

Witness Name: Sir Christopher Stephen Wormald  
Statement No.: 13  
Exhibits: CW13/1-CW13/7  
Dated: 13 December 2024

## UK COVID-19 INQUIRY

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### THIRTEENTH WITNESS STATEMENT OF SIR CHRISTOPHER STEPHEN WORMALD

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#### MODULE 3 SUPPLEMENTARY CORPORATE STATEMENT CONCERNING PERSONAL PROTECTIVE EQUIPMENT

1. I, Sir Christopher Stephen Wormald, Permanent Secretary of the Department of Health and Social Care (DHSC), 39 Victoria Street, London SW1H 0EU, will say as follows:
2. I make this statement in response to a supplementary request from the UK COVID-19 Public Inquiry (the Inquiry), dated 27 November 2024, requesting further information in relation to the use and procurement of Personal Protective Equipment (PPE), following the oral evidence I gave to the Inquiry during Module 3 on 12 November 2024.
3. As this is a corporate statement on behalf of the Department, it necessarily covers matters that are not within my own personal knowledge or recollection. This statement is, to the best of my knowledge and belief, accurate and complete at the time of signing. Notwithstanding, it is the case that the Department continues to prepare for its involvement in the Inquiry. As part of these preparations, it is possible that additional material will be discovered. In this eventuality, the additional material will of course be provided to the Inquiry, and a further supplementary statement will be made if need be.

#### The purchase of FFP3 Masks

4. From March 2020 to June 2020 the Department bought PPE in an incredibly competitive international market. A portfolio of FFP3 respirator masks were sourced during this time.

This included FFP3 respirator masks from manufacturers already known to the NHS, those sourced internationally, including from Chinese manufacturers, and from UK manufacturing. When the Department stopped sourcing the FFP3 masks in June 2020, it did so confident that we had bought enough PPE to create a 4-month buffer of supply at Reasonable Worst Case Scenario (RWCS) demand upon entering autumn 2020 and a potential winter wave of COVID-19 (CW13/1 – **INQ000528294**).

5. In the autumn it became clear that contracts were performing better than expected and technical assurance checks on arrival were finding less issues with the PPE that had been sourced. There was also lower-than-expected PPE demand, due to lockdown and other non-pharmaceutical interventions reducing the expected number of COVID-19 cases in the UK. A lower-than-expected resumption of NHS elective activity also meant fewer patient interactions requiring PPE than had been modelled for. Taken together, this meant the Department's supply position was strong entering 2021 and so the Department did not need to re-enter the market to buy more FFP3 masks and the buying of FFP3 masks was not re-instituted (CW13/2 – **INQ000528295**).
6. The Department's direct purchasing of PPE ended in 2020, with Supply Chain Coordination Limited (SCCL) performing top-up purchases via existing or new framework agreements. The first new SCCL framework including the ability to make call-off purchases of FFP3 masks began on 1 January 2022. The Department is not aware of any purchases of FFP3 masks prior to the end of the relevant period.

#### Diversity of FFP3 Masks

7. The results of the Cabinet Office Covid-19 Taskforce Field Team highlighted the issues that health and social care workers from different ethnic minority backgrounds had faced in relation to PPE. The Department was not aware of any specific challenges relating to PPE prior to the pandemic. PPE is sized to meet requirements for different body shapes in line with the diverse NHS workforce. The pandemic stockpile contained a range of sizes, and the PPE Cell bought a range of sizes to meet the requirements of the NHS staff workforce.
8. In relation to FFP3 masks, an adequate fit test is a Health and Safety Executive requirement, any staff member without a fit test for an FFP3 mask could not be deployed to perform a task where they were necessary without alternative arrangements. Facial hair

is recognised as causing a fit test failure as it breaches the seal of the mask against the face. This cannot be designed out of FFP3 masks. Staff members who have facial hair for religious reasons therefore will likely fail FFP3 fit testing. In March 2020, recognising that some staff would have fit test challenges, Public Health England bought 2,500 powered respirator hoods and distributed them to the NHS. NHS Trusts could also buy them from SCCL directly throughout the pandemic. However, there can be issues with the powered respirators for example they may not be suitable due to weight, exhaled breath venting and battery life.

9. In the pandemic stockpile there was a range of FFP3 masks stockpiled with scalable fit testing arrangements in place to allow them to be deployed. It was expected that FFP3 masks would mainly be used in Intensive Care Units/High Dependency Units and not in ward-based settings, however this was not the case in COVID-19 with aerosol generating procedures more widely performed on wards. To meet demand the Department bought FFP3 masks from various manufacturers. The Department found that some mask designs fitted some staff members better than others when fit tested, but this was not consistent, a range of masks was required so that a good fit could be found to the individual.
10. A FFP3 respirator mask fit testing project was launched across 47 NHS Trusts which collected data from over 5,500 diverse participants from a range of ethnic groups. NHSE/I worked with manufacturers to build this feedback into their products. Since this project was initiated, the Department added a further eight types of masks to the four already available, so from late 2020, 12 different models were available, providing a portfolio of different shapes and sizes of mask to cater to a diverse range of users of PPE. This led to better fit testing results as the pandemic progressed and a wider portfolio of masks, including those made in the UK with direct feedback from end users.
11. The Department's current pandemic PPE provisions for England include 9 different FFP3 respirator mask types, to give diverse coverage across size and manufacturer to meet the needs of the health care workforce. Regular reviews of HSE regulations and infection prevention and control guidance including from UKHSA and NHSE inform any adjustments to the stock profile.
12. The FFP3 masks held in the current stockpile are as follows:
  1. FFP3 | Non-Valved | 3M UK | 1863+
  2. FFP3 | Non-Valved | 3M UK | 9330+
  3. FFP3 | Non-Valved | Alpha Solway | HX3

4. FFP3 | Non-Valved | Draeger | 1730
5. FFP3 | Non-Valved | GVS | F31000
6. FFP3 | Non-Valved | Handanhy | HY9330
7. FFP3 | Non-Valved | Kolmi | Large
8. FFP3 | Non-Valved | Kolmi | Medium
9. FFP3 | Non-Valved | Kolmi | Small

13. An exercise was conducted from November 2020 to November 2022 to track the success rate of various, alternative FFP3 masks against protected characteristics. The masks that are currently held in the pandemic stockpile are identified by red markers on the results of this exercise (CW13/3 - INQ000527815). The two 3M masks currently held in the stockpile and not included in the exercise were already widely used within the NHS.
14. Where issues were raised during the pandemic these were listened to and acted upon. For example, the desire for a clear mask was not one which had been communicated with government prior to the pandemic. The 5 June 2020 IPC guidance issued based on the transmission of the virus stated that all NHS workers and patients were to wear a facemask irrespective of their Covid-19 status, this could not have been predicted or planned for and led to the need for a clear mask (CW13/4 - INQ000106399). In response, the Department piloted existing clear mask products and found that improvements needed to be made in user experience and IPC performance.
15. In September 2020, a transparent face covering using a Clearmask LLC product procured by the Department was piloted. The key issues raised included issues with fit, assurance required on the safety of the masks and suitability in a clinical setting, however, the majority of users reported improved communication (CW13/5 - INQ000527814).
16. The feedback from this pilot demonstrated the benefit of transparent masks and highlighted that additional technical standards were needed to enable manufacturers to upgrade transparent face coverings into transparent face masks suitable for medical use.
17. The resulting new technical specification, which was drawn up in collaboration with PHE, HSE, MHRA, the NHS and SMTL (Surgical Materials Testing Laboratory) and approved by the IPC (Infection Prevention and Control) leads from all 4 nations, gave design and performance requirements for single-use transparent face masks, enabling manufacturers

to design and manufacture suitable face masks for use in health and social care settings.

18. By the end of the PPE programme in March 2022, a number of products using this specification had been created capable for use in the NHS as they meet comparable performance and safety requirements as existing non-transparent type IIR face masks. The technical specification remains available to manufacturers who wish to create a compliant product.

#### NHS Risk Reduction Framework and FFP3 Resilience

19. The Department has been asked the extent to which the NHS Risk Reduction Framework tool (CW13/6 - INQ000223041) was sent to subcontracted employees/outsourced workers and to private hospitals who were caring for NHS patients. NHS England has provided evidence about risk assessments for contracted staff and the application of guidance to outsourced staff. For example, the Third Witness Statement of Professor Sir Stephen Powis at paragraph 823 sets out the following:

*“Trusts were directed to take the total workforce number from the staff in post within the Electronic Staff Record. It was acknowledged that this therefore may not capture some bank and agency staff and contracted staff however it was expected that individuals in those groups would be offered either risk assessments by an NHS organisation or the NHS organisation should seek assurance from contractors of risk assessment compliance.”* (INQ000412890)

Further, Amanda Pritchard provided oral evidence to the inquiry regarding guidance for the NHS and outsourced staff:

*“...on reflection I do think we should have been clearer about the expectation that everything that we were pushing out as guidance or as asked of -- into the NHS, we should have been explicitly clearer that that needed to apply to outsourced staff.”* (UK Covid-19 Inquiry, 11 November 2024, Page 192/16-21)

20. The Department has been asked how fit testing outcomes from NHS staff data has been used to inform future procurement decisions. Procurement is a matter for individual NHS Trusts. Collection of fit test information on the NHS Electronic Staff Record (ESR) allows the Trusts to know what mask, or range of masks a staff member is tested to. This allows

the individual NHS Trust to buy the appropriate FFP3 mask range to meet their workforces' requirements.

21. The NHS FFP3 resilience principles in acute settings recommends that Trusts review their FFP3 use quarterly (CW13/7 - INQ000527816). This supports resilience, including across protected characteristics. A fit testing algorithm was developed by the NHS to support the fit testing process, including supporting those who are unable to obtain an adequate fit. Fit testing recording within the ESR helps support the fit testing process as set out by the algorithm and helps forward planning of mitigations, including alternatives to FFP3 use for those who need them.

**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:

**PD**

Dated: 13 December 2024