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Exhibits:26
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF CARI-ANNE QUINN ON BEHALF OF THE LIFE SCIENCES HUB

I, Cari-Anne Quinn, will say as follows: -

1. I make this corporate statement on behalf of the Life Sciences Hub (The LSH) in response to the Inquiry's request for evidence dated 16th of September 2024. The request is in respect of Module 5 of the Inquiry which covers public procurement of key equipment and supplies across the UK public sector in relation to the Covid-19 pandemic and the onward distribution of key equipment and supplies.
2. It is not possible for one individual to speak from personal experience to each of the matters covered by the Inquiry's request for evidence. This corporate statement has accordingly been prepared with the input and assistance of my colleagues within The LSHW and NHS Wales Shared Services Partnership (NWSSP) Legal and Risk Services.

Introduction to Witness

3. I have worked in the Life Sciences Hub since 2018 in the role of Chief Executive Officer (CEO).
4. Prior to this I worked for Welsh Assembly Government, in various roles most recently as the Head of Life Sciences.

Introduction to The Life Sciences Hub Wales Ltd (LSHW)

5. The LSHW was originally established in 2014, and relaunched with a new remit aligned to Health and Care in July 2018. It is structured as a publicly-funded Arms Length Body of Welsh Government, constituted as a “private company limited by guarantee” (No. 08719645), wholly owned by Welsh Ministers. Prior to the pandemic the LSHW's main responsibilities were identifying health innovation opportunities for Health and Social Care system in Wales.
6. The overarching principles governing the relationship between LSHW and the Welsh Ministers is set out in a framework document (CQ/1 - INQ000512449). The company's articles of association govern the day-to-day management of the company.
7. Oversight of the company is provided to Ministers by a sponsor team in Welsh Government. The sponsor team is part of the Minister for Health and Social Services portfolio.
8. The LSHW Board of Directors is made up of ten members who have relevant experience in the life sciences and health and social care sectors.
9. LSHW Board meetings are held bimonthly, and Board committees, Audit and Risk Assurance Committee (ARAC) and Human Resource and Remuneration Committee (HRRC) meet on a quarterly basis.
10. The Board of Directors will ensure that they are in receipt of required assurance from the Committees as detailed below that provides evidence of organisational performance and compliance. There are two committees as follows:
 1. Audit Risk and Assurance Committee (ARAC) with areas of scrutiny and assurance of the following:-
 - Corporate Governance
 - Probity
 - Regulatory Compliance
 - Risk Management
 - Board Assurance Framework
 - Budgetary and Financial Control
 - Annual Accounts and Reporting
 - Annual Governance Statement
 - Internal Audit
 - Links to Audit Wales
 - Counter Fraud
 2. Human Resources and Remuneration Committee (HRRC)

- Pay, benefits and terms and conditions of service for employees
- Annual Cost of Living Review
- Approval of salary bands and salaries
- Approval of termination payments/ settlement agreements
- Approval of employee policies
- Proposals regarding the company's (employee) structure

11. The LSHW CEO, Cari-Anne Quinn is the Accounting Officer, and is personally responsible for the proper organisational stewardship.

12. The LSHW helps the people of Wales benefit from improved healthcare and economic wellbeing, by accelerating the development and adoption of innovation healthcare solutions.

13. We convene partners, orchestrate the innovation system and accelerate opportunities. We are ambitious, recognising the significant opportunities and challenges faced across the health system, requiring our focussed effort and support of our stakeholders, sustained over the longer term.

14. The main areas of our work are outlined in the LSHW Strategy Map 2020:

LSHW Strategy Map

Mission	To accelerate the development and adoption of innovative solutions for better health and wellbeing.
Vision	To make Wales the place of choice for health, care and wellbeing innovation.
Strategic Aims	<p>We have three strategic aims which direct our activity:</p> <ul style="list-style-type: none"> • Improve health and wellbeing outcomes for people in Wales • Improve efficiency and value within the health and social care system • Drive economic development through business growth and jobs,
Achieving Aims	<p>We will achieve our aims through four key components:</p> <ul style="list-style-type: none"> • Convene partners • Orchestrate system • Build for the future

	<ul style="list-style-type: none"> • Accelerate opportunities
Delivery Priorities	<p>We will achieve our strategic aims by working with stakeholders to:</p> <ul style="list-style-type: none"> • Identify and develop innovation from industry • Curate and promote innovation within NHS Wales • Develop and effective funding identification and delivery function in line with health and social care thematic opportunities • Convene and orchestrate stakeholders to drive forward national programmes and innovation deployment
Impact areas for 2020-21	<p>During the period of this business plan, we will focus on the following areas:</p> <ul style="list-style-type: none"> • Advanced therapies • Digital and AI (including DHEW Programme) • Healthy Ageing • Precision Medicine • National Programmes • Value Based Healthcare

15. In respect of the scope of Module 5 and the relevant period to which it applies, the LSHW had the function of a triage service for offers by third parties for the provision of personal protective equipment and medical equipment.

16. The key decision makers at the LSHW at that time were people set out in (CQ/2-INQ000512460).

17. Senior Leadership Team:

1. Cari-Anne Quinn, Chief Executive Officer

Cari-Anne Quinn was appointed to Chief Executive Officer (CEO), Cari-Anne Quinn (on secondment from 25 September 2017), permanently appointed from 1 Jan 2019 – present.

LSHW's role is to lead the company to help Wales become the place of choice for health, care and wellbeing innovation. As CEO, Cari-Anne is accountable to the Welsh Ministers via the Board of Directors for operational leadership, the achievement of the board's aims and objectives and that the company's functions are delivered, and targets met. As Accounting Officer, Cari-Anne is personally responsible for the proper stewardship of public funds for which she has charge, as set out in 'Managing Welsh Public Money'.

2. Gwyn Tudor Interim Innovation & Adoption Director / Executive team

Gwyn joined the LSHW in April 2019 (to Sept 2020) on a secondment from MediWales. He leads the Innovation and Adoption team who engage with the life sciences industry

and health and care sector to inspire innovation and collaboration between industry, health and social care, and research organisations to accelerate the adoption of innovative solutions.

3. Rhodri Griffiths, Innovation Adoption Director

Rhodri was appointed as Innovation Adoption Director in August 2020- present following a three-year appointment as Non-Executive Director to the organisation's Board of Directors. He leads the Innovation Adoption team in the identification and delivery of healthcare innovation initiatives and project opportunities.

4. Andrew Cooper, Communications Director

Andrew Cooper was the Communications Director from October 2018 to March 2022 and leads the communications team which includes communications and PR, events and marketing activity.

5. Gemma Bafico, Operations Director

Gemma Bafico took up the post of Operations Director in 2017 – April 2022 and leads the operations team providing corporate services: finance, procurement, HR, health and safety, facilities management, IT, governance and compliance.

6. Professor Sir Mansel Aylward, Chair

Sir Mansel joined LSHW as Chair in 2017 (to 2021).

7. Chris Martin Vice Chair, Interim Chair

Chris Martin joined LSHW as NED and Vice Chair October 2017. In 2020 he undertook the role as Vice Chair and was substantively appointed as Chair in 2021 - present.

18. The Senior Leadership Team provides corporate leadership and is accountable for the running of the company. This includes the delivery of day-to-day business activities within the agreed governance Framework.

19. During the relevant period, the LSHW interacted with a number of key government officials, and non-government representatives. Our organisation is well connected with key stakeholders from Government, NHS, academia and Industry. We interacted with our key stakeholders to support the covid-19 preparedness activities in Wales. This was in line with our pre-existing remit, as set out in our Letter of Remit (CQ/3-INQ000512466)

20. LSHW cancelled an in person 300 delegate health innovation conference which was scheduled for early March 2020, and replaced it with a digital 'call to industry' event, held March 25th 2020, which engaged industry and focused on the need to source critical supplies.

21. The event progressed with support from the CEO of Cardiff and Vale Health Board, and the Managing Director of NHS Wales Shared Services, and their teams.
22. Following this event the LSHW was asked to be the sole and primary point of contact for offers of support and industry engagement for Covid 19 offers.
23. To progress this work with pace and scale LSHW refocused tasks and activities.
24. In the course of this role LSHW attended a number of key meetings and groups convened by WG and engaged with officials.
25. Deputy Minister for Economy (DMET) took a lead role in the sourcing of PPE for Wales. LSHW CEO and Innovation and adoption Director attended a weekly briefing meeting with DMET.
26. The LSHW was a core member of the Critical Equipment Requiring Engineering Team (CERET) group established by Welsh Government in March 2020 to which focused on PPE supplies for healthcare settings. CERET was chaired by the CEO of Industry Wales, James Davies. This group met twice daily. Delegate attendees included representatives from Welsh Governments Health and Economy directorates, National procurement service, NWSSP, Surgical Materials Testing Laboratory (SMTL), Industry Wales, and LSHW. CERET was established to respond to the urgent need to provide medical devices and PPE during the pandemic.
27. The Chair of the LSHW interacted with Mark Drakeford, the First Minister.
28. The CEO of LSHW engaged with the sponsor team lead official within Welsh Government, Ifan Evans, Director Innovation and Transformation, in relation to the sourcing of critical supplies, and the site selection of a UK Department of Health Wales based lighthouse laboratory testing facility.
29. The CEO of the LSHW engaged Rob Orford the Chief Scientific Advisor (CSA), for Health at Welsh Government, in relation to Covid-19 testing. and she attended the Covid-19 testing strategy group meetings chaired by the CSA for Health. (CQ/4-INQ000512467)
30. The CEO of LSHW worked with Public Health Wales (PHW), on an ad hoc basis, to support industry engagement in relation to testing, and interacted with Jon Boulton, the Director of Improvement Cymru, and the CEO of PHW Tracey Cooper and their teams.
31. The LSHW worked closely with NHS Wales Shared Services Partnership (NWSSP) in relation to the sourcing of critical supplies. Neil Frow Managing Director of NHS Wales Shared Services Partnership (NWSSP), Jonathan Irvin Head of Procurement,

NWSSP. This work enabled the collaborative development of an innovation portal which once developed streamlined the collection of offers of support for critical supplies. Both organisations engaged jointly on communications activities which including events, blogs, social media and press to channel offers of critical supplies.

32. The individuals referred to in paragraph 18 of this statement were involved in the following groups and committees:

CEO:

Welsh Governments Covid 19 Testing Strategy (see paragraph 29)

CERET (see point 26),

Deputy Minister Economy PPE meetings (see paragraph 25)

Innovation and Adoption Director:

CERET (see point 26)

Weekly meeting with DMET (see point 25)

Medical & Surgical Personal Protective Equipment Agreement FORUM. (CQ/5-INQ000512468)

33. The LSHW was involved in a small number of reports which related to Covid-19 activity:

- Audit Wales PPE Report (CQ/6- INQ000214235)
- How Industry has supported NHS Organisations (CQ/7- INQ000503485)
- NWSSP Project Closure report LSHW (CQ/8- INQ000512471)
- Achieving Innovation in Health and Social Care (CQ/9- INQ000512472)

34. The LSHW role in supporting Covid 19 efforts focused on the triaging offers of support and critical supplies for the Welsh health system. We were not aware of other organisations in the UK delivering similar activities, and as a result we did not liaise with any similar organisations or counterparts in England, Northern Ireland and Scotland.

35. I believe that colleagues with Welsh Government and NHS Wales responsible for the public procurement engaged with their counterparts across the UK in relation to key equipment and supplies across the UK public sector in relation to the Covid-19 pandemic and the onward distribution of key equipment and supplies. The LSHW did liaise with the Covid 19 team of the Department of Health to support the identification of a lighthouse lab site in Wales.

Work in relation to PPE during the pandemic

36. The LSHW substantive role is to work directly with Industry and academia to identify, develop and deploy health innovation solutions that meet the needs of Health and Social Care. Our teams skills were readily transferable during the pandemic to focus specifically on the identification of critical supplies.
37. The LSHW first became involved in the triaging of PPE and other clinical consumables a few weeks into the pandemic, due to direct industry engagement.
38. Several potential suppliers had come forwards to offer PPE to the Welsh Government, NWSSP as well as to individual Health Boards across Wales. These organisations lacked the resources or capacity to deal with this volume of supplier engagement.
39. The LSHW became the main point of contact for industry and delivered a triage service to assist the Welsh Government and NHS Wales. The processes followed were those set out in (CQ/10- INQ000512450) and (CQ/11- INQ000512451). We are not aware of any duplication of effort with any other parts of Welsh government, ie Business Wales.
40. LSHW reached out to its established network of health and life sciences organisations across business and academia to seek critical supplies for Covid 19 preparedness. March 25th, 2020, LSHW held an on-line 'call to industry' event (CQ/12 - INQ000512452) that focused on infection control, testing, medical devices required to support the Welsh Health system and sought available regulated and certified products or services.
41. The Welsh Government and NHS Wales referred to all organisations with offers of support to the LSHW. LSHW became the main point of contact for industry.
42. The volume of referrals increased rapidly, which led to a review of our processes and procedures. During March 2020 we worked in collaboration with NWSSP to develop a system that enabled us to receive volumes of critical supplies offers in a coordinated way for triage before transferring to the procurement arm of NHS Wales for further consideration. (CQ/13- INQ000512453)
43. Led by the LSHW Operations Director an online Innovation portal was created to facilitate the electronic upload of Covid-19 preparedness supplies referrals. The portal meant that Industry could add details of relevant critical supplies products and services to

the portal to be considered. This system significantly reduced the time needed to triage offers of support.

The portal launched on 21 April 2020. The purpose of the Portal was to automate, streamline and consolidate all information gathered from potential suppliers. The system required all referring businesses to upload details of their products, along with company details and product certification documents. The lists of products required were provided on the prioritisation list through CERET. All referrals were passed to NWSSP. Examples of products included face masks, sanitiser, disinfectant, face shields/visors, surgical gloves, clean rooms, thermometers, foam for visors, respirators. (CQ/23 - INQ000525345).

44. LSHW undertook high level due diligence on those opportunities that had completed information packs uploaded to the innovation portal.
45. Incomplete opportunities submitted on the portal were contacted to seek additional information.
46. LSHW used Credit Safe reports to complete high level financial due diligence on each referral.
47. The LSHW team reviewed and triaged each referral, often engaging directly with organisations to source more information or details to support their offering.(CQ/24 - INQ000525344)
48. Businesses and their products were referred to NWSSP if the information packs were complete, including initial due diligence checks and only if the product was a required item on the critical supplies list. The procurement teams within the NWSSP procurement team would complete their own due diligence and checks as required to support a procurement decision.
49. NWSSP was a core member of CERET and attended the twice daily meetings with updates on critical supplies.. The LSHW worked on prioritisation based on what was being asked from NWSSP.
50. NWSSP would 'fast track' ;speed up; the processing of the most critical, of critical supplies on the list.
51. For many PPE products such as face masks this included pre procurement product evaluations at the Surgical Masks Testing Laboratory (SMTL). The majority of the LSHW submissions were issued to NWSSP (the main procurement arm of NHS Wales), or to Public Health Wales for testing considerations.
52. To be clear the LSHW was not part of any procurement decisions relating to PPE or critical supplies, our role was simply to gather, triage offers of support and send

complete information packs to the relevant procurement teams for further evaluation and consideration.

53. The LSHW worked to assess, and triage offers to supply PPE in the following ways:
- a. The team pivoted their usual roles into a new team set up to support the triage of enquiries from suppliers to support the procurement of PPE or other critical supplies. The team's individual roles are in (CQ/10 - INQ000512450) ("I&A Team" file) including set up of the teams to manage the process referenced in the map. (CQ/10 - INQ000512450)
 - b. Initially queries were received via telephone and email to the information@lshubwales.com shared email address before the Innovation Portal was launched on 21 April 2020. A briefing note was sent across the NHS Wales to raise awareness of the portal (CQ/13 - INQ000512453). Pre-portal implementation the Operations team would complete an Enquiry Form and upload it to the New Enquiry Folder on sharepoint. The team also contacted key organisations from our existing stakeholder network to proactively pursue opportunities. The Innovation and Adoption (I&A) team would establish contact and complete an enquiry form with the organisation before submitting the information into the sharepoint file. An internal team member was nominated to control uploads to the central Enquiry Folder. Due diligence on all new enquiries was completed by the Innovation and Adoption (I&A) team with the creditsafe checks and Directors checks evidence was saved in the relevant enquiry folder on sharepoint. The Enquiry Log was then updated with all the relevant data fields (see examples (CQ/14 - INQ000512454)). If the outcome was positive an offer form was completed by the I&A team and all files moved from Enquiry Folder to the Active Folder. An example of a positive response to an offer received and assessed is included in (CQ/15 - INQ000512455) The creditsafe reports and email trails explain how the enquiry was made over the phone with the excel documents demonstrating the checks that were made with creditsafe and companies' house.
 - c. All negative outcomes were moved to the Closed Folder. An example of an unsuccessful proposal from a supplier is included in the email in (CQ/16 - INQ000512456) with the reasons explained in line with the due diligence checks. The implementation of the Innovation Portal simplified the process by creating a live database of all enquiries. The process map (CQ/10 -

INQ000512450) shows the flows of activity for each of the inbound enquiry methods.

- d. A significant Number of offers were triaged during the initial period of critical supplies sourcing from March to July 2020. In total records indicate that 2,285 opportunities were considered by the LSHW. (CQ/6 - INQ000214235))
- e. Over 500 of these opportunities were passed to the relevant procurement teams, primarily in NWSSP. In summary of the activity that the LSHW carried out during the COVID-19 pandemic, a summary one-page document was put together to highlight the impact the LSHW had during this time. This was a standalone piece prepared for the LSHW Board. (CQ/17 - INQ000512457)
- f. LSHW was responsible for the triage and recommendations of suppliers that were then put forward to the NWSSP who were responsible for awarding contracts. LSHW had no further activity in terms of procurement or due diligence once the recommendations were shared. (CQ/18 - INQ000512458)
- g. For supplies of PPE the criteria and guidance followed was provided by the NWSSP (CQ/19 - INQ000512459). LSHW completed due diligence activity at the start of the process when initial requests were received as noted on page 2 of the evidence document (and listed below) for all offers of support captured via the innovation portal, and actioned at pac. The information requested from potential suppliers to carry out the due diligence activity was as follows:
 - 1. Company details including Company registration, VAT number and Bank details – state they are required on headed paper. (For NEW SUPPLIERS ONLY)
 - 2. CE Markings, Data/Technical files
 - 3. Full specifications
 - 4. Current stock volume
 - 5. Delivery Route
 - 6. Lead Time
 - 7. Country of origin
 - 8. Item code and full description
 - 9. Price and UOM
 - 10. Product claims: What the product can do, and copy of instructions for use
 - 11. What legislation are these devices regulated under?

12. What is the classification of the device? For example, under the MDD, Class I, IIa, IIb or III, cosmetic, biocide etc.
 13. Copies of Regulatory compliance documentation
 14. Details of any QMS in place
 15. Test report & certificates
- h. The criteria required (as listed above) was applied consistently to all submissions without exception for all offers submitted via the innovation portal.
 - i. Companies House checks were completed on all suppliers including a check on any disqualified Directors, Credit-Safe company reports and certifications for specific products were checked against guidance (CQ/20 -INQ000473762).
 - j. Credit Safe checks were run overnight and saved in the potential supplier folder. Any concerns or issues were picked up with the key contact directly and logged on the master list.
 - k. Credit-safe checks were completed for all companies that were being assessed. Companies House checks were also made to check that there were no issues or concerns. Guidance for credit-safe checks was refreshed in May - (CQ/21 - INQ000512462)
 - l. LSHW has a register of all declarations of interest. The Employee Code of Conduct (2018) required all staff to register any interests with the CEO. There is an annual requirement for all staff to declare any interests that the company may need to be aware of situations that might require procurement activity to have extra controls to ensure there is no exploitation of position and that all activities are transparent, open and fair.
 - m. Guidance was given from NWSSP on the due diligence required when assessing PPE submissions was provided in (CQ/18 - INQ000512458)
 - n. The process sought to identify product sources for items categorised as critical supplies. As a result, offers considered to be a critical supply item were referred to the relevant procurement team post successful triage. The prioritization was driven from NWSSP in terms of the types of supply, but no instruction was made to prioritise on any other basis.
 - o. The LSHW did not operate a high priority lane. All enquiries/offers of support were handled in the same way to identify available necessary critical supplies.
 - p. The LSHW was not part of the procurement decision making process and not involved in pricing or benchmarking considerations.

- q. To deliver the Covid-19 triage system, many job roles within the LSHW changed temporarily. Training was provided to support the team to quickly transition to the new ways of working. This included training on the Innovation Portal, the NWSSP procurement validation process via the may assessment body in NHS Wales, STML and a Due Diligence workshop was delivered.
- r. The portal required the provision of certification documents. The LSHW team used the British Safety Industry Federation (BSiF) check list as a guide to help assess for valid certification. This process was supported by SMTL who delivered pre-procurement physical product assessments. (CQ/22 - INQ000512463) and (CQ/20 - INQ000473762)
- s. There was no disapplication of technical/regulatory requirements, LSHW adhered to the guidance and requirements set out by NWSSP.
- t. 2,285 enquiries were processed (CQ/6 - INQ000214235).
- u. Circa 1,730 offers were rejected.
- v. 556 enquiries were referred to onwards for consideration by decision-making organisations.
- w. Reasons for rejecting offers included the following:
 - a. Suspected fraud (based on evidence provided not complying with requirements)
 - b. Incomplete documentation
 - c. Documentation does not meet legislative requirements
 - d. No further information provided when asked whilst carrying out due diligence checks
 - e. Certifications and evidence on products compliance not provided
 - f. Sufficient stock already with other suppliers so no need to progress
 - g. Stock unavailable
 - h. No test reports provided
- x. LSHW acted solely as triage in this process.

Work in relation to Ventilators during the pandemic

54. The LSHW had minimal involvement in relation to ventilators during the pandemic. It was not involved in the manufacture, design, technical specifications, allocation of funding or selection of manufacturer for ventilators.

55. The LSHW had minimal involvement in two ventilator projects involving a supplier who had obtained some ventilators from China at the start of the pandemic. The LSHW was on the periphery of the project, simply signposting the equipment to NWSSP location for testing, and had no decision-making power.
56. The LSHW had no practical input with the University of Wales Trinity St David's and Swansea University's Technology Centre during their design of a new ventilator. We were simply aware of the project.
57. The LSHW has no knowledge or documents relating to the following issues:
- a. Whether the ventilator referred to at paragraph 16 of this statement was used during the pandemic.
 - b. Whether the ventilator referred to at paragraph 16 of this statement continues to be used in the health sector in Wales.
 - c. Any regulatory easements or exceptions for the ventilator referred to at paragraph 16 of this statement and whose authority would have been given for such.
 - d. Whether any health and safety concerns were raised with the ventilator referred to at paragraph 16 of this statement (or any ventilator) by hospital staff or how such concerns would have been addressed.
 - e. Whether any issues or concerns were raised by frontline staff regarding the user-friendliness of the ventilator referred to at paragraph 16 of this statement and how or when such concerns would have been addressed.
 - f. The designing or commissioning of any new ventilators or CPAP machines.
 - g. The price difference between ventilators and CPAP machines manufactured in Wales and the UK and those imported from abroad.
58. The LSHW did not work with Export Wales, as the purpose of our involvement was to get equipment into Wales and not out of it.
59. The LSHW had minimal involvement with SMART Cymru given their role as the funding arm of the Welsh Government. LSHW signposted industry to SMART Cymru Covid-19 funding opportunities.
60. The LSHW worked very closely with NWSSP. A full explanation of this work has been set out in paragraphs 31 and 36 through to 51 of this statement.
61. The LSHW was a core member of CERET. A senior member of LSHW would attend the twice daily CERET meetings to provide progress updates on the sourcing of critical

supplies for Covid-19 preparedness, including PPE. (CQ/23 - INQ000525345) The update reports included a full disclosure of companies and products under assessment. The reports noted which enquiries were progressed and successful in terms of their procurement activity, which had been referred, which were not progressed, and which had not yet been assessed.

62. The LSHW was not involved in fit testing of any PPE.

Work in relation to PCR and LFTs during the pandemic

63. LSHW acted as a facilitator and triage for industry and offers of solutions to support efforts to source critical PCR and lateral flow tests during the pandemic.

64. This work included engagement with the Welsh Government, Public Health Wales and industry partners.

65. LSHW's CEO attended the Welsh Government Covid 19 Testing Strategy meeting which was chaired by the Chief Scientific Advisor for Health. The LSHW acted as a link to industry to identify potential sources of Antigen and Serology Covid-19 tests.

66. LSHW led engagement with industry to support the Covid-19 testing strategy. On 25 March 2020 LSHW hosted an on-line event with industry to identify critical solutions for Infection Control and Testing. All inbound offers of support were captured and triaged, before submitting to Public Health Wales for due diligence and evaluation. As a result, the capacity of PCR testing was enhanced, and increased volumes of PCR tests were procured by PHW and NWSSP. Identification of PCR tests ended once the required volumes were sourced.

67. LSHW also engaged with companies that developed serology tests for Covid-19, making referral to PHW to explore clinical trials. A global diagnostics company manufactured their Covid –19 serology tests in South Wales.

68. LSHW supported an industry partner that was bidding to deliver UK Lighthouse laboratory testing facilities to identify a potentially suitable site location in Wales. This

work required LSHW to meet with the UK Department of Health, Covid-19 test official to understand their requirements, review site options and support site visits.

69. LSHW worked with the Welsh Government, Public Health Wales, the UK Department of Health and Social care and the industry partner to support collaborative working as the project developed.
70. The Lighthouse laboratory project progressed through the summer of 2020, with announcements by the UK government in July 2020, staff recruitment of some 200+ technicians during July and August, and the launch of the facility at the end of the summer.

Lessons Learned

71. The LSHW took the opportunity to consider the Covid – 19 pandemic, and gather any lessons learned. These considerations reflected on the health service and any impacts for health innovation as well as considering the implications for our own organisation.
72. The LSHW prepared a review from the Chair as part of a Lessons Learned exercise (CQ/25 - INQ000512464). The LSHW was also part of the NWSSP PMO Project Closure Document (CQ/8 - NQ000512471) on COVID-19 Critical Supply. On my behalf the organisation also produced a paper Life Sciences Hub Wales Covid-19 Reflections and observations in December 2020. (CQ/26 - INQ000512465)
73. The LSHW Chair Reflections report concluded the following lessons learned, and to quote from page 7: *These recommendations are limited to those that result from reflections on the COVID-19 emergency. They are especially focussed on the relationship between NHS and care sectors and industry. They do not extend to the absorptive capacity of NHS organisations nor to their capacity for innovation as these issues are largely beyond the scope of this report.*

1. Build whole-sector collaboration to deliver ongoing innovation and whole-system change.

2. Accelerate cross-sector partnerships to develop, deliver and adopt product and service innovation at pace.
3. Establish a model for coordinated R&D and joint innovation between the private sector and health and care sectors.
4. Create new mechanisms for the 'spread and scale' of innovation and improvement.
5. Develop agile procurement policies to create a more efficient and secure values-based supply chain.
6. Develop dedicated procurement and innovation processes to maximise the benefits of new digital products and services.
7. Secure a resilient supply of key products from local companies.
8. Build Wales' position in the global health market.
9. Adopt and embed cultural and behavioural change.

74. The LSHW Chair Reflections paper outlines the lesson's learned (and details the nine recommendations above) that focus on the ways in which we can draw some of the processes created during the pandemic including agile procurement, rapid adoption of innovation and securing supply chains that created opportunities for SMEs in Wales.

75. The Life Sciences Hub Wales Covid 19 Reflections and observations paper (INQ000512464) focused specifically on the work of the LSHW and the rapid cross sectoral collaboration that took place during the pandemic that led to the adoption of digital technologies, working towards supply resilience, and the rapid development of diagnostic products. Having one national process providing supplies through one portal ensured a fair and consistent approach to selection criteria. Providing connection and collaboration opportunities across suppliers and the NHS created a better understanding of the requirements and enabled activity to be completed at pace.

76. However, long-term implementation, post Covid-19, is subject to overcoming numerous systematic barriers; including access to data, system interoperability, funding, and is likely to require a different mindset and cultural shift across all ways of working to cultivate the health life sciences ecosystem.

77. This has the potential to lead in the discovery, evaluation and adoption of new innovative scientific platforms. Aligned to the LSHW remit, and central to achieving this is the development of a seamless and integrated health system, where all key stakeholders participate in cross sector collaboration.

78. The report explores how the adoption of innovation can continue to be accelerated to address areas of unmet need in health and social care.

79. The report focused on 9 main observations:

1. Accelerate cross-sector partnerships to develop, deliver and adopt product and service innovation at pace. Building on the fast pace of the response

to the pandemic, this approach could continue to benefit patients across Wales.

2. Enhance the 'front door' for convening industry. A single point of entry for industry provides a consistent and collaborative approach to innovation across the Health and Social Care sector in Wales.
3. Establish a model for coordinated innovation between the private sector and health and care sectors.
4. Develop dedicated procurement and innovation processes to maximise the benefits of new digital products and services.
5. Develop agile procurement policies to create a more efficient and secure value-based supply chain.
6. Facilitate mechanisms for the 'spread and scale' of innovation and improvement.
7. Build Wales' position in the global health market.
8. Adopt and embed cultural and behavioral change.
9. Increased capacity to support funding applications

80. The Covid-19 pandemic created extraordinary circumstances and pressures for industry and health and social care. However, the coordinated response in Wales provided a glimpse of a possible future for the rapid adoption and implementation of innovations with spread and at scale. Such conditions will not be replicable, but there are good learnings to reflect upon – with a range of observations that provide a purpose and strategy for safeguarding the future of health and social care in Wales.

81. The LSHW continued to work as a catalyst for innovation and adoption within Health and Social Care across the NHS in Wales. The Managing Director of NWSSP was invited to attend LSHW board as an observer.

82. LSHW stepped away from supporting the sourcing of Covid-19 critical supplies, having been stood down by NWSSP on 18 June 2020. Colleagues returned to their substantive roles and the organisation reverted to 'business as usual' July/August 2020. The organisation's focus returned to the delivery of the original 2020/21 business plan; however, our activities took account of the many lessons learned during those intensive months of Covid 19 preparedness.

Statement of Truth

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

Signed:

Personal Data

Dated: 11/12/2024