



House of Commons
Committee of Public Accounts

Management of PPE contracts

Twelfth Report of Session 2022–23

*Report, together with formal minutes relating
to the report*

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The Committee of Public Accounts

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Publication

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Summary

Two years after purchasing just over £13 billion's worth of PPE the Department of Health & Social Care (the Department) remains in dispute with many suppliers over the quality of the PPE they provided. It faces a huge challenge to manage a stockpile of PPE, including billions of items that are unusable or not needed. Of the 37.9 billion items of PPE purchased, the Department has estimated that it holds 3.9 billion items that it does not need. It is exploring options for selling, donating and recycling this PPE but it accepts that some will end up being incinerated. The Department is hampered in its overall management of its PPE stock as it does not have a fully integrated stock management system and because it still holds PPE in over 70 locations across the UK as well as in China and at various supplier storage locations.

The Department is in dispute with PPE suppliers on 176 contracts with up to £2.7 billion of taxpayers' money at risk. The majority of these disputes relate to the quality of the PPE provided. Progress in resolving these disputes has been slow with 86 of the 176 still at the very first stage of the commercial resolution process with an estimated 35% that will not be resolved by 2023. There is also little sign of action against potentially fraudulent suppliers despite the Department's estimate that as much as 5% of PPE expenditure may have involved fraud. Insufficient due diligence checks prior to letting some contracts has left the Department unable to prevent or take action where suppliers and intermediaries may have made excessive profits whilst providing substandard PPE.

The future of the PPE programme remains uncertain. In April 2022 Supply Chain Coordination Limited (SCCL) took over responsibility for the programme, however it is unclear how exactly responsibilities and roles are split between itself and the Department, and the already delayed PPE strategy paper is still to emerge. That strategy will, amongst other things, need to set out how the Department expects to maintain resilience in the UK supply chain by working with the UK suppliers who helped meet demand during the pandemic as well as where responsibility lies for getting best value for taxpayers from the contracts it is still disputing.

Introduction

In response to the COVID-19 pandemic, the Department for Health and Social Care (The Department) began an unprecedented programme of Personal Protective Equipment (PPE) procurement buying items such as gowns, gloves and masks. It eventually purchased 37.9 billion items at a cost of just over £13 billion. We have reported previously on that initial procurement phase and the timeliness and adequacy of the PPE provided to the frontline.

Two years on from that initial procurement activity the Department is still having to manage many of the contracts that it signed. It has now received nearly all of the PPE that it ordered but it is in dispute with many suppliers over the quality of the PPE that has been supplied and is also looking at whether fraud was committed on certain contracts. Much of the PPE still resides in storage locations, both around the UK and in China, and the Department is looking at options for how it might now dispose of some of the stock that it deems to be excess. Responsibility for management of the PPE programme has now largely been transferred back to Supply Chain Co-ordination Limited, the NHS's main procurement partner prior to the pandemic.

Conclusions and recommendations

1. **The Department has a significant challenge in reducing the estimated 3.9 billion items of excess stock it currently holds.** Of the 37.9 billion PPE items purchased, just over 10% (3.9 billion) are no longer needed. According to its modelling, many of these items will have already expired their use by date. It is looking at selling, donating and recycling PPE items with just under 800 million offloaded so far but accepts that incinerating PPE may also be necessary. It has engaged two waste management companies to assess the best options available. The Department is continuing to spend money storing these excess items, and while overall monthly storage costs have reduced, it estimates that it is still spending £7 million per month on excess items alone.

Recommendation: *The Department should set out in its Treasury Minute response to the Committee:*

- *Where responsibilities will lie between itself and SCCL for the management of all excess stock;*
 - *What its assessment is of the need to retain any of this excess stock as part of a future stockpile; and*
 - *How much it intends to sell, donate, recycle and incinerate.*
2. **The Department still lacks a stock management system that enables it to fully understand what PPE it has and where it is.** The Department believes that it has now received nearly all of the 37.9 billion PPE items that it has ordered, with 300 million items yet to be received. The management data on total stock numbers, however, has rarely been accurate. The Department blames inconsistencies between the volumes of PPE ordered and quantities shown in stock counts on the lack of a single end-to-end stock management system that captures all the stock it holds. This is exacerbated by the fact that the Department is still storing PPE in 70 locations across the UK, with items also held in China and also by suppliers. In order to make informed decisions about the appropriate amount of PPE to stockpile in future, the Department will need accurate and complete data on the stock it currently holds.

Recommendation: *The Department should set out in its Treasury Minute response to the Committee how it intends to work with SCCL to build and maintain an effective stock management system that is complete and accurate in its data collection.*

3. **The Department remains in dispute on 176 contracts for PPE with £2.7 billion of taxpayer money at risk and has made little progress in tackling potential fraudulent supplies of goods.** The majority of these 176 disputes relate to the quality of the PPE provided by the supplier. Eighty-three of the 176 contracts are still in the first stage of the commercial resolution process with a further 59 having entered formal commercial discussions. At present, no cases have moved into the litigation stage of the commercial dispute process. The Department estimates that of the 176 contracts in dispute, 35% will not be resolved until 2023. Although the

Department estimates that total fraud from PPE contracts could be between 0.5%-5.0% of expenditure it was unable to give us any details on how it is progressing any fraud inquiries for these contracts under dispute.

Recommendation: *The Department should explain in its Treasury Minute response to the Committee its progress in resolving these cases and provide as full an update as is possible on the status of those negotiations.*

The Department should also update us on how it is working with relevant authorities in assessing and acting on any fraudulent cases.

4. **The Department had insufficient due diligence checks at the outset of the pandemic to prevent potential profiteering and to identify conflicts of interest.** We recognise that the Department had to act quickly at the start of the pandemic to secure vital supplies of PPE but believe that there was still scope to perform appropriate due diligence, particularly on potential new suppliers. The Department acknowledges that before May 2020 not all due diligence checks on areas such as financial, commercial and legal issues were completed before awarding contracts. A formalised eight-stage due diligence process was established in May 2020 but 46 out of 115 contracts awarded through the VIP lane pre-dated this. The Department believes that it had the necessary due diligence checks considering the circumstances and environment of the COVID-19 pandemic in which it was purchasing PPE. At no point was consideration given to the extent of the profit margin that potential suppliers would be taking on payments for PPE. Neither was consideration of any potential conflicts between individuals making referrals through the VIP lane and the companies they were referring. We are therefore unsurprised to see the reports of excessive profits and conflicts of interest on PPE contracts.

Recommendation: *The Department should set out in its Treasury Minute response how its commercial reset will ensure that sufficient processes are now in place to prevent such issues occurring again.*

5. **The Department has handed back responsibility for the PPE programme to Supply Chain Coordination Limited (SCCL) with many issues still to be resolved.** Since October 2021, oversight of SCCL transferred from the Department to NHS England and in April 2022 the Department transferred the responsibility for managing the supply of PPE to SCCL. This means that responsibility for the logistical management and distribution of PPE across the 70 sites that the Department built up now resides with SCCL. In other areas, however, such as the resolution of the 176 contracts in commercial dispute, responsibility is to remain within the Department. The Department was due to produce a PPE strategy where we expect roles and responsibilities to be clearly set out, but this has been delayed and is now not expected to be completed until summer 2022.

Recommendation: *The Department should release its PPE strategy in full as soon as possible, setting out how it will work with SCCL and what the respective roles and responsibilities of each organisation will be in the ongoing management of contracts and future procurement activities. If the strategy is not available by the end of September, the Department should write to the Committee to explain the reason for the delay.*

6. **The future of the UK-based supply chain for PPE is unclear.** The global demand for PPE at the start of the pandemic pushed up the prices from suppliers around the world. In an effort to create a more resilient UK-based supply chain, the Department encouraged some UK manufacturers to repurpose their businesses to supply PPE. It signed 37 contracts under its “UK Make” programme and collectively, these contracts helped deliver 3.9 billion items of PPE. However, now that demand for PPE has reduced and with the Department holding a large amount of excess stock, it is unclear what role these suppliers might play going forward. Only seven of them have been moved onto SCCL’s procurement frameworks enabling them to bid for future PPE contracts. In the event of a future pandemic, it is unclear what role these suppliers might be expected to play to meet the renewed demand.

Recommendation: *The Department should explain in its Treasury Minute response what the role of UK based suppliers of PPE is expected to be going forward. This should include what role UK-based suppliers can expect to play in ongoing procurement activity and what the expectation is for capacity to be increased in the event of future pandemics.*

1 The management of PPE stock

1. On the basis of a Report by the Comptroller and Auditor General, we took evidence from the Department of Health & Social Care (the Department) about its management of Personal Protective Equipment (PPE) contracts let during the COVID-19 pandemic.¹

2. In response to the exceptional demand for PPE created by the pandemic, the Department awarded nearly 10,000 contracts worth £13.1 billion which are expected to deliver 37.9 billion items of PPE. Although the majority of contracts were awarded through the Department's existing procurement partner, Supply Chain Coordination Limited (SCCL), 394 contracts, worth £7.9 billion, were awarded through two new procurement routes set up within the Department. One of these included the VIP lane, which considered referrals from government officials, ministers' offices, MPs and members of the House of Lords, senior NHS staff and other health professionals. The VIP lane resulted in 115 contracts worth £3.8 billion being awarded to 51 suppliers. In order to help secure deals early on the Department paid £2.5 billion upfront to 298 suppliers before any PPE was received.²

3. The National Audit Office reported in March 2022 that the Department had received 31.5 billion items of PPE in the UK, with 17.3 billion of those items distributed to health and social care settings. Of the items that had gone through full quality assurance checks, the Department estimated that 3.6 billion were not currently suitable for front-line services. Some of those might be useable in other settings but at least 1.0 billion have been deemed wastage that cannot be used for any purpose. The Department estimates that it has 3.9 billion more items of PPE than it needs and is still paying around £7 million per month to store these items.³

4. The Department is currently in dispute with suppliers over 176 contracts worth a total of £3.9 billion. Disputes cover a number of issues, however in the majority of cases this is due to the quality of PPE that was delivered. Work is ongoing to resolve these disputes, however the Department estimates that it will not resolve issues in over a third of these contracts before 2023.⁴

The challenges of reducing excess PPE

5. The Department currently estimates that, of the 37.9 billion items of PPE it has purchased, just over 10% (3.9 billion) are no longer needed.⁵ We asked the Department what progress it is making in disposing of these 3.9 billion items. It said that it had recently signed a contract with two waste providers to work through excess stock and materials. The Department explained that the two companies are looking through the different types of PPE and are coming up with a plan for disposals with recycling being the preferred option.⁶ The Department told us that an alternative to recycling would be to burn excess PPE to produce heat energy, in preference to incineration.⁷ The Department does not yet

1 C&AG's Report, *Investigation into the management of PPE contracts*, session 2021–22, HC 1144, 30 March 2022

2 C&AG's Report, paras 9, 10, 12, 1.3

3 C&AG's Report, paras 13–15

4 C&AG's Report, paras 20–22

5 C&AG's Report, para 2.9

6 Q33

7 Q34

know how much PPE can be recycled or transferred to heat waste- it suggested that 15,000 pallets a month might be possible but emphasised that the experts had not yet given their estimates.⁸

6. The Department is also pursuing other options for getting rid of these excess PPE items. The NAO reported that, so far, the Department has disposed of 305 million items through sales and 253 million items through donations to go alongside the 232 million items that have been recycled.⁹ A lot of this excess PPE is also close to reaching its expiry date; reporting at the end of March 2022, the NAO stated that the Department’s modelling suggests that 51% of the excess stock had an expiry date that was less than six months away.¹⁰

7. Alongside reducing excess stock, the Department is also having to consider what is an appropriate level of PPE to hold as a stockpile. We asked it whether it had created another strategic reserve of PPE in preparation for the possibility of a future pandemic.¹¹ The Department noted that it had a large “surplus”, but the size of the future stockpile it might hold had yet to be determined. Two factors were noted as having a large effect on this decision; the cost of storage and the potential for items in the stockpile to go out of date.¹² The Department has seen how expensive storage costs can be over the last two years, spending £737 million on storage by the end of November 2021.¹³ It told us, however that it is now confident that it has reduced the monthly storage costs it is paying for PPE.¹⁴ However, it is still paying around £7 million a month in storage costs just on items it currently deems to be excess.¹⁵

The absence of a full integrated stock management system

8. The Department told us that it has now received nearly all of the 37.9 billion items of PPE which it ordered, with only 300 million items outstanding. It told us that whilst it has now opened every container it has received there are still 1.39 billion PPE items that have not been fully quality assured.¹⁶ The NAO reported that quality assurance checks have resulted in 11% of PPE items being deemed not suitable for front-line services, equivalent to 3.6 billion items at the time of reporting.¹⁷ The Department was unable to offer any definitive timescales on when it would complete its quality checks.¹⁸

9. We asked what assurances the Department could give us about the accuracy of its stock numbers. This was because the NAO reported that it could not fully reconcile the numbers from the stock model with individual contracts and said it was therefore unable to gain assurance over the accuracy of the numbers.¹⁹ The Department told us that these differences should be attributed to the fact that the stock model was not intended to be a

8 Q35

9 C&AG’s Report, para 13

10 C&AG’s Report, para 2.9

11 Q53

12 Q54

13 C&AG’s Report, para 2.5

14 Q41

15 C&AG’s Report, para 2.7

16 Q3

17 C&AG’s Report, para 2.11

18 Qq6–8

19 C&AG’s Report, *Investigation into the management of PPE contracts*, session 2021–22, HC 1144, 30 March 2022, para 2.2

completely accurate account of all PPE stock. It said that the stock model existed to ensure that PPE could be moved around effectively.²⁰ The Department was adamant that it knows exactly where all its stock is currently located.²¹ PPE stock is, however, scattered around the country; the Department listed 70 locations where it is stored, saying that it owns 50 warehouses itself and around 11,500 containers are still in use by the Department, with some PPE also still stored in China.²²

10. We asked the Department, given this wide spread of PPE storage, what steps it is taking to introduce a modern stock management system for the PPE programme.²³ We noted the importance of having a system where it knows exactly how much PPE it holds, where it is and what the expiry dates are, and is able to easily access it all.²⁴ The NAO reported one example of a contract where the Department seemingly did not know how much PPE it had received and amended the contract to 53.7 million items despite the fact that it had already received 54.3 million items.²⁵ Despite this, the Department told us that it was already able to say what stock it holds and the expiry dates of items. It also said that given that it is still distributing nearly 700 million items a month this is freeing up more space to then access the remaining PPE in storage. It did concede, however, that getting to a position where it has reduced down its stock to a level where it can reduce the number of storage locations would take some time.²⁶

20 Q5

21 Q1

22 Q3

23 Q97

24 Qq102–103

25 C&AG's Report, para 2.4

26 Qq103–104

2 Managing issues with contracts

Ongoing contractual disputes

11. The Department acknowledges that it still has many PPE contracts that have ongoing contractual issues that need resolving. There are 176 contracts where there are concerns about either the quality or the performance of the contract and these are collectively worth £3.9 billion.²⁷ The Department has assessed that of that £3.9 billion, contractual issues mean that £2.7 billion of taxpayer money is still at risk of not achieving value for money.²⁸ However, it told us that it is not unusual for disputes to arise on contracts like these and that looking across the wider health service and the NHS many contractual disputes are “resolved entirely amicably” whilst at the other end of the spectrum some will have involved an element of wrongdoing.²⁹

12. The NAO reported that of the 176 contracts in dispute, most of these were still in the early stages of being resolved. Eighty-three of the 176 contracts are still in the first stage of the commercial resolution process with a further 59 having entered formal commercial discussions. At present, no cases have moved into the litigation stage of the commercial dispute process.³⁰ Despite this, the Department denied that there is a logjam in resolving these cases and said that there was a team dedicated to resolving these disputes within the Department. Much of the work of that team revolves around checking that the PPE provided meets the technical specifications to then be released into the health and social care sectors.³¹ That team is also expected to draw on the experience within the Department’s commercial function, as well as government’s wider commercial expertise, where relevant.³² Although it was reluctant to go into specifics on commercial negotiations the Department said it was confident that it was making good progress against its quarterly targets for resolving these cases.³³ The NAO, however, has reported that the Department is forecasting that 35% of these cases will not be resolved until 2023.³⁴

13. We asked the Department what its assessment of fraud was amongst these contractual disputes. Although it conceded that some of the 176 contracts were of interest from a fraud perspective it was unwilling to give much information about any specific work it was undertaking beyond stating that it was working closely with internal fraud teams and the broader fraud authorities.³⁵ As with the notion of contractual disputes being commonplace, it also argued that “fraud in contracting is a fact of life” and that the best it could do was to aim to minimise it and recover amounts when fraud is detected.³⁶ When pushed on the timescales for any action that it might eventually take against fraudulent suppliers the Department simply said if that involves going to court then that “takes as long as it takes”.³⁷ It told us that its current assessment is that these PPE contracts have

27 Q13–14

28 Q15

29 Q16

30 C&AG’s Report, Figure 14

31 Q58

32 Q61

33 Q60

34 C&AG’s Report, para 3.8

35 Qq19, 22

36 Q21

37 Q25

been no more susceptible to fraud than the average across public sector procurement.³⁸ The NAO reported that this assessment means that PPE fraud could be anywhere within a range of 0.5% to 5.0% of PPE expenditure. On contracts signed by the Department this could mean fraud worth as much as £400 million.³⁹

PPE profits and conflicts of interest

14. We wanted to understand the Department’s view of profits made by PPE suppliers and intermediaries, particularly on contracts that have failed to deliver adequate PPE, many of which came through the VIP referral route. Reports continue to emerge of the vast profits that some individuals and companies made through supplying PPE despite much of it being not fit for purpose. One example that we asked about was PPE Medpro, a company that did not exist until May 2020, yet was reportedly able to secure a £76 million profit supplying PPE to the Department.⁴⁰ The Department was reluctant to give any specifics on this case but said that all of the PPE contracts signed “went through exactly the same due diligence process” and that the decision to award a contract to PPE Medpro would have been made on the basis of the price it was offering compared to other market prices.⁴¹ We note that since giving evidence to us, further reports suggest that the National Crime Agency has launched an investigation into this contract with several properties related to the company searched and documents seized.⁴²

15. The Department told us that factoring in consideration of profit margins before these PPE contracts were awarded was not possible. While it agreed that the best way to mitigate against excessive profiteering was to build such contingencies into the contract it argued that the reality of the global market at the start of the pandemic meant that was simply not feasible.⁴³ It also conceded that this meant that taking action retrospectively against suppliers profits was unlikely to be possible. The Department clearly still believes that it had an appropriate balance in place at the start of the pandemic that ensured some due diligence checks were performed but still enabled it to secure deals for PPE quickly.⁴⁴ It said that while it is possible to look back in retrospect and reach different conclusions on decisions made, it felt it had the broad framework and risk appetite correct for the circumstances it faced.⁴⁵ A more formalised due diligence process wasn’t established until May 2020 but as the NAO reported 46 out of 115 contracts awarded through the VIP lane pre-dated this.⁴⁶

16. One due diligence check that did not appear to be applied was a consideration of potential conflicts of interest on PPE referrals. The Department confirmed that when signing off on these PPE contracts the accounting officer did not normally have any information about the source of the referral.⁴⁷ It also said that this process was the same regardless of whether the referrals came through the VIP lane or not.⁴⁸ The very nature

38 Q22

39 C&AG’s report, para 3.12

40 Q84

41 Qq84, 87

42 For example, [The Guardian](#), 29 April 2022

43 Q29

44 Q28

45 Q73

46 C&AG’s Report, para 1.6

47 Q84

48 Q85

of the VIP lane, however, meant that potential conflicts of interest were inherently more likely for VIP lane referrals. Turning again to the example of PPE Medpro, we asked the Department what additional checks were conducted on this company given that the health minister had previously said that the Department was aware of a link between the initial referrer, Baroness Mone, and PPE Medpro. The Department refused to be drawn on the specifics of this case but again reiterated the argument that there would have been no difference in the level of checks conducted between any of the contracts awarded.⁴⁹

3 The future of the PPE programme

SCCL's role going forward

17. Prior to the pandemic, the role of procuring and managing PPE was largely the responsibility of Supply Chain Co-ordination Limited.⁵⁰ In March 2020, when the Department realised that SCCL alone would not be able to procure the volume of PPE required, the Department took a more central role in PPE procurement.⁵¹ SCCL continued play an active role though, procuring a total of 17.4 billion PPE items through contracts worth £5.2 billion. With the need for further procurement now seen as unlikely, the Department passed responsibility for managing the supply of PPE back over to SCCL from April 2022.⁵² Oversight of SCCL was transferred from the Department to NHS England and NHS Improvement in October 2021.⁵³ NHS England's Chief Commercial Officer is now the Senior Responsible Officer for SCCL and meets quarterly with the SCCL executive team to discuss performance.⁵⁴

18. We asked the Department how the transfer back to SCCL had gone and it was very positive about the process. It said that nothing had really been interrupted from a logistics perspective and that the reality is that the Department and SCCL had been working “hand in glove before the transition”.⁵⁵ It told us that the two had undergone six months of “intensive planning” to prepare for SCCL taking back operational responsibilities. Forty-four departmental staff members that worked on the PPE programme have been transferred over to SCCL to help try and ensure a smooth transition.⁵⁶ All of the 70 sites that the Department has established over the last couple of years to store PPE are now the responsibility of SCCL to manage.⁵⁷

19. The Department will still have a role to play in the PPE programme despite this transfer back of the logistics to SCCL. We sought to clarify where exactly accountability lies across the different aspects of the programme. For example, the Department confirmed that resolving the 176 contracts in dispute will remain its responsibility.⁵⁸ It told us that its aim here is no longer to swap unusable PPE items for more appropriate items, but to concentrate on obtaining refunds wherever possible.⁵⁹ Likewise, responsibility for decisions on how to dispose of excess stock will remain with the Department, though with the intention of handing that over to SCCL at a later date.⁶⁰ We would expect further clarity on these

50 C&AG's Report, *The supply of personal protective equipment (PPE) during the COVID-19 pandemic*, session 2019–2021, HC 961, 25 November 2020, para 1.4

51 C&AG's Report, *Investigation into the management of PPE contracts*, session 2021–22, HC 1144, 30 March 2022, para 1.3

52 C&AG's Report, Figure 4, para 2.18

53 Q94

54 Correspondence from Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, re Management of PPE Contracts, page 1, dated 19 May 2022

55 Q92

56 Correspondence from Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, re Management of PPE Contracts, page 1, dated 19 May 2022

57 Q92

58 Q92

59 Correspondence from Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, re Management of PPE Contracts, page 4, dated 19 May 2022

60 Q92

roles and responsibilities to be set out in the PPE strategy that we are now expecting this summer.⁶¹ The Department said that this is being worked on “in collaboration with SCCL and NHS Supply Chain”.⁶²

Future of UK PPE manufacturing

20. Prior to the COVID-19 pandemic there were not many businesses in the UK that specialised in producing PPE with most of it coming from overseas. The pandemic saw steep rises in global prices for PPE as demand for it surged throughout the world. As part of its initial pandemic response, the Department decided to try and encourage UK manufacturers to start producing PPE in order to increase the short-term supply and to help improve the UK’s long term resilience and ability to respond in the event of future pandemics.⁶³ This “UK Make” strategy resulted in the Department signing 37 contracts with UK manufacturers worth £1.1 billion for 3.9 billion PPE items.⁶⁴ The Department was complementary about the role of these UK suppliers saying that those 37 contracts were very successful and that some of these suppliers were “really creative at an early stage”.⁶⁵

21. The Department set out in its initial PPE strategy its desire to build on this UK manufacturing base, reiterating the role it should play in building a more resilient supply chain and also the wider benefits including job creation and making the UK a centre for innovative products.⁶⁶ It is now apparent, however, that the Department holds a large excess of stock which it is concentrating on reducing down.⁶⁷ In that context, the role of the UK suppliers forward seems uncertain as they are unlikely to receive orders for many years. The Department told us that those suppliers “have other products to make” and that the Department are “not in the market to buy at the moment”. Only seven UK suppliers are on SCCL’s future frameworks enabling them to bid for future PPE contracts.⁶⁸ The Department said that it is worth with NHS Supply Chain to try and ensure that UK manufactured products are marketable to the health and social care sectors. Whilst it recognised that procurement rules will require it to still operate in the international market place it said that its plans to emphasis social value and environmental considerations going forward should place UK manufacturers in a good position to compete with international suppliers.⁶⁹

61 Q106

62 Correspondence from Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, re Management of PPE Contracts, page 2, dated 19 May 2022

63 C&AG’s Report, *The supply of personal protective equipment (PPE) during the COVID-19 pandemic*, session 2019–2021, HC 961, 25 November 2020, para 2.14

64 C&AG’s Report, *Investigation into the management of PPE contracts*, session 2021–22, HC 1144, 30 March 2022, para 1.3 and Figure 4

65 Q56

66 Department of Health & Social Care, *Personal Protective Equipment (PPE) Strategy*, 28 September 2020, para 1.4

67 Q33

68 Q56

69 Correspondence from Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, re Management of PPE Contracts, page 4, dated 19 May 2022

Formal minutes

Wednesday 6 July 2022

Members present:

Dame Meg Hillier

Sir Geoffrey Clifton-Brown

Mr Mark Francois

Mr Louie French

Antony Higginbotham

Sarah Olney

Management of PPE contracts

Draft Report (*Management of PPE contracts*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 21 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the Twelfth of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Monday 11 July at 2.45pm

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 20 April 2022

Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care; **Shona Dunn**, Second Permanent Secretary, Department of Health and Social Care; **Jonathan Marron**, Director General, Office for Health Improvement & Disparities, Department of Health and Social Care

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Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

MPC numbers are generated by the evidence processing system and so may not be complete.

- 1 Tecman Advanced Healthcare Products Limited ([MPC0001](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

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