



IN THE UK COVID-19 PUBLIC INQUIRY

MODULE 5

CLOSING SUBMISSIONS FOR SCOTTISH COVID BEREAVED

1. The Scottish Covid Bereaved did not come in to Module 5 of the Inquiry with expertise in the procurement and distribution of healthcare equipment and supplies. Rather, they came in to this Module with concerns, doubtless shared by many, that the governments in the UK, which were already underprepared for the pandemic, failed to ensure that those working for the NHS, staffing nursing and care homes, the sick, the dying and their families, were all provided with the PPE and supplies that they needed to face the pandemic. What the Bereaved have heard over the course of this Module shows that there were significant failures in the procurement process.
2. The Bereaved wish, however, to acknowledge the hard work and dedication of a great many public servants who were trying their best to ensure that those most in need could be provided with the PPE they so desperately needed. While the beginning of the pandemic signalled for many throughout the country a slowdown or stop of the normal rhythms of the working week, there were those who were going above and beyond the call of duty to try and make sure that people whom they had never, and would never, meet were protected from the worst of the pandemic. The personal and professional toll that this took on them has been obvious to the Bereaved, and the Bereaved wish to thank them for their efforts.
3. Mr Wald KC set out the procurement position in Scotland in his opening statement:

“Moving on to Scotland. In Scotland, National Services Scotland, NSS, acts as a procurement arm for the whole of the NHS in Scotland, with procedures to oversee the due diligence of suppliers, pricing, quality control, distribution and supply of a wide range of medical supplies and equipment.

During the pandemic, NSS was responsible for the procurement of PPE, ventilators, and LFT and PCR tests. Scotland had three main sources of PPE: UK-wide procurement; its own orders from international suppliers; and Scottish-based manufacturers. Lack of PPE and healthcare equipment inventory visibility during the pandemic was identified by the Scottish Government as a clear vulnerability, whilst NSS had knowledge of national stock levels. It did not have access to data for health board inventory held at local department board levels. The Scottish Government had relied on its agreement with the UK Government to replenish stocks of PPE using JIT arrangements with manufacturers. These contracts, however, were ineffective in the face of global market pressures during the pandemic.

Centrally held PPE stocks in Scotland were very low at points during April 2020 as PPE was rapidly distributed to Scottish NHS health boards including only 0.3 days' worth of stock of long-sleeve gowns, one day of FFP3 masks, and two days' of visors being available.

The Scottish Government considered that levels of PPE being delivered to the devolved administrations through UK-wide procurement channels in the early days of the pandemic were limited, which resulted in what it termed significant costs being incurred. There appeared to have been tensions between the Scottish and UK governments over supply chain policy. The Scottish Government wished to continue to procure its own PPE and healthcare equipment in opposition to a UK-wide approach proposed in April 2020.

It was agreed on 9 April 2020 that the UK Government would continue to buy at best efforts for the UK, but devolved governments were continuing direct procurement also.

As the level of global demand and increased pricing posed severe challenges to health and social care provision outwith the hospital settings, the Scottish Government took

the decision to supply these settings of primary community and social care directly, setting up new order and distribution routes and securing equipment, to allow two companies in Scotland to produce items of PPE through the creation of domestic supply chain.

NHS NSS distributed 1.1 billion-items of PPE between March 2020 and April 2021. NSS set up regional hubs to distribute PPE to social care providers, unpaid carers and personal assistants, and provided PPE to primary care providers directly, or through arrangements with NHS boards. NSS awarded new PPE contracts using emergency procurement procedures, but has been criticised for the fact that contract award notices were not published within the required timescales for most of the PPE contracts which reduced the transparency of decision making.

On testing, the Scottish Government did not procure PCR tests or lateral flow devices directly, as this was done on a four nations basis.

Testing capacity through the purchase of equipment and testing consumables.

In 2021, Scottish ministers agreed to loan the UK Government millions of lateral flow tests. The UK DHSC did offer to supply ventilators to NHS Scotland. Two NHS health boards trailed a ventilator model from the Ventilator Challenge in May 2020 but Scotland's ICU Resilience and Support Group decided that these did not meet NHS Scotland requirements and requested that Scotland's allocation should be held by the DHSC in reserve, in the event of an extreme surge scenario.

Alongside efforts to secure additional ventilation equipment, the ICU resilience Group undertook to repurpose anaesthetic machines to mitigate against any potential shortage of ventilators which, in Scotland, was considered less of a risk to the NHS than utilising unfamiliar brands of ventilators, especially when the workforce was already under such pressure.

NHS Scotland also secured equipment on loan from the UK DHSC, with Scotland allocated up to an 8.2% share of all the equipment procured or stockpiled and a small number of ventilators were accepted of brands familiar to NHS Scotland.

Following the pandemic, the Scottish Government consulted on increasing levels of centralisation of purchasing and supply of PPE and other healthcare equipment on behalf of all public sector organisations and social care providers, and is looking at extending the remit of the NSS to become responsible for all public sector buying of PPE and healthcare equipment in Scotland, including for health boards and local authorities, as well as managing the pandemic stockpile.

The Scottish Government believes greater levels of centralised procurement for all related public organisations on a national basis is the best solution. The extent to which this solution might help a UK-wide pandemic response will be examined.”¹

4. The SCB support the proposition that there should be levels of centralisation of purchasing and supply of PPE and other healthcare equipment on behalf of all public sector organisations and social care providers in Scotland. This is with the caveat that whatever system that is put in place has a data system which is compatible with the rest of the UK, so that in pandemic times information on what is needed, where, and when can be shared with the other nations. It is further submitted that there be a transparent system for stock levels which show all stock for Scotland to avoid a lack of PPE and healthcare equipment inventory. The stock level system requires to be available by both governments, UK and Scottish, so that Ministers have the best up to date data when making decisions, particularly as it applies to contracts of significant size and worth.
5. The UK and Scottish Government also need to ensure that there is sufficient data available to identify the demographics of their health and care staff to ensure the correct protective items are being ordered for the right people, such as masks which properly fit female staff members or those who may be required to have a beard for religious reasons.

THE PROCUREMENT SYSTEM

6. The public were already well aware of the worldwide scramble for PPE as the pandemic spread across the globe and healthcare systems faced being swamped. The Bereaved are

¹ CTI/1/54/21-1/58/20

not naïve and know that where demand is massively outstripping supply, prices will inevitably rise as an inevitable feature of our economic system. The Bereaved are also aware that, human nature being what it is, there will always be those who seek to unjustifiably profit from moments of national crisis. While the Spivs of World War II sought to earn extra money from American supplied goods or food not found on the ration books, there were undoubtedly those who saw offers of PPE, whether real or imagined, as being a way to line their own pockets. While those who sought to profiteer may measure their profits in pounds and pence, the losses are ultimately measured in lives. It was Government's responsibility to protect against profiteering and corruption and to ensure that public money was being properly spent on the most vital equipment.

7. The Bereaved do not doubt that the Government was swamped with offers to supply PPE and other equipment. The hard working and hard pressed civil servants could not examine every offer in depth. It is accepted that some form of triage system required to be put in place. The VIP Lane was not, however, an appropriate use of civil servants' time or public money. The Inquiry has heard evidence of red flags being missed despite opportunities to spot them. It has heard of contracts being awarded to companies where there were opaque ownership structures, where the company was brand new and with no previous track record, and where it would appear that the contract was only being placed on the desk of a civil servant because the offer came through the VIP Lane. There were multiple examples in the underlying dataset where those things should have been stopped but weren't.
8. Despite the undoubted challenges faced, it should not have been beyond the wit of Government to put in place a better system. Professor Sanchez-Graells gave evidence that such a system was already to be found within the PPE Buy Cell. The Government could have looked at the credibility of the offer and the content of the offer. Priority should have been given to the offers more likely to lead to a contract rather than offers more likely to clog up an MP or Minister's inbox. It was not the creation of a priority lane or priority approach in and of itself which is the focus of criticism, it is creation of a priority lane for offers referred by politically exposed persons which bred the risk for corruption. As Professor Sanchez Graells highlighted, the vulnerability of the PPE Buy Cell to corruption was the way it was created. It is not about what journalists, or even politically motivated lawyers, might say. Rather, it is about putting processes that are as robust as possible to

prevent corruption in a situation where things are done quickly and without the transparency and reflection time that would be available in normal times.

9. Whilst not perfect, the procurement system employed in Scotland during the pandemic did not suffer from the same problems as the one put in place by the UK Government. There were criticisms that data was not good enough to know what was needed by individual hospitals or homes and that the system was not transparent enough as procurement deals were not published quickly enough. There was also criticism that the care sector felt that their needs were not being met and that the health system was being prioritised. The Bereaved consider that these are all valid criticisms and any system used in the future must have a comprehensive data system which links with the UK Healthcare system. It must have a transparent system of procurement and one which does not discriminate between types of healthcare, but rather prioritises needs of staff and patients over the type of health care institution.
10. The Bereaved consider that the UK procurement system all but dissolved in the face of the pandemic. There were a number of “not to be repeated” issues:
 - i) Making a public call for assistance when the politicians did not know what was needed because of lack of proper data, causing the procurement system to flood;
 - ii) Making a PR stunt of buying ventilators, i.e. “the ventilator challenge”, placing political sentiment ahead of a proper system of procurement;
 - iii) The setting up of a VIP lane, placing someone at the head of it who had no involvement in the health service, no information or data about what was needed and was simply seeing if the person proposing the deal was a good person to do business with. The Bereaved note, in this regard, the evidence of Lord Feldman of Elstree [52/206/17 – 52/208/22 – The Rt Hon Lord Feldman of Elstree]:

“Q. You see, it's the -- the Inquiry has heard that in order to triage offers, that questions were asked, for example, how long had a company been trading, whether or not it was trading at a profit or a loss, whether or not it had ever

traded PPE, and I wonder if I can ask you to comment on this: it sounded like what you were triaging was people rather than offers?

A. I think that -- well, I think certainly what I was -- and it's a very fair comment. What I was doing was I was trying to make a rapid assessment of whether an offer was credible enough to go to the next stage, and by which I mean whether the -- from -- what I said at the beginning was, was there a proximity to the Chinese market? Was it an offer which was of sufficient scale to move the dial in a situation where the volumes needed were enormous? And was the person knowledgeable about the product area in a way that made it interesting?

The questions of whether the company had been trading a long time, the creditworthiness of its balance sheet, all of those aspects, were definitely not for me.”²;

iv) Allowing the VIP lane to be prioritised over the ordinary methods of procurement

The Bereaved note the evidence of Sarah Collins:

“A. So we had a choice. I mean, we'd spent an awful lot of time on this. I think from a lessons learnt perspective, if -- if I can refer to again that pack -- it was actually more important for us to be clear on how do we do proper front door going forward? So that's what my focus was on establishing a new commercial function in UKHSA, where we have now got a front door which is managed in a very transparent manner, because industry does need an access point, but it's important that it's not influenced by people or that no one is being handheld, but that we are following the proper processes, and that's why, once we'd done this report, we were like, okay, well, let's learn from this and then let's make sure that there's no, you know -- I wouldn't call anything like these -- what -- some of these inboxes called "priority". That is not language I would use, because I think that's unhelpful.”³;

² FELDMAN/7/207/16-7/208/10

³ COLLINS/8/93/9-25

- v) Allowing the VIP lane to be influenced by those wanting to make a deal by being able to contact ministers to ask for updates etc which in turn de facto put pressure on staff to carry out work on those contracts.

THE VIP LANE

11. Despite all the evidence led, the Bereaved are still struggling to understand how the UK Government thought that the best way to achieve this was the High Priority or VIP Lane. Times of crises are not the time for the old boys, and girls, network or the old school tie. Proper expertise was required. As Professor Sanchez-Graells set out, there was no equivalent to the VIP Lane in the devolved administrations. Looking outwith the United Kingdom, there was no equivalent anywhere in the world. Even if the VIP Lane worked, at best it would have meant that those with access would have been pushed in front of others, with the risk that better deals were pushed further back and down the queue. The approach taken by the UK Government meant that valuable time and resources were spent triaging people rather than offers. The approach taken by the UK Government upended the normal rules of public procurement. Basic approaches and safeguards were not taken. It ought to have been obvious that if an offer looked too good to be true, then it was too good to be true. The Bereaved consider that all these factors combined to allow a very British scandal be played out in the most desperate of times.

CONFLICT OF INTEREST

12. There was a clear conflict of interest in the VIP lane, despite the existence of a PPN from 2019 setting out quite clearly how to avoid that. Any future pandemic procurement plan must have baked into its foundations a conflict of interest check, to ensure any system can identify the best offers and make bids for them fairly. Scottish Covid Bereaved commend the evidence of Professor Sanchez-Graells in this regard.⁴

⁴ SANCHEZ-GRAELLS/3/43/12-3/44/23

DATA

13. Scottish Covid Bereaved submit that a key issue in any future pandemic is the availability of data. It is noted that need for a comprehensive data system and an ability to scale up are identified as key factors by Professor Sanchez-Graells [12/46/17 – 12/48/1 – Professor Dr Albert Sanchez-Graells]:

“The issues are about what information is available, what data is available at the point of making difficult decisions in a messy environment.

And I think that's the crucial issue because we will not get better emergency procurement in the future by drafting a rule in the legislation or by drafting a policy document that is more detailed. We'll have better emergency procurement in the future, we'll have better data, we'll have better systems if we have a more professionalised identified workforce that can be deployed at scale.”⁵

CORRUPTION

14. Michael Gove, both in his witness statement and evidence to the Inquiry was dismissive of those who questioned the UK Government’s approach to procurement during the pandemic. There was ‘politically motivated bilge’; ‘flawed’ expert reports; and legal challenges by so-called ‘politically motivated grifters’. Scottish Covid Bereaved do not share Mr Gove’s Nixonian belief that criticisms of the UK Government were unjustified and politically motivated.

15. Scottish Covid Bereaved note the evidence of Professor Sanchez-Graells:

“So creating a dedicated communication channel for politically exposed people to chase opportunities and potentially pressurise procurement decision making, is just completely contrary to the principles of public procurement.

⁵ SANCHEZ-GRAELLS/3/46/22-3/47/9

In my view, although this Inquiry has been told this was a legitimate operational requirement because we needed the free time from the frontline civil servants that were looking at the opportunities, to me, that's the wrong end of the stick. The legitimate operational requirement was to get the MPs and to get the ministers to wait like everybody else.

So they addressed a challenge in the worst possible way in a procurement context, in my view.”⁶

“And this Inquiry has been told this was an opportunity stage issue only, but then VIP offers were sent for technical assurance like any others, but the evidence shows that technical assurance ended up appointing a specific person to deal only with VIP offers. So it's not accurate to say all offers were treated the same from a technical assurance perspective because technical assurance was taking time and having a dedicated person for technical assurance of VIP offers would have accelerated things. The Inquiry has also been told that acceleration didn't actually happen. In the end, the processing times of VIP offers and other offers ended up being roughly the same but that's not something that those creating the VIP Lane could have known at the time. And, if anything, the intent behind creating the VIP Lane was precisely to create speed: speed in reacting to the opportunity, speed in getting the opportunity to contract. So the explanations given in terms of mitigating or contextualising the impact of the VIP Lane are, in my view, not persuasive at all.”⁷

16. Scottish Covid Bereaved ask the Chair to favor the evidence of the expert over that of Mr Gove and Mr Hancock. Not only is it based in evidence and by an expert, it is given by someone who has no interest in justifying the VIP lane, unlike the politicians who were using it. Further, none of those civil servants who gave evidence about the use of the system would favour it now.

⁶ SANCHEZ-GRAELLS/2/73/4-17

⁷ SANCHEZ-GRAELLS/2/74/9-2/75/6

17. Further, it matters not if there is “proof” of corruption. What is necessary to show is that a system was set up with the capacity for it. As Professor Sanchez-Graells stated in his evidence:

“So the criticism is not of creating a priority lane or a priority approach, the criticism is to create a priority for offers that have been referred by politically exposed persons, which is operationally relevant and breeds risks of corruption. And on that, I would also like to comment that some of the evidence in front of the Inquiry puts a lot of emphasis on the perception of corruption as if almost it was an issue of managing public reaction to what was being done. And I think that misses the point of the actual vulnerability of the PPE Buy Cell to corruption the way it was created. And to me, that's a key point that needs addressing. It's not about whether suspicious journalists are going to say this thing or the other; it's about putting processes that are as robust as possible to prevent corruption in a situation where things are done quickly and probably not with the transparency and reflection time that would be available in normal times.”⁸

18. It is submitted that the Chair considers a recommendation that there be a pandemic procurement plan which highlights the necessity of complete data, transparency and ability to scale up, with trained staff who are trained to be able to work in a fluctuating market. Further, ministers ought not to have any direct input into the procurement process, and any “updates” ought not to be at the instance of any individuals, rather updates are provided direct by the procurement body.

19. Further, in light of the experts comments on the limitations of the Procurement Act 2023, there is a review body that is established and has standby specific powers, for situations of systematic emergency, to ensure compliance with procurement requirements and contracts. This body should be tasked with an analysis of the Boardman Review to see if the views that there has been implementation of the recommendations have taken place with reference to empirical evidence: the body should assess what implementation still needs to take place, including the proper training of civil servants in relation to procurement.

⁸ SANCHEZ-GRAELLS/2/89/25-2/90/18

20. The Chair is also requested to accept the evidence of the witness Daniel Bruce that the eight-step due diligence process ought to have been used in relation to procurement, and that going forward such a process ought to be added to any procurement process system. Such a system may have stopped significant time and money being spent on proposed contracts that at best were wishful thinking, at worst they were fraud. Mr Bruce stated:

“... in referrals, to identify some of these red flags that should have probably caused a contract to stop. You know, examples being -- you know, it's something with an opaque ownership structure, that's non-competitively awarded, that's clearly brand new, there's no former track record and it would appear that that contract is only being placed on the desk of a civil servant because it's come through the High Priority Lane. There are multiple examples in the underlying dataset where those things should have been stopped. It's not clear to us and we haven't been able to establish why they weren't.”⁹

21. It is respectfully submitted the Chair consider the evidence of Jonathan Marron who thought that a single pandemic procurement plan for the 4 nations would not be a sensible way forward as he stated in evidence:

“The question I was going to ask you about was, from your perspective, would there have been merit in having one pandemic plan where single procurement and distribution was involved but, in fact, you've answered that question by saying that you thought it was better to devolve. So I suppose the question then is: why was that?

A. So I think, in the position that we faced, it was really helpful to be able to use the experience, skills, networks of all the procurement teams. I mean, if -- maybe it would be possible to bring all the procurement teams together into one group. We didn't attempt to do that. I think doing that at the point we had lockdown, I think, would have been too difficult. So I think, in the end, ensuring that everybody was able to bring in supplies was really helpful. We continued to coordinate it. We didn't want a position where, you know, the English procurement was bidding against the Scottish procurement for the same contract in China. That clearly would be unhelpful. So we continued to coordinate to try and avoid that. But I think we really were in a position

⁹ BRUCE/3/133/4-15

where we wanted as much capability and capacity as possible on this task, and I think this allowed us to do that.

Q. So it was just employing as many people who had that skill set as possible, and looking at it from all four nations?

A. I think, in the immediate period we've been talking today about how did we make this emergency response, I think that was the right thing to do, as we think about our resilience going forward, it may be worth considering whether there are other ways of doing this."¹⁰

22. It is respectfully submitted the evidence of Professor John Manners Bell is helpful to the issue of recommendations, in particular his list of recommendations. In particular, the SCB would like to highlight the following recommendations:

- To have a complete inventory of PPE uk wide (again, this relates to a data system which can be used UK wide)¹¹;
- To create virtual rotating stock piles.¹²

23. In her evidence, Jeane Freeman accepted that there had been problems with PPE to Care Homes, and indicated that when this was raised, it was dealt with speedily. Given that in care homes some of the most vulnerable people resided, it is a significant failure that this occurred. Scottish Covid Bereaved highlight the following evidence [6/22/15 – 6/23/25 Jeane Freeman]:

“Q. You may be aware that a concern in the evidence – we heard from Helen Whately, the UK care minister, you've seen as part of your preparation the witness statement provided by Scottish Care -- a real concern about the prioritisation of PPE for the NHS as opposed to for social care, leading to real difficulties amongst providers in being

¹⁰ MARRON/3/223/9-3/224/20

¹¹ MANNERS-BELL/5/23/21-5/24/18

¹² MANNERS-BELL/5/30/4-5/31/11

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

A. So, yeah, I would say that I do not entirely agree with Dr Macaskill that we considered the social care sector as secondary within the NHS.

Q. Just pausing there, that's Dr Macaskill of Scottish Care, right?

A. Yes. I think it would be fair to say that as soon as he and others raised those problems, the problems that individual care homes had in securing both the quantity and the type of PPE that they needed, as soon as that was raised, we acted quickly to ensure that we could be the supplier of that PPE, and I think NSS responded very quickly and very collegiately to trying to work out, with Dr Macaskill and others, what would be the best route for individual care homes to provide their volume demand information to NSS. We initially distributed through the local hubs. There were problems there, in terms of individual care homes feeling that they were not -- that they were losing out in some way, and we then did both the one-off top-up supply and the direct distribution. So I think we responded very quickly to the issues that were raised, because we understood the absolute importance of adequate PPE in our residential and at-home social care sector and we also extended it to unpaid carers, to personal assistants for people with disabilities, and to the third sector.”¹³

24. It is submitted that in any pandemic planning the most vulnerable in our society must be given the greatest priority, and for that ethos to be flow through the planning process.

25. Paul Cackett highlighted the need for the Scottish Government to focus on the ability to scale up their procurement plans and to have sufficient staff properly trained to deal with the procurement process. This echos the UK recommendations. He also highlighted the need for a transparent awards process for contracts, again for the same reasons as the UK procurement process.¹⁴

¹³ FREEMAN/13/22/15-13/23/25

¹⁴ CACKETTE/13/159/16-13/160/2

26. Finally, it is submitted that the evidence of Chris Young be given particular consideration, where he discussed the benefit of doing business with so-called "trusted sources":

"I think this Inquiry has seen some of the data around the number of offers received. Many, many, many of which were well intended. So 50,000 offers from over 15,000 suppliers. How the triaging happens on that volume of information in the most effective way I think is something that we certainly should be thinking about, looking at it for a future pandemic. And not to go into any sort of suggestion of preferential treatment, but thinking about where there are more trusted suppliers. So, as an accounting officer, one of the things I would have looked at in any deal, for example, is whether a supplier is an existing supplier to the NHS, which would increase my confidence in the feasibility of such a deal, rather than an unknown supplier, whether it be to the Department of Health or actually new to the market. So finding a way of increasing confidence in the actual feasibility of a deal, particularly in the context of the volume of deals and volumes of offers, is something that I do think is worth thinking about going forward.

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

A. I wasn't specifically referencing the priority lane. I think what I was suggesting is, given some of the challenges that an accounting officer faced in really trying to understand and gain confidence in the feasibility of a deal, the more that can be done to increase confidence in that feasibility, the better. Whether that's an existing NHS supplier or a UK supplier or other sources, essentially, we're just looking for that increased confidence.

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

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

Q. Are those suppliers referred by trusted scenarios?

A. Trusted scenarios. So we had a system where we couldn't scale the existing NHS sourcing arrangements but those arrangements are in place because they bring in trusted sources and trusted contracts. NHS procurement activity takes place using existing frameworks where trusted suppliers that have been through effective due diligence are placed. So this, essentially, the comment is around -- essentially, around how you increase your confidence and your trust that a deal will be as feasible as you hope it will be.

Q. And we heard part of the idea about increasing confidence is to minimise risk, particularly in a sellers' market. Could you perhaps give us any idea, or if you've thought of any, of how you might minimise or guard against the possibility of corruption in respect of what you describe as trusted scenarios(unclear)?

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

Q. Indeed.

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

27. It is submitted that in any pandemic procurement plans it should be recognised that dealing with pre-existing companies with which there is a track record may have an inherent benefit which cannot be measured on the balance sheet.

28. The evidence of Steve Barclay was that when there is to be decisions taken at the highest level in Government that specialist in commercial contracts be brought in to advise ministers:

¹⁵ YOUNG/14/45/22-15/48/15

“Well, I said I'd leave to the end but there's no reason not to address it now in terms of recommendation. What data changes would you recommend to prevent this asymmetry that you describe in your evidence?”

A. I think it relates both to the Treasury and the Cabinet Office. And I think there were similar concerns from colleagues, Lord Agnew and others in the Cabinet Office. And I think bringing in external challenge, bringing in the commercial expertise in the Cabinet Office to help support the Department of Health – which had huge bandwidth challenges, because of the volume of contracts they were trying to deal with, the huge pressures that they were under -- if requests came to Treasury at a very late stage, that limited our ability to help influence those contracts and those decisions, and what I was pushing for as Chief Secretary was for earlier sight of that data so that we could then challenge it more effectively.

Q. In the event of a future pandemic that called for emergency procurement, those measures should be put in place, should they not?

A. Well, I think the more we can break silos down, the better.”¹⁶

29. It is submitted that this would provide a proper procedural safeguard from corruption and assist ministers in making the best business decisions.

30. It is further submitted that the Chair should take up the proposed recommendation by Helen Whately with regards to making PPE free to care homes:

"It is difficult to overestimate the impact of making PPE available to the care sector at no cost and more importantly in a reliable way. This enabled care providers, particularly small and medium sized care providers to be reassured that they could meet their IPC responsibilities." So –

A. Yes –

¹⁶ BARCLAY/12/115/10-12/116/7

Q. -- a dip sample, but one organisation telling us exactly that, this make a really significant difference. Did that reflect your –

A. Yes, I mean, I heard from many providers that when we had the system up and running and working and providing PPE for free, at no cost, then that made a great difference to –

Q. Yeah.

A. -- to them. One of the things in my note says that the portal distributed 1.8 billion PPE items to adult domiciliary care, so home care, and nearly 2.7 billion items to residential care, to just give a sense of the scale, it was a huge operation. Clearly, there was frustration, we talked about the pace, it was actually a huge operation in terms of scale and quantity of PPE, and as it says here and I heard that generally, particularly come the winter and the second wave, care providers said they, you know, for the vast majority of the time they had the PPE that they needed. ”¹⁷

CONCLUSION

31. Pulling all these themes together, Scottish Covid Bereaved submit that there needs to be a full review of the procurement process, both by the UK and Scottish Governments. The Boardman Review must be assessed to ascertain whether what was suggested is actually implemented. The UK, Scottish, Welsh and Northern Irish Governments and Executives must work together to design a data system which allows information on PPE stocks, from the warehouses down to the hospital floor, that allows for the ability to see how much stock is available at any given time. Any system of procurement must have values of transparency and fairness of sharing. There should be absolutely minimum Ministerial involvement in such a system and any decision taken in relation to large contracts should have commercial experts from outwith government advising who have expertise in that area of procurement. Any system should have a system in place to avoid corruption, to promote transparency and publish its contracts. Trusted sources of PPE ought to be properly considered and any

¹⁷ WHATELY/8/41/16-8/42/17

new sources ought to be given greater scrutiny, especially where they are newly formed with no history of trading.

32. We do not have additional submissions to make on the closed hearings.

33. These are the submissions of the Scottish Covid Bereaved.

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