Witness Name: Gareth Rhys Williams

Statement no: 3

Exhibits: 77

Dated: 14 January 2025

UK COVID-19 INQUIRY

THIRD WITNESS STATEMENT OF GARETH RHYS WILLIAMS

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I, Gareth Rhys Williams, will say as follows:

A. INTRODUCTION

1. I make this statement in response to the request by letter dated 15 July 2024 for evidence under Rule 9 of the Inquiry Rules 2006 made on behalf of Baroness Heather Hallett, the Chair of the UK Covid-19 Inquiry (the Inquiry). By this statement, I intend to set out, where appropriate, matters relating to public procurement of key equipment and supplies across the UK public sector in relation to the Covid-19 pandemic in the period from 1 January 2020 to 28 June 2022.

2. I make this statement in addition to the Corporate Witness Statement dated 5 July 2024 given in my name in relation to Module 5 (the M5 Corporate Statement). I have also provided a corporate witness statement in Module 1 of the Inquiry, dated 28 April 2023.

3. This statement has been prepared with the assistance of Counsel and lawyers at the Government Legal Department. My statement sets out my personal knowledge and experience, as refreshed by documents or papers made available to me.

4. I have in the preparation of this statement been referred to a number of emails which were sent at the time. I should note that given the load (I received over 10,000 emails in the first month of the pandemic up to 12 April 2020) my personal work email address was monitored by a bolstered team of my assistants, who would flag the most important of those personal emails. I did not have direct access to my office's (cco@cabinetoffice.gov.uk) email address but my office would discuss the most important of those. To handle the flow, emails would be sent out from my address which had been authored by others.

B. BACKGROUND AND EXPERIENCE

5. From March 2016, I was the Government Chief Commercial Officer (GCCO). I was appointed to this role in March 2016 after an open and fair recruitment process, to replace the first GCCO, Bill Crothers, who had left this post some six months earlier.

6. Prior to my appointment as GCCO, I held four chief executive roles in a variety of industrial and services companies: two listed companies (Vitec Plc and Charter Plc) and two private equity backed businesses (Capital Safety and PHS Group). I am a

chartered engineer and spent my early career in 'just-in-time' operations and continuous improvement. I have a Master of Business Administration degree from Institut Européen d'Administration des Affaires (INSEAD) and over 30 years' experience managing a variety of companies.

7. I resigned formally from the Cabinet Office in late February 2024, working reduced hours in the Cabinet Office from 2 April 2024 until I left completely on 5 July 2024. I am currently the Chair of National Highways.

C. ROLES AND RESPONSIBILITIES

8. As a Cabinet Office official, and as GCCO, I led the Government Commercial Function (GCF), which is a cross-government network of staff based in all departments, who procure or support the procurement of goods and services for the public sector, among other tasks. The commercial directors of these central government departments (as distinct from the commercial directors of wider public bodies such as the NHS or councils), reported to me functionally. The commercial directors were located in their departments, who would set their day-to-day targets and objectives. Additionally, the directors of the central commercial teams reported to me, particularly relevant here being the policy and commercial assurance teams. More detail is contained in the Module 1 Corporate Statement at paragraph 2.2.

9. My role was to ensure that the GCF operated as smoothly and effectively as possible in its key role of supporting departments to procure goods and services that they needed to run their business efficiently. During the Covid pandemic, the GCF, led by me, provided departments across government with personnel and advised on ways of working to enable better procurement. This included assisting in the provision of resources, standards, training and oversight, in the new context of the Covid pandemic. My role was one of broad oversight: it was not my role to specify what items a department or ALB needed, and I was not involved in the detail of every transaction or in assuring the day-to-day workings of individual departments. I did however try to ensure that, once a need for goods or services was identified, we had in place the resources to acquire it speedily and effectively. As described in my M5 Corporate Statement at paragraph 1.46, I would also be involved in the spend control process in relation to the review of the largest and or most contentious procurements.

10. There was significant extra procurement work carried out in the course of the pandemic just to maintain the normal activity of government departments, given the wider

emergency issues that many suppliers faced. Additional work set out in my M5 Corporate Statement at paragraphs 1.52 and 3.24 included grappling with policy issues, resulting in the series of Procurement Policy Notes (PPNs), and training in relation to procurement issues that were arising at the time (by May 2020, 50 web classes had been delivered across 8 subjects and attracted c.3,200 attendees across the public sector). Above all, however, there was the procurement of specific items that were needed above and beyond the normal work-load as a result of the Covid pandemic, such as: mobile mortuaries, food parcels, laptops for school children, PPE, ventilators, lateral flow tests, and PCR testing equipment. I have addressed below my role in procuring such items in so far as they are relevant to the scope of this Module, though as requested I have focused most for the purposes of this statement on the processing of offers to supply PPE, including on what came to be called the High Priority Lane.

Role in the procurement of ventilators

11. Additional to my role as GCCO, I was the Senior Responsible Officer (SRO) for the "Ventilator Challenge". The Ventilator Challenge, launched in March 2020, was part of a two-pronged, centrally led approach to securing more higher-end ventilators for the NHS (as part of a wider 'oxygen, ventilation, medical devices and clinical consumables' programme). The first part of the approach was to buy as many ventilators as possible from both UK and global suppliers. That exercise to buy existing ventilators was led by DHSC. The Cabinet Office had limited or no direct participation in the actual ventilator buying effort.

12. The second part of the approach was to work with suppliers and manufacturers to dramatically increase the production of ventilators in the UK. At the time of the pandemic, there were no large-scale domestic producers of ICU mechanical ventilators, or domestic companies with current lines of ICU mechanical ventilators licensed for sale in the UK. This second approach was called "the Ventilator Challenge" and was led by the Cabinet Office.

13. We investigated briefly whether existing manufacturers outside the UK would licence their designs for us to scale up in the UK. This approach eventually led to the contracts with Breas Medical. However, the major EU vendor refused, leading us to develop our own ventilators. My assumption is that these vendors might well have been concerned

about a number of potential downsides of a licensing agreement in the circumstances of the pandemic. In particular:

- These devices are complicated, and where key components are made in house, or obtained from suppliers whose capacity is already constrained, having an additional licensee does not necessarily increase overall production volumes; indeed it might actually reduce overall volumes as more sites, and sites potentially outside the control of the licensor, would be competing for a limited pool of components.

- It would be very distracting for them, at a time when they were looking to scale up their own activities, to adequately train and support a new supply chain in a country they could not visit or assure.

- Were there to be any failure of the licensed product in use, which given its function would potentially cause a death, the potential litigation would be very onerous.

14. From our perspective there were a number of other considerations on 'licencing'. While there are mechanisms for circumventing patent protection in emergencies, the issue we perceived with machines this complex is that - in the absence of the full co-operation of the licensor - while it might be possible to reverse engineer the mechanical and electro-mechanical components in a machine, doing the same for the printed circuit boards ('PCB's) embedded in it, and the software that runs the machine, in a way that would allow us, and the MHRA, to be confident as to how the machine would operate in practice, would be virtually impossible. Even had we been able to do that, my previous experience of moving manufacturing of even much simpler products within a company from one factory to another is that there is always a lot of 'how we actually build it know-how' which takes a long time to learn. Without the proactive coaching of an inhouse expert this would make scaling up the actual assembly and testing very difficult indeed, certainly in the timescales we were trying to work to.

15. The Ventilator Challenge therefore focused on domestic production. With respect to the Ventilator Challenge, I was particularly tasked with:

- Upwards communication to No.10, the Secretary of State for Health and Social Care, the Chancellor of the Duchy of Lancaster (CDL), Lord Agnew and HM Treasury;

- Overall goal setting and tone setting for the programme. This was important as we needed to design and make as many ventilators as possible before a lack of them resulted in deaths (we were concerned at the time, this being before any lockdowns were introduced, that such a point could be reached within a few weeks). Further, at this time, the estimates of how many ventilators would be required were going up and up as the disease spread exponentially. The tone set for the Ventilator Challenge was, importantly, one of constructive cooperation between industry teams, encouraging the sharing of ideas. The extreme challenge of getting any design actually approved and manufactured in the required timescale meant that while each team would naturally be pushing for their design to be successful, everyone had to understand that it was much more important to achieve the overarching objective of getting any design, or ideally designs, approved and into scaled up manufacture, irrespective of whose design that was;

- Discussions with team leaders and their parent companies, in particular where decisions had been taken to stand that team down; and

- Negotiations and conversations with embassies and key vendors of what were often small but highly specified parts in order to get them to the UK. For example, I had a discussion with the Chair, then CEO, of IMI, to request that they reopen a factory belonging to them in Italy during Easter to manufacture springs, despite that area being in local lockdown at that time; I had discussions with senior employees at Honeywell in California to request that they reopen their plant in Mexico to get some components made (GRW/01 - INQ000528211), despite a local tax inspection closure. My letter to them, sent via email, is exhibited (GRW/02 & GRW/03 - INQ000528213 & INQ000528212.)

16. My work on ventilators was my largest single priority until mid-April 2020 when the first designs were approved (albeit, as I explain below, I still asked for and received updates on other important tasks such as the PPE Buy Cell, the food parcel and DfE laptop programmes). Between April and the end of June 2020, the Ventilator Challenge still took up a very large part of my time, but by then it was also becoming clear that the testing network was coming under severe strain as the volumes required were dramatically increasing, so I spent further time ensuring that the commercial team in testing had a direct line to senior management - until that point the senior testing team

had not asked for sufficient levels of commercial support. I remained heavily involved in the Ventilator Challenge because when the approved ventilator designs moved into the manufacturing and scaling up phase, there was the need to be in almost constant touch with the teams working on those designs, as inevitably with such a rate of scale up there were multiple issues that cropped up that needed our sign off. For example, we had to decide whether to pause all manufacturing of Penlon units in order to install a new quality management system across all the involved sites, which, while the right decision, was a bold one, as in the very short term it reduced output.

17. The full details of my and my team's work in relation to the Ventilator Challenge are set out at paragraphs 4.1 to 4.152 of my M5 Corporate Statement.

Role in the procurement of Lateral Flow Tests and PCR Testing Equipment

18. On 18 March 2020, as requested by DHSC, Cabinet Office officials from the GCF were deployed to lead procurement activity in support of building mass testing capacity in the UK. Up to 25 GCF staff were quickly engaged and, under the direction of DHSC officials, conducted the majority of the buying activity to build a national network of testing laboratories, with associated equipment, chemicals and consumables and subsequently to secure large numbers of lateral flow tests.

19. Members from this team continued working with NHS Test and Trace until March 2021. In that regard, whilst day-to-day the Cabinet Office team were reporting into and supporting DHSC and Test and Trace with delivery of its testing strategy, where a specific commercial issue or risk was identified the Cabinet Office team felt confident in challenging the approach and recommending alternatives knowing that they had an escalation route to me as the GCCO. An example is given at paragraph 4.216 of my M5 Corporate Statement, which led to the CDL stating that Cabinet Office commercial officials should be seconded into Test and Trace from the very beginning to ensure the procurement process was as good as it could be (GRW/04 - INQ000090167).

20. From the end of June 2020, I was able to spend more time on lateral flow devices and Test and Trace. In the main, I was attempting to see that senior figures, such as Dido Harding and the senior officials that she appointed (such as Tony Prestedge, Mike Coupe and Jason Holt), were allocating sufficient resource to the key commercial issues; in the effort to get things set up quickly, agreements were sometimes struck that, in a public sector environment, left loopholes that potentially exposed government to excess cost.

21. For example, on 21 September 2020 I attended a meeting relating to mass testing at No 10 with Dominic Cummings and others. Following this meeting I carried out a number of visits to PCR laboratories, when I realised that the laboratories were operating at much less than their rated capacity (GRW/05 & GRW/06 - INQ000528231 & INQ000528232), at a time when it was believed that laboratory capacity was the constraint to increasing testing volumes. This was after the Lighthouse Labs system was established. I got involved as, despite the number of (mainly external) people overseeing the work on testing, they were finding it difficult to organise the flow of samples into the labs in a smooth way that avoided void periods when nothing was being processed. As a result of what I saw, I put together a plan for Dido Harding, working with Professor Dominiczak of Glasgow, to improve this situation (GRW/07, GRW/08, GRW/09 & GRW/10 - INQ000528226, INQ000528227, INQ000528228 & INQ000528229). When the decision was taken (by the DHSC Secretary of State) to build the 2 Megalabs, she also asked me to get involved in the project team for that, as part of my background prior to becoming GCCO had been in working to rapidly bring new factories online.

22. After the 21 September meeting, and when the need for LFT production had been identified, I went on a number of visits to for example MoLogic (GRW/11, GRW/12 & GRW/13 - INQ000528234, INQ000528225 & INQ000528230) and later to Lumira (GRW/14 - INQ000528236), both potential suppliers of LFTs, and supported Chris Hall in identifying and acquiring production equipment that could be used to manufacture LTFs should any of the designs from those two, or other suppliers, pass the relevant tests conducted by Porton Down. I stated that we needed to buy the production equipment, and even more importantly, once a test strip's performance looked promising, the highly specific reagents, needed for as many of the constituent parts of LFTs as quickly as we could, given that these were produced in different countries around the world, sometimes in tiny volumes, and we might find we were excluded if we did not move quickly (GRW/15 - INQ000528233). Given the track record of the team at Lumira in diagnostic strips and the high-volume facility they had already built, I felt their approach could have been game changing, as explained in the submission to Lord Bethell in December 2020 (GRW/16 & GRW/17 - INQ000528242 & **INQ000533656**). But in the event their product did not gain approval, at least not by the end of the pandemic. A number of the manufacturers felt Porton Down were being too slow in assessing their designs or were unreasonably rejecting their formulations, or just giving test results, rather than helping get a solution by explaining why their

prototypes were failing, and I raised this issue. However, Professor John Bell and his team reassured me that was not the case.

23. Further details of my and my team's work in relation to the procurement of lateral flow tests and PCR testing equipment during the pandemic are set out at paragraphs 4.153 to 4.278 of my M5 Corporate Statement.

Role in the procurement of PPE

24. The Cabinet Office did not have a formal contracting role for the procurement of PPE during the pandemic. However, the Commercial Function, being based in the Cabinet Office, did have a role in providing expert resources which set up and assisted in managing the PPE Buy Cell under DHSC's governance. I have addressed that in my M5 Corporate Statement at 4.279.

25. As above, my work on ventilators took most of my time until the end of June 2020. By this time, the vast majority of orders for PPE had already been placed.

26. I have however tried to set out below in this section what I know was the context for the decisions taken in relation to the procurement of PPE in mid-late March 2020. I have also set out what my general role was in relation to the procurement of PPE. For the purposes of this statement, I have been asked to specifically address what came to be called the High Priority Lane: I have done that in Section D below. I have also addressed below whether that name was in fact used at the time or only came to be used later.

27. At this time fear was increasing in the run up to the first national lockdown on 23 March 2020, when the disease was spreading exponentially, and it threatened to overwhelm the NHS. A team was being created from scratch that in the end bought approximately 20 times the normal supply of PPE, in an environment where global stocks were being exhausted. There was no template process and decisions were necessarily being taken rapidly, and processes, structures and tools were being improvised and refined 'at pace'.

28. To give an indication of the scale of effort on PPE, at its peak the Parallel Supply Chain (including the China and UK Make teams) had over 500 people, out of this only 32 were from SCCL working on its existing suppliers (GRW/18 - INQ000477253). That increase in scale of people also underlines the difficulty we had with IT systems. Apparently for technical reasons, it was not possible to load that number of additional

people onto either the SCCL or DHSC systems, which made communications and record keeping harder in the moment.

29. I have set out the background for the creation of the Buy Cell in my M5 Corporate Statement, but here give further detail on the increase in offers of help in mid-March 2020, in so far as it is relevant to PPE. Following on from the call to arms in relation to ventilators on 17 March 2020, offers of help in relation to other goods and services were also received by government. On 18 March 2020, I was copied-in to an email sent to my Chiefs of Staff by the senior Private Secretary to the CDL (GRW/19 - INQ000528199). That email queried where offers of help which were not for ventilators were to be sent. It noted, for example, that CCHQ (the Conservative Campaign Headquarters) had sent out the message for help on ventilators to their list of 8,000 businesses and that they had come back offering help in other areas, and needed a contact email to direct it all to. The email thread records that the CDL's PS agreed with my office that non-ventilator offers of help should be directed to my office: it was said "*we will continue to forward directly to you and Gareth offers of help from CEOs/high profile individuals who have contacted our ministers directly. Since there is a reputational risk for our ministers in not responding quickly enough / appropriately, we are keen that your team picks these up directly.*" The email thread reflected the fact that it had become apparent that there was an overlap at this point with work that BEIS was doing at the same time, and on the same day Oliver Christian who was then head of the Business Team in No.10 wrote stipulating that CO/BEIS needed to agree who was going to triage all the incoming commercial offers of support from business. He wrote "*to state the obvious: We cannot be in the position further down the line where an offer was made that could have saved lives, but was ignored or 'lost in the system.'*" I do not specifically remember receiving these emails, but both reflect what I remember at the time as ministerial views that it was important that credible offers that were made to them or their emails were followed up and responded to.

30. Over the following days it became clear that the offers being referred had the capacity to overwhelm my office. I have been provided with a copy of an email from one of my Chiefs of Staff on 19 March 2020 where he responded to a proposal from BEIS that "*offers of help which are especially large or high profile…should be sent straight to* Private Secretary to the GCO *([email address removed -* PD *was my private secretary]) and Gareth Rhys-Williams ([email address removed]) in CCS*" by asking that that text be removed and saying "*These emails are consuming the team - and most of the time come to nothing.*"(GRW/20 - INQ000528200).

31. On 20 March 2020 my office established a webform questionnaire to capture non-ventilator offers of support (GRW/21 - INQ000528202). I understand that this was linked to the gcfcovid19enquiries@cabinetoffice.gov.uk email address. That email also recorded that since the gcfcovid19enquiries@cabinetoffice.gov.uk had been set up on the afternoon of 18 March it had received around 700 responses, of which around 300 had been processed and about 40 deemed worth following up. The gcfcovid19enquiries@cabinetoffice.gov.uk email address was distributed outside of government. For example, I have been provided with a copy of an email which shows that this email address had been circulated to MPs from all political parties on 19 March 2020 for them to be able to direct offers of support to one email address (GRW/22 - INQ000528201). I understand that the email address was also given out in parliament on 24 March 2020 in response to a question from the then opposition about the production of PPE: it was said that "Any business who is able to help should get in touch at: gcfcovid19enquiries@cabinetoffice.gov.uk." (GRW/23 - INQ000528198).

32. At around this time there was pressure from the then Secretary of State for Health and Social Care and from No.10 for a 'call to arms' in relation to PPE. This was initially planned for 20 March 2020 but then postponed to 23 March 2020 (GRW/24 - INQ000528203). My office replied from my email address on 23 March 2020 to DHSC, to state that we would support a call to arms for PPE but only if there was a dedicated mailbox for it and a PMO team to triage the offers coming through effectively. The email made the following recommendations:

- Using a webform would reduce the need for immediate human interaction to categorise, and this would mean that the team could move straight to contacting suppliers, via the dedicated mailbox, with good offers without constant traffic getting in the way of the suppliers that the team actually wanted to work with;

- It was necessary "t*o avoid a situation again where people are sending emails all over the place, including this inbox, and going via MPs, SpAds and Ministers etc.*" because that "*creates too much email duplication and workload for people who are not directly involved*";

- the request should specifically request details of specification, country of origin, estimated delivery date and volume. This would help the DHSC team in charge prioritise immediately. It was said that "*if it's anything like the response to*

ventilators you will be inundated with offers, possibly even more given some of the items are less technical than others";

- Along with the call to arms the exact specifications of the items that DHSC wanted to receive should be sent out, in advance. That way every supplier would have what they need, and it should limit responses to immediately useful offers. The email also advised having a dedicated person in the DHSC team who would be the person that handles all relationships with CEOs from major companies, and a deputy for that person; and

- there should be a method for communicating with suppliers in advance. This should say something like "*thanks for the offer, appreciate you responding, please be patient as we categorise your offer and others and assign to a team to respond*". It was said that "*some suppliers will inevitably wait longer to get a response than others, again we need to avoid a repeat scenario where people stop using mailbox/helpline/webform and then immediately escalate to someone they know, or their local MP, as "urgent". This disrupts the managing team's priorities as they try and drop what they're doing to immediately contact a company who may or may not have the best of offers.*"

33. In the event, there was no call to arms on 23 March 2020, though requests for support were sent out by embassies (**GRW/24** - INQ000528203). However, there was significant publicity by this stage to the effect that offers of help were not being promptly accepted. On 29 March 2020, for example, when the Chancellor of the Duchy of Lancaster was interviewed by Andrew Marr on the BBC, he was asked about companies which claimed that they had approached the government to help with the Ventilator Challenge but their help had not been accepted (I believe that we investigated such companies but identified that their offers were not suitable). He replied that "*if anyone does want to help, get in touch with the government, the emails are there and we will do everything we can, because this is a united national effort.*" I was myself sent an email offering PPE masks after this appearance, which I forwarded on to the Buy Cell (GRW/26 - **INQ000533646)**. There was therefore throughout this time significant publicity about offers of help being offered to the government, and ministerial pressure to ensure that all were seen to be followed up. The numbers of offers of help continued to increase significantly.

34. At around this time it also became clear that SCCL in DHSC were unable to cope with the need for PPE supplies specifically, and the number of potential new suppliers. I have described in my M5 Corporate Statement at paragraph 4.294 the correspondence between Jin Sahota, myself and others in DHSC between 16 and 17 March 2020 which led to the deployment of a number of CTT staff to support the DHSC Parallel Supply Chain on 21 March 2020. Offers of help which related to PPE were referred to the Parallel Supply Chain and I understand that these started to be processed by a team led at that time by Hannah Bolton, a procurement management consultant from Baringa. My office will have forwarded to her offers of support that were reaching them through the general email address.

35. On 27 March 2020 my joint chief of staff wrote a note to CDL and No.10, which updated them on non-ventilator offers of support. At paragraph 9, that note stated "*The newly stood-up team needs space to operate - they are receiving too many ad hoc requests on which they are being chased which often are for products which don't meet the technical specifications or are bogus.*" (GRW/27 - INQ000513565). I believe that this paragraph was referring to the Buy Cell and reflects its struggles with offers and chasing emails at the time.

36. I did not have a formal role in the PPE Buy Cell. However, the more senior staff assigned to DHSC, Chris Hall especially, would on occasion provide me with updates (often verbal) on the activities of the Cabinet Office staff in the PPE Buy Cell, up until the HPL was closed down in June (GRW/28 & GRW/29 - INQ000528221 & INQ000528249). I assisted the Cell by encouraging other departments to release staff to them, and in trying to escalate the issues the team was having with IT support. This was particularly the case in the early portion of the existence of the Cell. I also recall trying to source additional quality inspection resource in the Far East from companies I knew that had teams out there that could potentially help. From 4 April 2020, I received more or less daily reports on PPE and testing, which contained data for the numbers of offers of support received, offerors contacted and orders (GRW/30 & GRW/31 - The first report is INQ000497251. An example of a later report is INQ000496929). The PPE data and reports developed over time, for example on 27 and 28 April the reports also included the numbers of those contacted by the call centre set up by CCS, who engaged Arvato, to contact backlog offers (GRW/32, GRW/33, GRW/34 & GRW/31 - **INQ000533653**, INQ000497259, INQ000497260 and INQ000496929). By June the reports were even more detailed (GRW/35 - INQ000496948). I checked this every couple of days as it was helpful to see how many had been processed, rejected or were still outstanding; this gave us an idea of whether

we had enough people working on them and whether we were 'winning' or 'losing' against the rate they came in at. I also specifically recall a telephone conversation with Chris Hall one night in late April, where we discussed whether there should be a different structure, for example a Rapid Reaction team in order to improve our processing speed.

37. It was important to make sure that the NHS's demand signals were fed consistently and clearly into the team, and I had discussions with Emily Lawson in late March/early April about how that could be efficiently done such that everyone understood and recognised when changes in demand needed to be actioned. Demand setting was completely a matter for DHSC and the NHS, but the volumes were of course massive, and changes to it were significant. For example, I did question why the Cell was being asked for such large volumes of body bags. I think the initial ask was for 90k a month i.e. over a million a year. Even allowing for geographic variations across the UK, that was 3 times what the Reasonable Worst Case Scenario (RWCS) was calling for. We had only very sparse updates on the actual usage levels or the latest RWCS data, so the Cell had to rely on the work that the NHS / McKinsey were doing on this and buy what they asked for. For example, I received an explanation as to why so many body bags were required, by then increased to 126k per month, which I forwarded on to Chris Hall (I was not the author of the original text which I copied) (GRW/36 - INQ000528218).

38. My main involvement with the structuring of the PPE Buy Cell came towards the end of April when we were discussing a rethink of how the procurement teams might be structured going forward. I was involved in discussions about the implementation of the Rapid Response Teams. By this stage - only approximately four weeks after the Buy Cell had been set up - we were thinking about moving from the system of independent teams each doing a single activity, with an offer being passed through each team sequentially, to a system which processed offers through rapidly with one multi-disciplinary team working on the offer from beginning to end. I had been made aware that the team was struggling to release purchase orders (I was informed by Chris Hall on 26 April 2020 that fewer than 20 POs were being signed every day (GRW/37 - INQ000528216)). There remained a backlog and I was also aware that some 400 new offers were being made a day (GRW/38 - INQ000528217), and a RRT structure would potentially result in faster processing. It had not been the structure initially deployed because it needs team members who really understand their roles and are trained in the subject matter. At the start of the pandemic that was not the case, and it was better to group people by the task they were working on. That more

traditional structure, of independent teams each handling a separate process step, is harder for external actors to influence, and also more robust in the instance that team members fall ill.

39. PPE remained, however, a hot political issue. Lord Deighton was appointed to lead the production of PPE on 19 April 2020 but it was confirmed that he was to have overall responsibility for PPE over the following days (GRW/39 - INQ000528214). On 23 April 2020 I attended a meeting with the then Cabinet Secretary at which the question as to whether the overall responsibility for procuring PPE should move from DHSC to DIT and the negative media attention relating to the failure to progress business offers of help were discussed (GRW/40 - INQ000528247). NHSE, Lord Deighton and my team were directed to resolve any remaining resourcing issues to respond to (and take up) offers of PPE from business. I cannot recollect any specific discussion about the High Priority Lane at this point, but again these documents accord with my recollection that there remained ministerial pressure to follow up all leads of which they were aware.

40. The full details of my and my team's work in relation to the procurement of PPE during the pandemic are set out at paragraphs 4.279 to 4.519 of my M5 Corporate Statement.

D. THE HIGH PRIORITY LANE

Establishment of the High Priority Lane

41. I have been asked to address the High Priority Lane (HPL), as the Inquiry is calling it. While that term was used at the time of the NAO Report of November 2020, there were a number of different names in use at the time, such as "VIP team" and "high priority team". I am unclear as to when the words "lane" or "channel" started to be used, but for simplicity I have used the acronym HPL in this response.

42. The HPL was one of the Opportunities teams, themselves part of the PPE Buy Cell, regarding which, as I explain above, I did not have a formal role. I believe the HPL was set up at the request of either Lord Agnew or the Secretary of State for Health and Social Care, Matt Hancock, or by Emily Lawson in the NHS, who at the time had moved from being Head of Transformation (or similar) to being in charge of PPE provision / demand management. The setting up of the HPL had already been done by the time I was aware of it, so my recollection of who was responsible for it is imprecise.

43. It is my understanding that the particular role of the HPL was to handle the duplicative chasing and inbound requests for progress and shield the rest of the teams, including

those doing the work in the actual procurement stages, from endless interruptions. I understand that there were initially only some three or four people working in the team which became the HPL at a time when there were approximately 50 people in the whole Buy Cell, growing to 38 people when the PPE Buy Cell was at its peak of 508 people in May 2020 (GRW/18 - INQ000477253).

44. I had no hand in the establishment or the subsequent operation or supervision of the HPL, except to the extent that some of the people running the PPE Buy Cell had been deployed from the Central Commercial Teams to DHSC and so continued to be employed by the Cabinet Office through the GCO. My office (or, on occasion, I personally) would forward on emails received from ministers or suppliers who knew of me or my role and had contacted me directly. I have addressed these in section E below.

45. It is my recollection that I first heard of the HPL via a call from one of my colleagues one morning, around the end of March or beginning of April 2020, when I was told of a team called the "High Priority Lane", "VIP channel", "VIP team" or "High Priority team" – I am unable to say precisely which, and the name varied over time. At the time there was significant criticism of DHSC and the NHS and related officials, for the lack of preparedness and for perceived delays in procuring stock for NHS's immediate use. All ministers and officials were therefore under huge pressure to get the most PPE into the country in the fastest way possible; losing a viable order to a competitor country through being slow or unresponsive was clearly completely unacceptable.

46. This call however raised a couple of concerns with me. Normally, the risk when using Regulation 32 is that there is a lack of publicity, with some parties not being aware of the requirement. That was not the case here, since the government's need to buy PPE was well-known to potential suppliers, through public announcements by ministers and publicity in the press. This news raised the concern that people might come to think that the scales were positively tilted in favour of one sub-group of bidders, and it is apparent from media coverage over the last few years that many people did in fact ultimately get that impression. Any of the above names would have caused me concern for the below reasons:

    - While it was obvious from the start that we were going to need to prioritise the more 'useful' offers of supplies (where 'usefulness' included considerations of availability, provable quality standards, conformance to specifications, appropriate price, volume, time to deliver, etc), that was already happening in each of the opportunities teams based on some minimum volumes set, I

believe, by Emily Lawson, and depending also on the particular needs of that day. However, I would have been concerned about the potential for people to think that the use of the term 'priority' meant that the HPL offers were being prioritised relative to other offers of equal merit, which I don't believe was the case.

- Using the 'VIP' acronym would also have been problematic. As explained in paragraph 106 below, while the use of words like VIP would have acted to reassure the offeror that we were taking their offers / calls to ministers seriously, and so damp down the duplication and chasing that was occurring, and lessen the risk we might lose urgently needed product, describing it as a "Very Important Person" route would have implied that it was the nature of the offeror that was important to how the offer was assessed, not the offer, which again I do not think was the purpose or intent.

- Using the term "lane" or "channel" would also have been a concern, in the sense that I understood this team's task to be to collect the initial data effectively and provide feedback on progress. It was not a team that processed the offer from start to finish, i.e. it was not a 'lane'; that word carries the negative but incorrect implication that the HPL team offered a separate 'channel' around the rest of the process and teams that checked quality, financial due diligence, pricing, etc.

47. I do remember asking if we could do something about the name, however I was told that it was too late as it was up and running and widely communicated. If it had been called an "enquiry response handling" team or similar, I think it would have avoided a lot of the negative implications and consequent interest which has arisen since. I cannot recollect whether I expressed my surprise verbally or in a text or email but since I cannot find an email relating to this at the time it is likely the former. I note that in January 2021 I made a similar point by email, which expressed the understanding I still had at that time (GRW/41 - INQ000528243).

48. The reason why my recollection is not precise about this is because this discussion was just one part of an overall conversation of two minutes or so. At the time I was mainly focused on ventilators, and people were dying through lack of ventilators and PPE, so getting both products was obviously the priority. I understood that having such a team would satisfy ministers that the leads that they had passed on had not just

disappeared into a void and were being properly analysed. At the time I felt that the structure of the Buy Cell, with independent sub-teams, was such that decisions as to who got PPE were not going to be based on where the offer came from; public procurers are trained to treat offers on their merits, and not be swayed either for or against them by external factors or external input.

49. In relation to the above, it is a longstanding but unjust stereotype, even in the private sector, that procurement staff are people who delight in injecting hampering bureaucracy and paperwork or just saying 'no' when they are asked to procure things rapidly. In the public sector the PCR 2015 and related regulations do impose, correctly, relatively rigid procedures that can rankle with colleagues who, for example, are keen to see processes move faster or slower, wish to eliminate vendors based on factors external to the matter of the contract, re-award to incumbents, change the specification of the product or service required, or amend the previously announced evaluation criteria in mid-flight - all of which are variously proscribed by the regulations. Companies or other interested parties who feel they have been disadvantaged can be quick to challenge decisions or processes when they see an opportunity to do so. These challenges whether successful or not can create significant costs and inject meaningful delays (up to a year is not unknown) to the implementation of ministerial priorities or even routine contract extensions. Consequently, all experienced public sector procurers will have learnt that conceding to the above pressures, however persuasively or powerfully put, is much more likely than not to end in huge delays and the derailing of programs. Equally, they are well used to treating with caution the sometimes inflated claims of eager potential suppliers, and to resisting probing or chasing calls from suppliers trying to elicit information about competitor's offers or pricing, not just to preserve the effectiveness of a procurement, but to minimise the risk of challenge. So the more senior staff in particular are used to having to defend robustly the use of the correct methodologies to a wide variety of internal and external stakeholders, and where necessary find ways of ensuring procurements are not questionable. That discipline would apply to Reg 32 procurements as to other procedures.

50. I would not have been involved in the finer detail of the HPL and would not have been aware, for example, of the relative speed with which offers were or weren't dealt with on the HPL compared to other routes. I would however have anticipated from my discussions at the time that high quality offers would have been picked up and dealt with as a priority from whichever source they came. I understood that the HPL team and the wider Opportunities team were not processing deals but rather collecting data

(what product was being offered in what volume / what specifications did it have) and performing cursory checks on a company's credibility before passing it on to the much more sophisticated checks and discussions in the other stages, such as the Technical Assurance, Due Diligence and Closing teams. The simple fact that an offer had been admitted to the process via the HPL did not mean that it did not have to meet those checks and amount to a valuable offer for PPE at an appropriate price before being accepted.

51. My main involvement with the HPL was when I asked for a number of checks and audits to be run on the outcomes. These included the "red diamond" pricing analysis, issued on 17 June 2020 (GRW/42 - INQ000528246) (see paragraph 6.5 of my M5 corporate witness statement) and the GIAA reviews of 1 October 2020 (GRW/43 - INQ000478823) (which I requested in early August 2020 (GRW/44 - INQ000528223)) and 16 February 2021 (GRW/45 - INQ000501951) (see paragraphs 6.13-6.23 of my M5 corporate witness statement). These are discussed below in Section E.

E. REFERRALS TO THE HIGH PRIORITY LANE

Personal Referrals

52. Emails were sent to either my direct email or my offices' email address with offers of PPE. As explained at paragraph 4 above, at the time I was generally receiving over 300 emails a day, and these emails would generally have been picked up and dealt with immediately by my office. I would check in and clear down the most important emails (across the whole range of incoming issues, not just PPE or ventilators) that they needed guidance on every few hours, but would not engage with emails which had been dealt with and not flagged for my attention.

53. I am aware that DHSC published a list of referrals of suppliers to the HPL. That list refers to my office of GCCO as the 'actual referrer' of the supplier, Meller Design Limited, and Chancellor of the Duchy of Lancaster's (CDL) office as the source of referral.

54. I did not personally refer any suppliers to the HPL which are on the DHSC list as having been awarded a contract. I do not believe I personally referred Meller Design Limited. I now see that my office was copied in on a referral from CDL, Michael Gove, for Meller Design Limited, but I don't recall being personally involved in that. To the extent that it was a high profile / high volume opportunity, that is exactly the type that the HPL was

supposed to be tracking and handling. If, therefore, my office forwarded it, I do not find that surprising.

55. I do not believe that I followed up on the Meller Designs Limited referral.

56. My office will have forwarded on a number of other offers from suppliers which or ministers will have gone to either Hannah Bolton's team or subsequently to Max Cairnduff's team when that was set up (for which see paragraphs 4.394-5 of my M5 Corporate Statement), as part of their routine work (GRW/46, GRW/47, GRW/48, GRW/49, GRW/50, GRW/51, GRW/52, GRW/53 & GRW/54 - INQ000528210, INQ000528209, INQ000528208, **INQ000533650**, INQ000528205, **INQ000533648**, **INQ000533651**, INQ000528204 & **INQ000533647)**. I note that in a number of these emails those working in my office pointed to any concerns they had about the offer, and some of the offers were subsequently rejected. In one of the attached emails my office refers to the time wasted pursuing such offers. In some of these emails I can see that I had been directly contacted and passed the offer on for others in the Buy Cell, e.g. Andy Wood, to deal with. I would also have been aware that, for example, Chris Hall was following up leads provided by Lord Feldman.

Intervention in other Referrals

57. I was not asked to intervene, directly or indirectly, in the process for the award or refusal to award contracts to potential PPE suppliers. Neither did I intervene, directly or indirectly, in the award or refusal to award contracts to potential PPE suppliers.

58. As far as I was aware, the process of awards to offers that originated in the HPL was carried out in accordance with the process more fully set out in the M5 Corporate Statement. As set out in that statement, the HPL anticipated that referrers would introduce offers and chase for feedback. I was not aware of anyone intervening in the process for the award or refusal to award contracts to potential suppliers, rather than chasing questions such as 'has this or that offer been processed / where has it got to?'. I would have been really surprised if any GCF staff had enabled any offers or offerors to game the process, for example by circumventing the quality or pricing steps.

59. The staff in the PPE team were, as described in my M5 Corporate Statement, drawn temporarily from departmental commercial teams who lent them in through the GCF. Had there been external pressure to accept orders that would otherwise have been rejected, that departmental reporting line gave colleagues an additional avenue for it to be remarked on or challenged and escalated through. One deal which was remarked

on related to Baroness Mone who had been very persistently calling directly into DHSC to highlight a wide variety of offers that she was keen were pursued. I understood that she was exceptionally 'noisy', in that the quantity and quality of her interactions were different to others. In the event only two offers were taken up, one of which I understand was delivered successfully, the other one not. I'm aware that this is the subject of wider external investigations. I am not aware of anything said at the time that would make me conclude that the second order was accepted because of the persistent following up rather than its standalone merits. That the product would subsequently fail inspection, as I understand it did, would obviously not have been knowable ex ante by the Clearance Board and the DHSC Accounting Officer agreeing the offer. No one asked me to talk to Baroness Mone about these deals and I did not have any conversations with her.

Any Lack of Referral to the High Priority Lane

60. In terms of approaches by companies that were not referred to the HPL, I recall that I was either approached by ARCO Limited or that they were one of the companies whom I picked up on as they had been featured in the press. In a former company I had been a supplier to ARCO Limited, and when we made contact, they wanted to understand why they had not received an order for certain offer lines, when other offers of theirs had been accepted. I asked for reasons why other suppliers (for example those referred to in Parliamentary debates in December 2020 (GRW/55 - INQ000528240) had not received an order and the reasons were usually because the volume was relatively small compared to what we were looking for, or the quality was unprovable, or the price inappropriate at that time. This was the case with Arco for the offers which did not result in contracts (GRW/56 - **INQ000533657**).

61. Examples of other suppliers who had raised complaints in the press which I asked to be investigated are contained in paragraph 6.7 of my M5 Corporate Statement. In each case, there were good reasons why the offer had not been accepted.

Assessments of the High Priority Lane

62. I have obviously been concerned by the reports in the press alleging cronyism or favouritism in the PPE Buy Cell. I have previously tried to work out how to assess whether, if this was the case, it affected the deals made.

63. One unusual aspect of this exercise is that normally if a procurement exercise has been unfair, one would expect someone who had made an unsuccessful offer to flag that they had stock of the product that was being sought and had been wrongly disregarded. I am not aware that there were a significant number of good offers which were not taken up, or a significant number of potential suppliers with appropriate PPE complaining that they never managed to sell their stock (as explained above, when we investigated the few that did complain there were generally good reasons for the decision not to purchase a particular order from them). That reflects the reality at the beginning of the pandemic: that good offers were likely to be sold somewhere in the world. Such was the global demand at the time that I don't believe (though I don't believe we have concrete data on this) that there were meaningful stocks of viable product left unsold in the period the Parallel Supply chain was operating, ie 'the market cleared'. My assumption, given the level of global demand, is that if someone had a viable offer for the supply of PPE and did not sell it to the PPE Buy Cell, they would have sold it to someone (perhaps a different country or an NHS Trust directly). The challenge for the UK was the obverse: it was identifying them and snapping them up quickly enough, and for an acceptable price.

64. I sought analyses to assess whether:

- HPL offers had been accepted at higher prices, consequently costing HMG more; and

- HPL offers had been assessed more favourably through the different controls or process steps, thus disadvantaging offers of equal merit.

65. To assist the Inquiry I have set out the results of those analyses below.

(a) Pricing comparisons between the HPL and other offers

66. The first analysis of pricing that I asked to be carried out was based on Efficio data, as reviewed in June 2020. It would not have been possible to carry out this analysis at the start of the pandemic as the data would not have been there. This analysis (which I refer to as the "Red Diamond" analysis) compared the prices paid for contracts initially processed by the HPL against non-HPL contracts **(GRW/42 - INQ000528246)** I would have been wanting at this point to check that there was no disparity in treatment. While rough and ready, it showed no trend indicating that contracts initially processed by the HPL team had higher prices than the other offers for comparable products (an important qualifier because, for example, not all gowns in the overall

gowns category were made to the same technical standard, and therefore price) (GRW/43 - INQ000528246).[1] See further my M5 Corporate Statement at paragraph 6.5. The randomness to the pricing implied to me that there was no systemic bias.

67. I do note that the pandemic had some unusual effects on pricing. For example, there were some cases where high volume orders were priced higher than lower volume offers, which in non-pandemic times would be abnormal (when capacity is not constrained, one would expect to see price per piece being lower for high volume orders). This was because at the time other countries were also prioritising high volume offers, so high volume deliveries were more valuable.

68. As stated in my M5 Corporate Statement at paragraph 6.19, the GIAA carried out a more detailed price analysis as part of its Phase 2 report (GRW/46 - INQ000501951, Annex 1: Detailed Pricing Data Analysis). This followed a request which I and the then Chief Operating Officer of the Civil Service, Alex Chisholm, made that the GIAA investigate a number of contracts which had received adverse press attention (GRW/58 - **INQ000561529)**. Of the 10 categories of PPE analysed, the GIAA considered that the HPL offered the cheapest average price per unit of the three routes for four categories; Coveralls, FFP3 respirators, IIR masks and Safety Goggles. The HPL was also cheaper than the non-HPL (but more than the SCCL) for two more categories: Gowns and Face Shields. Finally, the HPL was cheaper than the SCCL, but more than the non-HPL, for a seventh category: FFP2 respirators. In summary, on the GIAA's detailed analysis, the HPL only provided the most expensive average price per unit for three categories: Gloves, Aprons and Body Bags.

69. It is important to note that this analysis was looking at average pricing. What I saw in the initial "Red Diamond" analysis, albeit not as thorough as the GIAA analysis, was that both the HPL and non-HPL sets of offers had a wide range of prices in any one time period, with some meaningfully higher or lower than the average, reinforcing that there was no systemic pricing advantage associated with the initial contact route for that offer.

(b) Whether there was a difference in the application of controls

70. As set out in my M5 Corporate Statement at paragraph 6.21, the GIAA Phase 2 report also considered the application of controls and found that (GRW/46 - INQ000501951):

[1] I understand that in the version exhibited to my M5 Corporate Statement, GRW/455 - [INQ000478816], most of the diamonds had been lost. The relevant slides are 14, 23, 29 and 32. The red diamonds show certain HPL contracts. My understanding is that the lines show the average prices for all PPE Buy Cell contracts.

- "...we found no evidence that controls were applied differently to the suppliers that were approved via the High Priority Lane…"

- "...contracts issued by the DHSC largely followed standard DHSC terms and conditions that were developed in collaboration with the Government Legal Department."

- "...we have not identified, on the basis of work performed to date, evidence to suggest that these contracts followed different processes or that the contractual parties received preferential treatment."

- "...our review found the vast majority of PPE ordered was delivered and put to use…"

- "...key controls had been designed and established that were proportionate to the need to procure PPE at scale and pace. However, these controls continued to evolve during the course of the pandemic and some contracts were also let before all the controls were fully established."

- "The audit trail evidencing effective implementation of controls is not as robust, as those we have observed during non COVID periods. However, we found evidence that the majority of key controls had been applied, however weaknesses were identified at individual supplier lever, around the completeness and accuracy of the documentation, rationale and evidence for processes like due diligence."

71. There was therefore no evidence in the GIAA Phase 2 report that the controls or contractual terms were applied differently in relation to HPL and non-HPL routes (the GIAA Phase 1 report reached similar conclusions and used the same language as above on occasion) (GRW/44 - INQ000478823).

72. This is consistent with my understanding of the situation, in that the quality testing was done by a separate quality team from the Ministry of Defence, overseen by a group of clinicians, and I am not aware of any complaints being raised that they had any bias for or against HPL offers. The team won an Institute of Quality award for their work on PPE (GRW/59 - INQ000528197). According to a presentation which I received from the PPE Buy Cell in October 2020, the original planning assumptions were that only

80% of all products would be delivered and of that, only 80% would pass quality checks, whereas by October 2020 these were being exceeded with 95% delivered and over 99% passing quality checks (GRW/60 - INQ000528235, P3).

73. There has been press coverage that the PPE that was bought, especially from the HPL offers, was 'dodgy'; these statistics would refute that. However, as I explain in paragraph 115 below, the success in procuring a higher than expected percentage of good stock than planned and in avoiding unacceptable quality product, did contribute to the size of the excess stock holding that later had to be written off or down as shelf lives expired. A DHSC presentation from November 2020 estimated that we would hold 88 months of gowns stock by April 2022 (GRW/61 - INQ000528239, P6).

74. A particular characteristic of the sellers' market during Covid, which would not be something that would be contemplated during a non-emergency situation, was the requirement by many vendors for upfront payments; either on order or immediately on delivery, which was frequently in the Far East, for example in China. While suppliers would not want to part with product to new customers they had never dealt with before being paid, it injected the risk of paying for product that had not been fully tested, particularly as given the restrictions on travel, only limited local testing was possible, with the majority of the testing and quality resource being based in the UK. Frequently there was a significant time lag before product purchased in, for example, China would arrive in the UK for full testing. A number of cases of poor product were successfully identified and rejected in China with no payment made, but some fraction of payments were made by DHSC to vendors who it later turned out, when the product arrived in England, had submitted false documentation or substandard product. I am not aware of examples where there was any bias between HPL or non-HPL offers in this respect (or where such product was actually issued to the NHS), however DHSC would have the details. DHSC has been pursuing these cases for recovery of payments, and I can understand that recovery has been further complicated because of the overseas supply chain and the number of intermediaries.

(c) the success rate of each category

75. I understand that a higher percentage of offers which came through the HPL were successful compared to offers which came through the general route. About 1.4% of non-HPL offers resulted in contracts, compared to about 6% of HPL offers and, in terms of suppliers, around 10% on the HPL obtained a least one contract compared to around 1% of non-HPL suppliers (see my M5 Corporate Statement at paragraph

4.492.1). However, this comparison does not in itself compare like with like, since it might reasonably be anticipated that the kind of offers which had been escalated to ministers and senior officials were coming from businesses with serious offers, and that the referrers recognised them as such before sending them on.

76. I asked for the data on the fall out rates of each category of offer at each of the procurement selection stages to see if the HPL offers were falling out in an unexplainably different way than the non-HPL offers. I received a spreadsheet in December 2020, which I then added tabs to in order to compare the percentages falling out (by product category) under both the HPL and the non-HPL at the different stages (GRW/62 - INQ000528241). In my M5 Corporate Statement, tornado graphs were added to depict the overall fall outs (GRW/63 - INQ000496748). This version of the analysis is described at paragraph 4.492 of my M5 Corporate Statement. Although the fall out rates shown in the December 2020 spreadsheet were not the same for the two types of offer, comparing the two showed no major discrepancies or consistent trends from what you would expect; for example many of the non-HPL offers fell out at the information gathering stage because their webform had not been completed properly, they were duplicates, or failed the initial sift (perhaps by offering the wrong goods, or not responding to attempts to contact - the policy was to attempt to contact suppliers 3 times). Those failings were less likely on the HPL offers, where a team member was tasked to collect the data before forming a view as to whether the goods were worthy of follow up and as part of being referred, offerors had provided contact details which they were then unlikely to fail to respond to. A different example of an explainable difference would be that, given that the HPL offers were generally larger, their fallout from the 'high volume' test was unsurprisingly lower.

77. I note also that although 'an HPL offer was 6x more likely to get an order than a non HPL one', still only 6% of HPL offers resulted in an order and only 10% of HPL suppliers obtained at least one order. A supplier was therefore far from guaranteed a contract by virtue of being in the HPL. It also underlines that the 'call to arms' approach (or at least the publicity which led to many people coming forward with offers of support) did generate a lot of offers (90% of HPL, 99% of others) that were unsuitable. It is important that a system is picking up a higher percentage of viable offers if it is to be workable in an emergency. In that respect the HPL did manage to have more good offers.

(d) the speed through the process

78. I have also further considered the respective speed of offers through the process. We clearly did want at the time to prioritise the most viable offers – that is to say high

volume / provable quality / readily available at the time, and I would have understood that the Buy Cell team were doing that, wherever the offer came from. For the reasons set out below it is not easy to compare the different routes.

79. I acknowledge that the Judge in the *Ayanda* judicial review ruled that the operation of the HPL was in breach of the principle of equal treatment on the basis that the HPL process received earlier consideration at the outset of the process, though she concluded that presence on the HPL did not confer any advantage at the decision-making stage of the process. She stated that the HPL was better resourced and able to respond to offers on the same day that they arrived. I do not think I would have been aware of the difference in the systems to this level of detail at the time but even now I understand that the HPL also struggled with its resourcing and found itself overwhelmed with a backlog which was greater or smaller at various points.

80. It is not straightforward to work out logically whether any specific offer or supplier would have benefited from being dealt with more swiftly on the HPL. In each case there was toing and froing between the supplier and the Buy Cell, and the time taken to progress an offer to an order depended on many factors including the complexity of the specifications, the responsiveness of the supplier, and the difficulty of any negotiations on terms or price. Furthermore, pace through the system did not necessarily affect whether there was a deal, given that, particularly in the early stages, any appropriate offer for a product in demand would be picked up whenever it reached closing. This was not a race, with all offers starting at the same time, and all orders being placed at one time, where the early finishers would get the orders, and late comers would not. Offers were coming in all the time, and orders were being placed all the time. My sense was that in the early weeks we would have bought any viable large volume order that met our need (and was of appropriate quality, for any price deemed acceptable at that moment). As time went on, there was also a degree of variability to the process, in that since buyers were told to prioritise one product or another on any given day, an offer for such a product which landed in the closing team or clearance board on that day would be snapped up, whether or not it had progressed through the HPL, whereas it might not be purchased if it reached closing earlier or later (GRW/64 - **INQ000533654**, Clearance Board minutes from 6 May to 30 June 2020). My assumption too, in terms of whether potential suppliers "lost out" is that people with good offers of PPE were looking to sell it to other governments, or NHS Trusts directly, as well as the Buy Cell. As explained at paragraphs 60 and 61 above, I am aware of relatively few complaints from people who considered that they had a viable product which we did not purchase, and in those instances which I am aware of there were

viable reasons for the decision not to do so, such as it was the wrong product or quality was not approvable or volumes were very small.

81. I do note that in the *Ayanda* case the judge did consider that there was objective justification for treating the contracts that she had considered on the HPL as high priority, and that they would have been prioritised as such had they come through the general route, so that it was not found that any of those contracts had unfairly benefited.

82. It was my understanding that efforts were consistently made to improve the prioritising and processing of offers across the board, not just the HPL ones. The most significant delays were recognised not to be in either the HPL or the wider Opportunities team. For example, as explained above, I was involved in discussions in mid-late April 2020 when the Buy Cell was seeking to set up some 'rapid response teams' to try to reduce the processing times which, because of queueing for resources within the technical assurance teams had grown into a couple of weeks, meaning we were worried about losing offers.

83. As set out below, I acknowledge the concerns about the operation of the HPL and consider that there are ways in which such handling should be carried out in future. The Inquiry will be able to make its own findings in relation to the process, based on all of the evidence and not just the material that I have seen. However, the above analyses reflect the fact that evaluation of the different routes is not straightforward, and it cannot simply be assumed that just because there was a separate team following up on the referrals from senior referrers that any individual supplier benefitted throughout the process. I would also like to reiterate that the HPL was set up in an initially chaotic situation with staff working extremely hard across the different parts of the process to buy much needed PPE in order to save the lives of doctors and nurses working in the NHS. I do not believe that any of them would have wanted to spend time or money on promoting offers which would not result in good PPE reaching the frontline.

F. REFLECTIONS ON THE HIGH PRIORITY LANE

Context

84. In order to consider what I understand to be the benefits and objectives of the HPL it is necessary to set it in context.

85. As above, there was incredible pressure on the whole system to procure PPE as urgently as possible. There were daily clips on the news about the pressures the NHS was under, with frontline workers exhausted and working in extremis, and this was coupled with news that the NHS would shortly run out of PPE; the pressure was on to locate viable supplies and get them to the UK quickly and into use.

86. At the same time the supply routes for PPE had broken down and it was immensely difficult to identify those who genuinely had access to PPE. Such suppliers were in demand across the world, able to sell at much higher prices than usual and drive the terms of any contract. If any purchaser moved too slowly, then they might find that the product had been sold to another country.

87. As an illustration of the level of desperation at the time, in mid-April 2020 when an NHS Trust (not the central NHS buying organisation) located what was purported to be suitable PPE in Turkey, it was covered extensively on TV and initially celebrated, with the RAF being dispatched to Turkey to collect it and bring it back to the UK, where it later regrettably turned out to be useless (GRW/65 - INQ000528196). This demonstrates that there was a need to have a robust triage process which was both as effective and as speedy as possible.

88. A further aspect of the situation at the time was the overwhelming number of offers. Many of these were well-meaning but ultimately misguided (some were for rudimentary home-made PPE, but even leading companies might be offering stock that was not in fact appropriate). Some were bogus. Suppliers who were expecting their offers to be snapped up in a matter of hours might be lost among the crowd, or at least perceive themselves to have been ignored.

89. In such a situation it was perhaps inevitable that individuals who had PPE and were wanting to sell it to the UK would do what they could to bring that to the attention of those with power in the administration - ministers, MPs and senior civil servants, including using any links or contact details that their company might have.

90. Similarly, because of the widespread concern about the safety of NHS workers, those who felt that they had not been dealt with promptly would raise their concerns either within the administration or publicly through the press. As I have set out above, there were a large number of press stories relating to perceived failures to follow up offers. Many of these initially related to ventilator components, but others related to PPE.

91. It was also in practice inevitable that government ministers and other senior people would take an interest in the progress of deals which had been brought to their

attention, and subject procurers to scrutiny to make sure that offers were being followed up swiftly.

92. It would have been very difficult to turn a blind eye to what often appeared to be high quality offers of relevant PPE as referred on by senior officials and ministers in DHSC, and nigh on impossible to decline to answer such referrers' questions about how the deals were progressing.

93. The PPE Buy Cell team was therefore trying to execute a crucial task as fast as they could, under extreme pressure. It should not be forgotten that the creation of this team, in a very short space of time, in the face of enormous logistical challenges and in a novel (at that time) remote working environment, with new (and compared to today) rudimentary and fragmented IT tools such as Zoom and Skype, was by itself a big achievement. The team members worked throughout the weeks and late into the night to achieve the task set for them - to obtain PPE in a hostile market - and in doing so they saved lives and helped the NHS to function.

94. Although we can and should do what we can to ensure readiness for the next crisis, it is perhaps fanciful to imagine that the public and politicians will react any differently if supply chains collapse or are overwhelmed again. I have reflected on potential improvements below. But I should say here that I believe that, in such a crisis, a handling team which is able to absorb the inevitable pressure and persistent questions from seniors will always be necessary to prevent the whole buying process from being overwhelmed.

95. The basic problem at the root of the areas the Inquiry is rightly focused on is that in each of the cases of interest – ventilators, PPE and test and trace – the UK suddenly found itself very short of some critical items.

96. There were many items and services where the public sector reacted brilliantly to surges in demand, perhaps because we had adequate safety stocks or for other reasons. I address below how safety stocks could potentially be better structured. However, there is no way round there being a significant cost to that; and the nature of unexpected emergencies will always be that they are unexpected, and it is unrealistic to expect that even the most brilliant scenario planning will have covered all eventualities, such that we will have perfectly adequate stocks in place to cover all needs. Consequently, the next time we have a crisis, where we need something unexpected in unexpected volumes to meet an unexpected need, we can expect that the political and system leadership of the time will put significant pressure on the public sector to react and react very quickly. As citizens we would probably want them to.

97. Therefore, while I believe that we should set up better stock tracking systems and there are lessons to be learnt about the merits of public 'calls to arms' that generate huge numbers of leads that, while well intentioned, turn out to be dead ends, the reality is that people who have large offers of help that they believe will be useful will chase as many people as they can in order to be helpful, and less well intentioned actors with an eye to making quick money will do so as or more voraciously.

98. In that situation, it is not realistic, though it might from a public servant's perspective be desirable, to expect ministers and other public figures (who will be held to account if it turns out that they have not energetically progressed an offer of something that may have saved lives) to not seek information as to the status of an offer, and to merely repeat a generic response to the offeror such as 'don't worry, civil servants are working through your kind offer in an orderly way'. The Inquiry will have direct experience of the terrible tragedies that were unfolding at the time, and no one would want to be thought to have contributed to such deaths by, in this case, not pursuing PPE leads. Ministers' offices are also, rightly, driven to push forward the interest of their ministers and protect them and can in the heat of the moment be quite forthright in the way they follow up on requests, potentially in a way that is uncomfortable for the recipient. To think this is going to change in the next dire emergency that the country might face is probably unrealistic.

99. Consequently, some form of handling team to give feedback and confidence to ministers and their offices that good offers for whatever the unexpected new need is are being progressed, is going to be inevitable.

100. The pressure on the procurement teams to demonstrate and report on progress flowed directly from the huge number of offers that had to be processed, and the large percentage (99% overall for all offers) that had to be gone through that generated nothing that was due to the way, as described above at paragraph 33, offers of supply were encouraged. A more targeted call would have generated fewer overall offers, but most likely a better hit rate, meaning the work could have been done faster, somewhat obviating the need for the handling team, and hence all the downstream work and concerns that flowed from that.

101. In that context, I have reflected on the HPL. I have set out the results of analysis as to whether in fact the HPL gave an advantage to suppliers in Section E above, but even at the time I would not have understood the HPL to have been giving a significant advantage to offers from senior referrers over high quality similar offers from other sources. I would have expected both to be triaged and prioritised in accordance with

their worth to DHSC at that moment and processed through to closing. It is often forgotten that the HPL had a limited role, in only the first stage of the multistage procurement process (described in full at paragraphs 4.359 to 4.367 and paragraphs 4.422 to 4.480 of my M5 Corporate Statement). In summary the first stage – the Opportunities team, of which the HPL was a subset – collected the basic information on an offer and assessed whether an offer was, on the face of it, suitable. Thereafter, the offer would be passed on through other independent stages – the Technical Assurance team (which sought to assess whether the product documentation showed that it was of the correct specification and quality); the Closing team (which would negotiate prices). Due Diligence would also be carried out on the vendor by another separate team. The effect of this was that whatever the source of the offer, it would be subject to the same process by independent teams. The HPL was one of these teams, and as I say above I understood the sift that they carried out to be largely obtaining basic information on the nature of the offer, rather than the more significant assessment of the value of an offer which was carried out by the Technical Assurance and Closing teams. The HPL was not a bypass round the other stages or teams after the initial opportunity phase, including in particular Technical Assurance.

102. We were reassured by the independence of the different stages of this process. Technical Assurance, for example, was carried out by a team from the MOD against objective specifications prepared by DHSC, with input from MHRA and HSE. The different teams had separate line managers in their home departments to whom any concerns could have been raised, and reported separately into the PPE Cell, to ensure that only the merits of the offer were considered.

103. In the initially chaotic environment in which we were all working, mistakes were bound to be made, including (we now know) stock was overbought. I do not believe however that the GCF staff working on these offers will ever have intended to make deals which were not for appropriate PPE.

Suggestions for the future

104. I do acknowledge that the issue of the HPL has led to relentless press coverage and damage to the governments' reputation for probity in the eyes of the public. The following factors are all, to my mind, important to consider for the future.

105. First, as above I recognise that there is likely to be a need for a handling and triage team, which can absorb some of the inevitable pressures that will come in such a situation. It will remain important that the decisions as to whether or not to grant a

contract remain independent of ministerial pressure - having separate groups in control of different stages of the process will assist in that, though they may need to work in tandem in order be able to effectively push through deals from beginning to end as ultimately happened with the Rapid Response Teams. It will be important that good deals are identified and are taken through the process quickly, wherever they come from. It will also be important that ministers and the public are able to hold the efficacy of the process up to scrutiny, and that they are able to raise concerns if offers have become stuck in the system; on the other hand, time should not be wasted on chasing poor deals. That may call for particular judgement and restraint on the part of politicians to ensure that the process is not being derailed.

106. Two further points specific to the HPL:

- *the name:* as above, I did worry when I heard it that in setting up such a team, using a term such as 'VIP' or 'High Priority', or whichever name was used, was likely to be problematic (GRW/66 - INQ000528207).[2] I appreciate that those names would encourage providers to calm down, to not take their product overseas, and leave the buying teams alone and satisfy referrers (though I do not know what communication there was between referrers and suppliers in relation to this). However, it did risk unfortunate connotations, as has turned out to be the case, in that it implied favoured status or an ability to bypass other process steps.

- *staffing:* In retrospect it would have been better to have had a handling team that was staffed by non-commercial people who, not being qualified procurers, would self-evidently not be involved in any decision making or progression of offers. However, in the heat of the moment, getting hold of additional staff from areas inside or outside the Cabinet Office within the required day or so felt, and likely would have been, impossible due to other pressures (for example staffing up the Covid Taskforce). The GCO employment model is unusual but very helpful in that regard, so in reality, commercial people were the only people we had that we could call on.

107. Secondly, it is important to ensure that the system is not overwhelmed by poor offers. This may mean not having 'calls to arms' but rather a direct approach to the key

[2] This was recognised by a member of the HPL team in an internal email to another member of the HPL team at the start of April 2020: *"This is where I fear being known as the 'high priority' team may cause issues and we may just get anything someone thinks is a high priority!!"*. Please note I did not see this email at the time, but have included it as it gives an indication as to how the HPL team viewed themselves, which was not as a 'lane'.

suppliers in the market – similar to the approach successfully adopted for the Ventilator Challenge – which even when cascaded down their supply chains, would have allowed a far more targeted and efficient approach to the procurement of PPE and would potentially have avoided the need for the HPL, though such an approach would have to be managed to ensure that all viable suppliers were approached in a standardised way. As I have tried to describe above, the main difficulty faced by the Opportunities Teams in reviewing the offers received was the sheer volume of the offers, including a large number that were not credible or suitable, but which nonetheless had to be looked at. To put this in perspective, as stated at paragraph 100 above, only around 1% of offers received resulted in an order – the effort put in to processing and assessing the other 99% was wasted, at a time when speed was (perceived as literally) a matter of life and death, and resource was very scarce.

108. Thirdly, transparency. A big part of the negative impact of the HPL was in my view due to a failure to publish contract details promptly. I feel that the reality is that the delays in publishing were due to resources that were insufficient to handle the tsunami of contract specific paperwork required and the need for diligent checking of the contract information, particularly in light of the transparency requirements for Regulation 32 awards, rather than any attempt by DHSC and other staff to hide any details of the contract or obscure the appropriateness of the contracts (GRW/67 - INQ000528219). I sent emails (as early as May 2020) relating to the need to publish contracts promptly (GRW/68, GRW/69, GRW/70, GRW/71 & GRW/72 - INQ000528248, INQ000528224, INQ000528244, INQ000528220 & INQ000528250) and I tried to find some additional resource to try to publish the PPE contracts more promptly. But as laid out in my M5 Corporate Statement, we were unable to do that, not least as this work required input from and information held by those involved in the PPE Buy Cell but who had increasingly returned to their own departments and who had to continue with that department's underlying workload, for example the normal defence procurement work carried out by the DE&S team that the MOD lent in did not go away because of the pandemic. It took us too long to overcome the complexities of the disaggregated data and dispersed staff, which gave rise to the narrative in the press and politically that because the contract award notes and contracts had not been published promptly there must be something 'dodgy' about them, which I do not believe was the case. It is a matter of regret to me that this inaccurate interpretation of this failure to publish properly was not rebutted publicly by the Cabinet Office seniors or by politicians (individual civil servants having no right of public reply) but it was not (GRW/73 &

GRW/74 - INQ000528245 & INQ000528251), and it did indeed leave the public perception of impropriety unanswered.

109. Transparency remains of great importance to public procurement and to that end significant steps have (and had already by the time of the Pandemic) been taken, for example in the publishing of contract Key Performance Indicators ("KPIs") and later in establishing monthly charts to monitor the time taken to publish Contracts Finder notices. I address this in more detail in my further (4th) Statement. The KPI process was designed for service contracts where there are a range of KPIs that need to be delivered, it was not designed for product deliveries, where more binary measures are applied; for example: does the product meet spec, and was it delivered on time. It was a matter for DHSC if those measures were published for PPE delivery, and there is a good argument that releasing that information might have made concurrent negotiations harder. On the other hand, publishing the success of the overall product (PPE) contracts might have given the public confidence in the diligence of the officials and the system they were operating and put in context the relatively small percentage of product that was paid for that turned out to be faulty (distinct from the large quantities of good products that turned out to be of good quality but of excess quantity and which were scrapped as its shelf life expired).

110. In terms of publishing KPIs, an earlier initiative to drive transparency and performance of vendors was the requirement for 'gold' level outsourced services contracts to have their top 3 KPIs identified and published. The aim was 3-fold:

- To demonstrate to citizens / interested parties that value was / or was not being delivered by the largest outsourcing contracts.

- To encourage competition the next time that contract was let; competitors could see the results being delivered and assess how to win the contract, and the supplier would know that their performance was going to be made public.

- Lastly, but almost most importantly, to encourage contracting authorities to focus on the top 3 issues that an outsourcing contract was supposed to deliver and be very clear on the outcomes required. Too often previous generations of contracts had been vague about the desired KPIs until after signature, a sure way of encouraging gaming of the process and the KPIs that were eventually set.

111. By 2020/2021, an accumulative total of 2,511 KPIs and their outcomes were being published, with 77% rated as good. By year end 2023/2024, the figures had risen to 14,237, with 83% rated as good.

112. Another step taken to improve compliance with transparency requirements was the tightening up and simplifying of the rules as to when CFNs needed to be published under PPN 09/2021. Under PPN 09/2021, the guidance on a "reasonable time" was changed to 30 days after contract award for central contracting authorities, the same time period as for CANs, and 90 days after contract award for sub-central contracting authorities (see paragraphs 3.23 to 3.27 of my M5 Corporate Statement). This straightened out a confusion that became evident with the pre-existing 2017 guidance, where, because direct awards don't have a standstill period, the required publishing date was potentially unclear. This change was intended as a clarification not an easing of the publishing conditions, and in the case of PPE would not have changed the fact that too long was being taken under either guidance regime.

Other problems

113. The Inquiry has requested that I include any further reflections here, though I have also detailed these in other statements. I would offer the following comments in addition to those in my M5 Corporate Statement and my Module 1 Corporate Witness Statement.

114. The Inquiry has rightly asked about a number of issues that generated concern during and after the pandemic; and it is hoped the above comments have been helpful in showing how we could improve. I do believe, however, that a number of these issues flow directly from underlying issues outside of the procurement or DHSC teams, which unfortunately made some of the subsequent problems all but inevitable. This included the following:

- We had not anticipated the need for ventilators and so started the pandemic with many fewer than I believe is the case for other countries (on a per capita basis) which again meant that we were always going to be scrambling to rectify the situation. Not having an inventory of how many ventilators: what type, age, state of repair, and where, made trying to estimate how many we would need even harder.

- Lack of planning for a pandemic of the type that we experienced: While it is very easy for me as a non-medical / clinical / pandemic expert to say, the fact that the pandemic PPE stock did not contain the right types of product for

dealing with Covid (e.g. gowns) meant that the specifying and procurement teams were always going to be playing catch up and having to take risks they would not normally have recommended to ensure supply. The cost of this of course needs to be set against the possibility that products in a pandemic stock are the wrong ones or are never needed and consequently are just an expensive burden, accentuated if the products in the stock have a short shelf life compared to the usage rate of the stock.

- The NHS had no stock management and ordering system throughout their estate to allow us to know what stocks (of PPE) we had or what the actual usage rate was. This meant the demand management team in DHSC / NHS was always going to have to make estimates, which in this case proved to be much more conservative than was necessary. I believe that the NHS is working on this, and the NHS commercial team have already, since the pandemic, rolled out a 'health family' wide procurement system (Atamis), to integrate demand and over time and harmonise pricing. When the overbuying became clear, I wrote to David Williams and colleagues in DHSC, who were by then looking to cancel contracts where they could if it were costless, to set out that we should try to reduce our spend even if it involved cancellation penalties for excess or unfulfilled orders. This is institutionally counter cultural; changing that however would have allowed money to be saved (GRW/75 - INQ000528238).

115. A factor that perversely contributed to the surplus of PPE was the success of the Buy Cell. The buy targets had to assume, and make allowances for the assumption, that certain products for which purchase orders were placed would not be delivered or would be found on delivery to be non-compliant. As set out at paragraph 73 above, in the event more orders were delivered and passed quality controls than had been predicted to us.

116. Additional issues with the NHS, SCCL DHSC supply chain and procurement areas further exacerbated difficulties:

- The stock management and contracting / ordering system within SCCL had no spare capacity for more than a very few additional users without risking crashing, requiring users to remain on their own, fragmented systems. The conflicting/ fragmented IT systems caused issues in terms of data recording and gathering (GRW/37 - INQ000528216). I believe the lack of spare capacity has since been resolved by system upgrades. To assist in future emergencies,

spare IT capacity for resource surges should be considered, but of course this comes at a cost. The move in the Central departments to 'Shared Services' built off common systems will help resilience in this area.

- The lack of detailed contingency planning and supply chain mapping of where PPE products were produced / where the raw materials came from, to protect in the event that the existing distributor fed supply chain failed, cost us a number of weeks at the beginning of the pandemic. A presentation given to me by SCCL on 13 March 2020 (attached) illustrates the problem. I believe that it had been put together only shortly before I saw it. It outlines a three-stage process to expand volumes being bought, but it is relatively high level and was rapidly overtaken by the speed of the onset of the pandemic and the resultant exponential growth in demand. The cost of generating and maintaining such a map, in sufficient detail to be genuinely useful, has to be set against the cost of not having such a map for the infrequent occasion it is actually needed. The production of such a map is not an easy task. Even if we had done detailed mapping previously, we would probably only have done it for those items that were in the pandemic stock, being those which we were most worried about - in the event those proved not to be the correct set of products. Further, even knowing who the lower tier suppliers are is not necessarily helpful if you do not have a budget for, and history of, buying from those vendors and thus building a relationship with them. The cost of setting that up and the staff to keep such data and relationships going is substantial and will sooner or later be regarded as a luxury outside of an emergency. Rob Nixon in CTT rapidly worked up a series of slides on where we should be looking, attached is the version from 26 April 2020 (GRW/76 - INQ000528215). The lack of supply chain visibility was also one of four major observations of problems, and potential areas of improvement, identified in the existing PPE supply chain in a presentation DHSC gave in October 2020 that I had been asked to comment on (GRW/77 - INQ000528237).

117. These procurement costs have to be set in the context of what government currently spends on its procurement function, which is approximately 0.6% of the cost of the goods and services procured. That compares with benchmarks given by external consultants of 1.0% (Bain 2016) and 1.61% (BCG 2022). These percentages do vary by industry sector but nonetheless indicate a potentially meaningful funding gap. Comparisons are not straightforward or the differences linear, for example the

government has much larger buying scale than most corporates, indicating that government should expect to require a smaller percentage of spend to be allocated to the procurement function. On the other hand government departments buy a much wider range of products and services than corporates, who are typically much more focused on what they specialise in and therefore depend on to manufacture or sell their products. Extreme examples would be that even the most diversified retailers or pharma or software companies have no need to buy prisons, military equipment, flood defence systems, etc. This wider range of government purchases implies the need for a larger procurement function relative to the amount spent. There is no doubt that many of the risk reduction ideas that have been floated in the past months are well worth considering, the problem is getting them funded. Government is always looking to control its costs, and most procurement teams are anyway understaffed, relative to the approved headcount 'Blueprints'; there will always be competition from other deserving parts of government for the funding needed to put the above capabilities in place.

Conclusion

118. I have tried to set out in the above my understanding of the very difficult procurement environment during the pandemic, the inevitable pressures that it caused upon those carrying out the procuring, and the need for a handling team as a result.

119. Although I was not involved in the daily running of the HPL, I have also set out my understanding of the role of the HPL in carrying out an initial sift of the opportunities referred to them before passing it on to other independent teams, as well as carrying out a handling role in relation to the offer subsequently. It will be for the Inquiry to assess the effect of the HPL, but it is unquestionably the case that many good offers came through the HPL - often ones which had simply been escalated to the attention of referrers who otherwise had no link with them. I have set out for the Inquiry's assistance above the results of analyses that I am aware of which assessed the extent to which being on the HPL affected the price paid, the level of controls applied, or the success rate of each category, and I respectfully invite the Inquiry to consider those analyses before reaching its conclusions.

120. On behalf of those members of the GCF and other parts of the public sector who worked in the Buy Cell, I would note the hard and skilful work that was put in to securing PPE in an extremely hostile buying environment, in following up diligently the leads that were given to them, and their success in obtaining lifesaving PPE against the

odds. That said, there are definitely lessons, including those mentioned above, to be learnt that would improve our response should such a pandemic strike again, and they will be grateful for any assistance or findings the Inquiry can give in ensuring that in any future crisis their task can be carried out by others in as effective, fair and transparent manner as is possible.

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 in its truth.

Signed: Personal Data

Dated: 14 January 2025