doing with colleagues in the Treasury to
 4 ensure that availability of funding is not a barrier or
 5 delay to the actions we need to take. On that basis,
 6 and recognising the extraordinary circumstances this
 7 country is facing, I am content to direct you to
 8 continue in this way, even where this means spending in
 9 excess of formal Departmental Expenditure Limits."

10 Now, Mr Young, you comment on this in your written
 11 evidence. You say that, in relation to these words,
 12 this effectively -- this "approved spending that may
 13 result in a regularity breach". Do you remember that
 14 phrase that you used?

15 **A.** Yeah.

16 **Q.** What did you mean by that, the "regularity breach"?

17 **A.** So I think the really important bit of context in terms
 18 of what we're looking at on screen now is the date.

19 **Q.** Yes.

20 **A.** And the date, 28 March, in proximity to the end of the
 21 financial year, which was 31 March. Now, the timing of
 22 that is significant in terms of this specific request of
 23 the Health Secretary at the time, because what was
 24 potentially happening is that the efforts that were
 25 being undertaken to safeguard ourselves in terms of the

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1 **Q.** Nor did you have guidance or training on working
 2 together, for example in order to achieve a consistency
 3 of approach between yourself and Mr Fundrey. I know
 4 that you were in frequent contact with each other --

5 **A.** (The witness nodded)

6 **Q.** -- but that wasn't following guidance or training, was
 7 it?

8 **A.** The answer is no, but however I think it's important to
 9 note that both Jon and myself and David were all working
 10 from the same Managing Public Money playbook in terms of
 11 the criteria which an accounting officer would adopt, we
 12 were all working from the same data when it came to the
 13 scarcity of products, and we were all operating within
 14 the same consistent risk appetite set by the
 15 Prime Minister and the Health Secretary.

16 So there was no guidance, but with those common
 17 conditions in play and speaking regularly to each other
 18 several times a day -- and my personal experience
 19 working with David Williams goes back many years, so
 20 there was no guidance on working together effectively,
 21 but we essentially were all working from the same
 22 playbook.

23 **Q.** You mentioned the Health Secretary.

24 Could we bring up onto the screen a letter from the
 25 Health Secretary of 29 March 2020, in which he says to

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1 pandemic may well have led to the Department of Health
 2 breaching its agreed revenue and capital departmental
 3 expenditure limits, which run from 1 April to 31 March,
 4 and that would mean that would create a situation where
 5 that spending, in Treasury terms, would be deemed
 6 irregular. So that's a Treasury term where you don't
 7 specifically have Treasury or Parliamentary approval to
 8 spend.

9 So this direction was giving clarity to both
 10 Sir Chris Wormald and Sir Simon Stevens that they
 11 should not stop spending in the last couple of days of
 12 the financial year, to simply live within the agreed
 13 expenditure limits. So that essentially --
 14 a ministerial direction, again, is very, very rare in
 15 non-pandemic times, but this was directing Simon and
 16 Chris to continue doing what was necessary, even if that
 17 meant spending irregular amounts of money beyond the
 18 agreed budgets for the final few days of the financial
 19 year.

20 **Q.** All right, thank you, Mr Young.

21 I said I'd come back to Managing Public Money,
 22 a document to which you've already made reference and
 23 I do that now. I don't think we need to bring it up --
 24 but there it is, it's on the screen. You set it out --
 25 actually, you set out the key parts of it in your

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1 written evidence at paragraph 25, which is at page 6,
2 and the four key features or requirements are:
3 regularity, propriety, value for money, and
4 feasibility/deliverability, as I'm sure you're very
5 familiar with, with these.

6 First question is: did the ministerial direction
7 have any bearing on those requirements within the MPM?

8 **A.** The ministerial direction, as I say, was specifically
9 around the departmental expenditure limits in that last
10 few days of that financial year. Related to that
11 direction, and an exchange of information between David
12 Williams and Matt Hancock at the time, it -- the risk
13 appetite, essentially, was set in terms of how we may
14 apply the key criteria within Managing Public Money.

15 So that -- the submission I've referenced in my
16 statement from David Williams to Matt Hancock
17 essentially put on record that we may well have to take
18 a higher risk appetite when it came to accepting that
19 certain stock may not end up being what we thought it
20 was. We would have to take a higher risk appetite when
21 it came to value for money. None of which meant that we
22 wouldn't necessarily have to put in place safeguards or
23 consider those things appropriately, but what it was
24 saying is that we would have to, by necessity, take
25 a higher risk appetite when it came to either the

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1 challenging in the circumstances that you set out
2 earlier, in that we were operating in an international
3 sellers' market. It was very, very difficult,
4 therefore, to assess with any full degree of confidence
5 that the deal that was presented to you would arrive
6 fully as expected.

7 In those circumstances, it was not possible to
8 eliminate risk. It wasn't practical or possible. We
9 did take steps to minimise risk, by which I mean
10 thinking about an incredibly important point around
11 never letting unsuitable PPE get into the NHS
12 distribution system. So even if substandard products
13 did ultimately arrive, there would be a clinical check
14 on arrival. It would never be put into the distribution
15 of the NHS. And we would also look at the commercial
16 remedies, so there was some commercial recourse for
17 where deals didn't necessarily come through as we would
18 expect.

19 **Q.** And by the former, just to be clear, I understand you to
20 mean in your answer and in your written evidence, that
21 where the risk appetite increases and it results in
22 a given case in inadequate PPE arriving, there is
23 a certainty that that would not make its way into the
24 system?

25 **A.** That was my understanding. So my understanding was that

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1 feasibility of a deal and/or value for money in a deal.

2 So it didn't take away the need to assess deals on
3 the key criteria within Managing Public Money but it did
4 set the context for where the risk
5 appetite -- (overspeaking) --

6 **Q.** So can I take from that, let's leave the ministerial
7 direction to one side for the moment. Let's focus, as
8 you have in your last answer, on the higher risk
9 appetite. There are four principles that we are now
10 discussing arising out of Managing Public Money:
11 regularity, propriety, value for money, feasibility or
12 deliverability. Can I take it from your last answer
13 that regularity and propriety remain unchanged despite
14 the higher risk appetite, but those latter two, value
15 for money, feasibility/deliverability need to be judged
16 in the context of that higher risk appetite?

17 **A.** That's a fair summary. So we would -- we made all
18 attempts to ensure that regularity and propriety
19 remained in high regard and that included seeking the
20 appropriate approvals from Treasury ministers. That
21 included taking all action as possible to remain within
22 the right regulations and statutory requirements, and
23 having an effective governance process, as far as was
24 practical.

25 When it came to feasibility, feasibility was very

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1 where we were taking higher risk in terms of the
2 feasibility of a deal, there would always be appropriate
3 safety nets in place to make sure that if that risk
4 crystallised, that would not result in unsuitable PPE
5 being put out into the system.

6 **Q.** Understood. Can we turn now, you talk about the
7 challenging circumstances of this market, and I want to
8 focus a little bit on the challenging experiences that
9 you personally had on a day-to-day basis. You tell us,
10 Mr Young, at paragraph 24 of your written evidence, that
11 an average of 3.74 contracts per day were processed.
12 I think you're talking about either above or below the
13 £100 million threshold, are you?

14 **A.** I think that was based on the information that I had
15 available to me, which was 322 contracts between March
16 and June 2020, per my statement. So I think that's an
17 average.

18 **Q.** It could be either?

19 **A.** It could be higher, it could be lower.

20 **Q.** It's a far smaller number above that threshold?

21 **A.** It is.

22 **Q.** As you'd expect?

23 **A.** Correct.

24 **Q.** And then you add that you're also informed that the most
25 approvals on a single day was 11, which happened,

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1 I think towards the end of the PPE buying window,
2 18 May 2020 and, again, on 1 June 2020 -- this is your
3 paragraph 24.

4 **A.** Mm-hm, mm-hm.

5 **Q.** That is towards the end of the buying window, isn't it,
6 so far as PPE is concerned?

7 **A.** I am not entirely sure on that, is my answer. My
8 personal experience, I left my role, as we're talking
9 about today, in July. That felt like a point where
10 things were normalising, in terms of we were able to
11 take less risk when it came to value for money and
12 feasibility. March, April and May still felt like
13 a period, to me, where there was heightened risk and
14 there was still a large volume of purchasing going on.
15 So -- and perhaps the second which -- the second date
16 you referenced which is 1 June --

17 **Q.** 1 June.

18 **A.** -- but to me, May still felt like a period where there
19 was still a heightened risk appetite and lots of
20 purchasing going on.

21 **Q.** All right. Let's try and get a better sense of what it
22 was that you would need to do in order to approve -- it
23 wouldn't have been 11, it wouldn't have been you with
24 sole responsibility for 11, but it might have been you
25 dealing with something like half that number?

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1 **Q.** And perhaps you could indicate whether it's a document
2 that you would have had regard to, whether you would
3 have looked at, or whether it was something that was
4 there for completeness and you wouldn't necessarily have
5 spent time considering.

6 **A.** Yeah.

7 **Q.** So:

8 "Terms and conditions including evidence of
9 acceptance or a summary of terms, highlighting the
10 risks/reasons and subsequent external law firm legal
11 advice (if sought) ..."

12 Is that something you'd have looked at?

13 **A.** I think it's -- if I could answer the very simple
14 question, the AO pack was essentially the one-stop shop
15 which summarised all of the key information the
16 accounting officer would have expected to have been
17 assured throughout the previous seven stages. So if
18 that pack signalled that something had been done, the
19 accounting officer would not then go and interrogate
20 that detailed document in the actual -- in the
21 information that came up.

22 We had to, and I had to, place my assurance in the
23 experts that came before in the process. It was not the
24 role, nor was it practically possible for me to get
25 under the skin or undermine or oversee the detailed

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1 **A.** Yep, yep.

2 **Q.** Yes. You had a vast quantity of material to consider at
3 speed, didn't you?

4 **A.** My role or the accounting officer assessment came at the
5 end of what I think this Inquiry has heard is an
6 eight-stage process.

7 **Q.** That's right.

8 **A.** So the information that came through to the accounting
9 officer, there was a lot of information that came
10 through in the request for an actual approval, most of
11 which was included for completeness rather than an
12 expectation or a need to go into every single detailed
13 document attached. That's because, usually, the team at
14 stage 7 bought together everything and provided
15 a summary to the accounting officer that then enabled
16 them to take that information, apply the contextual
17 knowledge they had from the demand data, and the risk
18 appetite, and form a view on the deal in itself.

19 There was a lot of information contained in the
20 requests, but as I say, most of it was usually there for
21 completeness.

22 **Q.** Let's, just as a -- for completeness, let's just look at
23 the constituent parts of what's described as an
24 "AO pack".

25 **A.** Yeah.

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1 points within.

2 **Q.** So that is not a document or a set of documents that you
3 would have scrutinised?

4 **A.** Not if the AO checklist suggested that that assurance
5 had been done.

6 **Q.** All right. We may get similar answers to the other
7 elements:

8 "The Department's 'Order Form'."

9 **A.** Yeah. You will get similar answers.

10 **Q.** We will?

11 **A.** Because essentially the checklist provided the
12 accounting officer with the assurance that everything
13 that he or she would have expected in the previous
14 seven stages had been done.

15 **Q.** Let's just go through them so that you can confirm at
16 least that they normally formed part of an AO pack,
17 whether or not you would scrutinise the document itself.
18 "Notification of any advance ([or] upfront) payment
19 required in the contract ..."

20 **A.** Yeah.

21 **Q.** Included; you wouldn't necessarily scrutinise it unless
22 the front of the AO pack revealed some irregularity?

23 **A.** That's an important point, because when it came to
24 upfront payments -- which, for context, in non-pandemic
25 times, are usually not a thing that the government

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1 does -- the Treasury and the Cabinet Office both
 2 accepted that upfront payments were absolutely
 3 necessary, but we did get asked to try to keep them to
 4 a minimum.
 5 Now, we effectively had no leverage on price, but we
 6 could try or we did try to keep upfront payments to
 7 a minimum. So having a look at what the percentage of
 8 the overall contract price was requested in the form of
 9 upfront payment was something that I would have
 10 specifically looked at.
 11 **Q.** Included in the pack is:
 12 "The Department's 'New Supplier Form' including bank
 13 details ..."
 14 Yes?
 15 **A.** That's a standard due diligence check that is necessary.
 16 I wouldn't have checked that myself.
 17 **Q.** "A PDF supplier letter containing bank details ..."
 18 **A.** Again, a standard control that you would expect with any
 19 new supplier.
 20 **Q.** "Approval by the Clinical and Product Assurance ... or
 21 approval through the MoD quality assurance ..."
 22 Yes?
 23 **A.** Yeah.
 24 **Q.** "Technical documentation including photo and
 25 certificates for items ..."

21

1 **Q.** Last two items:
 2 "FCO approval for the company concerned; and
 3 "The 'Submission to the DHSC Checklist'."
 4 **A.** Correct.
 5 **Q.** And it's the submission to the DHSC checklist that you
 6 would primarily have focused on, is it?
 7 **A.** That's right.
 8 **Q.** Yeah. That's the sort of cover sheet or pages that --
 9 beneath which lie those documents that we've itemised?
 10 **A.** **(Witness nodded)**
 11 **Q.** We'll look at one or two of them in due course.
 12 **A.** Yeah.
 13 **Q.** So you relied -- I take it from your answers that you
 14 relied to a significant extent on the judgements that
 15 had previously been made along the eight-stage process?
 16 **A.** Yeah, the accounting officer came at the end of that
 17 process. We were independent and separate from the work
 18 that went on prior to that, which I think was helpful in
 19 respect of maintaining that independence. We weren't
 20 sucked into unnecessary detail or influenced unduly. So
 21 at the end of the process, you could take a factual view
 22 of a deal. You could therefore apply, on top of that,
 23 the demand signalling information on the product and the
 24 risk appetite and come to a rounded view using the
 25 principles of Managing Public Money.

23

1 **A.** Correct.
 2 **Q.** "Department's 'Requisition Form' ..."
 3 **A.** Correct.
 4 **Q.** "Foreign currency payments form (if appropriate) ..."
 5 **A.** Correct.
 6 **Q.** "Supplier quotation including a comparison to the
 7 average price, benchmark process and an explanation of
 8 why the offer was reasonable or better to proceed in the
 9 circumstances ..."
 10 **A.** Yeah. Again, that was an important point that I would
 11 have looked at in probably a little more detail.
 12 Insofar as we talked earlier around feasibility, one of
 13 the four -- four criteria of Managing Public Money, we
 14 talked about feasibility being very difficult to assess.
 15 Value for money was another area that necessarily we had
 16 to take heightened risk, because we had effectively no
 17 leverage when it came to price.
 18 So what we did try to do is safeguard the public
 19 purse as best as is possible by having a rolling
 20 seven-day average as a benchmark on price, and that
 21 would be something that the accounting officer would pay
 22 specific attention to, because if -- if something was
 23 outwith that 25% benchmark it would not necessarily mean
 24 that that deal would be rejected but it may well cause
 25 rise for a query or a comment on the deal itself.

22

1 **Q.** We touched, in earlier evidence in this module, on
 2 a two-week period after which offers should either be
 3 disregarded or in exceptional circumstances, continued
 4 in the system. Was that something that concerned you or
 5 did that only relate to earlier stages in the
 6 eight-stage process?
 7 **A.** I can't recall that two-week period ever being something
 8 that came to my attention.
 9 **Q.** So you would simply consider an offer as it reached your
 10 desk?
 11 **A.** Correct.
 12 **Q.** All right. Was, in your view and on reflection, was
 13 there scope for any form of data analysis tool that
 14 might have helped you in your work, either by filtering
 15 out irrelevant material or providing focus that would
 16 have streamlined the work that you had to do?
 17 **A.** I mean, I think essentially the accounting officer
 18 assessment, as I've said, came right at the end of
 19 a process which I understand this Inquiry has made
 20 specific challenges on over the previous weeks. What
 21 would say is that I don't personally feel that the final
 22 stage, the accounting officer assessment, was, in any
 23 shape or form, a bottleneck to that process.
 24 There were times where the constraints of email
 25 which was the form on the route that decisions came for

24

1 approval, there were times where the constraints of
2 email may have slightly slowed down things. I would
3 say, as well, that the demand signalling data that the
4 accounting officers used in terms of their -- applying
5 the context, the demand itself, there was a clear
6 expectation and understanding that that data was not
7 perfect.

8 So if I was going to go anywhere in terms of what
9 may have been more helpful at the time, it would have
10 been to have even more confidence in the data around the
11 specific products, by which I mean the inventory data,
12 the inbound orders data, and the actual usage data
13 itself, because there was an understanding that that
14 data was imperfect.

15 **Q.** And its imperfections, given what you tell us in your
16 written evidence, must have been a very serious problem.
17 You said that you -- at paragraph 36, you say:

18 "It is no exaggeration to say that I had a daily and
19 real balance to strike between my AO responsibility as
20 a custodian of the public purse, and, [towards the end
21 of that sentence] saving lives."

22 Then you say lower down, at paragraph 57, that you
23 had to conduct what you describe as "basic sniff tests".

24 Yes?

25 **A.** I think that's two slightly confusing, two slightly
25

1 earlier that the accounting officer assessment wasn't
2 a bottleneck in that overall process, it didn't mean
3 that we still shouldn't look to streamline the process
4 wherever we could, which meant that the three accounting
5 officers decided to pass delegation down to the team who
6 were recommending deals to myself, to David to Jon, that
7 if a deal met, clearly met the conditions placed upon us
8 by the Treasury, and there was no real judgement no
9 accounting officer judgement needed, we were content to
10 provide them with approval to sign off that deal.

11 So that's the term "meet the basic sniff test",
12 essentially. Could I have used some crisper language?
13 In hindsight, yes. Did I get any challenge back or
14 questions from the team on what I meant? No. So it was
15 clear at the time what we were doing, which the intent
16 of that specific paragraph was to set out the continual
17 attempts to streamline the full end-to-end process
18 including stage 8 even though that in itself was an
19 efficient part of the process.

20 **Q.** You were liaising with other members of the team, with
21 Mr Williams and Mr Fundrey, regularly, were you?

22 **A.** Oh, we spoke many times a day, including with the team.
23 We were operating at distance, remotely. We were able
24 to operate effectively, though, due to the technology
25 allowing that, so multiple team calls --

27

1 mismatched things there. So your first point around an
2 accounting officer having a real trade-off between
3 protecting the public purse and making sure that
4 ultimately the overall objective, which was to buy
5 enough PPE to save lives, was met.

6 **Q.** Striking that balance --

7 **A.** Really important -- it's really important to note that
8 we were spending amounts of money that were unthinkable
9 in non-pandemic times, and that didn't sit well with
10 someone who spends many years of their career trying to
11 do the best in terms of protecting the public purse.

12 So we had to take a choice, at times, and we knew
13 those choices would not get it right every time from an
14 accounting officer perspective.

15 Your second point around paragraph 57 of my
16 statement in terms of --

17 **Q.** Yes, it says, actually, it's "the table [that] meets the
18 basic sniff test."

19 **A.** The basic -- that essentially is in the context of the
20 three accounting officers collectively agreeing with the
21 SROs of the programme, Jonathan Marron and Emily Lawson,
22 that we would have to, in the context of losing deals
23 because of the pace of the eight-stage process, we were
24 looking to streamline wherever we possibly could.

25 Now, what that meant, even though I mentioned
26

1 **Q.** Would you seek guidance from Mr Williams on occasion?

2 **A.** I wouldn't say seek guidance. David had been an
3 accounting officer and had been an experienced
4 accounting officer for a number of years. In the very,
5 very earliest part of the pandemic, so we're talking
6 early March, there may well have been some discussions
7 to check that David was content with the approach that
8 was taken, but essentially, David set the blueprint,
9 David Williams set the blueprint for everything that
10 came after that in terms of his approach and his
11 documentation to some of the earliest deals, which, to
12 put on record, were done alongside working with the
13 Treasury, rather than outwith the Treasury.

14 So David essentially set the blueprint which didn't,
15 therefore, necessarily mean that Jon or I needed to
16 check anything with him after that.

17 **Q.** As to Mr Williams's approach, he tells us, in relation
18 to, I think, three matters, what his approach was. The
19 first is whether financial links between a supplier and
20 a referrer were, as he saw it, relevant in the decision
21 to progress a contract. And he says this in his written
22 evidence:

23 "The relationship between a referrer and a financial
24 backer of the supplier had no effect on my decision to
25 approve contracts which had been through the [High

28

1 Priority Lane]."

2 You wouldn't disagree with that as a matter of
3 approach, would you?

4 **A.** Oh, I'd absolutely agree with that approach. The High
5 Priority Lane, and referrers, were not a specific matter
6 that any of the accounting officers concerned themselves
7 with. And I think when I referenced the accounting
8 officer decision coming at the end of the process,
9 I think that, again, was very helpful in maintaining
10 that independence. It didn't matter to me personally
11 where a deal had been referred from or to. What
12 mattered to me is that the appropriate assurances that
13 came within the first seven stages had been undertaken,
14 and the deal was being recommended on the basis of it
15 being a sound deal.

16 **Q.** He says this, in relation to profits:

17 "Similarly, the level of profits of the supplier and
18 distribution of profits had no effect. Given the sharp
19 increases in the global prices of PPE we knew that
20 significant profits were being made due to supply and
21 demand."

22 That's his paragraph 72 of his second witness
23 statement. You wouldn't disagree with that either,
24 would you?

25 **A.** No, no, if you look at some of the pre-pandemic prices
29

1 And he says this:

2 "The referrer vouching for the supplier did not have
3 any effect on my decision making about AO approval for
4 contract, but may have played a part in the process of
5 due diligence on the supplier, as part of an overall
6 assessment of risk/benefit."

7 You wouldn't disagree with that either, would you?

8 **A.** No, again, my personal experience was that no personal
9 pressure or anything was applied to me directly in
10 regard to referrers. I put my assurance in the
11 assurance process that came before it.

12 **Q.** All right. Let's -- that's very helpful, thank you for
13 that.

14 Let's move on now, then, to information which you
15 had to consider when making a decision. We've looked at
16 the AO pack. You had a daily Excel spreadsheet, did you
17 not, a PPE dashboard, available to you?

18 **A.** Yeah. So one of the features of a typical day, as far
19 as I can describe it, was a 8.30 call and a 6.30 pm
20 call, both of which included review of the latest demand
21 signalling data from the PPE teams.

22 **Q.** Is one of those the PMO update?

23 **A.** Correct.

24 **Q.** That's the 6.30, is it? Yeah?

25 **A.** The 6.30 was named a pick list, so essentially the focus
31

1 for specific items of PPE and compare them to the
2 average prices we were paying during the pandemic, it
3 was clear that huge profits would be made. That was
4 unavoidable. Again, the overall objective here was to
5 ensure that we bought the amount of PPE that was
6 necessary to save lives, and ideally, minimise the
7 overall economic cost of the pandemic by shortening the
8 period at which things were happening.

9 **Q.** And of course, so far as pricing was concerned, your
10 concern was to achieve value for money rather than
11 investigate, interrogate, what the profit margin might
12 be of the vendor, which is something that it was likely
13 in any event to be a fruitless exercise in determining;
14 is that right?

15 **A.** That's right. As I said earlier, we had -- effectively
16 had no leverage when it came to price. That doesn't
17 mean to say that there wasn't -- you know, that we
18 didn't put safeguards in place when it came to value for
19 money, but we had no leverage on price.

20 **Q.** He finally says this in response to the question, and
21 this is his paragraph 72, two paragraphs on from where
22 we were just now:

23 "Did you consider a referrer vouching for or making
24 representations on behalf of a supplier was relevant to
25 the decision to progress a contract?"
30

1 of that end of day call which Treasury were invited to
2 was essentially to focus efforts on the most scarce
3 resource -- the most scarce PPE that needed to be
4 prioritised for purchasing over the next 24 hours.

5 **Q.** And you had a summary dashboard as well, did you not?

6 **A.** Yes, that's correct.

7 **Q.** Did you feel that the information that was made
8 available to you was overwhelming, was adequate, was
9 convenient, could have been improved?

10 **A.** There's quite a few questions there.

11 **Q.** It's a multiple choice.

12 **A.** So I think nobody was under any illusions that the data
13 was perfect. Just -- I need to say that again, because
14 whether data was sufficient, overwhelming, too much, the
15 underlying data was not perfect and nobody was under any
16 illusions that that was anything but the case.

17 Now, my involvement as an accounting officer was
18 I received demand signalling data. I joined the
19 end-of-day and start-of-day calls, but the point of that
20 was to ensure that I had sufficient context to inform my
21 decisions. I didn't, and deliberately so, get lost in
22 overwhelming amounts of detail. There was a key metric
23 that, as an accounting officer, we always focused on,
24 and that was the number of days calculated before
25 a specific PPE product stocked out. Ran out,
32

1 essentially. That was the key metric.
 2 Everyone was clear that that key metric was
 3 a calculation of various assumptions, all of which
 4 included variables that were very difficult to predict
 5 in the circumstances.
 6 **Q.** Thank you, Mr Young.
 7 In the relatively limited time remaining that we
 8 have this morning, can I just take you to a few specific
 9 examples and see how this played out in practice.
 10 Can we start off with displaying INQ000512299.
 11 Here we have an email chain between yourself,
 12 HM Treasury, and various finance and supply colleagues.
 13 And it says:
 14 "In summary -- whilst we will not take a risk on
 15 issuing sub-standard PPE ..."
 16 And this was the point you made a few moments ago.
 17 **A.** Yeah.
 18 **Q.** "... to frontline staff (so following the [Treasury's]
 19 condition on inspection here in the UK before issue), we
 20 need to take more risk on buying potentially
 21 sub-standard kit in order to secure it all ... I would
 22 like us to adopt this immediately whilst we concurrently
 23 square off with HMT."
 24 Now in relation to -- what did you mean by that last
 25 phrase?

33

1 **Q.** All right. Would you say in most cases where there were
 2 deviations from a spending envelope, say, the Treasury
 3 were involved in the decision-making process or any
 4 approach that was adopted?
 5 **A.** They were. And it's really important to note, and I'd
 6 like to put on record, that Treasury officials were
 7 fantastic through the period that we worked with them.
 8 Their availability in very challenging times to work
 9 with us and be seen to be part of what we were doing was
 10 very, very good. The daily conversations and many, many
 11 email exchanges over the course of what were very, very
 12 long days meant that, in reality, everything was being
 13 done collectively and collaboratively.
 14 **Q.** We've heard from some of them already at this Inquiry.
 15 We heard from Mr Steve Barclay, we heard from
 16 Lord Agnew. Both of those witnesses grew frustrated
 17 that they were given limited time to sanction
 18 significant increases in funding or in spending
 19 envelopes. Do you want to comment on that, that point
 20 you may or may not have seen in previous evidence?
 21 **A.** I can understand. I can understand. In ordinary times
 22 a Treasury minister would take as much time as they
 23 deemed fit to take such decisions, and they would
 24 ordinarily ask for a number of assurances that would
 25 give them confidence that the organisation or the

35

1 **A.** The last sentence about concurrently squaring off with
 2 HMT?
 3 **Q.** Yes, exactly.
 4 **A.** So, again, part of everything we did was to try to
 5 ensure that the Treasury came along with us, rather than
 6 being kept on the outside. So, again, one of the
 7 features of a typical day would be at least one call
 8 with the Treasury. They would, in their role, often on
 9 our behalf, have to seek Treasury ministerial approval
 10 for certain actions that were deemed novel or
 11 contentious or actually required additional spending
 12 budgets.
 13 So when Jon, David and myself agreed that we needed
 14 to slightly heighten our risk in regards to the
 15 feasibility of every deal, that would mean that within
 16 perhaps half an hour of sending this email, that
 17 a conversation would be held with the Treasury as part
 18 of the daily conversations to explain to them why that
 19 was necessary.
 20 **Q.** Is that what actually happened in this case?
 21 **A.** What you can't see on what's on screen now is, further
 22 down this email chain, the Treasury had already been
 23 pre-warned and were expecting this.
 24 **Q.** Okay, so it didn't come as a surprise to them?
 25 **A.** It did not come as a surprise to them.

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1 department concerned would be safeguarding the public
 2 purse.
 3 What I would say is that decisions such as what
 4 you've described being taken at short notice were often
 5 the point of a long and continuous conversation with the
 6 Treasury and their officials, and is entirely reflective
 7 of the pace and the nature at which things were moving
 8 in the pandemic.
 9 From the very early outset we put in place an agreed
 10 budget with the Treasury, signed off by Treasury
 11 ministers, that very, very quickly became outdated. And
 12 I think, as such, it is -- characteristically, Treasury
 13 ministers may -- may -- have got the sense of being
 14 done to in terms of decisions and short notice.
 15 I think the Treasury and their officials were
 16 working with us to minimise the chances that that be the
 17 case, but in some respects it was simply unavoidable due
 18 to the pace at which things were moving and the way in
 19 which the data was evolving and the assumptions
 20 around -- whether it be the stock levels, the actual
 21 disease itself, all of which was -- were evolving at
 22 significant pace.
 23 **Q.** Let's look at a small number of additional examples.
 24 Can we display INQ000510725, please.
 25 This is the cargo services Far East offer that you

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1 may recall. I don't know if you do. And we have
 2 a section in the -- this is the top sheet or one of the
 3 top sheets of the AO pack, isn't it?
 4 **A.** Correct, yeah.
 5 **Q.** And do you see the part that starts "The guide price for
 6 aprons is" and there are various parts that have been
 7 redacted out for reasons of sensitivity:
 8 "The price is driven by the increase in demand
 9 across the globe for these products and we are competing
 10 with other governments to secure stock. This is the
 11 case at the moment across all PPE."
 12 Although we can't see the actual figures, in this
 13 case there is a 900% price increase from the benchmark
 14 for the former and a 400% price increase for the
 15 benchmark in the latter.
 16 Clearly this is a case in which the 25% limit was
 17 very significantly exceeded, wasn't it?
 18 **A.** Yes. I can't see the figures so I'll trust you that
 19 that is the case. If the question you were leading to
 20 was what would have been the, sort of, substance of an
 21 AO assessment based on this specific deal, it would be
 22 less likely to be approved, given those high percentage
 23 increases above the benchmark, but it wouldn't
 24 automatically be a rejection because I think what,
 25 really importantly, the AO would be looking at would be

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1 officers by the Treasury ministers.
 2 **Q.** Another issue that perhaps was addressed in less detail,
 3 given the circumstances, is due diligence. Do you
 4 recall having involvement in the P14 Medical Limited
 5 offer?
 6 **A.** Not specifically, no.
 7 **Q.** Okay, let's bring it up on the screen. INQ000521630.
 8 It might help jog your memory:
 9 "P14 Medical are registered in the UK, their
 10 registration number is [so and so forth]. The company
 11 has an exemption from submitting full accounts ..."
 12 And then in a following document, INQ000521641, we
 13 see this:
 14 "This is a small business ... according to its
 15 website ..."
 16 Apologies, I'm moving quite swiftly through these
 17 now:
 18 "There is limited financial data available as they
 19 file abbreviated accounts and have only been in
 20 operation since 2017 ..."
 21 And there are various concerns or caveats made.
 22 This is, nonetheless, an offer that received
 23 approval. Is it fair to say that in normal
 24 circumstances, more due diligence would have been
 25 conducted, or on the basis of the concerns that were

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1 the specific product concerned, and how many days until
 2 the NHS stocked out and the availability of the specific
 3 products concerned.
 4 So it's all part of a rounded decision, rather than
 5 one specific thing leading it to a formulaic yes/no
 6 decision.
 7 **Q.** That was the first half of my question. Yes. It
 8 wouldn't rule it out, it would be dependent on the
 9 immediate need at a given moment. But the second half
 10 was: to what extent, if any, was the Treasury involved
 11 in a decision such as this where the pricing that was
 12 considered acceptable far exceeded that for which
 13 guidance was previously given?
 14 **A.** So the Treasury, in their -- when their ministers
 15 approved an increase in budget to ensure that spending
 16 remained regular, they placed upon us a number of
 17 conditions that they expected to be met, one of which
 18 was to make best attempts to stay within a 25% tolerance
 19 level. So that was a guide, best attempts, it wasn't
 20 a cap. So therefore, where we did, unavoidably, exceed
 21 the 25% rolling benchmark, it did not mean that we had
 22 to go back to the Treasury for further approvals.
 23 I think that would have been inefficient and
 24 probably it wouldn't have been in keeping with the
 25 delegations that were provided to the accounting

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1 raised about the offer, it was one that wouldn't have
 2 progressed?
 3 **A.** I think that's a fair assumption. I don't think it's
 4 appropriate to compare what was happening at the time to
 5 non-pandemic activities because in a non-pandemic
 6 environment, this sort of deal would have gone through
 7 weeks and weeks and weeks of due diligence. I think,
 8 just to comment on the two different P14 deals you've
 9 shown on screen over the last minute, you can see, in
 10 the second one, there is additional detail, and I think
 11 what that would have been is proportionate to the size
 12 and value of the deal on screen versus the earlier one,
 13 which I think wasn't clear from what you showed, but
 14 I think was actually a lot lower value deal.
 15 So in the circumstances, the due diligence and the
 16 information provided to the accounting officer was
 17 proportionate, which is why there's more information
 18 here, and I think slightly off screen, which you can't
 19 see right now, there is a little bit more information
 20 around the additional work -- in the red text on screen
 21 there you can see the additional work that was
 22 undertaken to provide further assurance that some of
 23 those concerns hadn't been completely eliminated but
 24 some work that was undertaken to minimise the risk.
 25 **Q.** So something was done but perhaps not as much as would

40

1 have ideally been done?

2 **A.** Absolutely. Was it sufficient for the accounting
3 officer to take the decision? Yes. Was it perfect?
4 No.

5 **Q.** All right. One last topic by way of example through
6 a concrete case and then I just want to invite your
7 reflections.

8 It's fraud prevention. Could we have displayed
9 INQ000519212. And then we'll need -- so this introduces
10 it, then we'll need to move on to INQ000519213, but
11 I think you can see there we've also been asked that for
12 new suppliers, in addition -- is that -- page 2, I think
13 it is, of this -- there we are. There it is. The third
14 bullet point.

15 "We have also ... been asked that for new suppliers,
16 in addition to a completed supplier form, the supplier's
17 bank account details are provided on letterhead paper
18 ..."

19 And then if we go to display INQ000519213, we'll see
20 what was provided. And there it is. Bank account
21 details on a letterhead.

22 On the face of it, it doesn't look particularly
23 compelling as a method of avoiding fraud. Do you take
24 a different view about what was provided in this case?

25 **A.** I think -- I mean, I think what you're looking at on
41

1 that a problem?

2 **A.** So let me just make -- sorry, let me make the
3 distinction between the close collaborative work with
4 Treasury officials, which, as I've said earlier, they
5 were very much part of things as they evolved, and the
6 comment made in my statement, I should clarify that
7 I have a deep admiration for all of the work done from
8 Treasury officials and Treasury ministers during the
9 period.

10 The specific point I was making in my statement was
11 that, upon agreeing a increased budget and making it
12 very, very clear that Treasury ministers were providing
13 the delegation to accounting officers and the parameters
14 in which they expected those decisions to be taken,
15 there were, in addition, a number of other conditions
16 that were provided that seemed not wholly aligned to
17 those delegations, specifically seeking levels and
18 volumes of information at a frequency that, at that
19 point in time, didn't fully exist, which was known to
20 the Treasury officials at the time, and actually, that
21 condition in my opinion, whilst understandable at face
22 value, actually risked distracting certain people who
23 were working in the PPE team from actually getting on
24 and sourcing and assuring deals when they were being
25 asked to provide a huge volume of data to the Treasury
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1 screen is (a) part of a standard suite of financial
2 control checks that you would have in any scenario,
3 whether that be pandemic or non-pandemic, but (b) it's
4 in isolation. So I think some of the correspondence in
5 the previous exhibit showed that there was immediate
6 follow-up to check that certain things were as you would
7 expect.

8 So, ordinarily there is a validation of information
9 that's provided such as this on screen. So I think
10 we're looking at one thing in terms of a number of
11 things that go into validating and checking a new
12 supplier that hadn't already been used.

13 **Q.** All right. Mr Young, you provide your reflections
14 towards the end of your written evidence. You say this
15 at paragraph 80:

16 "Finally, I feel that despite the best attempts of
17 all civil servants to find common ground, the risk
18 appetite for procurement of PPE of [Treasury] Ministers
19 was not always aligned with that of the Prime Minister
20 and DHSC."

21 Now, the evidence that you've given this morning was
22 to the effect that there was close liaison and agreement
23 between them, whereas at your paragraph 80, you're
24 effectively telling us that they didn't always see eye
25 to eye. Which was it, and if it was the latter, was
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1 at a frequency that was not wholly aligned to the
2 delegations that the Treasury had provided for us to
3 work within.

4 So delegating as a budget, delegating as approval
5 rights, and giving -- agreeing parameters in which to
6 work within was all great and fine, but there was just
7 some certain conditions that therefore just felt
8 misaligned to those delegations and misaligned to the
9 overall risk appetite that was set by the Prime Minister
10 and agreed with the Health Secretary at the time.

11 **Q.** So, Mr Young, final question to you from me: whether it
12 relate to that or any other matter, which practical
13 steps would you recommend in order to make the processes
14 in which you were involved function better in the event
15 of a future pandemic?

16 **A.** If the question is not not what we could have done
17 better but actually what could we do better in
18 hindsight --

19 **Q.** Let's focus on the future.

20 **A.** Yeah.

21 **Q.** Yeah.

22 **A.** I would say that having much more mature, live data in
23 respect of stock inventory would have been enormously
24 helpful and made the real challenges as an accounting
25 officer that I've described, and you have asked me
44

1 about, not specifically easier, but the decisions would
2 have been backed with even better information.
3 **MR WALD:** All right. Mr Young, those are all my questions
4 for you.

5 My Lady, I know that there are some questions from
6 two of the CPs.

7 **LADY HALLETT:** Thank you very much indeed, Mr Wald.
8 Ms Mitchell, I think you're going first.

9 **Questions from DR MITCHELL KC**

10 **DR MITCHELL:** I appear as instructed by Aamer Anwar &
11 Company on behalf of the Scottish Covid Bereaved.
12 I'd like to ask you first about a comment you make in
13 relation to your recommendations. At paragraph 80 of
14 your statement you say:

15 "In my opinion, there ought to be proper opinion
16 going forward as to whether there's a place for
17 prioritising known suppliers, or those suppliers
18 referred by trusted scenarios."

19 Now what I want to know is, first of all, what did
20 you mean by "trusted scenarios"? Are those trusted
21 sources?

22 **A.** I think what I meant with that statement is -- I think
23 this Inquiry has seen some of the data around the number
24 of offers received. Many, many, many of which were well
25 intended. So 50,000 offers from over 15,000 suppliers.

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1 increase confidence in that feasibility, the better.
2 Whether that's an existing NHS supplier or a UK supplier
3 or other sources, essentially, we're just looking for
4 that increased confidence.

5 **Q.** So who were the trusted suppliers -- trusted scenarios
6 that you were referring to in your statement,
7 paragraph 80?

8 **A.** The -- I guess the trusted scenarios would be those
9 suppliers that were known to us.

10 **Q.** Are those suppliers referred by trusted scenarios?

11 **A.** Trusted scenarios. So we had a system where we couldn't
12 scale the existing NHS sourcing arrangements but those
13 arrangements are in place because they bring in trusted
14 sources and trusted contracts. NHS procurement activity
15 takes place using existing frameworks where trusted
16 suppliers that have been through effective due diligence
17 are placed.

18 So this, essentially, the comment is around --
19 essentially, around how you increase your confidence and
20 your trust that a deal will be as feasible as you hope
21 it will be.

22 **Q.** And we heard part of the idea about increasing
23 confidence is to minimise risk, particularly in
24 a sellers' market. Could you perhaps give us any idea,
25 or if you've thought of any, of how you might minimise

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1 How the triaging happens on that volume of information
2 in the most effective way I think is something that we
3 certainly should be thinking about, looking at it for
4 a future pandemic.

5 And not to go into any sort of suggestion of
6 preferential treatment, but thinking about where there
7 are more trusted suppliers. So, as an accounting
8 officer, one of the things I would have looked at in any
9 deal, for example, is whether a supplier is an existing
10 supplier to the NHS, which would increase my confidence
11 in the feasibility of such a deal, rather than an
12 unknown supplier, whether it be to the Department of
13 Health or actually new to the market.

14 So finding a way of increasing confidence in the
15 actual feasibility of a deal, particularly in the
16 context of the volume of deals and volumes of offers, is
17 something that I do think is worth thinking about going
18 forward.

19 **Q.** And so the "trusted scenarios", were those the trusted
20 sources? Are we talking there about the priority lane?

21 **A.** I wasn't specifically referencing the priority lane.
22 I think what I was suggesting is, given some of the
23 challenges that an accounting officer faced in really
24 trying to understand and gain confidence in the
25 feasibility of a deal, the more that can be done to

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1 or guard against the possibility of corruption in
2 respect of what you describe as trusted scenarios
3 (unclear)?

4 **A.** Well, I think, if we're thinking about individuals who
5 were brought in to work within the process itself, ie,
6 the process of sourcing contracts and sourcing
7 suppliers, those individuals will have gone through
8 a process of declarations of interest and registering
9 conflicts of interest, so in my experience and my
10 personal involvement, which came at the end of
11 a process --

12 **Q.** Indeed.

13 **A.** -- I had to place my assurance that those sorts of
14 conflicts of interest had been dealt with earlier in the
15 process by those involved.

16 **Q.** Okay. Thank you.

17 And very briefly, you state that you didn't give
18 preferential treatment to deals emanating for the HPL,
19 High Priority Lane. Were you ever asked to give updates
20 to anyone or liaise with anyone who had made an offer
21 thorough this lane?

22 **A.** Personally, no. My point at the end of the eight-stage
23 process, as I've said earlier, safeguarded a degree of
24 independence. My review of deals were based on the
25 facts in front of me, the scarcity of the product, and

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1 the overall risk appetite. I never had any personal
2 engagement with any referrer in any shape or form. And
3 I must say this, and I mean this completely
4 authentically, the whole HPL thing has come as quite
5 a big surprise to me, years later, because everything
6 that was done, everything that was -- that I did
7 personally, was with clean, honest intent. And I do
8 feel it's put a stain on a lot of hard work that was
9 undertaken during the process to try and do the right
10 thing and save lives and make sure we had enough PPE.

11 So it has come as a real personal surprise to me,
12 years later -- not that people made profits, to my
13 earlier comment, but that there was some, obviously some
14 sinister work that I know has been looked at through
15 other avenues.

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

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

18 Mr Dayle, I think you've got a couple of questions.

19 **Questions from MR DAYLE**

20 **MR DAYLE:** Thank you, my Lady.

21 Mr Young, I ask questions on behalf of the
22 Federation of Ethnic Minority Healthcare Organisations,
23 or FEMHO, and I have two very short topics.

24 Firstly, were PPE procurement decisions expressly
25 reviewed for their compliance with the Public Sector

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1 **Q.** And the second topic, and perhaps at the risk of going
2 over territory that you might have covered, did equality
3 considerations, the matter of ill-fitting PPE, for
4 example, factor into your financial assessments and
5 procurement specifications?

6 **A.** The risk of unsuitable PPE being purchased was part of
7 the consideration when I talked earlier about one of the
8 four Managing Public Money criteria, feasibility. So it
9 was a real risk and very challenging when operating with
10 international suppliers to know with certainty that the
11 PPE you would be buying would be as intended, and
12 exactly as per the technical specification, which is why
13 that, when it came to assessing the deals and approving
14 the deals, we had to go with some risk when it came to
15 that specific point, but in the knowledge that the
16 equipment would all be inspected, clinically inspected
17 upon arrival into the UK, and no substandard PPE should
18 therefore have been distributed into the system which
19 would have included ill-fitting PPE, because --
20 "ill-fitting", I guess, is a rather general term,
21 I would say if it didn't meet the technical
22 specifications that were expected of that specific
23 product.

24 **MR DAYLE:** Very well, thank you.

25 Thank you, my Lady.

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1 Equality Duty?

2 **A.** That was not something that I had personal consideration
3 of, in my assessments at the end of the process. What
4 I would say is that my assumption would be that that
5 would be considered in the same way in which any other
6 legal or statutory requirement would have been
7 considered in the earlier stages of assurance, and had
8 there been any specific issues in regards to that topic
9 in the same way in which other matters would have been
10 brought to my attention by exception, I would have
11 expected that to be the same. I cannot personally
12 recall any example where that was the case.

13 **Q.** Okay. Can I ask for your assistance with this: how was
14 impact on ethnic minority healthcare workers considered
15 in the context of contract assessment?

16 **A.** Personally, it wasn't, when it came to my specific role.
17 Again, I can't speak for assurances and considerations
18 that were taken earlier in the process. All I can say
19 is that, had there been any specific concerns on that
20 matter, it should have been related as part of the
21 overall assessment and recommendation of a deal. So it
22 was something that the accounting officer would and
23 could take into consideration, but again, I cannot
24 personally recall that ever being raised as an item of
25 exception.

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1 **LADY HALLETT:** Thank you very much, Mr Dayle. I'm very
2 grateful.

3 Mr Young, that completes the questions we have for
4 you. You're not the first witness, and I suspect you're
5 not the last -- I think we've got at least one more --
6 who feels that that huge amount of effort that you and
7 your colleagues put into obtaining supplies of PPE to
8 save lives has been undermined by certain aspects of the
9 procurement process. I am genuinely sorry that people
10 who worked as hard as you did and your colleagues did
11 should have been put under that kind of scrutiny when it
12 wasn't fair. So I hope you understand why we're looking
13 at it, and we are implying no criticism of you or most
14 of your colleagues by doing so. So thank you very much
15 indeed for what you did, and thank you for the help
16 you've given to the Inquiry.

17 **THE WITNESS:** Thank you, my Lady.

18 **LADY HALLETT:** Very well. I shall be extraordinarily
19 generous and give you an extra three minutes' break.
20 I shall return at 11.30.

21 (11.13 am)

(A short break)

22 (11.30 am)

23 **LADY HALLETT:** Ms Shehadeh.

24 **MS SHEHADEH:** My Lady, our next witness is Andrew Slade.

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1 Please can he be sworn or affirmed.

2 **MR ANDREW SLADE (sworn)**

3 **Questions from COUNSEL TO THE INQUIRY**

4 **MS SHEHADEH:** Please can you state your full name for the
5 record.

6 **A.** Andrew Keith Ridout Slade.

7 **Q.** Thank you. Now, you have provided the Inquiry with
8 a witness statement dated 30 September 2024, and it is
9 INQ000506956. Can I ask you to confirm, please, is that
10 witness statement true to the best of your knowledge and
11 belief?

12 **A.** It is.

13 **Q.** Thank you. Turning, by way of introduction, to your
14 professional background, you joined Welsh Government in
15 2012; is that correct?

16 **A.** That's correct.

17 **Q.** And in January 2018 you became the Director General of
18 Economy, Skills and Natural Resources; is that right?

19 **A.** That's also correct.

20 **Q.** And you led Economy, Skills and Natural Resources until
21 April 2022?

22 **A.** Yes.

23 **Q.** And so you were in that role during the course of the
24 pandemic?

25 **A.** Yes, and in subsequent roles in a different

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1 **A.** It is.

2 **Q.** Now, CPD sat within Economy, Skills and Natural
3 Resources group so it became within the remit of the
4 group of which you were director general?

5 **A.** Yes.

6 **Q.** And it itself was led by Dean Medcraft; is that right?

7 **A.** He was the acting director, that's correct.

8 **Q.** Now, CPD has both a policy role and an oversight role in
9 relation to government procurement. In practical terms,
10 what does CPD do?

11 **A.** So looking out into the public sector at large it
12 provides guidance, helps with interpretation of the
13 regulatory framework, training, develops capability and
14 capacity, and manages and leads a number of
15 category-wide procurement frameworks from which public
16 sector and voluntary sector bodies can go ahead and buy
17 services and goods; and then internally facing into the
18 Welsh Government, it provides advice and support to all
19 of Welsh Government's buying activities and it has
20 a certain number of control roles, as well. In respect
21 of any attempt to make a departure from the rules, CPD
22 would be involved in signing those off.

23 **Q.** You mention there having a control role. Does the CPD
24 ensure that contracts -- contracting authorities comply
25 with their obligations under the PCR, historically under

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1 configuration, but yes, for that period.

2 **Q.** You then became Director General of Economy, Treasury
3 and Constitution, and in the following March, 2024, you
4 became Director General of Economy, Energy and
5 Transport?

6 **A.** That's right.

7 **Q.** You've also held a number of senior roles outside of
8 Wales in the public sector; is that a fair summary?

9 **A.** It is fair, yes.

10 **Q.** Thank you. You address, in your witness statement, very
11 helpfully, the role of the Commercial and Procurement
12 Directorate. Now, to be clear, the Commercial and
13 Procurement Directorate, which we'll refer to as CPD for
14 speed, if that's all right, develops procurement policy
15 for the Welsh Government and the public sector in Wales.
16 Is it right that it is also sometimes referred to as the
17 National Procurement Service?

18 **A.** That is right, in respect of its outward-facing role
19 within the wider Welsh public sector and that's a brand
20 that, to some extent, we continue to use for those
21 functions, support and guidance for the wider public
22 sector.

23 **Q.** So where the phrase "National Procurement Service" or
24 "NPS" is found in exhibits to your statement, that is
25 a reference to the CPD?

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1 the PCR?

2 **A.** Yes, to a degree. Obviously each organisation that is
3 buying must affirm, you know, be clear that it's meeting
4 the rules and stand for those themselves. But CPD has
5 a coordinating and oversight role and provides advice on
6 regulation.

7 **Q.** The Inquiry has already heard that in relation to
8 procurement of PPE, NWSSP was the relevant contracting
9 authority during the pandemic. Is it right that the CPD
10 worked closely with NWSSP?

11 **A.** It is right, yes.

12 **Q.** Audit Wales have reported that the NWSSP did not comply
13 with its obligations under the Procurement Contracts
14 Regulations to publish contract award notices within the
15 30-day deadline, and before I go on to ask you
16 a question about that, can I ask that we have on screen,
17 please, INQ000214235 at page 45. And there we are.

18 This is an extract from that report. At
19 paragraph 2.30, Audit Wales say they had looked at nine
20 samples:

21 "Of the nine full contract award notices published
22 in our sample, none were published within 30 days of
23 awarding the contract. On reviewing them, we found
24 several had incorrect dates for the date the contract
25 was awarded. Shared Services is rectifying these

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1 errors."

2 And it goes on to explain that some VEATs were
3 published within the 30-day deadline but that wasn't
4 strictly a requirement.

5 There is an explanation there which is obviously
6 that staff were under an awful lot of pressure at the
7 time. We've heard about that pressure in a UK and
8 Scottish context already.

9 Thank you, we can have that off the screen now.

10 When you talk about a sort of control role or an
11 oversight role, was CPD aware that that 30-day deadline
12 wasn't being met by NWSSP?

13 **A.** I don't know for sure, but I wouldn't be surprised if
14 they did, mainly because the focus was on ensuring that
15 material was procured effectively and quickly. And
16 I think some of the recordkeeping and the publications
17 came later, as is slightly indicated in that comment.
18 I think from memory the Auditor General goes on to say
19 that in investigating each of those cases, there wasn't
20 anything wrong with the procurement; it was simply
21 a delay in getting the material published.

22 And just to clarify, the role of CPD in control
23 terms is in relation to aspects of Welsh Government's
24 internal procurement in that sense.

25 **Q.** So you don't see the role of CPD as extending to bodies

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1 publishing a contract award notice under the previous
2 regulations was to allow members of the public to see
3 how taxpayer money is being spent. Would you agree that
4 the principle of publication honours transparency,
5 honours accountability?

6 **A.** Yes, and it's certainly a lesson that I think we have
7 learned for the future. But I think in the context of
8 the heat of the pandemic, the focus of effort was
9 elsewhere.

10 **Q.** And would you further agree that if there isn't proper
11 transparency there is a risk of loss of public
12 confidence in the way that government spend taxpayer
13 money?

14 **A.** Yes, transparency assists generally in that regard.

15 **Q.** Right. I'm going to ask you about the procurement
16 activities that CPD carried out. I'll say at the outset
17 we know they were very limited, and we've mentioned
18 previously that NWSSP was the contracting authority that
19 sourced the majority of the PPE --

20 **A.** Yes.

21 **Q.** -- used in the health and social care system. But the
22 CPD was involved in the procurement of PPE outside of
23 health and social care settings. Can you explain very
24 briefly how that was done?

25 **A.** CPD colleagues liaised very closely with the Welsh Local

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1 such as NWSSP, complying with their obligations in
2 procurement law, assisting them with that, holding them
3 accountable to that?

4 **A.** Assisting, yes, and providing guidance and advice in
5 working with UK Government and other relevant parties
6 but not there as an enforcer. There were different
7 control arrangements for the NHS through another part of
8 Welsh Government.

9 **Q.** And in hindsight, do you think perhaps CPD should have
10 that role where it liaises closely with the body that
11 has the significant budget?

12 **A.** Liaison is very close. The teams work very closely
13 together. They would have a very strong, shared
14 understanding of the rules, and I'm sure Shared Services
15 Partnership colleagues would be involved in helping
16 shape Welsh Government policy because they've got so
17 much to contribute, but I don't think there's a sort of
18 formal control role for CPD and I think that would be
19 tricky to arrange because of the way the Welsh
20 Government is organised and our various other bodies
21 around Wales that undertake these types of roles.

22 **Q.** And just briefly on this point before we turn on to
23 another topic, you were keen to point out there that you
24 didn't think there was necessarily anything wrong with
25 the contracts themselves, but the principle of

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1 Government Association and with procurement functions
2 out in local authorities and had a strong longstanding
3 relationship there, and that came in good stead during
4 the pandemic.

5 One of the things that they would have been working
6 on in the early phases of the pandemic would have been
7 with local government on supply to the care sector. And
8 as that went on, I think they continued to work with
9 local government on supply for domiciliary settings,
10 domestic care, as distinct from in a care home or in
11 another health and social care setting.

12 They were also very closely involved in helping
13 other bits of the public sector with their own PPE
14 demands, particularly as the pandemic went on, and as
15 rules developed around what should be being used in
16 different settings. So I'm thinking there of schools,
17 public transport, those sorts of things.

18 **Q.** Thank you. There was also a framework agreement in
19 relation to FFP2 disposable masks. You explain at
20 paragraph 118 of your statement that this framework
21 agreement was made available to NWSSP and they made
22 call-offs from that for the purchase of FFP2 masks for
23 the use in health and social care settings; is that
24 right?

25 **A.** I think so, I understand. So the two frameworks that

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1 are relevant that were being managed by CPD related to
 2 PPE and workwear in one respect, and in relation to
 3 cleaning materials in another. And I think that that
 4 was available to colleagues in the SSP, the Shared
 5 Services Partnership, as indeed would all of the
 6 frameworks have been to draw down from, whether that was
 7 through direct awards or through mini competitions. In
 8 reality, I think much of what was bought was through
 9 direct awards and through more emergency-related routes.
 10 **Q.** Thank you.

11 Moving on then to procurement policy in Wales.
 12 We've already heard from previous witnesses about the
 13 Procurement Policy Notes that were issued by the Cabinet
 14 Office during the pandemic.

15 You tell us at paragraph 86 of your statement that:
 16 "During the pandemic all four UK home nations tried
 17 to adopt a consistent approach to the many procurement
 18 challenges that arose. Officials from the [CPD], and
 19 ... other devolved governments, worked with the
 20 UK Cabinet Office to develop the four Procurement Policy
 21 Notes ..."

22 So the issuing of these Procurement Policy Notes, it
 23 was coordinated, it was agreed, it didn't come as
 24 a surprise to Welsh Government?

25 **A.** No, I think this would be an example of where we would
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1 of your understanding?

2 **A.** It is. They were established rules. We were familiar
 3 with them. The rest of the public sector was familiar
 4 with them. And they had enough components within them
 5 to allow for deployment in an emergency situation, like,
 6 as you say, direct awards and single-tender actions and
 7 so on.

8 **Q.** I'd want to focus with you now on, I suppose, what was
 9 different in the Welsh procurement policy landscape as
 10 compared to the UK, the UK centrally.

11 There are particular pieces of legislation. I'm
 12 thinking of the Well-being of Future Generations (Wales)
 13 Act.

14 **A.** Yes.

15 **Q.** And the -- not legislation but the Procurement Policy
 16 Statement of 2012, which was then followed by the
 17 Procurement Policy Statement of 2021. You address these
 18 in your witness statement in detail.

19 Before I go on, were the principles encompassed by
 20 these applicable during the emergency, during the
 21 pandemic?

22 **A.** Yes, they were. But the pressing needs of the emergency
 23 were the top thing that mattered. So we had used
 24 procurement policy as a tool to try to embed greater
 25 sustainability in supply chains in relation to carbon
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1 say we had co-designed those policy notes with
 2 colleagues across the rest of the United Kingdom, and
 3 I think there were weekly calls with the Cabinet Office
 4 in other devolved governments as part of that, along
 5 with regular -- possibly monthly -- calls with the Crown
 6 Commercial Service team.

7 **Q.** Thank you. And those following the Inquiry will be
 8 familiar with them, but we had PPN 01/20 published in
 9 March 2020, which was really the first PPN which
 10 signalled that the use of direct awards would be
 11 acceptable during the pandemic.

12 **A.** Yes.

13 **Q.** It was followed by PPN 02/20, 03/20 and then 04/20,
 14 which was published in June 2020, and it dealt with
 15 recovery and transition from Covid-19.

16 Just briefly, that final PPN, it wasn't adopted as
 17 is, word for word, but it was amended so that it made
 18 sense in the Welsh context. Is that a fair --

19 **A.** Substantially identical but references tweaked to make
 20 sure that they made sense in the Welsh context.

21 **Q.** And in terms of the law, the framework, you say in your
 22 witness statement at paragraph 94 that the legal and
 23 regulatory framework in place during the pandemic didn't
 24 pose any specific problems or challenges for the CPD or
 25 bodies it was assisting. Is that correct, to the best
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1 reduction, in relation to ethical employment in supply
 2 chains, in relation to driving community benefits, and
 3 that continued to be important, but I would say that it
 4 was much more important to make sure that the right PPE
 5 in this context was arriving where it needed to be at
 6 the right time, and that was the overriding factor at
 7 stake.

8 **Q.** And we've heard, for example, that the majority of PPE
 9 was imported and the majority of PPE was disposable. So
 10 perhaps that first principle you --

11 **A.** Is tricky, yes.

12 **Q.** Indeed.

13 **A.** And we did look at the possibility of re-usable
 14 material, but that also remained tricky through the
 15 pandemic, in terms of cleansing and disinfection and
 16 simply having something that was usable and fit for
 17 purpose.

18 **Q.** And we'll come to attempts to innovate with later
 19 witnesses today.

20 The Procurement Policy Statement of 2021 also
 21 emphasises collaboration. It talks about integrating
 22 procurement into the heart of Welsh policy development
 23 and:

24 "... [supporting the] Welsh Government[']s policy
 25 objectives relating to progressive procurement, such as
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1 the Foundational and Circular Economy, through
2 collaborative, place-based ... procurement activity
3 which nurtures resilient local supply chains."

4 That's a long sentence, but can I ask you, was this
5 in part drawn from the experience of supply chain
6 disruption during the pandemic?

7 **A.** It was informed by that, yes, in that later statement.

8 **Q.** And that reference to nurturing local resilient local
9 supply chains, what does that mean, in practical terms?
10 What are the expectations of Welsh contracting
11 authorities and in particular NWSSP in relation to that?

12 **A.** In non-emergency times, the hope is that you will be
13 working with partners to build supply chains, in this
14 context in Wales, that you'll be working with companies,
15 small to medium size enterprises to make it easier for
16 them to pitch for government contracts. I mean, around
17 a third, just under, of public spending in Wales comes
18 through procurement of goods and services by the public
19 sector so it's an important area of spend. Those things
20 continued to be important through the pandemic and were
21 particularly important in the context of trying to
22 ginger up local supply, and as you've mentioned, you'll
23 want to come on to that later today. But the main focus
24 there was on, through the pandemic itself, getting hold
25 of supplies and making sure that those were effectively

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1 change policy.

2 And the Welsh Act, the Social Partnership Act,
3 enshrines in law for public bodies in Wales a number of
4 the principles that were being operated prior to the
5 pandemic and I think it's fair to say, although I'm not
6 an expert and I no longer look after the procurement
7 function, that the most recent changes at the UK level
8 are all about increased transparency and increased
9 flexibility in procurement arrangements.

10 **Q.** You've referred there to the creation of indigenous
11 supply chains as being part of the thinking for the
12 future. Are you aware of any concrete steps that have
13 been taken to ensure that there is diversification of
14 supply chains ahead of a pandemic striking?

15 **A.** My understanding, although I'm not directly answerable
16 for these areas now, a lot of work went on through PPE
17 preparedness. There was, I mean, initially in the
18 pandemic, there was the work on the winter plan but we
19 went on to have a more strategic approach to procurement
20 of PPE led by colleagues in the Health and Social
21 Services Group and by the Shared Services Partnership,
22 and I believe that those lessons have been absorbed and
23 woven into how we operate, collectively.

24 And then, in relation to supply chains, we now have
25 established mechanisms for getting ready at pace to

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1 distributed.

2 **Q.** There is now also the Social Partnership and Procurement
3 Act 2023 and there is also, we know, new legislation
4 that only came into force very early this year.

5 In terms of procurement policy for Wales and lessons
6 learned from procurement during the pandemic, what in
7 your view are the key lessons as applicable to emergency
8 procurement?

9 **A.** That you need to be -- back to your point about
10 transparency, you need to be transparent about how you
11 are using the rules, that you are very clear upfront
12 about what you are trying to do, that you make sure that
13 you've got proper records that can be gone back over at
14 a later stage so that you're ensuring compliance.
15 I think that's a key lesson learned and a point to take
16 forward.

17 And then slightly straying into the how do you get
18 domestic supply up and running, what can you do with
19 supply chains through procurement policy to put them in
20 a stronger place, either for responding to an emergency
21 or, indeed, to build indigenous supply in anticipation
22 of such things happening? That's a bit more
23 complicated, because as I think my colleague Alan Brace
24 said recently, resilience brings with it costs, but
25 that's part of the thinking for the future through the

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1 stand up local domestic supply. That's slightly
2 different from that slightly trickier question about
3 what do you do for the longer return in terms of
4 indigenous supply where you might be wanting to create
5 stores and stocks of material domestically, and that
6 comes at a cost and it's also very unlikely that UK
7 manufacturers are going to be the cheapest manufacturers
8 across the world. So that has to be borne in mind.

9 **Q.** Thank you.

10 You alluded a few moments ago to the fact that the
11 majority of PPE procurement took place by way of direct
12 awards or emergency procurement. Almost by definition,
13 emergency procurement doesn't take place very often, and
14 so it's not something that even seasoned procurement
15 professionals have a great deal of experience of. They
16 may do now. Do you think the CPD should have had in
17 place guidance to disseminate to contracting authorities
18 specifically addressing how to go about emergency
19 procurement and direct awards, the contracts?

20 **A.** I think there was some advice and guidance already out
21 there, but as you say, it might not have been tested and
22 it might have been based on theory rather than practice.
23 The only thing I'd say to that is that we worked very
24 closely with UK Government on that first procurement
25 advice note in March of 2020. That was a joint effort

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1 across the UK to get advice out into public sector
 2 contracting authorities on making use of emergency
 3 provisions within the regulatory framework.
 4 **Q.** CPD did produce something called the buyers guide for
 5 PPE --
 6 **A.** They did.
 7 **Q.** -- during the pandemic, and I wonder if we could have up
 8 on screen, please, INQ000198576. Thank you. There it
 9 is on the screen. And this buyers guide was developed
 10 with the support of the British Safety Industry
 11 Federation?
 12 **A.** Yes.
 13 **Q.** And it was aimed at assisting procurement teams across
 14 the public sector in identifying non-compliant PPE, and
 15 it provides a handy list of products approved for sale
 16 in the UK.
 17 Page 1. It sets out that there has been a:
 18 "... huge influx of offers to supply PPE to the
 19 Welsh public sector. Critical items such as face masks
 20 and gloves fall into various classes and categories ..."
 21 And the Inquiry has heard about the differing
 22 responsibilities of those regulating medical devices and
 23 personal protective equipment already.
 24 What led to the development of this buyers guide?
 25 **A.** A general view, I think within the procurement
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1 meetings with other buyers across Wales and would be
 2 putting out newsletters and guidance on a regular basis.
 3 So all of that intelligence, the two-way process would
 4 have been fed in here. I think, in this case, in
 5 relation to suspect PPE documentation, we found lots of
 6 things with, sort of, screengrabs and other, you know,
 7 visually alarming changes to documentation coming in,
 8 bad grammar, a whole range of things of that sort,
 9 incorrect references, things like that.
 10 **Q.** Can we turn to page 6 of this document, please. It
 11 addresses the issue of fake certificates. Is that --
 12 there we are --
 13 **A.** Yes.
 14 **Q.** -- we have it on screen now, heading "Counterfeit
 15 Products". So the guide provides some examples of what
 16 to look out for and some visual examples and so on?
 17 **A.** Yes.
 18 **Q.** Now, it's a very short guide. It runs to only seven
 19 pages. You've referenced at page 1, or the author
 20 references at page 1 that guidance can't all be easily
 21 accessed in one place. Was this short, handy guide for
 22 buyers needed in part because the regulatory landscape
 23 was very complicated?
 24 **A.** I think it was probably needed for a range of reasons,
 25 partly that, as you describe, partly just because of the
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1 community, that a lot of smaller public bodies and
 2 voluntary sector organisations were getting inundated,
 3 as the text suggests there, with offers of product. We
 4 already knew, through the work that we were doing
 5 through central government and through colleagues' work
 6 in the Shared Services Partnership just how much was out
 7 there in terms of substandard PPE. I don't think this
 8 buyers guide was particularly aimed at large public
 9 sector bodies or, indeed, ourselves; it was more for
 10 other people out there in the public and voluntary and
 11 community sectors to give them some help in
 12 understanding what sort of standards they should be
 13 looking for when they were buying PPE.
 14 **Q.** It was also provided to CERET, wasn't it?
 15 **A.** It was, yes.
 16 **Q.** And we see there in the last line:
 17 "NPS" [so that is CPD] are currently seeing a huge
 18 amount of suspect PPE documentation from a wide variety
 19 of sources."
 20 So again, was that something that had come to your
 21 attention through intelligence sharing with your liaison
 22 with the industry?
 23 **A.** Yes, with through liaison with the industry, liaison
 24 with local government, liaison with other contracting
 25 parties across Wales, NPS/CPD would have regular
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1 pace at which things were happening, but also guidance,
 2 medical guidance on what we should be doing through the
 3 pandemic was changing as well, through this period. So
 4 a lot of queries and questions were being raised and
 5 a lot of parties out in the market were trying to
 6 exploit that general sense of things moving and
 7 developing, turbulence in the system. And I think that
 8 was part of it.
 9 **Q.** This guide, or this version, is dated June 2020. Is
 10 this the earliest version, as far as you're aware?
 11 **A.** I had thought that we had produced something in May but
 12 I may have misremembered that.
 13 **Q.** All right. The question, in any event, is the same,
 14 which is: should a guide like this be put in place by
 15 the CPD or any other public authority as part of
 16 pandemic preparations in the future?
 17 **A.** Yes, ideally, yes.
 18 **Q.** CPD also held formal seminars and training sessions for
 19 procurement staff, and also worked along alongside the
 20 Life Sciences Hub, which we'll come to later today in
 21 more detail but, essentially, Life Sciences Hub had
 22 a role in triaging offers of supply of PPE --
 23 **A.** Yes.
 24 **Q.** -- to NWSSP. Is it right that in fact some CPD staff
 25 were integrated into the Life Sciences team to assist
 72

1 them?

2 **A.** Yes.

3 **Q.** And so this wasn't simply an advisory role, staff were
4 redeployed swell the ranks, essentially?

5 **A.** Yes, either directly or virtually, but to make sure
6 that, as you say, the ranks were swollen to meet demand,
7 and also to share and develop learning and expertise on
8 what was available and what shouldn't be being bought.

9 **Q.** So would it be fair to say that the CPD took on a role
10 that was in fact beyond its original remit and
11 adapted --

12 **A.** Yes.

13 **Q.** -- during the pandemic? And brought together not only
14 procurement experience but also developed experience in,
15 as we've seen from the buyers guide, certification,
16 PPE-specific intelligence on product specifications, on
17 attempts at fraudulent certification, regulatory
18 requirements, and so on?

19 **A.** Yes, all those things.

20 **Q.** And are there plans, to the best of your knowledge, to
21 stand up this kind of work again in the event of
22 a future pandemic?

23 **A.** I think so. It forms part of our arrangements and it
24 would certainly be one of my recommendations to the
25 Inquiry in terms of responding in future.

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1 in his evidence, we were net exporters through
2 mutual aid in the event to other parts of the
3 United Kingdom, particularly England and
4 Northern Ireland. We also received supplies from
5 Scotland and Northern Ireland and also from
6 the UK arrangements as part of that.

7 **Q.** And mutual aid also extended to the loan of 20 million
8 tests to England. So the arrangement there was that
9 Wales effectively transferred 20 million tests to
10 England, and England then replenished that stock?

11 **A.** That's my understanding, yes.

12 **Q.** Is that what's meant by "loan"?

13 **A.** Yes.

14 **Q.** And do you see that as playing -- mutual aid -- a key
15 role in ensuring that Wales has sufficient PPE in the
16 event of a future pandemic?

17 **A.** Yes, as a government, we concluded, ministers were very
18 clear about this from I think April of 2020 onwards,
19 that we ought to have a three-pronged approach to this:
20 we should get on and source our own supply, and that was
21 done through the Shared Services Partnership; we should
22 participate in mutual aid arrangements and support other
23 parts of the UK as they supported us; and that we should
24 look to stimulate domestic supply of things that were in
25 short supply or areas where we thought there might be,

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1 **Q.** Thank you. I'm going to ask you now about mutual aid
2 and cooperation between the four nations. You've
3 explained in simple terms how the consequential funding
4 works in your statement and you have referred to the
5 Barnett formula. Wales received a total of
6 £1.022 billion in consequential funding from the
7 UK Government in relation to PPE; is that right?

8 **A.** That's correct.

9 **Q.** And does that encompass all PPE or is that restricted to
10 the NWSSP spend?

11 **A.** I can't remember in relation to the money that came in
12 as consequential funding. The money that I know we
13 spent was reported through the Shared Services
14 Partnership, so -- it was getting close to 400 million,
15 I think 385 million, reported by the Shared Services
16 Partnership as having been spent by the NHS in Wales on
17 PPE, out of that pot of money that had come from the
18 UK Government.

19 **Q.** Right. You also address in your statement the pandemic
20 stock principles which were agreed between the four
21 nations, and you also set out a little bit about how
22 mutual aid between the nations worked. Wales made good
23 use of mutual aid arrangements, didn't it?

24 **A.** It did. We were supported in doing so by ministers, but
25 again, as I think my former colleague Alan Brace set out

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1 you know, innovations needed to assist the health and
2 social care services.

3 **Q.** Welsh Government made a number of attempts to stimulate
4 domestic manufacture, and we've touched upon this
5 already, but on 3 April 2020 the First Minister issued
6 a call to action for Welsh businesses to create a new
7 Welsh supply chain of PPE. And that was then echoed by
8 Ken Skates. The Critical Equipment Requirement
9 Engineering Team was set up, CERET was set up, to assist
10 with that. And we will hear from them later on.

11 I just want to come back to something you say in
12 your statement, you say:

13 "The effectiveness of steps to stimulate domestic
14 production was not formally measured ..."

15 Is this perhaps something Welsh Government or CPD
16 should have been monitoring during the pandemic?

17 **A.** I think so. It's a little bit like the point you made
18 earlier about coming back to make sure that things are
19 properly published and timescales are met. There are
20 components of what we did where it would have been
21 better, preferable, to have kept more records or have
22 more information available. I am sure, knowing how hard
23 colleagues worked across the procurement professions,
24 and in CERET and elsewhere, that this would have been
25 about the sheer pace of work, the volume of things

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1 coming in, and the focus on making sure that offers were
 2 triaged, that work was followed up and fed into the
 3 system to supply PPE. But yes, I think for the future,
 4 having better oversight of what was happening and
 5 keeping better records of how things were taken up, and
 6 what supply was arranged and available through
 7 manufacturing supply chains, that -- it would be
 8 preferable to have that information.

9 **Q.** Notwithstanding that lack of information, can we just
 10 look at paragraph 238 of your witness statement. There
 11 it is. You tell us that:

12 "Over 30 companies repurposed production lines to
 13 produce hand sanitiser, 25 ... repurposed production
 14 lines to make face visors, 30 companies provided
 15 decontamination solutions ..."

16 And so on. You say:

17 "Welsh Government estimates, in total, 400 jobs were
 18 created [for] this commercial activity ... [and]
 19 volunteers made over 5000 sets of scrubs."

20 Thank you.

21 Can we have up also INQ000470704. Page 2.

22 These are bullet points sketched out for a public
 23 statement to be made by the First Minister, and we see
 24 there the fourth bullet point from the bottom explains
 25 that there is work being done to secure a new supply

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1 of PPE. We've discussed this a little in your evidence
 2 already. In light of that, do you think there might
 3 have been difficulties in implementing the policies
 4 you've referred to earlier in your evidence?

5 **A.** Not in the sense that they can be supplemental and they
 6 can help with provision, you know, and supply of this
 7 type of material; but it won't be a solution in and of
 8 itself. And, you know, as I mentioned earlier, it's
 9 very unlikely that UK manufacturing is going to be the
 10 cheapest source of a manufactured good, in many cases,
 11 compared with what is available through international
 12 markets, and we have to be realistic about that.

13 And I think my recommendation, you know, to the
 14 Inquiry, back to the point I was making earlier, is have
 15 arrangements that you can stand up quickly that will be
 16 effective, and where people understand broadly what's
 17 going to happen, because that will get things moving
 18 quicker. But that's not the same as saying we'll have
 19 everything produced domestically to meet the needs of
 20 a future pandemic.

21 **Q.** In terms of pandemic preparedness, we've heard a great
 22 deal about the PIPP stockpile, we've heard about
 23 pandemic preparedness exercises. On reflection, do you
 24 think perhaps procurement had been siloed off,
 25 considered as a separate topic area to pandemic

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1 chain, there are examples there being given, and that
 2 Wales has become self-sufficient in scrubs.

3 We can have that down off the screen now, thank you.

4 So Wales didn't need to, from that point on, import
 5 any more scrubs for use in the health and social care
 6 sector?

7 **A.** I don't know if that is the case. At the time
 8 significant numbers were being produced. Whether that
 9 continued to be the case throughout the rest of the
 10 pandemic, I don't know.

11 **Q.** So this might be a snapshot in time, you're not able to
 12 say?

13 **A.** Yes, yes.

14 **Q.** Thank you.

15 Can we have up on screen, please, INQ000472023. And
 16 page 3.

17 This is a PPE lessons learned presentation dated
 18 22 January 2021. We see there some lessons learned
 19 including supply issues experienced which we've heard
 20 about:

21 "Engaging and on-boarding Welsh Manufacturers took
 22 time and effort. Welsh PPE market may not be
 23 sustainable or competitive on cost."

24 The report authors there take the view that it may
 25 simply not be sustainable to rely on Welsh manufacture

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1 preparedness generally?

2 **A.** I don't know for sure. I think it's fair to say that
 3 procurement colleagues had not been directly involved in
 4 pandemic preparations but then colleagues from the
 5 Shared Services Partnership may well have been, so I'm
 6 not sighted on that component. Procurement colleagues
 7 were certainly involved in some of the work we did
 8 around no-deal Brexit preparations and the purchasing
 9 components associated with that and impacts on the
 10 supply chains, but I think there is an argument for
 11 greater involvement of procurement in contingency
 12 preparedness.

13 Thinking back to other issues that I've been
 14 involved with over my career, we've certainly had
 15 procurement specialists involved in things like animal
 16 health and welfare crises or in situations where we were
 17 dealing with flooding problems and aftermath of flood
 18 clear-up, where again, having procurement professionals
 19 involved has been helpful.

20 **Q.** The CPD was drafted in to assist Life Sciences Hub Wales
 21 who in turn were drafted in to help NWSSP?

22 **A.** Yes.

23 **Q.** So a great deal of collaboration that we'll hear about
 24 throughout the course of today. Is there enough
 25 investment in procurement professionals in Wales? Is

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1 that something that needs to be scaled up ahead of time
 2 before an emergency such as a pandemic comes along?
 3 **A.** I think there are two points there. One, I think the
 4 public sector generally needs more experts in
 5 procurement and supply chain management and in contract
 6 management. That would apply in, for want of a better
 7 term, peacetime as much as in an emergency situation.
 8 But yes, in terms of being ready for major situations of
 9 the sort that we're discussing here today, having more
 10 of that expertise available would be important.

11 **MS SHEHADEH:** Thank you for answering my questions. If
 12 you'll wait there, there will be questions from other
 13 people.

14 Thank you, my Lady.

15 **LADY HALLETT:** Thank you very much indeed.

16 Ms Morris, I think you're next.

17 **Questions from MS MORRIS KC**

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

19 Good afternoon, Mr Slade. I ask questions on behalf
 20 of Covid Bereaved Families for Justice UK.

21 Just two topics, please. The first -- you say in
 22 your statement that contracts that exceeded -- sorry,
 23 payments exceeding 25% of a contract value had to go
 24 through approval by the Welsh Government. So my
 25 questions are: why was it set at that value, first of

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1 you've been shown that document --

2 **A.** Yes.

3 **Q.** -- by the Inquiry before giving evidence this morning.

4 Under its heading of "Potential Lessons", it
 5 highlights that the CIFAS national fraud database was
 6 only used in 10% of post-awards and claims in bulk
 7 uploads. So just so I can maybe set some context with
 8 you, if that's okay. The National Fraud Database, is
 9 that a database of individuals to identify any fraud
 10 prior to awarding a contract in business-as-usual times?

11 **A.** Yes, and we would use it, although clearly, as that
 12 report made out, not as extensively as maybe we could in
 13 relation to pre-approvals but also checks afterwards
 14 before monies were paid out.

15 **Q.** I see.

16 **A.** I think this report from our colleague at the Head of
 17 Counter Fraud unit was largely aimed at work we were
 18 doing on grants to businesses in relation to economic
 19 support rather than in relation to procurement of PPE.

20 **Q.** Okay. But the purpose of it then is to -- it's a fraud
 21 prevention tool; is that fair to say?

22 **A.** Yes.

23 **Q.** And the observation that is made by the committee is
 24 that if it's used post-award, you've missed an
 25 opportunity there to identify --

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1 all? And did it cause any delays to the processing of
 2 those contracts?

3 **A.** I'm not sure I know the background to the -- why the
 4 threshold was set, whether it's prescribed in law or
 5 whether that was to do with our own procedures. This
 6 would all have been in relation to the work of the
 7 Shared Services Partnership where we had pretty clear
 8 control mechanisms both for the actions of the Shared
 9 Services Partnership themselves, but also where, as
 10 you've pointed out, various things had to come in to
 11 Welsh Government for some form of counter-signature.

12 My understanding is, although I wasn't responsible
 13 for those areas, that there were summary processes used
 14 to make sure that those kinds of checks weren't
 15 a hold-up beyond what was needed to make sure that what
 16 we were proposing or what Shared Services colleagues
 17 were proposing to do was a sensible thing to do.

18 **Q.** So they still happened?

19 **A.** They still happened.

20 **Q.** But in a more expedited way --

21 **A.** Yes, indeed.

22 **Q.** -- is that correct? Okay, thank you.

23 Second topic, please, the Welsh Government Head of
 24 Counter Fraud prepared an audit and risk assessment --
 25 committee prepared a report in January 2022. I think

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1 **A.** And it slows things down, as well.

2 **Q.** And it slows things down?

3 **A.** Yes.

4 **Q.** And if you use it post-award the only remedy, you've
 5 then got to try to get the money back as opposed to
 6 influencing the decision that you're making about
 7 whether to give the award or not?

8 **A.** That's correct. I mean, generally we use a lot of
 9 business intelligence tools and a number of other
 10 Creditsafe-type checks to get a very quick handle on who
 11 we're dealing with out in the private sector. But that
 12 is a different and additional mechanism. As I say, in
 13 this context I think my colleague was referring to
 14 grants to business through our economic support
 15 throughout the pandemic.

16 **Q.** Just help me, then, finally please, was it used then for
 17 the PPE award contracts pre --

18 **A.** I --

19 **Q.** -- pre-award -- (overspeaking) --

20 **A.** I don't know because that would be in this context,
 21 a matter for colleagues in the Shared Services
 22 Partnership.

23 **MS MORRIS:** Thank you, that's helpful. Those are my
 24 questions. Thank you.

25 **THE WITNESS:** Thank you.

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

2 **LADY HALLETT:** Thank you, Ms Morris, very grateful.
3 Ms Parsons, I think you're up next.

4 **Questions from MS PARSONS**

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

6 Can you hear me, Mr Slade?

7 **A.** I can, good afternoon.

8 **Q.** Good afternoon. I ask questions on behalf of the
9 Covid-19 Bereaved Families for Justice Cymru. I want to
10 ask you first, please, about supplies of PPE to
11 frontline healthcare workers in Wales.

12 We have been repeatedly told by the Welsh Government
13 that Wales never ran out of PPE at a national level.

14 And at paragraph 263 of your statement you quote
15 Vaughan Gething's evidence to the Senedd's Health and
16 Social Care Committee that there was enough PPE in the
17 system, and that was in evidence on 30 April 2020.

18 In that same month, Mr Slade, April 2020, the Royal
19 College of Nursing carried out a survey among nurses in
20 Wales.

21 We don't need to turn up, but for the Inquiry's
22 reference it is INQ000214235, page 29.

23 I'll just summarise the results, if I may, before
24 turning to the question.

25 So the Royal College of Nursing results found as

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1 national level was sufficient for needs across the
2 nation as a whole.

3 **Q.** Before moving on, what were those problems that you
4 referred to there in distribution and supply at a local
5 level?

6 **A.** I think, from memory, often around provision of
7 information about what was needed where, and what stocks
8 were held at a local level. So, again, I think my
9 colleague Alan Brace mentioned some situations where
10 there just was a lack of understanding at the local
11 level of what was available locally -- I think that was
12 probably in the care context -- but, what can you do to
13 increase flows of information in intelligence at the
14 local level to try to address those issues at that level
15 rather than necessarily what's happening at the national
16 level.

17 **Q.** We've been speaking about the early stages of the
18 pandemic. What about later on, Mr Slade? The British
19 Medical Association conducted a survey of doctors in
20 Wales in February 2021, so we're a year on, and only 37%
21 of respondents had adequate supplies of PPE for
22 non-aerosol-generating procedures.

23 And I would also add, Mr Slade, that many of the
24 members of the group I represent witnessed shortages
25 well into 2020 and into 2021 among frontline healthcare

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1 follows:

2 Only 46% of respondents said they had sufficient
3 supplies of fluid-resistant masks.

4 Only 52% had sufficient supplies of eye protection.

5 Only 57% had sufficient supplies of gowns.

6 And only 63% had sufficient supplies of FFP3 masks.

7 So really significant shortages.

8 How do you, Mr Slade, reconcile Mr Gething's
9 narrative on the one hand with the experience of the
10 nursing community in Wales on the other?

11 **A.** I think probably both things can be true. You can have
12 enough PPE stocks in circulation at the national level
13 and yet there can be problems at the local level, in
14 terms of distribution and supply. One of the reasons --
15 I recall a discussion in our executive committee in
16 Welsh Government in April -- one of the reasons that the
17 colleagues on the health and social services side
18 brought in the military to do assessment work was to
19 look at what was happening at the local level, what was
20 happening with local health boards and what was
21 happening with local government colleagues, as well, in
22 terms of distribution.

23 So there are definitely lessons that we can learn
24 about what happens at the local level, but I think it
25 can also be true that what was circulating at the

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1 workers.

2 Were you aware of ongoing problems? And if so,
3 again, how do you reconcile those ongoing problems with
4 the statement that Wales never ran out at a national
5 level?

6 **A.** I wasn't involved directly, because these were matters
7 dealt with by my colleagues on the health and social
8 services side of Welsh Government, and obviously out in
9 the NHS, but I think we were aware, at the top of the
10 organisation, that there were still concerns in places
11 about provision of particular material, and that work
12 was going on within local health boards and with the
13 Shared Services Partnership and with local government
14 where relevant to try to meet those needs as far as
15 possible.

16 **Q.** Can we move on, please, to the second topic, and that is
17 supplies of PPE specifically in care homes in Wales.

18 We read at paragraph 32 within of your statement,
19 Mr Slade, that the Welsh Government was not aware of any
20 instances in care settings running out of PPE.

21 Please could we have up on the screen INQ000518355,
22 at page 19.

23 This is the witness statement of Dr Chris Llewelyn,
24 the chief executive of the Welsh Local Government
25 Association. And he says at paragraph 42, I'll read it

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1 out:

2 "Local authorities and care providers were initially
3 left to procure, store and distribute PPE for themselves
4 or as part of regional arrangements. It was not until
5 the Welsh Government moved focus away from the NHS and
6 tasked Shared Services formally with supplying social
7 care that stability and a basic level of supply was
8 achieved across the wider care sector. By 7 May 2020,
9 around two-thirds of the social care sector's needs were
10 being met by Shared Services."

11 Do you accept, Mr Slade, that the PPE needs of care
12 homes were overlooked in the early stages of the
13 pandemic, and if so, why was that?

14 **A.** I don't think they were overlooked. There were
15 conversations going on back in February about how best
16 to get supplies into the care sector, and then those
17 manifested themselves in the decisions taken in March to
18 roll into the work of the Shared Services Partnership
19 the provision of supply into the care sector.

20 In those early weeks, as I mentioned earlier in my
21 evidence, colleagues in CPD were engaging closely with
22 local government colleagues about helping local
23 authorities meet their statutory needs as procurers of
24 PPE for their care homes and their care settings.

25 So care was very definitely in the mix early on and
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1 out to meet their statutory obligations, was it not the
2 responsibility of the Welsh Government via the Shared
3 Services from the 19 March 2020 to supply care homes?

4 **A.** It was a partnership with local government through the
5 Shared Services Partnership, as I understand it, to get
6 the stocks out to joint equipment stores so that they
7 could be distributed at a local level.

8 **Q.** Thank you. I want to ask you, thirdly, and finally,
9 about lessons learned. At paragraph 376 of your
10 statement you cite the Welsh Government's internal
11 review into its pandemic response published in
12 September 2020, and that review described some of the
13 difficulties in sourcing and distributing PPE to the
14 social care sector, particularly given partners focused
15 on health rather than social care.

16 Can we have up on the screen, please, INQ000410950,
17 page 13.

18 Mr Slade, this is another statement from Dr Chris
19 Llewelyn, prepared for an earlier module in fact, Module
20 2B which is Decision Making and Political Governance.
21 He says this, in relation to lessons learned,
22 paragraph 53:

23 "In the view of the [Welsh Local Government
24 Association] the key lesson learnt should be that we
25 need collective and inclusive planning, led by the Welsh
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1 it was very definitely part of what ministers wanted to
2 do in terms of using the Shared Services Partnership's
3 capabilities. And I think we've already said, as
4 a government, that in a future pandemic we would
5 immediately move to involving provision for care
6 settings into the work of the Shared Services
7 Partnership.

8 **Q.** Does it follow from your last comment, Mr Slade, that
9 you'd agree with me that the response by the Welsh
10 Government to supply care homes was slower than it could
11 or should have been?

12 **A.** Colleagues -- again, I wasn't answerable for this area
13 so I can only comment from what I observed -- colleagues
14 were working incredibly hard to try to address all the
15 issues arising from the pandemic, and colleagues were
16 advising ministers -- and ministers needed little
17 persuading -- that the best thing to do, once the
18 pandemic was getting going, was to roll provision to the
19 care sector into the work of the Shared Services
20 Partnership, which I believe ultimately was helpful.
21 And as you saw there from Chris Llewelyn's statement,
22 by May around two-thirds of all stocks going through
23 were coming through the Shared Services Partnership.

24 **Q.** Yes, and just finally before we move on from this,
25 following what you said about helping local authorities
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1 Government, with a whole-systems approach engaging all
2 partners who have a role to play. Local government is
3 concerned that this learning is being lost, and that we
4 might revert to the situation of inadequate planning and
5 readiness for the next national emergency ..."

6 And in oral evidence, Dr Llewelyn reported that
7 there was no appetite for a whole-systems approach.

8 Insofar as supply and distribution of PPE is
9 concerned, do you agree that the Welsh Government
10 approach lacked, and I quote "collective and inclusive
11 planning"? And did not demonstrate "a whole-systems
12 approach"?

13 **A.** I don't know, is the short answer to that question in
14 relation to work that was led by other parts of Welsh
15 Government. All I can say is that I think a collective
16 and inclusive approach is the right way to go, drawing
17 on the infrastructure and the learning that we have, and
18 I believe all of that will be tested in a national UK
19 pandemic exercise later this year. So we'll find out
20 how much of that learning has stuck, and how our systems
21 are performing.

22 **Q.** And in the meantime, Mr Slade, do you share his concerns
23 that there is no appetite for a whole-systems approach?

24 **A.** No, I don't. I'm not quite sure what point that -- is
25 being made there, if I'm honest.
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1 Q. Well, he explains that it is about not involving the
2 local authority and not involving directors of public
3 health at a health board level. That's what he's
4 talking about when he says "whole-systems approach".

5 A. Well, if I can make the distinction, the key thing here
6 is to make sure that all relevant parties are involved.
7 We do have now well-established civil contingencies
8 arrangements across Wales which involve action at the
9 strategic and at the local level. The local government
10 are heavily involved in those resilience fora, and a lot
11 of planning is done working very closely with local
12 government. And, I have to say, having worked in
13 different bits of the system across the UK over three or
14 more decades, relations between Welsh Government and
15 local government are strong. The relationship between
16 central government in the Welsh context and local
17 authorities is as strong as any I have seen in other
18 bits of the system.

19 Q. So in short, then, Mr Slade, you don't agree with
20 Dr Llewelyn on that point?

21 A. We may be making the same point in slightly different
22 ways, I think is perhaps what I'm saying.

23 MS PARSONS: I'll leave it there. Thank you.
24 Thank you, my Lady.

25 LADY HALLETT: Thank you, Ms Parsons.

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MR JONATHAN IRVINE (sworn)**Questions from COUNSEL TO THE INQUIRY**

1 MS SHEHADEH: Can you state your full name for the record,
2 please?

3 A. Yes, my full name is Jonathan Paul Irvine.

4 Q. Thank you. You have provided two witness statements to
5 the Inquiry. I am going to read out their document
6 reference numbers. They are INQ000536425, and
7 INQ000575089. Are the contents of these statements true
8 to the best of your knowledge and belief?

9 A. Yes, they are.

10 Q. Thank you. In a moment we're going to be exploring the
11 role of NWSSP. Before we get on to that, if we can
12 address your professional background. Is it right that
13 you are the director of Procurement Services at NWSSP?

14 A. Yes, that's correct.

15 Q. And you took up this role in 2019, so that means you
16 were in post during the pandemic; is that right?

17 A. That's correct.

18 Q. Can you give us a brief overview of your own
19 professional background?

20 A. Of course. I've been just over 36 years in NHS
21 procurement. I started and spent the majority of my
22 career working in NHS procurement for health and social
23 care in Northern Ireland, most of that time working for

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1 You referred there to the UK-wide national exercise,
2 Mr Slade. As you may know, in my Module 1 report
3 I refer to the fact that lessons weren't learned from
4 previous exercises. So you and I both will be looking
5 to see whether any lessons have been learned as a result
6 of all the terrible things that have happened.

7 Anyway, we'll have to wait and see what that
8 produces.

9 Thank you very much indeed for your help to the
10 Inquiry, and thank you for being one of the most
11 effective witnesses when it comes to answering questions
12 focused, in a focused way, and without speaking too
13 quickly. As you may also know, we've had a number of
14 witnesses who speak as quickly as I do. So thank you
15 very much indeed for your help.

16 THE WITNESS: Thank you, my Lady.

17 LADY HALLETT: I shall adjourn now. I've been asked to give
18 a slightly longer lunch because an issue has arisen
19 overnight so I shall return at 1.45. Thank you.

20 (12.30 pm)

(The Short Adjournment)

22 (1.45 pm)

23 LADY HALLETT: Ms Shehadeh.

24 MS SHEHADEH: My Lady, our next witness is Jonathan Irvine.
25 Please can he be sworn or affirmed.

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1 BSO Procurement and Logistics Services. I ended up
2 working there at a senior level.

3 In the last number of years I've worked in Great
4 Britain at Nottingham University Hospitals NHS Trust at
5 a senior level in procurement before moving to my
6 present role and taking up post at the end of
7 September 2019.

8 Q. Thank you. Now, some of our previous witnesses have
9 touched upon what NWSSP is. Can you explain to us in
10 simple terms what it is and what it does?

11 A. Yes. So NHS Wales Shared Services Partnership, or
12 NWSSP, is an organisation that isn't a statutory body in
13 its own right but it is an integral part of the NHS in
14 Wales, and as such, it is hosted by Velindre University
15 NHS Trust as the statutory hosting body. We've been in
16 operation since approximately 2011 and we have 2,400
17 staff employed and a further 3,600 staff under what's
18 called single lead employers, which is trained doctors
19 coming into the system who nominally work for NHS Wales
20 Shared Services Partnership at the outset.

21 We operate through a Shared Services Committee, and
22 that committee has representatives from each of the NHS
23 Wales organisation -- health organisations including
24 health boards, trusts, and other NHS organisations. So
25 what we do and how we operate is directed through that

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1 committee.

2 My managing director is the accountable officer for
3 the Shared Services organisation, and is accountable to
4 the NHS Chief Executive in Wales, Judith Paget, and he
5 has also dual accountability into the Velindre Trust
6 Board for issues, for any issues that fall within their
7 remit.

8 And then within our own Shared Services organisation
9 we have a senior leadership group that comprises all of
10 the divisions within Shared Services, so while this
11 Inquiry's obvious focus is on procurement, Shared
12 Services as an organisation provides shared services
13 across a range of common areas of operation in support
14 of NHS Wales ranging from audit services, medical
15 examiner services, employment services, and many other
16 services as well, all of which are listed in my witness
17 statement.

18 **Q.** Yes, thank you.

19 I wonder if we could take a look at the organogram
20 which provides a further explanation, if we have it on
21 screen, I'm very grateful.

22 So we can see there what seems to be a slightly
23 complex web of arrows, but Shared Services Partnership,
24 right at the bottom in the middle there, helpfully
25 highlighted, I'm very grateful. That is where NWSSP

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1 some funding directly from Welsh Government and have
2 done in the past, as, in particular, you know, PPE, for
3 example, but that goes through the Velindre Trust
4 ledger.

5 In terms of the funding relationships with local
6 health boards, in respect of funding going out of Shared
7 Services to the health boards, that is in respect of any
8 surplus on our operational budget that we may end up
9 with at year end, financial year end. We always break
10 even, so any surplus that we have is distributed back to
11 the health boards. However, what is missing from the
12 chart is an arrow coming back from the health boards,
13 a funding arrow, into Shared Services Partnership, which
14 would cover specific health board requirements,
15 individual health board requirements, often for specific
16 services that we provide on a health board or
17 trust-by-trust basis to them.

18 **Q.** There we are. Someone has added that in --

19 **A.** Yeah.

20 **Q.** -- very helpfully. Thank you very much. I don't think
21 we need this diagram any more, so that can come off the
22 screen.

23 You've mentioned there that you break even. Is the
24 idea that NWSSP sources services, but we're
25 concentrating on physical items, in particular PPE, and

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1 falls, and as you've described, just above it there is
2 the Velindre NHS Trust which you described as hosting
3 NWSSP, and then we see an arrow coming down from Welsh
4 Government. Does that denote accountability, as between
5 Velindre NHS Trust and the Welsh Government?

6 **A.** Yeah, so there is accountability directly into Welsh
7 Government, so -- for some of our activities that, you
8 know, fall outside of Velindre NHS Trust itself. But
9 all of our work is accountable through the Shared
10 Services Partnership committee itself that I have
11 described.

12 I think it is important to point out that this
13 organisation chart isn't an NWSSP creation; it's a chart
14 that has been provided by another Welsh Government
15 organisation, and so there are some nuances within it in
16 terms of the arrows, which maybe aren't just
17 a hundred per cent accurate.

18 **Q.** So we have an arrow there that joins up Shared Services
19 Partnership and local health boards. It's in orange,
20 which, according to that key, would refer to funding.

21 Would you like to put that into context?

22 **A.** Yes. So as being hosted by Velindre NHS Trust,
23 NHS Wales Shared Services Partnership receives funding
24 obviously through the allocation that Velindre Trust
25 itself receives from Welsh Government. We also receive

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1 provides them on to health boards and trusts but doesn't
2 make a profit?

3 **A.** That's correct.

4 **Q.** And can you just clarify whether those items are simply
5 transferred free of charge or whether they're
6 effectively bought by NHS trusts from NWSSP and health
7 boards?

8 **A.** They would be bought. In terms of our stock, they would
9 be bought at the price, at the stock price.

10 **Q.** So bought at the same price at which NWSSP bought them
11 in the first place?

12 **A.** Yes.

13 **Q.** Understood. NWSSP also is responsible for distribution
14 and warehousing and logistics of those items; is that
15 correct?

16 **A.** That's correct.

17 **Q.** You've explained how NWSSP is run. In terms of
18 provision for the NHS in Wales, is it correct that NHS
19 bodies, organisations, health boards, are free to buy or
20 procure their own items outside of the offering of
21 NWSSP?

22 **A.** No. The arrangement that was put in place whenever
23 Shared Services was established, and Procurement
24 Services was obviously brought in in its entirety over
25 a period of a few years into Shared Services, the

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1 expectation of Welsh Government and indeed the NHS in
2 Wales is that all procurement activity comes through my
3 teams within Shared Services' Procurement Services
4 division.

5 **Q.** So at the time that the pandemic hit our shores, NWSSP
6 was already set up to be supplying the NHS in Wales?

7 **A.** Yes. The only exceptions to that might be in the areas
8 of continuing health care where health boards would
9 potentially procure, in some cases, their own
10 contractual arrangements with healthcare services
11 providers, but apart from that, we influenced or managed
12 the vast majority of expenditure within NHS Wales.

13 **Q.** And to be clear, does that exclude community health, GP
14 surgeries, and so on? Did they, prior to the pandemic,
15 fall outside of the remit for --

16 **A.** Yes, for the most part. There was some limited work --
17 there was some limited work that we did on behalf of GPs
18 such as my health courier services teams would be
19 involved in the transport of blood tests or transfer of
20 medical records, but it was a limited service, as
21 pre-pandemic.

22 **Q.** And the remit of NWSSP was widened during the pandemic
23 to provide PPE for the social care sector. Similarly,
24 before the pandemic, NWSSP was not sourcing equipment,
25 supplies, services for the care sector; is that correct?

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1 gowns, masks and consumable medical items.

2 So it was anticipated that there would be shortages,
3 spikes in demand, and so on.

4 Can we go to page 11, please, of the same document.
5 We see here that part of the plan was to put in place
6 the control centre team and they would cascade,
7 effectively, plans and instructions on to the rest of
8 the team.

9 There were plans in place, but ultimately, NWSSP was
10 going to await direction from Welsh Government,
11 wasn't it?

12 **A.** Yes, that's correct.

13 **Q.** And the plans themselves really refer to communications,
14 to workstreams, to ways of working, as opposed to change
15 in supply chains, concrete plans of what would be done,
16 what items would be sourced, and so on?

17 **A.** Yes, that's correct. And in the context of the Covid
18 pandemic it's important to point out that obviously this
19 is a flu response plan. It was in 2016. And it was
20 probably, although I cannot speak for my predecessor,
21 but it was probably put in place as a necessary document
22 to support our experiences with swine flu and SARS
23 earlier in the 2000s.

24 So I think it needs to be looked at in that context
25 as opposed to, you know, what happened completely during

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1 **A.** That's correct.

2 **Q.** Now, in terms of pandemic preparations, we'll come on to
3 the PIPP stockpile in a moment, but NWSSP had in place
4 a pandemic plan, didn't it?

5 **A.** Yes.

6 **Q.** All right. Could we display, please, INQ000506695.

7 Thank you very much. We have it there on screen. It's
8 dated 2016. The basic point, I suppose, is that your
9 organisation had anticipated that its business-as-usual
10 activity would be disrupted in the event of a pandemic,
11 hadn't it?

12 **A.** Yes.

13 **Q.** And can I ask that we go to page 14, please. Thank you
14 very much. We see there, at paragraph 6.5.2, middle of
15 the page and onwards, that the plan anticipated that
16 some of the impacts would be complaints or queries,
17 change in product/service demand for key items -- you
18 may think that's an understatement, looking back at your
19 experience -- both increases and decreases, demand for
20 alternatives, price increases, and you had anticipated
21 or your predecessor had anticipated that
22 pharmaceuticals, oxygen, food, aprons, cleaning
23 materials, gas and so on, might be impacted.

24 If we go over the page to page 15, that list goes
25 on, we see it there, including gowns, disposable sterile

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1 the Covid pandemic.

2 **Q.** Certainly. I think we can put that document away now.

3 NWSSP obviously took over the role of replenishing
4 the stockpile of carrying out emergency procurement. In
5 terms of pandemic preparedness planning now, is NWSSP
6 working on more detailed plans that take into account
7 concrete steps of what you might do in the event of
8 supply chain disruption?

9 **A.** Yes, absolutely. And through my witness statements
10 there's references to the development of our planning
11 since the onset of the Covid pandemic through the PPE
12 winter plan and longer-term plan, and that isn't
13 an independent NWSSP planning process. It's very much
14 contingent and in collaboration with Welsh Government,
15 and what their requirements are in terms of things such
16 as stockholding and the product range and product types
17 that we need to stock and, indeed, wider UK pandemic
18 planning and how that impacts on Wales, and then on the
19 NHS, in Wales and our own plans.

20 **Q.** In total there were some 35 contracts awarded, 33 of
21 which were performed; is that right?

22 **A.** Correct, yes.

23 **Q.** And can I just ask you, looking back, did supply chains
24 for items such as masks and gowns and aprons, PPE that
25 was used in the pandemic, did they need to be more

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1 diverse than they were in order to withstand the demands
2 of the pandemic?

3 **A.** I think the availability of PPE was very much nuanced in
4 relation to the particular PPE product that you were
5 referring to. We took our direction in NWSSP as
6 a procurement organisation from the specifications and
7 the types of PPE products that we were asked to procure.
8 But you are correct, the ability of the supply market
9 globally, never mind domestically, to provide products,
10 suitably certified products, of the right quality,
11 meeting all of the regulatory requirements, was very
12 limited. So, globally, buyers across the world were
13 chasing a very small number of manufacturers who could
14 provide such good-quality product, particularly early in
15 the pandemic.

16 And then, as we've heard in the Inquiry already on
17 a number of occasions, some products, such as the FFP3
18 respirator mask, was very much determined by the fit
19 with the user. So the diversity of masks was only
20 a function of how well it could fit individual members
21 of staff who would be wearing it.

22 So I think those would be the factors that would
23 impact on diversity, but yes, straight answer to your
24 question, if there was more -- a wider range of
25 suppliers globally who could provide those suitably

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1 **Q.** Yes, so you can't entirely avoid the consequences of
2 global supply chains collapsing?

3 **A.** I don't believe so.

4 **Q.** I'm going to move on to ask you about the PIPP
5 stockpile. Now, is it correct that the procurement of
6 items in the PIPP stockpile was carried out by Welsh
7 Government as opposed to by NWSSP?

8 **A.** Yes, that's correct.

9 **Q.** Is it also correct that NWSSP, however, was responsible
10 for managing and storing the PIPP stockpile?

11 **A.** Yes, we were responsible for that.

12 **Q.** You explain in your witness statement that initially the
13 stockpile was kept at an RAF facility?

14 **A.** Yes.

15 **Q.** But it was then moved to a Pickston Bro Tathan site?

16 **A.** Yes.

17 **Q.** And you say that had 3,200 pallet spaces, and you say it
18 had minimal floor space.

19 **A.** Yes.

20 **Q.** Did that minimal floor space cause issues when the time
21 came to distributing the items in the stockpile?

22 **A.** No, the facility itself was dedicated to the wider
23 emergency planning stockpile, and the PIPP stockpile
24 itself was obviously wider than PPE including medicines
25 and medical consumable products. So while it was

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1 certified products, then obviously it would have been
2 a less challenging proposition to acquire them.

3 **Q.** And what about suppliers based in Wales? Would
4 a combination of Wales-based suppliers and suppliers
5 based abroad have provided greater resilience, do you
6 think?

7 **A.** Yes. And on that point, there -- you know, there is
8 a positive story coming out of Wales. So Wales did
9 procure PPE from locally based manufacturers who were
10 repurposing their manufacturing to provide PPE such as
11 visors, and while I know it's not a product as part of
12 the Inquiry's reference to PPE, but hand sanitiser is
13 another product that was used widely in the pandemic
14 that was produced in large quantities by companies
15 here -- companies in Wales, and I think having a mix of
16 domestic and international sources is helpful.

17 I think one thing to bear in mind, respectfully bear
18 in mind, is that while there might be a local or
19 UK manufacturing facility or opportunity for PPE, you
20 have to be mindful of what the restrictions on that
21 might be in terms of the availability of the raw
22 materials, which themselves may have to come from
23 offshore. So while we may be able to manufacture, the
24 availability of the raw materials to get to the finished
25 product might still be challenging.

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1 a smaller space, it was purposefully there specifically
2 for that reason. So it didn't cause any particular
3 problems.

4 **Q.** Just a few points to clarify your last answer, if I may.
5 So it was a smaller space. Is your evidence that that
6 smaller space didn't make it harder to physically access
7 the stock?

8 **A.** No, it didn't.

9 **Q.** When you say it was part of the wider emergency
10 planning, are you referring to preparations for the UK
11 exiting the European Union?

12 **A.** No. So the PIPP stockpile, I know the Inquiry certainly
13 seems to focus on the PPE element of that, which is
14 a significant part of the PIPP stockpile, but the PIPP
15 stockpile in its widest sense includes other products,
16 such as medicines and medical consumables that are
17 perceived to be -- would be required in the event of
18 a pandemic. So all of those products under the
19 definition of PIPP were kept in that same place.

20 In terms of the Brexit stockpile, we, through the
21 acquisition by Welsh Government of our main -- what is
22 now our national distribution centre warehouse in
23 Newport, our Brexit stockpile was put together and held
24 at that location.

25 **Q.** Thank you. That is very helpful.

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1 Now, in terms of management of the items in the
 2 stockpile, we've discussed that that fell within the
 3 remit of NWSSP. You've described in your witness
 4 statement at paragraph 50 that:
 5 "The ... stockpile was administered and managed as
 6 per our NHS Wales [business-as-usual] stock via [an]
 7 Oracle Financial Management System", in a temperature
 8 controlled environment, and you've explained how expired
 9 stock was managed and disposed of.
 10 I suppose in brief terms, was the reality that NWSSP
 11 would monitor the expiry dates of stock but ultimately
 12 it would be Welsh Government that gave the instructions
 13 as to whether that stock was to be disposed of.
 14 **A.** That's correct, yes.
 15 **Q.** And what about cycling out or into the NHS prior to
 16 expiry; is that something NWSSP did?
 17 **A.** No. No, and I think it's important, again, to point out
 18 that the majority of the PPE in the PIPP stockpile would
 19 not have been considered routine use or
 20 business-as-usual products for the NHS, and were very
 21 much products that would be used in a pandemic scenario,
 22 so there wouldn't have been the opportunity to cycle out
 23 products in the way that you've described.
 24 **Q.** And in terms of the contents of the stockpile, Welsh
 25 Government would take decisions on the range of products

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1 a regular basis. So there would have been an awareness
 2 that the date life had expired on those products at that
 3 time, which then prompted the action that followed in
 4 terms of further testing.
 5 **Q.** Can you help us understand why that stock wasn't
 6 immediately replenished?
 7 **A.** That, you know, I'm not trying to be evasive -- that
 8 would have been a decision that Welsh Government would
 9 have had to have taken and it would have been a matter
 10 for them to have answered. We simply held the stock,
 11 provided them with the details of what was there and
 12 obviously a record of what the date lives were, and
 13 they, having had that information, had the
 14 responsibility to take decisions as to the necessary
 15 actions to take.
 16 **Q.** How far in advance would NWSSP have briefed Welsh
 17 Government in relation to looming expiry dates?
 18 **A.** I can't answer that question with any certainty, apart
 19 from going back to my previous response, which is that
 20 there was a regular review of our PIPP stockpile with
 21 Welsh Government representative colleagues. So they
 22 would have been aware, through those visits and through
 23 that information being provided, of those details that
 24 you see.
 25 **Q.** And then we see at row 25 that additional FFP3 -- it

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1 and the volumes --
 2 **A.** Correct.
 3 **Q.** -- contained within it?
 4 **A.** Yes.
 5 **Q.** All right. Can we display, please, INQ000300270. Thank
 6 you very much.
 7 So this is a spreadsheet that sets out the items
 8 within the stockpile. Column K indicates stock that has
 9 expired, and at rows 23, 24 and 25 we can see FFP3
 10 face mask respirators listed there.
 11 We can see highlighted in red there three zeros in
 12 relation to in-date stock, and the rest of the stock out
 13 of date with the exception of "additional from
 14 NHS England" which was in-date.
 15 So I'd like to ask you a few questions about that,
 16 please. As per your previous answer, this doesn't only
 17 display PPE but we're focusing on those FFP3 masks just
 18 for the moment.
 19 Did it come as a surprise to NWSSP that the majority
 20 of the FFP3 masks held in the PIPP stockpile had expired
 21 by early 2020?
 22 **A.** I wouldn't say it came as a surprise, because obviously
 23 we held the stock and we worked -- you know, I have to
 24 say we worked closely with the Welsh Government
 25 representatives who came out to inspect the stock on

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1 simply says in brackets "additional from NHS England"
 2 and then we read across there are 59,600 in-date.
 3 Can you help us with whether that was stock that was
 4 in fact held or whether that was expected to be provided
 5 in due course by NHS England?
 6 **A.** That is in-date stock that was actually held, so that
 7 was physically there.
 8 **Q.** That was physically there --
 9 **A.** Yes.
 10 **Q.** -- and ready to deploy?
 11 **A.** Yeah.
 12 **Q.** Thank you very much. We can remove that document now.
 13 You've explained at your paragraph 52, page 12 of
 14 your witness statement, which is INQ000536425, you've
 15 explained the re-testing process and the process for
 16 extending the shelf life of expired stock. So what we
 17 just looked at on the screen, in terms of the red items,
 18 that wasn't the end of the story, was it?
 19 **A.** No, no.
 20 **Q.** There we are. Thank you very much. That's on the
 21 screen.
 22 These items are, in fact, re-tested at a UK level on
 23 three separate occasions, and approved through Public
 24 Health Wales, Business Service Authority, and Public
 25 Health England respectively. The third occasion for

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1 re-testing was during the start of the pandemic, and it
 2 wasn't possible to re-label the expiry dates on every
 3 occasion, was it?
 4 **A.** No. So there was three tests undertaken, as you quite
 5 rightly point out. The first two tests, that extended
 6 the date life on two occasions. On each of those two
 7 occasions the products were over-labelled with the new,
 8 approved expiry date that had been approved subject to
 9 that, on the basis of that testing.
 10 On the third occasion, there simply wasn't time to
 11 do the labelling again. If -- you know, it's a very
 12 labour-intensive process for our team to do that, and at
 13 that point, which was late into March 2020, we had
 14 received the test certificate to say that the FFP3s were
 15 suitable for use and that was through INSPEC. It was
 16 the testing house that Public Health England, now UKHSA,
 17 had used. So it was clear that that had been done. So
 18 NWSSP put together a frequently asked questions or FAQ
 19 guidance form that went into the box with the FFP3 masks
 20 to explain why staff, when they opened it, would see the
 21 dates, expiry date didn't match the actual dates of that
 22 particular day, in an attempt to allay some of the
 23 anticipated concerns that would be raised by staff.
 24 **Q.** And while these item were re-tested and their shelf life
 25 extended, did that result in delays in distribution to

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1 encountered?
 2 **A.** In what context, sorry?
 3 **Q.** Were there any difficulties in getting PIPP stock to the
 4 front line in Wales?
 5 **A.** No. No, we were able to -- once we were instructed by
 6 Welsh Government to release the PIPP stock, then we were
 7 able to take that directly from the PIPP stockpile
 8 location to the relevant hospital sites.
 9 **Q.** You address, at paragraphs 142 to 147, warehouse
 10 capacity.
 11 **A.** Yes.
 12 **Q.** We've talked about the PIPP stock but obviously NWSSP
 13 had to scale up its buying activities. The customer
 14 base, if I can describe it in that way, also increased
 15 from NHS trusts and health boards to include, as we've
 16 discussed, the social care sector.
 17 What did NWSSP do in order to manage those vastly
 18 increased volumes of items that were going through its
 19 processes?
 20 **A.** Okay. So just to add to the scaling up, also -- at the
 21 end of March we were also asked to supply PPE to the
 22 primary care contractors, so GPs, dentists, pharmacists,
 23 as well as social care.
 24 **Q.** Yes.
 25 **A.** So there was a couple of things that we were able to do

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1 the front line?
 2 **A.** No. We moved swiftly in terms of the re-testing to
 3 over-label, and the decision then to release the FFP3
 4 masks from the PIPP stockpile was then given to us by
 5 Welsh Government so that by that point in time, we had
 6 the masks, the FFP3s were ready to go, either -- with
 7 the FAQ guidance that was then in place.
 8 **Q.** You say you moved swiftly. Can you tell us roughly how
 9 long it took for the shelf life extension testing and
 10 the test certificates to be completed? How long did
 11 that process take?
 12 **A.** The testing itself, I can't comment on, because that was
 13 outside of Wales. In terms of getting the FAQ guidance
 14 into the box and getting the FFP3 masks out once we were
 15 instructed to release them by Welsh Government emergency
 16 planning coordinator, that was simply a matter of
 17 several days. And as you can see there, we commenced on
 18 25 March 2020 to go and release that into the NHS in
 19 Wales.
 20 **Q.** So days as opposed to weeks?
 21 **A.** Oh, yes. Yes.
 22 **Q.** But you're not able to be any more specific than that?
 23 **A.** Unfortunately not, sorry.
 24 **Q.** All right. In terms of distribution of the items in the
 25 stockpile, were there any challenges that NWSSP

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1 quickly to scale up. We were able to release some of
 2 the Brexit stockpile that had been put in place as
 3 a contingency on the transit out of the EU for those
 4 products that formed part of the PPE range, such as
 5 nitrile examination gloves, so we already had in place
 6 a buffer stock at our Newport warehouse facility.
 7 Then, moving on to that facility itself, it provided
 8 us with an enormous space in which to bring in larger
 9 volumes of products centrally for Wales, and then
 10 distribute them on from there either directly into
 11 hospitals and also, in parallel, feed out to our two
 12 other regional warehouses, one in the north of Wales and
 13 one in the south as well.
 14 So it allowed us a really good staging point and
 15 distribution point for the volume of products that we
 16 ended up supplying to NHS, social care, and primary care
 17 contractors.
 18 **Q.** You describe at paragraph 142 that you spread stock
 19 across your warehouse network, including in Bridgend,
 20 and Denbigh. Is that what you're describing there?
 21 **A.** That's correct. So, in particular, it was important to
 22 place stock in the north of Wales, because the transit
 23 time from south to north is -- can be considerable. So
 24 it made sense to have a stockpile there as well.
 25 **Q.** You say in your statement:

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1 "Additional warehouse capacity from the commercial
2 sector was brought online in North, South-West and
3 South Wales."

4 So that was, further to your existing network, you
5 were able to secure commercial warehousing spaces?

6 **A.** That's correct, and that was to supplement the
7 warehousing capacity that we had available to us to
8 utilise, given the volumes and the -- you know, the
9 bulky nature of PPE. It's not a small-scale product of
10 stock in terms of floor space or pallet space.

11 **Q.** That's the warehousing. Can we talk about distribution,
12 please.

13 **A.** Yeah.

14 **Q.** So the same issues obviously arise: increased volume,
15 a lot of pressure to get items to the frontline quickly.
16 You tell us in your witness statement that in fact
17 initially there were six suppliers engaged who were, in
18 fact, from the food distribution industry, and they were
19 engaged to distributed PPE. They had pre-existing
20 networks. Can you explain why those were selected and
21 how effective the choice of using food distributors was?

22 **A.** Okay, so I just want to clarify, of the six companies
23 that are in the bullet points in paragraph 145, only
24 Castell Howell is a food distributor. Gerry Jones,
25 Owens Group and Delivery Solutions are all recognised

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1 **A.** Not particularly. Each individual supplier who we
2 worked with had a clear contractual obligation to
3 deliver a certain product type or types, in certain
4 prescribed volumes, to particular delivery points which
5 would have been within our warehousing network. So
6 while there were a number of suppliers that we had to
7 engage with to meet the demands and in terms of volume
8 and the spread of products that was required, it didn't
9 cause any particular difficulties, no.

10 **Q.** I'm going to ask you next about sourcing activity and
11 the details of how procurement was carried out during
12 the pandemic. You tell us that NWSSP began sourcing
13 activity for all PPE products during 20 March 2020, and
14 the first items were delivered five days later in fact,
15 25 March. Why was it that NWSSP started that sourcing
16 activity at that point in March 2020?

17 **A.** The reason that we had to and we had no choice but to
18 start sourcing was because our stock levels were low in
19 comparison to obviously where we'd have wanted them to
20 be, given the demand that we were experiencing. There
21 was no clear indication from UK central organisations,
22 whether that be NHS England or DHSC, that any
23 replenishment of the PIPP stockpile or any other
24 supplies would be forthcoming. So we had no option but
25 to start to source in the global market ourselves as --

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1 warehousing and freight companies. TDW Distribution is
2 another distribution company, and Palletline are, as
3 their name suggests, involved in pallets. So it wasn't
4 just food distributors, and the three companies that
5 you've previously referred to, that we used commercial
6 storage space with, were Gerry Jones, Owens Group and
7 Delivery Solutions. So we contracted that work -- that
8 capacity into our network to allow us to store and
9 quickly decant PPE to the relevant locations where
10 necessary.

11 **Q.** Thanks very much.

12 And how effective was the use of these distributors?

13 **A.** It was excellent. You know, those six were used in the
14 early days, the very early days. We eventually and
15 swiftly moved to Gerry Jones, Owens, and Delivery
16 Solutions, based on their capacity and their
17 geographical location and our previous work with those
18 organisations. It was invaluable in terms of the
19 support they were able to provide us in storage and, at
20 times, distribution of the PPE.

21 **Q.** There are quite a range of companies that you list in
22 your witness statement. Were there any challenges
23 encountered in working with this many different parties
24 and coordinating the activities of this many different
25 parties in an emergency?

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1 on behalf of all of NHS Wales.

2 **Q.** And we see from our exhibits and we've heard in our
3 verbal evidence, as well, that there were attempts to
4 set up a Welsh PPE supply chain. There was a call to
5 industry issued by the First Minister and then echoed by
6 Ken Skates. Did that result in NWSSP being approached
7 by a very high number of potential contractors?

8 **A.** Yes, it did and, you know, it was -- all offers were
9 gratefully received and, you know, the intentions of
10 everybody offering help were, I believe, you know, the
11 best of intentions to support the country in a time of
12 crisis. But the consequence was that we were inundated
13 with a large number of offers, particularly in the first
14 few weeks and the first two to three months of the
15 pandemic.

16 **Q.** And is it right that Life Sciences Hub Wales was brought
17 in to conduct triage of those many offers before passing
18 them on to NWSSP?

19 **A.** Yes, initially NWS, my organisation, we triaged
20 everything that came in through our email portal, but
21 given the scale of the number of offers coming in, the
22 first steps of the triage process which was just the
23 gathering of the information from prospective suppliers
24 that would be required, we agreed with Life Sciences Hub
25 that they would take that particular work on, so really

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1 the front door work, and therefore any opportunities
2 that were passed to us had all the necessary information
3 and documentation to allow my staff and the Surgical
4 Materials Testing Laboratory staff and NWSSP to make
5 further, more detailed, professional assessment of what
6 was being offered.

7 **Q.** You've mentioned the SMTL, the Surgical Materials
8 Testing Laboratory. Can you explain what their role was
9 and how they fit into NWSSP?

10 **A.** Yes. So SMTL are an integral part of NWSSP. They're
11 their own separate division alongside my division and
12 the other elements of SSP that I mentioned at the start.
13 Their role in the triage process was to really triage
14 the technical requirements for the products in relation
15 to the offers that we were receiving, and, I suppose, in
16 sort of very general terms, that was a twofold
17 assessment. First of all, a critical assessment of the
18 documentation and certifications that were being
19 presented to us with cross-referencing and checking
20 against established databases and notified body
21 laboratories within Europe. And also, where required,
22 they didn't -- undertook some physical testing of the
23 products themselves to determine their capacity and
24 capability to meet the requirements laid down in
25 regulation. And they did that through the laboratories

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1 **Q.** And then we see in red there:

2 "If no response from source within 3 days -- offer
3 not pursued -- CLOSED."

4 So that is in relation to the triage team asking for
5 technical specifications, asking about notified bodies
6 and certification and so on, asking really specific
7 questions about the product. If that response is not
8 received within three days, offer not pursued; is that
9 right?

10 **A.** That's correct. And the intention behind that was to
11 put the onus back on the offeror as opposed to onto my
12 teams. We were dealing with an inordinate number of
13 requests coming through, so we put the onus back on the
14 potential supplier to prove to us that their product
15 could work and provide us with the necessary
16 information. And if they didn't do that within, you
17 know, a three-day time period, then we didn't expedite
18 that further.

19 **Q.** And was there a worry that this, sort of, rather strict
20 approach would result in complaints or in disgruntled
21 potential suppliers?

22 **A.** No. I would argue probably the opposite, in that
23 three days -- you know, I was going to say a day in
24 March, April, May 2020 was like a month now. Actually,
25 what I would probably say is that an hour in March,

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1 that they operate.

2 And that is work that SMTL in normal times undertake
3 for NHS Wales Shared Services Partnership for my teams
4 in relation to assessing products, medical and surgical
5 products that are used routinely in NHS Wales as they
6 come in to us on tenders for national contracts. So
7 they're very familiar and we've always worked very
8 closely with them as a unit.

9 **Q.** In terms of the physical testing of products, during the
10 pandemic, was that done retrospectively once product had
11 been delivered, or was it not done because of the
12 difficulties in supply chains?

13 **A.** No, any testing that was undertaken was prospective.
14 However, the assessment of certification and all of the
15 necessary documentation was also prospective, as well.
16 So no offers were progressed and no product was brought
17 in unless those elements of the triage process had been
18 passed by SMTL.

19 **Q.** Thank you.

20 Can we display, please, INQ000512459.

21 This is a diagram that illustrates the workflow.
22 A "Request received by NWSSP". Is that a request to
23 enter into a contract or an offer of PPE?

24 **A.** It would be an offer of PPE that would come in through
25 that particular contact point.

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1 April, May 2020 is like a month now. So three days was
2 an exceptionally long period of time. We were turning
3 around offers very, very quickly, you know, at lightning
4 speed. So -- and there was certainly no feedback or
5 response from companies or prospective suppliers saying
6 we had acted too quickly.

7 **Q.** Then, looking at the diagram again, we can see, assuming
8 the offer is pursued, we go on to the SMTL checks for
9 quality, validation. If there were queries, we see:

10 "Queries sent to Suppliers for validation (given
11 24hrs to respond)"

12 Again, did this very tight turnaround period result
13 in complaints, in pressure on NWSSP?

14 **A.** No, not at all. And in fact usually, if there were
15 queries returned to suppliers by SMTL, it was about
16 their uncertainty around the validity or genuineness of
17 the offer being made through the documentation that they
18 had seen, for instance. So basically those suppliers
19 who then failed to respond to those observations that
20 were sent back to them was probably an indication that
21 maybe their product wasn't what they had originally
22 claimed it would be, and there certainly wasn't any,
23 again, adverse noise coming back to us in that respect.

24 **Q.** Thank you.

25 Now, Life Sciences Hub assisted with an awful lot of

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1 the triage, and they tell us about 75% of offers were
2 considered unsuitable. Does that accord with your
3 recollection?

4 **A.** Yes, that sounds right.

5 **Q.** And is it also correct that there was no high priority
6 lane or VIP lane administered by NWSSP?

7 **A.** That's correct. There was no lane.

8 **Q.** There was a sort of fast track in the form of the
9 Critical Items List. Can you explain to us what the
10 Critical Items List was, and how items on it were
11 prioritised?

12 **A.** Okay. So, yeah, I just want to be very clear on that.
13 It wasn't a fast track in that they were -- you know, it
14 was like we were acting on instructions of outside
15 parties. The Critical Items List was a fast track in
16 respect of these were the items that were critically
17 required by NHS Wales. So if offers came in to supply
18 NHS Wales with PPE products, for instance, then those
19 would be some of the critical items that our team would
20 go: "Right, we want those."

21 But the call to industry was -- as I suppose it had
22 to be at the time, it wasn't communicated, "And these
23 are exactly all the types of products that we need."

24 So we got quite a few offers through for products
25 that weren't in short supply or indeed maybe required as
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1 manufacture of PPE. The majority of products supplied
2 by Welsh manufacturers were secured early in the
3 pandemic, prior to the outworkings of the programmes
4 supported by CERET ... The time taken for Welsh
5 manufacturers to develop suitably certified PPE products
6 that were urgently required early in the pandemic ..."

7 Well, it took some time to come online, didn't it?

8 **A.** Yes.

9 **Q.** Now, you have, of course, given us a second witness
10 statement in which you explicitly refer to a company,
11 British Rotothem, which had been assisted by CERET and
12 so what you say in this -- in this paragraph has to be
13 seen in light of the fact that, in fact, NWSSP did award
14 a number of contracts to that company which had
15 repurposed its manufacturing; is that correct?

16 **A.** Yes, that's correct. So in the production of my second
17 witness statement, and the specific request to provide
18 information around the procurement with British
19 Rotothem for face visors, I did then establish that
20 that company had worked with CERET initially to
21 repurpose their production to produce face visors. That
22 wasn't apparent to me at the point I wrote the witness
23 statement that's on screen here, which was my first
24 statement, so that would be a qualification of that.

25 **Q.** And in fact it's right that a total of £15.5 million
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1 part of the pandemic response.

2 So the Critical Items List was simply a direction to
3 my staff to say, "Here's the products that we need and
4 here's the products that we need you to look out for",
5 and that also fed into the work that CERET also looked
6 at in relation to how they identified those products
7 that they would be seeking to work with industry
8 partners to develop local sources of supply for.

9 **Q.** The Critical Items List was provided to CERET
10 specifically for that purpose, wasn't it?

11 **A.** It was. It was to focus their resources and attention
12 on those areas that NHS Wales were, you know, facing
13 potential challenges on.

14 **Q.** In terms of the work of CERET, we shall hear a little
15 more about that later this afternoon, but can we just
16 turn to paragraph 127 at page 31 of your witness
17 statement.

18 So that's INQ000536425.

19 This is a paragraph in which you address the impact
20 of the work of CERET as observed by NWSSP. You tell us
21 that:

22 "Procurement Services did not observe any noticeable
23 impact on the availability of PPE in Wales as a result
24 of the work of CERET and the allocation of grants to
25 manufacturers in order for them to repurpose to the
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1 worth of contracts were awarded to that company by
2 NWSSP, isn't it?

3 **A.** Yes, that's correct, and just maybe to add, if I could
4 just very quickly, you know, again, I limited my witness
5 statements strictly to the scope of the PPE products as
6 defined in the outline for this module. And so that
7 didn't include hand sanitiser, for example. Hand
8 sanitiser was produced locally in Wales with, again, the
9 support from CERET at times, but it didn't feature in my
10 statements simply because it wasn't one of the
11 prescribed items under the scope for this module.

12 **Q.** Understood. So you did observe an impact in the work of
13 CERET on hand sanitiser -- (overspeaking) --

14 **A.** Yes, correct.

15 **Q.** -- domestically. Thank you, that's very helpful.

16 One of the matters that you identify in that
17 paragraph is the time it took for companies to gain
18 regulatory approval. Was the time it took to secure
19 regulatory approval or CE markings or for testing houses
20 to carry out their work, was that a recurring theme that
21 NWSSP had to contend with during the pandemic?

22 **A.** No. It was only an issue for those manufacturers who
23 were starting to produce PPE where they didn't have
24 experience of doing so. The manufacturers that we dealt
25 with for PPE manufacturing already had the necessary
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1 regulatory requirements in place, and that was
2 established and certified again through the triage
3 process that we've spoken about.
4 So the challenge in relation to getting the -- and
5 the time it took to get those regulatory and legislative
6 requirements in place for the product, whatever it
7 happened to be, was a challenge for those manufacturers
8 moving as a new -- repurposing to develop those products
9 as opposed to more established manufacturers who had
10 them in place.

11 **Q.** You've touched upon the PPE winter plan just briefly.
12 That was in the winter of 2020, and NWSSP and Welsh
13 Government drew up a plan for PPE sourcing and strategy
14 for the foreseeable future, as you were mid-pandemic, if
15 I can put it that way?

16 **A.** Yes.

17 **Q.** And one decision that was taken was to hold a buffer
18 stock that would last 24 weeks; is that correct?

19 **A.** That's correct, yes.

20 **Q.** And that was then reduced to 16 weeks later on?

21 **A.** It was reduced initially to 20 weeks and then
22 subsequently to 16 weeks later, yeah.

23 **Q.** You told us in your witness statement, perhaps
24 unsurprisingly:

25 "I would describe the early stages of the pandemic
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1 weeks, of, you know, most of March, possibly --
2 I suppose to set the context to that question. We were
3 dealing with a finite amount of stock that was held in
4 the PIPP stockpile, with no, certainly up to the third
5 week in March, I would argue, no real clear line of
6 sight as to how that was going to be replenished or if
7 it was going to be replenished.

8 Bearing that in mind and bearing in mind what I'd
9 just previously said about potential, sort of, almost
10 panic to get product into the hospitals, we had to make
11 sure that that PIPP stockpile was available to all
12 health boards and trusts across Wales. We couldn't have
13 a position where one health board came in and took 60 to
14 70% of the stock leaving others without anything. So in
15 that respect we had to make sure there were sufficient
16 quantities for everybody. So we had to make
17 a determination.

18 However, I would further qualify that to say that
19 Welsh Government also gave instruction on certain
20 products as to the initial volumes to release to the
21 health boards for products such as type 2R masks and
22 FFP3s, and it wasn't until we started to bring our own
23 inward supply lines in, towards the end of March and
24 onwards, and then the development of the demand
25 modelling and the history that started to develop about
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1 as very challenging due to the exceptionally high levels
2 of demand for PPE product."

3 And NHS organisations were ordering large amount of
4 PPE. Is it right that NHS organisations early on didn't
5 really know how much PPE product they needed?

6 **A.** Yes, I would say that was pretty much the position. So,
7 you know, and I'm not being flippant here but, you know,
8 if I could equate it to what I'm sure everybody saw in
9 their own lives at that point in March -- February,
10 March, April 2020, you go to the supermarkets, certain
11 shelves would be cleared of certain products, simply for
12 exactly the same reason. The principle is the same.
13 I think there was a general, sort of, maybe "panic" is
14 too strong a word, but there was large volume requests
15 coming through, but I think it was a factor of, you
16 know, concern as to having enough product and not
17 knowing how long this thing was going to last for.

18 But that's, sorry, me speculating, I suppose, to
19 some extent.

20 **Q.** Did NWSSP engage in what has been termed by other
21 witnesses as "demand management"? The cancelling down
22 of orders or the encouraging of trusts or health boards
23 to reduce their orders?

24 **A.** No, I wouldn't say -- I wouldn't term it that way.

25 Certainly in the initial two, three weeks, maybe four
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1 regular patterns of use that then things started to
2 settle down.

3 **Q.** That raises, I suppose, two topics: the first is
4 visibility of stock of PPE across the NHS estate,
5 broadly, across the social care sector in due course --

6 **A.** Mm-hm.

7 **Q.** -- and across NWSSP warehouses, and also data around
8 usage rates, which I think you accept wasn't available,
9 simply didn't exist before the pandemic.

10 Can we turn up, please, INQ000500182.

11 While that's coming up on screen, NWSSP received
12 assistance from the military in relation to both of
13 those topics, didn't it?

14 **A.** Yes.

15 **Q.** So this is a report dated 11 May prepared by the
16 military, "Improving Visibility and Management --
17 Report 1". There's a report 2 as well.

18 If we take a look at the executive summary there:

19 "The overall assessment was that NHS Wales Shared
20 Services Partnership and the delivery of PPE within
21 Wales ... [had] maintained ... regular stock inflow ..."

22 And that while the systems were "fragile", it could
23 "sustain within the current demand phase". But it
24 warned:

25 "If the recommendations proposed in this report are
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1 not acted upon, SSP could be capable to continue past
2 the 'surge peak' phase we are moving into and crucially,
3 maintain supplies in the event of a return to COVID-19
4 surge conditions ... remain inefficient and costly,
5 inflexible and lack the full visibility of PPE stock
6 levels, consumption, and potential blockages ..."

7 Could we go to page 2 of that document. Thank you
8 very much.

9 It provides an overview. And at paragraph 6 we see
10 that there was a "lack of confidence" detected, that
11 there was a perception among frontline staff, both
12 within the NHS and social care sector, that there were
13 shortages of PPE:

14 "This 'lack of confidence' has resulted in
15 unsustainable practices of stock hoarding in certain
16 parts of the system and over demand."

17 Does that reflect your experience as well?

18 **A.** I would say so. I think the sentence after that is very
19 telling in terms of why that lack of confidence existed,
20 in terms of, really, a lack of information as to what
21 stock was in the hospitals themselves, and we were
22 developing a clearer idea of how much demand was going
23 through the system but in the very early days, as you've
24 rightly said, we were starting really from scratch in
25 that regard. And that's why our colleagues in the NHS

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1 of the military reports recommendations further down the
2 line.

3 **Q.** The second report, which is dated 4 June 2020,
4 recommended a pan-Wales PPE reporting and tracking tool.

5 It suggested a particular piece of software. Is it
6 right that NWSSP introduced the StockWatch system?

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

8 **Q.** And is that still in use to this day?

9 **A.** In certain places it is, but more generally I would say
10 it's not in use any longer.

11 **Q.** All right. Thinking back to the pandemic, did that then
12 provide an effective overview of stock levels and usage
13 rates during the pandemic?

14 **A.** It contributed to a more effective overview. It wasn't
15 the full answer, not because the system itself and the
16 plan to introduce it was in any way flawed; it was the
17 right thing to do. But it didn't provide a full picture
18 simply because it wasn't completed. The information
19 wasn't input into the system at source, either in the
20 hospital or in the joint equipment stores, on
21 a consistent or regular basis. And in some cases, you
22 know, we only got information keyed into that system
23 maybe on a weekly basis, which really meant that, you
24 know, we were still having gaps in understanding how
25 much stock those areas actually required.

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1 and Wales really didn't have an understanding of what
2 a day of supply consisted of.

3 Add into the mix changes to the use of PPE.

4 **Q.** The IPC guidance -- (overspeaking) --

5 **A.** Yes. And that again, I would suggest, caused further
6 concerns as to what stock would be required and in what
7 volumes at times, within the NHS more generally.

8 **Q.** Can we go to page 7 of that same document, please.

9 "Inaccurate Reports and returns system, DCR
10 recalculations and modelling".

11 Effectively what's identified here is that there was
12 a need to get a common logistics picture, and that there
13 were inaccuracies at the time of writing the report on
14 usage data, effectively.

15 NWSSP contracted with Deloitte. Is it right that
16 Deloitte developed modelling that gave a picture of
17 stock held locally by health boards and joint equipment
18 stores?

19 **A.** I would say the -- Deloitte's modelling didn't provide
20 details of what was physically and actually being held
21 locally and in joint equipment stores, but it provided
22 a forward look into what would likely be required by
23 those areas, as opposed to a realtime picture of what
24 was actually there. And I think that gap in information
25 was one of the problems that resulted in what came out

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1 **Q.** In the future, would it be useful to have an automated
2 system that wasn't reliant on human input, of updates
3 and stock levels?

4 **A.** Yes, and within Shared Services and NHS Wales more
5 generally we have, over the last few years, introduced
6 Scan for Safety, which is bar code scanning for medical
7 devices more generally, and that is a system that we
8 will be applying, and do apply on certain products
9 already, to some of the PPE range which takes away the
10 necessity of this sort of more manual intervention.

11 **Q.** I'm going to deal very briefly now with excess PPE. You
12 tell us in your witness statement that in terms of
13 excess stock, at paragraph 230, that:

14 "NWSSP has written off and written down, in the
15 two years up to April 2022, £12,000,000 of stock due to
16 reevaluation and expiry of shelf life. This represents
17 just over 3% of the value of the total PPE stock
18 purchased ..."

19 So that's expiring, but that is also writing down
20 because the resale value has gone down; is that right?

21 **A.** Yes, that's correct. So in the following paragraph,
22 231, the actual amount of write-off due to expiring of;
23 that figure was just under £2 million. So of that
24 £12 million, the vast majority of it was written down as
25 in the stock's fine, it is in date life, but we wrote

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1 down the value to the market price as it is, or it was
2 then.

3 **Q.** Yes. And going forward post-2022, the monthly cost of
4 additional commercial storage for PPE is £13,411; is
5 that right?

6 **A.** Yes.

7 **Q.** And is NWSSP continuing to explore ways of disposing of
8 stock that is considered excess, that is beyond the
9 buffer that's required by Welsh Government?

10 **A.** Yes, we are. We've already implemented, put in place
11 donations over the last period of time to several
12 countries and we've also -- we are also currently
13 exploring auctioning off some of the PPE as well.

14 **Q.** Thank you.
15 I'm going to ask you now to address some example
16 contracts, if we can?
17 In your second witness statement you helpfully go
18 through some example contracts which were entered into
19 during the pandemic in respect of PPE. The first is a
20 contract with Anhui. This was awarded on 6 May 2020 in
21 respect of type IIR face masks. The total cost
22 eventually was £23,400,000.
23 This was a contract entered into on behalf of all
24 four nations of the UK; is that right?

25 **A.** That's correct.

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1 **A.** They facilitated but they were much more than that.
2 They had people on the ground in China, Malaysia in
3 particular where we sourced these products from, who
4 inspected the factories, did a lot of the due diligence
5 and the quality control checks, and they were also
6 responsible for the insurance and freight forwarding
7 arrangements.

8 **Q.** So they assisted a great deal in the process of the --

9 **A.** Correct, yes.

10 **Q.** -- of securing the item.
11 Once NWSSP had concluded that it would be a viable
12 contract, the contract had to come before the Financial
13 Governance Group.

14 **A.** Yes.

15 **Q.** Their role was to scrutinise any proposed deal if it was
16 of particularly high value; is that right?

17 **A.** That's correct.

18 **Q.** We can see there INQ000540492. It's a document placed
19 before the FGG, the Finance Governance Group. So basic
20 details about the proposed contract were set out there.
21 The idea was to provide about 95% of the volume to other
22 nations but you've explained that there were some
23 variations on that.

24 **A.** Yeah.

25 **Q.** If we go to page 13 of that document, the group felt

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1 **Q.** And the stocks secured in fact saw Wales through to
2 February 2021; is that right?

3 **A.** That's correct. We further modified that contract to
4 take a further, sort of, a doubling of the initial
5 amount, and we brought the second modification -- the
6 second part of that into Wales alone, so the first part
7 supplied the whole of the UK, all four nations, and the
8 second part was then for Wales.

9 **Q.** And as we try and trace it through very quickly from
10 cradle to grave, this was not a supplier that came to
11 your attention through the triage process that we have
12 looked at, with Life Sciences Hub Wales, this came
13 through a sourcing agent called BTB Wales; is that
14 right?

15 **A.** Correct, yeah.

16 **Q.** And BTB Wales had been appointed by NWSSP to do
17 precisely this kind of work; is that correct?

18 **A.** Yes, but I think it's important to point out that BTB
19 Wales themselves came to our attention through the same
20 triage process so they didn't come to us, sort of,
21 outside of that process, and they were -- they came in
22 through that same portal.

23 **Q.** Did BTB Wales act as an intermediary or were they
24 simply -- did they get a cut of the price or did they
25 simply facilitate the introduction?

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1 that the price was competitive but carried considerable
2 risk and further due diligence was required.
3 We see there was a further meeting held,
4 30 April 2020. Were those concerns then addressed?

5 **A.** Yes, they were. I mean, the risk was perceived
6 initially that there was a risk in dealing with BTBW but
7 the contract wasn't established with BTBW, the contract
8 was established directly with the manufacturer in the
9 source country. And furthermore the funds and the
10 payments was done through -- was transacted through an
11 escrow account which provided security for the funds
12 until we had the assurances that the product met the
13 quality standards at dockside or airport side before it
14 came into the UK, and we had those certifications and
15 those assurances in hand.
16 And so there was a phased release of funds, which
17 provided assurance and mitigated a substantial amount of
18 any risk.

19 **Q.** And there were also stages of delivery and stages of
20 payment, were there not?

21 **A.** Correct, and because of the volumes here, these were
22 staged deliveries, in some cases over 13 separate
23 deliveries, and then, in terms of the method of
24 delivery, some of this was brought in through sea
25 freight as well, which kept the costs low, as well.

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- 1 **Q.** You've rightly pointed out the contract was established
2 with the company, with Anhui, as opposed to BTB Wales.
3 A contract award notice was ultimately published in
4 relation to this contract. Does that contract award
5 notice name Anhui?
- 6 **A.** It names BTBW as the contractor, and the contract award
7 notice refers to that work -- to the work that BTBW
8 undertook, which was the SGS, or the quality assurance
9 approvals, the insurance, the freight forwarding work,
10 and that part of their work that they were responsible
11 for.
- 12 The contract with Anhui itself was signed, and it's
13 in the evidence, but there was no contract award notice
14 specifically for Anhui because they were based in China,
15 which at that point in time was outside of the EU and
16 outside of the government procurement arrangements, so
17 outside of GPAs. So there was no legal obligation for
18 us to provide a contract award notice for that company.
- 19 **Q.** If a member of the public wanted to look at the contract
20 award notice, they would see BTB Wales?
- 21 **A.** Mm.
- 22 **Q.** In your view, does the failure to name Anhui, in light
23 of everything you've said around legal obligations, and
24 I'm not suggesting they weren't met, does that provide
25 full transparency for the taxpayer?

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- 1 **Q.** The items were received within Wales. At the time the
2 order was placed, there was a real danger of stockout,
3 wasn't there?
- 4 **A.** Yeah, the position in Wales was more stable in that we
5 had other lines of supply at that point in time already
6 landed, or inbound to us. So while it was still an
7 important contract for us and, you know, the volumes
8 that we brought in were significant, you know, our
9 position had stabilised a bit more than it had been at
10 the start of the pandemic for that product.
- 11 **Q.** The product was received, supply had stabilised. In due
12 course, NWSSP resold some of this stock to BSO PaLS in
13 Northern Ireland; is that right?
- 14 **A.** Correct, yes.
- 15 **Q.** I think they purchased just over £5 million worth of
16 this PPE. BSO PaLS ultimately withdrew those items from
17 use in Northern Ireland. In your witness statement you
18 detail the reasons of which you are aware, which is that
19 the -- they were described as providing poor fit.
- 20 They were face masks that had a device fitted to
21 ensure a good fit across the bridge of the nose and it
22 wasn't made of the material that BSO PaLS wanted it to
23 be, but it was sufficient for Wales. This was a matter
24 of preference as opposed to technical regulatory
25 compliance, wasn't it?

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- 1 **A.** I think it does, to the point that in the actual award
2 notice, I believe in the body of the notice itself,
3 which was published, it refers to the payment to BTBW
4 for their work, was in respect of establishing that
5 contract with Anhui. So there was reference to the
6 manufacturer.
- 7 I take your point, however, that a member of the
8 public, you know, would not have been able to find
9 a contract award notice for Anhui as such, because of
10 the reasons I've stated. So from a transparency point
11 of view, I suppose, that would not have been visible to
12 a member of the public, who wouldn't have had wider
13 knowledge of that transaction.
- 14 **Q.** And ultimately, there were no issues identified with the
15 product, and it was distributed across all four nations?
- 16 **A.** Correct, yes.
- 17 **Q.** I'm going to very briefly touch upon an example, another
18 example, of what I suppose we might describe as
19 mutual aid.
- 20 NWSSP, in April 2020, entered into a contract for
21 the supply of PPE with a company called Continuum
22 (Scotland) Ltd?
- 23 **A.** Yes.
- 24 **Q.** The contract value was just over £21 million.
- 25 **A.** Mm-hm.

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- 1 **A.** Yes, so it wasn't that it was a preference for Wales was
2 the main reason. The type 2R face mask itself was
3 assessed and approved as meeting all of the necessary
4 technical and regulatory requirements for a type 2R
5 face mask. The material that the nose clip is made of
6 in this particular consignment was plastic, and you
7 mould that around the bridge of the nose to provide
8 a closer fit to the face.
- 9 As I understand it, Northern Ireland preferred
10 a metal nose clip, but the material of the nose clip,
11 irrespective of whether it was plastic or metal, had no
12 bearing on whether it met the technical and regulatory
13 requirements for a type 2R face mask.
- 14 So, to me, it was a matter that Northern Ireland
15 preferred a metal nose clip, and that my understanding
16 of why they, sort of, refused to use the product.
- 17 **Q.** And finally, was this issue of preference or items that
18 frontline staff were used to using, was that something
19 that cropped up within Wales as well, and something that
20 NWSSP had to contend with? Preferences for brand, for
21 specific features that were not really to do with
22 whether a regulator deemed them to be safe?
- 23 **A.** To an extent. I think the core range of PPE products,
24 face masks, gloves, RPE, you know, FFP3 products and
25 gowns, were very clearly and closely prescribed by the

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1 UK cell and therefore into Welsh Government
 2 specification. However, in Wales we had very much
 3 a preference due to the fit requirements for
 4 a particular type of FFP3 mask which was manufactured by
 5 3M, and that limited our ability to source alternative
 6 masks from other manufacturers. Even though those masks
 7 would have met the standards for an FFP3, the fit test
 8 pass rate for our staff would have been a lot lower than
 9 it would have been for the 3M.

10 And staff got -- and it's very understandable, isn't
 11 it, really, that staff want to see a 3M mask because
 12 they feel assured, they feel confident wearing it, that
 13 it protects them, because they know they have been
 14 fit tested on it. If you try and change that to another
 15 brand of mask during a pandemic where it could have
 16 potentially fatal consequences, obviously they're going
 17 to have concerns, so they wanted the mask that they knew
 18 would give them the most protection in terms of
 19 a fit test outcome. So that's how I would describe
 20 preference, but it was in that context.

21 **MS SHEHADEH:** Thank you.

22 My Lady, those are my questions for this witness.

23 **LADY HALLETT:** Thank you very much, Ms Shehadeh.

24 Mr Irvine, we take a break every so often. You have
 25 15 minutes more of questions. I can either take the
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1 March 2020, including new and existing types of PPE like
 2 fluid resistant, thumb loop gowns, and FFP3 masks.
 3 Given the diverse needs of healthcare workers,
 4 particularly black and ethnic minority groups, how did
 5 Procurement Services ensure that these products met
 6 varied fit and functionality requirements?
 7 **A.** So Procurement Services procured the range, the
 8 prescribed range of PPE products to the specifications
 9 and the design requirements that had been laid down by
 10 UK Government, IPC, and through Welsh Government, as to
 11 what we were to buy. So we had very really very limited
 12 latitude in terms of deviating from those prescribed
 13 specifications. However, when we look at products such
 14 as nitrile examination gloves, for example, we did
 15 actively source extra-small sizes of those gloves to
 16 meet the specific ethnic needs of a percentage of our
 17 nursing population who needed an extra-small glove at
 18 the time.

19 The FFP3 mask itself by design is designed to be
 20 adjustable, top and bottom, through strap adjustment.
 21 So that in itself was an adjustable mask and we've
 22 already had discussions about how we tried to ensure we
 23 got a mask that met the fit test needs for the vast
 24 majority of our staff. So that was the context in which
 25 we were working, and those were the actions that we took
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1 break now if you are happy to come back after a
 2 15-minute break, or if you need to get away, let me
 3 know, and we'll carry on with the questions.

4 **THE WITNESS:** I'm happy either way, so it's up to you, my
 5 Lady.

6 **LADY HALLETT:** Okay, in which case, probably for the
 7 stenographer's benefit, we'll take the break,
 8 15 minutes, and then we shall come back and finish you.

9 **THE WITNESS:** Thank you.

10 **LADY HALLETT:** That's okay. Thank you.

11 Twenty past, thank you.

12 **(3.06 pm)**

(A short break)

14 **(3.20 pm)**

15 **LADY HALLETT:** Can you see and hear me?

16 **MS SHEHADEH:** Yes. Thank you, my Lady.

17 **LADY HALLETT:** Thank you. I think Mr Dayle is next, isn't
 18 he? Thank you. Mr Dayle.

19 **Questions from MR DAYLE**

20 **MR DAYLE:** Thank you, my Lady.

21 Mr Irvine, I ask questions on behalf of FEMHO, the
 22 Federation of Ethnic Minority Healthcare Organisations,
 23 and I have three short topics.

24 Firstly, paragraph 24 of your statement details the
 25 rapid initiation of sourcing activities for PPE during
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1 in that regard.

2 **Q.** Very well. Secondly, could you clarify how feedback
 3 from healthcare workers, especially those from black and
 4 ethnic minority groups, regarding fit issues, was
 5 integrated into the procurement process to adapt and
 6 improve the PPE supplied during the pandemic?

7 **A.** So any issues that were raised like that would have been
 8 fed back in through Welsh Government, because going
 9 back -- and apologies for repeating -- but going back to
 10 my previous answer, we, as in Shared Services, as the
 11 procuring organisation did not have the latitude to
 12 procure alternative variations to the prescribed
 13 specification. So it was up to Welsh Government and
 14 other policymakers to look at those areas of feedback
 15 and make a determination as to whether or not they
 16 needed to add to the existing range of products that
 17 were established as PPE core lines, or to instruct
 18 Shared Services to source and stock an alternative
 19 product, a range of products to meet those requirements.

20 **Q.** Very well. And thirdly and finally, paragraph 29 of
 21 your statement, you mention the implementation of new
 22 governance measures during the pandemic, including the
 23 triage process and the establishment of the Finance
 24 Governance Group, or FGG. How did these changes ensure
 25 compliance with the Public Sector Equality Duty,
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1 particularly in terms of addressing the diverse needs of
 2 healthcare workers in PPE procurement?
 3 **A.** So all of the requirements for the manufacturing
 4 specification design, and all of the different
 5 components for a PPE product to keep staff safe were
 6 determined by policy leads, UK central government, IPC,
 7 cells, and they translated into instructions to
 8 ourselves and Procurement Services and procurement
 9 colleagues around the UK as to "This is the type of
 10 product that you have to purchase". So in that regard,
 11 with respect, I think the question would be better
 12 answered by those colleagues who designed those
 13 specifications and determined what it was that we were
 14 asked to buy because, as I said, our latitude in that
 15 respect was rather limited.

16 **MR DAYLE:** Very well. Thank you.

17 Thank you, my Lady.

18 **LADY HALLETT:** Thank you, Mr Dayle.

19 Now, Ms Parsons, should you be [microphone muted]
 20 unless they've moved in my absence?

21 **Questions from MS PARSONS**

22 **MS PARSONS:** I'm here. Thank you, my Lady.

23 Good afternoon, Mr Irvine.

24 **A.** Good afternoon.

25 **Q.** I ask questions on behalf of the Covid-19 Bereaved

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1 Now, at paragraph 76 of your statement, Mr Irvine,
 2 you described Shared Services' inventory management
 3 system, called StockWatch, and indeed, you describe some
 4 alterations to it in November 2020.

5 First question is this: when Care Forum Wales were
 6 talking there about a new stock management system, do
 7 you think it's likely it was talking about StockWatch?

8 **A.** Yes, I do. Yes.

9 **Q.** Why did it take until November 2020, that is some
 10 eight months after the Welsh Government's announcement
 11 of the expansion of Shared Services to the social care
 12 sector, why did it take until November 2020 to introduce
 13 the new stock management system?

14 **A.** I believe the stock management system StockWatch was
 15 introduced earlier than November 2020. The date of
 16 November 2020 is significant because that is when we
 17 switched to the joint equipment stores keying in or
 18 inputting their own data to that system, because prior
 19 to that time, my staff had to consistently chase and
 20 expedite joint equipment store staff to do that work and
 21 to provide us with the information for us to input on
 22 their behalf. Which, given where we were in the
 23 pandemic, was putting additional pressure on my
 24 resources.

25 So I don't -- I wouldn't say it was in November 2020

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1 Families for Justice Cymru. I'm going to ask you about
 2 two topics. The first topic is supply of PPE to care
 3 homes in Wales. We know that on 19 March 2020, the
 4 Welsh Government expanded the remit of your
 5 organisation, Shared Services, such that it distributed
 6 to the social care sector as well. We understand that
 7 Shared Services did that by distributing to Local
 8 Authority Joint Equipment Stores; is that correct?

9 **A.** That's correct, yes.

10 **Q.** For onward distribution by the local authorities?

11 **A.** Yes.

12 **Q.** Care Forum Wales which, as you know, is the main
 13 professional representative body for care providers in
 14 Wales, they've provided a witness statement for this
 15 Inquiry. I'm going to ask that you be shown a small
 16 passage within it.

17 Please can we have up on the screen INQ000521963 at
 18 page 4.

19 Paragraph 17 of the statement says this:

20 "PPE was initially distributed in proportion to the
 21 size of the distributing local authority, rather than
 22 the size of the care homes within the authority. A new
 23 stock management system was introduced in November 2020
 24 that enabled supply to respond to demand rather than
 25 allocation."

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1 when the system was introduced. November 2020, as it
 2 states in my system (sic), was the date in which it
 3 switched to direct user input, so the joint equipment
 4 stores employees input the data themselves into that
 5 system. That then helped to inform my warehouse staff
 6 as to what their requirements were. Up until that
 7 point, we were relying on those staff to send my staff
 8 that information so we could key it into the system
 9 themselves. So, you know, that couldn't continue. So
 10 we put the responsibility back to the joint equipment
 11 stores to do that.

12 **Q.** Thank you, Mr Irvine.

13 Can I ask you the question, then, on the basis that
 14 it refers to the change in system in November 2020 that
 15 you've described, why did it take that long to implement
 16 what, with respect, would seem to be a fairly obvious
 17 change?

18 **A.** I think it's because the military reports highlighted
 19 the need for a stock management system, both at joint
 20 equipment store and in hospital levels for management of
 21 the stock and visibility of the stock at that point.

22 Why it took that long was because we were
 23 consistently, and through the PPE Executive Leads Group,
 24 and the Welsh Government groups, raising the issue that
 25 we had gaps in the information from joint equipment

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1 stores coming to us. To be fair, some joint equipment
2 stores did provide us with regular information on what
3 their requirements were. Others didn't. My staff were
4 consistently trying to plug the gap for the local
5 authorities in that regard.

6 So it wasn't about a delay in implementing the
7 system; it was about we got to the point where we
8 couldn't -- as I said a minute ago, we couldn't continue
9 to provide that sort of level of input into this
10 process.

11 **Q.** If I may say, Mr Irvine, I detect an element of
12 frustration in your answer about the lack of input from
13 those at local authority level. Is that fair?

14 **A.** I don't think it's fair to call it frustration. I think
15 what it did, it added to the pressure on the system in
16 that if we didn't have the data coming through from the
17 joint equipment store then it was more difficult for us
18 to accurately determine what their requirements were.

19 So any frustration, if you want to use that word --
20 your word, not mine -- would be that we weren't able
21 necessarily to understand that we were filling their
22 full requirements. I believed we were, but we didn't
23 have that information, so it did prove challenging at
24 the time.

25 **Q.** Thank you, Mr Irvine.

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1 you about the reference you make to the Audit Wales
2 report. You say the report recognised that "we overcame
3 early challenges in relation to the provision of PPE
4 without running out of stock at a national level."

5 What about overcoming challenges at a local level,
6 Mr Irvine? We know that problems persisted, members of
7 the group I represent witnessed shortages well into the
8 pandemic and into 2021. They probably won't recognise
9 the description that you've offered of "plenty of
10 supplies". Can you help? Do you accept that there were
11 shortages that persisted? And if so, what lessons can
12 be learned from localised shortages?

13 **A.** The first point to make is that I absolutely accept what
14 your colleagues are telling you and what I've heard more
15 widely in the NHS. So I have no reason to dispute the
16 lived experience of people in care homes, carers, staff
17 in wards at the time. I think the more important issue
18 here is to understand what the responsibilities of my
19 organisation are and where they started and where they
20 ended.

21 And when you talk about a national position, in our
22 warehouses we did not run out of stock on the shelf. We
23 continued to supply day and daily to the NHS, to social
24 care and to primary care, to the point of delivery in
25 those particular areas.

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1 Before we move on from this, you've suggested that
2 there were gaps in your understanding at a local level.
3 That was your evidence today. Does that mean, then, in
4 effect that some health boards and some local
5 authorities did not have enough PPE because you did not
6 have a sufficiently clear picture of what their stock
7 level was?

8 **A.** No, I think it's actually the opposite. What we found
9 on a number of occasions were that we were being told
10 that "Well, we don't have enough of a particular
11 product", only to be able to provide the evidence very
12 quickly that we had made a delivery of that product to
13 that particular joint equipment store the day before, or
14 even the same day at times. So the issue about the
15 accuracy of the data was that we believed that we had
16 more than enough PPE in the joint equipment stores, but
17 that the joint equipment stores weren't necessarily or,
18 indeed, the local authorities, more generally, weren't
19 aware potentially of what was actually there.

20 **Q.** So plenty of stock, they just didn't know about it?

21 **A.** On some occasions I believe that's the case, yes.

22 **Q.** I'll move on to my second topic, which is lessons
23 learned. You set out lessons learned in five paragraphs
24 at the end of your witness statement, paragraphs 225 to
25 229. We don't need to turn them up. But I want to ask

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1 What happened to the product after it was delivered
2 and how it was managed and distributed onwards, and that
3 issue has been referenced in at least two of the
4 military reports about problems for the onward
5 management and distribution, is the responsibility of
6 those organisations themselves, whether they're the
7 hospitals within the health boards, or whether it's the
8 local authorities. So I don't dispute the lived
9 experiences but my own lived experience of this was that
10 at a national level, we continued to have a flow of
11 stock through the system at all times, and I've just
12 tried to explain where we bridged into those areas and
13 where we dropped the product into.

14 So that's all I can comment on in that respect.

15 **MS PARSONS:** Thank you very much, Mr Irvine.

16 Thank you, my Lady.

17 **LADY HALLETT:** Thank you, Ms Parsons.

18 Thank you very much indeed, Mr Irvine. That
19 concludes our questions for you. I'm sorry we had to
20 keep you until after the break. I am sorry because
21 I think we've still got a colleague of yours waiting in
22 the wings, so at least you didn't get the last slot of
23 the day. Thank you very much for your help with the
24 Inquiry.

25 **THE WITNESS:** Thank you.

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1 **LADY HALLETT:** Thank you.
 2 **MS SHEHADEH:** My Lady, our next witness is Richard Davis.
 3 My Lady, please can be witness be sworn or affirmed.
 4 **LADY HALLETT:** Thank you.
 5 **MR RICHARD DAVIS (sworn)**
 6 **Questions from COUNSEL TO THE INQUIRY**
 7 **LADY HALLETT:** Mr Davis, I'm sorry we kept you waiting so
 8 long. Last witness of the day.
 9 **THE WITNESS:** Not at all, my Lady.
 10 **LADY HALLETT:** Ms Shehadeh.
 11 **MS SHEHADEH:** Can you state your full name for the record,
 12 please.
 13 **A.** Richard Davis.
 14 **Q.** Thank you. You have provided the Inquiry with a witness
 15 statement. The document reference number for that is
 16 INQ000527722. And it is dated 10 December 2024. Is
 17 that witness statement true to the best of your
 18 knowledge and belief?
 19 **A.** It is.
 20 **Q.** Thank you.
 21 Now, by way of professional background, if I could
 22 just ask you to set that out, you joined Welsh
 23 Government in 2012; is that correct?
 24 **A.** Correct.
 25 **Q.** And that was after a 30-year career in the British

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1 within Welsh Government including a thing called the
 2 National Manufacturing Institute.
 3 **Q.** Thank you for setting that out.
 4 You address in your witness statement that the
 5 workings of CERET. Before we come on to that, you've
 6 also very helpfully provided an overview of two
 7 organisations that were part of CERET: Industry Wales
 8 and Life Sciences Hub. We'll briefly touch on that, if
 9 that's all right.
 10 Industry Wales is the trading name of the Sector
 11 Development Wales Partnership Limited, which is
 12 a company established by Welsh ministers as at
 13 29 January 2013; is that right?
 14 **A.** Correct.
 15 **Q.** And its role is to advise Welsh ministers about the
 16 Welsh manufacturing sector to support engineering,
 17 technology and manufacturing businesses in Wales and to
 18 support the Aerospace Wales Forum, Net Zero
 19 Industry Wales, technology, amongst other things.
 20 A list of responsibilities.
 21 You describe that Industry Wales played a leading
 22 role within CERET. What was Industry Wales's part to
 23 play within CERET?
 24 **A.** Okay. Just to go back, in terms of concept, the
 25 situation at the time, we only had the three forums.

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1 Army --
 2 **A.** Yes.
 3 **Q.** -- is that right? You were in fact awarded an MBE in
 4 1997 and you were also awarded an OBE after commanding
 5 an inventory battalion from 2003 to 2006; is that right?
 6 **A.** That's correct.
 7 **Q.** You attained the rank of lieutenant colonel.
 8 **A.** I did.
 9 **Q.** And you have served as a senior civil servant for
 10 a number of years and you set out the details of your
 11 service at paragraph 6 of your witness statement.
 12 What was your role during the pandemic?
 13 **A.** My role was the lead government official within a group
 14 called the Critical Equipment Requirement Engineering
 15 Team, known locally as CERET.
 16 **Q.** Thank you. And CERET was in fact run or chaired by your
 17 colleague James Davies; is that correct?
 18 **A.** Yes, that's correct.
 19 **Q.** But you continued to have a leading role within that
 20 organisation?
 21 **A.** I was the senior civil servant within that group.
 22 **Q.** And what is your role now?
 23 **A.** So I have semi-retired, and I left the CERET role,
 24 worked for a number of years supporting the Tata
 25 transition, and now I'm looking at a number of projects

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1 You've mentioned Net Zero Industry Wales. During the
 2 pandemic we only had support to the automotive,
 3 aerospace and Technology Connected. Net Zero Industry
 4 Wales came on a little bit later.
 5 The key for Industry Wales was in fact an
 6 individual, was James Davies, and James Davies, who
 7 I would refer to and continue to refer to as a captain
 8 of industry, he was the chief executive of
 9 Industry Wales, having completed a significant period
 10 with the Japanese -- a Japanese automotive component
 11 company. He came in to us and he was recruited
 12 specifically by Welsh Government to give that unfettered
 13 advice to the minister, and support the manufacturing
 14 base.
 15 So James led CERET, led Industry Wales, and I acted
 16 in support of him.
 17 **Q.** And on occasions when he was unable to chair meetings,
 18 for example, you would perform that role?
 19 **A.** Yes, I did. Yes, I did. And vice versa.
 20 **Q.** And vice versa?
 21 **A.** Yeah.
 22 **Q.** Life Sciences Hub provide support and guidance to
 23 develop life sciences, innovations and bring them to the
 24 frontline for use in the health and social care sector
 25 in Wales, is that an accurate description?

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1 A. Yes, it is. The way to describe them would be as
2 a front door for that vital sector, and if a company was
3 interested in life sciences, the Life Sciences Hub would
4 look after them and show them what was available within
5 Wales. And they still do, very well.

6 Q. Turning, then, to CERET, which is the key focus of your
7 witness statement. You tell us at paragraph 56 that you
8 received a verbal confirmation from the minister for
9 economy to bring the industry and NHS Shared Services
10 Partnership together to support their supply chain and
11 that you acted immediately. And the first formally
12 recorded meeting minutes of CERET are dated
13 20 March 2020.

14 Are you telling us there that you played a key part
15 in, in fact, setting CERET up?

16 A. Yes.

17 Q. Yes. And you say -- you describe CERET as being most
18 active between that date, March 2020, and June 2020.
19 And it was wound down, then, in the autumn of 2021; is
20 that right?

21 A. Yes.

22 Q. And its final meeting took place on 29 June 2021.

23 When CERET was first set up, what was its initial
24 focus?

25 A. So we had a very -- because of James Davies and because
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1 to action?

2 A. Some predate them. Some predated them. I took phone
3 calls from some, some of the larger companies,
4 particularly GE Aviation or Airbus, saying, "What can we
5 do?" But on the whole, they came to us via the triage
6 system which I'll explain later.

7 Q. The terms of reference for CERET were not settled until
8 November 2020. Why was that?

9 A. We had some draft terms of reference which we wrote in
10 April and May. To be absolutely honest, I didn't
11 realise that they were not formalised until the thing
12 was almost over, until the November.

13 Q. Can we have them up on screen, please, they are at
14 INQ000 -- there we are. Thank you ever so much.

15 "Terms of Reference, Governance Arrangements and
16 Lessons Learned".

17 So by the time the formal terms of reference were
18 settled, you were in a position to draw together some
19 lessons learned --

20 A. Yes, we were.

21 Q. -- based on your experience in the pandemic.

22 We see there on page 1 the four procurement routes.
23 Route 1: existing supplier base, straightforward
24 procurement. Route 2: existing supplier base, some
25 minor restrictions on supply. Route 3: supply
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1 of my colleagues, we had a very good understanding of
2 the manufacturing base in Wales.

3 And the Welsh manufacturing base is supply chain.
4 We had no original equipment manufacturers, it's all
5 supply chain, supporting larger companies.

6 What was very clear was that manufacturing base
7 wanted to help. They wanted to do what they could for
8 Wales, for the rest of the UK, and were prepared to
9 virtually do anything, and they came to us saying, "What
10 can we do?"

11 Q. Sorry, just pausing there. When you say, "They came to
12 us", are you referring there to Industry Wales or are
13 you referring to CERET?

14 A. So in terms of initially, we put out a-- we had a -- we
15 were talking in mid-March and getting to know the
16 situation as the tempo increased. We then had the
17 Ventilator Challenge coming out from the UK Government,
18 and then we had a whole series of calls to action from
19 James Davies, from the Life Sciences Hub, and from the
20 First Minister, saying, "What can you do for us? Can we
21 find a local answer to a local problem?"

22 Q. Right. And those approaches from local manufacturers
23 who you describe as offering their services and wanting
24 to do whatever they could, those were in response to
25 those calls to action, or did they predate those calls
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1 limitations, requires manufacturers to adapt processes.
2 And Route 4: supply does not exist.

3 You tell us in your witness statement that the focus
4 of CERET was on routes 3 and 4. When CERET was first
5 set up, was it set up with a view to assisting with
6 routes 3 and 4 or was it set up with a different purpose
7 in mind?

8 A. It was set up to support the Shared Services Partnership
9 and support the Emergency Coordination Centre. So those
10 four routes became clear as it developed, as we
11 developed the sort of *modus operandi* of how we worked.

12 Q. Right. And can you explain the interplay between the
13 work of CERET and the Ventilator Challenge UK?

14 A. So the Ventilator Challenge was initiated by a gentleman
15 called Dick Elsy from Innovate UK. We worked very
16 closely, or James in particular worked very closely with
17 Mr Elsy. And the Ventilator Challenge, so, it initially
18 started to gain momentum with the manufacturers in
19 Wales, or the manufacturers across the whole of the UK,
20 but it became very clear that we could do much more.
21 And we stepped back from supporting the Innovate UK
22 momentum by looking at what we could do ourselves and
23 support the Shared Services Partnership. That's where
24 the discussion started with other suppliers, what else
25 was needed from the Shared Services Partnership.
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1 Q. And we've heard from NWSSP this afternoon that CERET
2 would be provided with something called the Critical
3 Equipment List?

4 A. Yes.

5 Q. And was that the basis of the work that CERET then went
6 on to do?

7 A. So the context of this was we initially set up to see
8 what we could do for the Ventilator Challenge. We
9 weren't needed, but it was very clear that we were
10 needed internally in support of the Shared Services
11 Partnership, and as a -- that really started the calls
12 to arms, the emails out to all the companies,
13 "Gentlemen -- ladies and gentlemen, can you help us?
14 What can you do to support us?"

15 And in terms of the Ventilator Challenge, that went
16 really back to the UK Government and we stayed with
17 routes 3 and 4 for the Shared Services Partnership.

18 Q. In terms of assisting NWSSP, we've heard about the
19 triage role performed by Life Sciences Hub. In terms of
20 the wider work of CERET, assisting manufacturers in
21 switching their facilities to PPE production, what was
22 the split of work between assisting NWSSP with triage
23 and technical assessment, and that, I suppose,
24 outward-facing role of helping companies who wanted to
25 take part in the PPE effort, if I can call it that?

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1 you know, I produced this, this is a prototype, we then
2 put them to the Surgical Materials Testing Laboratory.
3 If they were who they say they were and they were
4 producing what they said they would, and it was
5 certified straight onto Shared Services Partnership, if
6 they needed some further help from us, we used, passed
7 it on to our regional colleagues or our innovation
8 colleagues who could bring market intelligence finance,
9 equipment to support them changing their supply process
10 to support the NHS.

11 Q. Thank you.

12 Now in terms of budget, CERET -- well, you had
13 a delegated authority to utilise the budget of up to
14 £5 million --

15 A. Yes.

16 Q. -- is that right? And there was additional funding to
17 support CERET, and that came from a £6 million Welsh
18 Government innovation fund.

19 A. Yes.

20 Q. You show us at paragraph 49 at page 15 of your witness
21 statement how that funding was ultimately spent.

22 That's INQ000527722. Page 15. There we are.

23 So some was spent on continuous positive airway
24 pressure (CPAP) devices, and we'll come back to that in
25 a moment.

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1 A. No, absolutely. So in terms of the demand, the pure
2 demand came from the Shared Services Partnership. They
3 had that Critical Equipment List and we were trying to
4 help them fill any demand or any deltas that existed.
5 To do that, we had two initial points of entry for
6 companies. One was Business Wales and the other one was
7 the Life Sciences Hub. In very simple terms, the life
8 science companies tended to go to the Life Sciences Hub.
9 Anybody else from any other sectors would go to Business
10 Wales saying, "I'm Dickie Davis Limited, I'd like to
11 help you with the procurement of glasses, what can
12 I do?"

13 That then came through the funnel, and it became
14 very clear very quickly that the Shared Services
15 Partnership could not quote -- could not deal with the
16 sheer number of people coming through. Life Sciences
17 Hub came forward and said, "We can help you with the
18 triage."

19 Life Sciences Hub were integral to CERET, Shared
20 Services Partnership were integral to CERET, et cetera,
21 my own team was obviously integral, and as we came down
22 the filter, was Dickie Davis Limited what he says he is
23 on the tin, do they make widgets? We then put them
24 through Creditsafe. If they needed certification, if
25 they said that I can produce a widget but it wasn't --

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1 A. Thank you.

2 Q. Some for supporting volunteers making scrubs, funding
3 for transport to deliver materials, some were spent on
4 creating a "back to work" video, reminding people to
5 wear masks, to adhere to social distancing and so on.
6 And £100,000 was given to Industry Wales to reimburse
7 Industry Wales for its purchases of CPAP devices and
8 oximeters.

9 The innovation work that was done, you describe at
10 paragraph 152 of your statement a number of initiatives
11 in which CERET was involved. One example you give is
12 the repurposing of technology used in financial services
13 as a Covid-19 symptom tracker. And in this example, the
14 role of CERET was effectively to bring together two
15 companies so that they could develop a new product. Is
16 that, in very simple terms, what was --

17 A. Yes, absolutely.

18 Q. You also talk about clear masks. There was a need for
19 these so that those with hearing impairments would be
20 able to see the faces, the facial expressions, of care
21 and healthcare staff. Some work was done on this. It
22 was ultimately taken forward by UK Government. So was
23 it right that CERET had to pause its work in this
24 regard?

25 A. Yes. I go back to my earlier statement. My driving

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1 force was the Shared Services Partnership. They would
 2 turn to me and say they wanted gowns or visors or masks
 3 or whatever. I was working to their demand.

4 **Q.** Now, in terms of the success of CERET, you're not able
 5 to tell us, are you, how many contracts NWSSP awarded to
 6 companies that had received assistance and support from
 7 CERET?

8 **A.** No.

9 **Q.** Would it have been helpful to have access to that kind
 10 of information?

11 **A.** No. And I say that because I was supporting, helping,
 12 guiding the Welsh manufacturing base to support the NHS
 13 and the Emergency Coordination Centre. They were the
 14 people who were saying that we needed that particular
 15 equipment, the visors, the masks, whatever it happened
 16 to be. So, you know, it didn't really matter what the
 17 equipment was or what the issue was, we were there to
 18 support them.

19 **Q.** So your measure of success was if NWSSP said they needed
 20 more help, that help was provided once they were
 21 satisfied you felt the job was done?

22 **A.** My measure of success is the fact that we never ran out
 23 of vital, critical equipment. And also, on a personal
 24 level, the companies proud of what they achieved: the
 25 Royal Mint producing the visors, Penderyn Whisky

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1 manufacture PPE. A reason that is given is the time
 2 that it took for new items to gain regulatory approval,
 3 for example, and the fact that the majority of buying
 4 activity took place early on in the pandemic. That is
 5 the view of NWSSP. It has been caveated by
 6 acknowledging that British Rototherm, which did receive
 7 assistance from CERET --

8 **A.** Yes.

9 **Q.** -- subsequently received several contract awards worth
 10 a total of £15.5 million. That is a notable success
 11 there.

12 **A.** Yes.

13 **Q.** And also, that the production of -- domestic production
 14 of hand sanitiser was something, although not strictly
 15 PPE, that was a success story --

16 **A.** Oh good, okay.

17 **Q.** -- coming out of CERET. In light of that comment from
 18 Procurement Services, how do you think domestic
 19 manufacturers in Wales can quickly, swiftly, switch
 20 their capabilities to PPE during a pandemic?

21 **A.** How could they?

22 **Q.** If, indeed, you think they can.

23 **A.** The strategic answer to that is manufacturing is in our
 24 DNA. We have got a significant number of highly skilled
 25 engineering companies with a lot of innovators at the

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1 producing hand sanitisers, et cetera. But in terms of
 2 my personal measure of success, it's: did we ever run
 3 out of equipment? And the answer was no.

4 **Q.** It's very hard to quantify or trace back how much of the
 5 credit for Wales not running out of equipment is due to
 6 the work of CERET, isn't it?

7 **A.** Very hard. Very hard. Almost impossible.

8 **Q.** This may be a difficult question for you to answer, but
 9 should CERET or an equivalent be set up again in the
 10 event of a future pandemic?

11 **A.** Yes.

12 **Q.** Why?

13 **A.** Because you've got an ability to talk to the
 14 manufacturers. You've got an awareness of what is being
 15 made, produced or could be made. You've got an
 16 awareness of the quality of manufacturing in Wales. Can
 17 we use those companies? Can we use those facilities?
 18 Can we use those HE or FE facilities for innovation to
 19 support whatever the demand of a pandemic? So yes,
 20 I would absolutely suggest that a similar grouping
 21 should be set up.

22 **Q.** NWSSP have told us that they did not observe any
 23 noticeable impact on the availability of PPE in Wales as
 24 a result of the work of CERET and the allocation of
 25 grants to manufacture in order for them to repurpose or

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1 universities, at the colleges, etc, etc.

2 I think, as long as we have an awareness of what the
 3 manufacturing processes are, and what is required, and
 4 there is a willingness to change their processes and
 5 there may be some form of remuneration required for them
 6 to change, it could be done again, and I'm sure it
 7 would be.

8 **Q.** I suppose the slight challenge to your evidence would
 9 be: well, an awful lot of work went into supporting
 10 Welsh manufacturers, encouraging them to switch their
 11 capabilities to supplying PPE. NWSSP has said, with
 12 some notable exceptions, it didn't bear fruit in time.

13 **A.** Mm.

14 **Q.** Was it worth doing?

15 **A.** I mean, I read that statement, and if I'm absolutely
 16 honest, I was very disappointed and rather saddened to
 17 read that statement. Mainly because I had colleagues
 18 from the Shared Services Partnership with me throughout
 19 the period, and they also sat next to me when we won an
 20 award for the collaboration and the timeliness between
 21 the two of us. So I was a little surprised. I'm glad
 22 that they've put the caveat about Rototherm. There are
 23 a number of other companies, and I'm very glad for the
 24 likes of Gower Gin and GE, and BCB, et cetera, that
 25 their work has been acknowledged.

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- 1 Q. You mentioned the award. You're quite right to raise
2 that. That award was in relation to ways of working,
3 collaboration, good communication, that sort of thing.
- 4 A. Yes.
- 5 Q. Have I understood that correctly?
- 6 A. Yes, you have, yes.
- 7 Q. And in the time remaining I'm going to turn to Micronel
8 and the spend on CPAP components, if I may.
- 9 CERET did carry out some early work early in the
10 pandemic in an attempt to ensure that Wales had critical
11 equipment available. I suppose cutting to the chase,
12 CERET placed an order for 10,000 component parts that
13 were intended to be used in the building of CPAP
14 machines; is that right?
- 15 A. Correct.
- 16 Q. At paragraph 128 of your statement, you say CERET made
17 a risk-based decision to commit to purchasing 10,000
18 component parts before the exact forecast demand was
19 known, in view of global demand. So is it correct that
20 you didn't, at the time of committing to that
21 purchase -- I say you, CERET -- didn't have a definitive
22 decision from the NHS as to the numbers of CPAP machines
23 or ventilators that they thought were needed?
- 24 A. So it was -- I made that decision. And yes, that is
25 correct. We did not have a demand. So this is the

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- 1 A. Yes.
- 2 Q. Several steps were explored to mitigate the financial
3 loss. Ultimately, the cost of those parts was written
4 off, I think, to the tune of just over £500,000 --
- 5 A. 565,000. Yes.
- 6 Q. Was this the only write-off for which CERET was
7 responsible?
- 8 A. Yes.
- 9 Q. Looking back, how could this, this situation have been
10 avoided? Or indeed, do you take the view that it was
11 unavoidable at the time in the circumstances?
- 12 A. Would I make the same decision again, knowing what
13 I know now? Clearly not. But would I make the same
14 decision knowing what I knew then? Yes, I would.
15 Because the numbers -- it was that extraordinary period
16 where the fatality numbers were going up by the hour.
17 We were trying desperately to get a ventilator system
18 that worked and could be relied upon. We had had --
19 there was a local company that had designed this. We
20 had the ability to make this via -- either with this
21 company called CR Clarke, or with Panasonic, that were
22 certified, and I took that risk-based decision.
- 23 In hindsight, thank god it wasn't necessary -- or
24 they weren't necessary.
- 25 Q. I'd just like to turn to lessons learned,

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- 1 mid-March, beginning of the third week, UK Ventilator
2 Challenge going on. This is that timescale, with the
3 extraordinary pace and tempo that you're only too aware
4 of. But it was I that took that decision to go for the
5 10,000.
- 6 Q. And 10,000, why that number?
- 7 A. So the background to this was we had seen the demand
8 from the UK Ventilator Challenge. We had a significant
9 number of very senior clinicians in Wales saying that
10 the CPAP device, the non-invasive ventilator, was going
11 to be the ventilator of choice, because you could take
12 it from home to the hospital and then back to home -- we
13 had significant discussions between our innovation
14 colleagues and the Cabinet -- the UK Cabinet Office
15 about numbers, and there was discussions of 15 to 30,000
16 ventilators being needed. We needed a high number.
17 I said 10,000. 10,000 blowers and circuit boards, to
18 make those things --
- 19 Q. Component parts?
- 20 A. Component parts.
- 21 Q. Yes.
- 22 A. Correct.
- 23 Q. Subsequently, you revised that position and reached the
24 conclusion that in fact you only needed 2,000 of those
25 components.

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- 1 recommendations and reflections now. You offer some
2 personal reflections in your witness statement. You've
3 reflected on, I think you've told us already, the
4 closeness of teams, and you say that was extremely
5 valuable. You reflected on trust and good teamwork.
- 6 You also speak to the importance of arm's length
7 bodies and I'd like you to just clarify what you mean by
8 this:
- 9 "Governments need arms-length bodies and vice versa
10 to ensure truth is brought to power based on sound
11 information and intelligence."
- 12 What do you mean by that, in very concrete terms?
- 13 A. Ministers need to hear what is really going in. And it
14 takes a certain civil servant and a certain experienced
15 individual to be able to tell ministers that "That is
16 not right" or "This is the way things are actually
17 happening."
- 18 Arm's length bodies, and in particular James Davies,
19 was very, very good at saying -- giving an unfettered
20 view. They could say what they wanted to say to the
21 ministers. And in my experience of dealing with
22 a number of economy ministers, they appreciate actually
23 hearing it. And same for the Life Sciences Hub too.
- 24 MS SHEHADEH: Thank you for answering my questions.
25 My Lady, those are my questions for this witness.

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1 **LADY HALLETT:** Thank you, Ms Shehadeh. I think it's now
2 Mr Dayle.

3 **Questions from MR DAYLE**

4 **MR DAYLE:** Thank you, my Lady.
5 Mr Davis, I ask questions on behalf of FEMHO, the
6 Federation of Ethnic Minority Healthcare Organisations,
7 and I have just one short topic.
8 Paragraph 27 of your witness statement outlines
9 CERET's structured approach to procurement during the
10 pandemic, particularly focusing on developing and
11 delivering solutions under routes 3 and 4, which
12 involved adapting processes where supply limitations
13 existed or created new supply routes where none existed.
14 Could you clarify, please, how equality
15 considerations, particularly for black and ethnic
16 minority healthcare workers, were factored into these
17 innovative procurement strategies to ensure that PPE and
18 clinical equipment procured met diverse needs?
19 **A.** The answer is no, sir, I can't. Because my direction
20 was from the Shared Services Partnership. So they would
21 say to me "I am short of gloves", or visors or whatever
22 it happens to be, and I would then use my team to go and
23 find them. So they -- that -- your question was not
24 within my -- clearly I was aware of the moral
25 responsibility and the legal responsibility without any

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1 other reason?
2 **A.** Because the Shared Services Partnership had the demand.
3 I could then, with route 3 or route 4, I could use my
4 understanding of the manufacturing base to support their
5 demand. That -- we initially looked at the CPAP, then
6 it became clear it was PPE, and other innovation
7 products. So it was -- the initial question had passed
8 by then.
9 **Q.** Thank you. You've touched on CPAPs and I want to ask
10 you about that now.
11 Could we have up on the screen, please,
12 INQ000509323.
13 It's an email chain, Mr Davis, between James Davies
14 and yourself, amongst others.
15 **A.** Yes.
16 **Q.** Could we go, please, to page 7 of that chain. So it's
17 the penultimate email.
18 Get that up on the screen, if we can. Yes.
19 This is an email, as you'll see, Mr Davis, from Rhys
20 Thomas, that's Dr Rhys Thomas --
21 **A.** Yes.
22 **Q.** -- to your colleague James Davies. And as you will see,
23 he describes positive results of a prototype CPAP trial
24 developed by himself in March 2020.
25 I'm just going to read out the two paragraphs in

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1 doubt at all, but I was doing what I was required to do
2 by the Shared Services Partnership.

3 **MR DAYLE:** Very well, thank you.

4 Thank you, my Lady.

5 **LADY HALLETT:** Thank you, Mr Dayle.

6 Ms Parsons.

7 **Questions from MS PARSONS**

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

9 Good afternoon, Mr Davis.

10 **A.** Good afternoon.

11 **Q.** I ask questions on behalf on the Covid-19 Bereaved
12 Families for Justice Cymru. Two short topics. The
13 first topic is the procurement of ventilators and CPAPs.

14 **A.** Yes.

15 **Q.** Insofar as ventilators are concerned, we understand that
16 CERET was originally set up in response to the
17 Ventilator Challenge, but that it ended up supporting
18 NHS Wales with key healthcare resources such as PPE?

19 **A.** Yes.

20 **Q.** Given CERET's expertise and in particular manufacturing
21 expertise, do you think it was a missed opportunity not
22 to use CERET for the purpose for which it was set up,
23 namely ventilators for Wales and the UK more widely?

24 **A.** No, I don't.

25 **Q.** Is that simply because they weren't needed or for some

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1 bold:

2 "I believe we have a proof of concept but this also
3 supports our strategy in that CPAP should be the
4 mainstay of treatment for these patients, not an ITU
5 ventilator. Covid patients have a complete failure of
6 oxygenation but usually have very compliant lungs.
7 I have never seen this pattern before, but CPAP is the
8 ideal tool for improving oxygenation."

9 The next paragraph:

10 "This has number of advantages in that you don't
11 need specialist staff, no ITU ventilators and it reduces
12 contamination in the room as it filters the air as it
13 works (it has a 3x viral filters 99.9% effective, better
14 than any face mask). This is quite important as the
15 staff currently don't have PPE."

16 Mr Davis, the Inquiry has heard evidence over the
17 course of this module that CPAPs were cheaper than
18 ventilators, and this email clearly envisages CPAP as an
19 important piece of equipment. Could you or should you
20 have done more to secure CPAPs or were you simply
21 following orders, as it were, and told that they weren't
22 needed?

23 **A.** So, first of all, I am not a clinician in any shape or
24 form, and the advisers, the Welsh NHS advisers have, via
25 the Shared Services Partnership, had said that we don't

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1 need the CPAP device to the quantity that we initially
 2 thought. So I am going to run with what Shared Services
 3 Partnership told me.
 4 **Q.** Thank you.
 5 Next and final topic, please, and it's about your
 6 lessons learned. You've in fact already been asked
 7 about it but can I ask that you consider again
 8 paragraph 158 of your statement:
 9 "Governments need arms length bodies and vice versa
 10 to ensure [that] truth is brought to power based on sound
 11 information and intelligence."
 12 We know what truth being brought to power means,
 13 typically saying something uncomfortable to those in
 14 authority. Can you help us with examples of what you
 15 had in mind? What was so uncomfortable that ministers
 16 needed to hear whilst you were at CERET?
 17 **A.** No. I'm -- I think that is out of the scope of my role
 18 as CERET. My view is that we need to tell ministers as
 19 much detail as we possibly can about either good news or
 20 bad news. But in terms of the CERET and your specific
 21 question, I think that's not for me to answer.
 22 **Q.** Well, I'm just asking you about your lessons learnt.
 23 **A.** So in terms of my lessons learnt --
 24 **Q.** On truth being brought to power, forgive me, they're
 25 your words not mine, Mr Davis. So what does that mean,
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1 Mr Davis. Whatever conclusions I reach, I've got no
 2 doubt that the work you and your colleagues did had to
 3 be worthwhile and had to be worth a go, and I suspect
 4 I may well find did prove some degree of success,
 5 whatever your other colleagues may have said, to your
 6 disappointment.
 7 I'm tempted to ask you what it is like to work for
 8 a government as opposed to serving in the army, but I'd
 9 better not go there either as I don't want to embarrass
 10 you. So thank you very much for your help and we shall
 11 adjourn now until 10.00 tomorrow.

12 **THE WITNESS:** Thank you, my Lady.

13 **(4.17 pm)**

14 **(The hearing adjourned until 10.00 am the following day)**

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1 then, in context?
 2 **A.** So it is very, very important -- sorry, I have confused
 3 my answer slightly.
 4 It is very, very important that we tell honestly and
 5 openly and quickly those points that are concerning, you
 6 know, in terms of production or demand, we tell the
 7 ministers what is really going on. And if they are not
 8 listening, or they haven't been given the opportunity to
 9 listen, find other ways of telling them, and that's
 10 where the arm's length bodies come in as so important.
 11 **Q.** Thank you.
 12 And just the last few words of your lessons learned,
 13 truth needs to be "brought to power based on sound
 14 information and intelligence".
 15 What does that look like? Did you have access to
 16 that sound information and intelligence? Or is your
 17 point that you didn't have it and you should have done?
 18 **A.** No. Sorry, I now understand your question. That
 19 intelligence was coming to us from the Shared Services
 20 Partnership in terms of the demand.
 21 **MS PARSONS:** Thank you very much, Mr Davis. Those are my
 22 questions.
 23 Thank you, my Lady.
 24 **LADY HALLETT:** Thank you very much, Ms Parsons.
 25 That completes the questions we have for you,
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