Witness name: Chris Hall
Statement No.: Second
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THE UNITED KINGDOM COVID 19 INQUIRY
SECOND WITNESS STATEMENT OF CHRIS HALL

I, **CHRIS HALL**, WILL SAY AS FOLLOWS:

1. I make this statement in response to the request for evidence under Rule 9 of the Inquiry Rules 2006 made by letter dated 30 August 2024 on behalf of Baroness Heather Hallett, the Chair of the UK Covid-19 Inquiry.

2. This is the second statement which I have made addressing the key aspects of my involvement in the procurement and distribution of key healthcare equipment and supplies including PPE, ventilators and oxygen, lateral flow tests and PCR tests relating to the UK's response to Covid-19 from 1 January 2020 to 28 June 2022.

3. My first statement dated 15 January 2025 addressed my knowledge of and involvement in the processing of referrals by the High Priority Lane, as well as the key activities and initiatives which I launched whilst working in the PPE Buy Cell. Some of the evidence which I have provided in that statement is relevant to the questions posed in the Inquiry's second Rule 9 request dated 30 August 2024.

A. BACKGROUND

4. In my first statement to the Inquiry, I set out a summary of my professional background and the roles which I held both prior to and during the pandemic. As I have explained in my first statement, I worked in the PPE Buy Cell between 2 April 2020 and 30 June 2020. I had no role in the procurement of ventilators, PCR testing equipment or oxygen.

5. Between 25 September 2020 and 31 January 2021, I was seconded to the NHS test and trace programme working for Jacqui Rock, Commercial Director. Around 2 October 2020, I was asked to act as the Commercial Director of a new project to establish UK manufacturing of lateral flow tests (LFTs). In this role, I reported to the Programme Director who from 9 October 2020 was Frank Hayden and from 25 November 2020 Frazer Bennett of PA Consulting.

6. This initiative, to establish UK manufacturing of LFTs, was overseen by a programme board chaired initially by Emma Stanton, Director of Supplies and Innovation as part of NHS Test and Trace and later Mike Coupe, formerly CEO of the supermarket retailer Sainsbury's. In my role, I had no delegated authority to sign contracts as I was not an employee of DHSC.

7. I was not involved in the creation of the Government Commercial Function's Outsourcing Playbook dated February 2019. I did not use the Outsourcing Playbook in the procurement of PPE and LFTs as it is a piece of guidance concerned with outsourcing and not with the purchasing of commodities.

8. I understand that in March 2020 and for some time thereafter a daily meeting was chaired initially by Michael Gove, Chancellor of the Duchy of Lancaster, and subsequently by Lord Agnew, Minister of State at the Cabinet Office in relation to the procurement of ventilators and other healthcare equipment. I did not attend these meetings and did not receive a readout from them.

B. PPE PROCUREMENT

Preparedness

9. Guidance was available at the start of the pandemic on how to apply the Public Contracts Regulations 2015 in cases of extreme urgency. I am not aware that there was any specific, pre-prepared buying strategy for any of the healthcare commodities in the scope of Module 5, and I do not believe anyone could have drawn up a detailed, useful strategy before the pandemic. It would have been very difficult to predict how much equipment would be needed and the unique market conditions which were generated by the pandemic. However, as an early task after its establishment, the PPE Buy Cell quickly developed a PPE sourcing strategy and promptly executed it as I have explained at section 11 of my first statement.

PPE Buy Cell

10. As I have explained in my first statement to the Inquiry, I joined the PPE Buy Cell on 2 April 2020 after offering my support to Janette Gibbs, interim head of the Complex Transactions Team (CTT). I was assigned to the High Priority Lane team and reported initially to Max Cairnduff. I subsequently took on a wider managerial role within the PPE Buy Cell and reported to Jonathan Marron, Director General for Primary Care and Prevention at the Department of Health and Social Care and Emily Lawson, the Chief Commercial Officer of NHSE/I.

11. When I joined the PPE Buy Cell, it was staffed with civil servants drawn from many different government departments as well as public servants from outside central government who had volunteered to assist. These officials were supported by consultants from Deloitte who were mostly assigned to the UK Make team, as well as consultants from Baringa who had been recruited as part of the CTT's co-sourcing arrangement to provide additional capacity. Several individual consultants were also hired to support the work of the PPE Buy Cell by the GCO.

12. The PPE Buy Cell had two 'standup' meetings every weekday. The first at 8.30am was chaired by Emily Lawson and was an opportunity to cascade information (such as which categories of goods were in highest demand) from DHSC and NHS managers to the buying teams. I never attended this meeting, as Andy Wood and others represented the PPE Buy Cell. The information communicated to Andy Wood in this meeting was then cascaded to PPE Buy Cell Team Leaders during the 9.30am meeting held every weekday and chaired by Andy Wood.

13. I regularly attended this 9.30am meeting, which I thought had excellent preparation from the Programme Management Office and was chaired effectively by Andy. These daily 9.30am meetings were essentially tactical and highly necessary, especially for a virtual team where hardly anybody had worked together before (or even met face to face). Other meetings reviewed the direction of the buying effort and offered more time for reflection and discussion of ways to improve how PPE was bought.

Liaison with Lord Deighton

14. Lord Paul Deighton was appointed by Matt Hancock, the Secretary of State for the DHSC, to manage the effort to manufacture PPE in the UK on 19 April 2020, and soon afterwards

(on or before 27 April 2020) was appointed as "PPE tsar" in charge of all efforts to acquire PPE for the health and social care sector, including the PPE Buy Cell. I believe that accountability for the spend involved in buying PPE remained with the DHSC Permanent Secretary, but Paul was in charge of the organisation and management of this effort.

15. Together with Andy Wood, I gave a briefing to Paul on 27 April 2020. The purpose of the briefing was to introduce ourselves to Paul, to help in his preparations for taking over management of the unit, and to make him aware of the work that had been done by Cabinet Office staff, the MoD and others, including the many volunteers in the PPE Buy Cell. I remember that my first impressions of Paul were that he came across as a highly experienced and capable person, and that he was very interested in our reflections from our weeks of sourcing PPE. We had some high level discussions about sourcing strategy (including the role DIT might play going forward) **[CH/01 - INQ000534637]**.

16. Following this introduction, we provided Paul with the latest copy of the PPE Sourcing Strategy, which he welcomed **[CH/02 - INQ000534632]; [CH/03 - INQ000563541]** and also alerted him to the existence and purpose of the HPL, as he was already receiving unsolicited offers of products. I believe that, in referring offers to the HPL, Paul was concerned to maintain the credibility of the buying programme which he had been brought in to lead and wished to reassure those who had approached him directly that their offers had been referred to an appropriate team and that they would receive a more detailed follow up at a later date **[CH/04 - INQ000563543]**.

17. As part of these early discussions, I sent Paul a short briefing note that I had prepared in late April for Alex Chisholm and others in the Cabinet Office and DHSC, summarising the achievements and challenges of the PPE Buy Cell **[CH/05 - INQ000563542]; [CH/06 - INQ000534638]; [CH/07 - INQ000534636]; [CH/08 - INQ000534633]**. We later gave Paul and other new colleagues a more detailed briefing at a 'deep dive' meeting on PPE buying on 5 May 2020 **[CH/09 - INQ000534644]**. This briefing listed the outcomes achieved by the PPE Buy Cell and some of the problems of operation, together with approaches to fixing them **[CH/10 - INQ000534645]; [CH/11 - INQ000534646]**. Later that day Paul asked how we could clear down the 'noise' to focus on 'delivering superbly' with our most important suppliers - which was the primary driver behind the later reorganisation of the PPE Buy Cell **[CH/12 - INQ000534643]**.

18. A follow-up to this meeting took place a week later on 12 May 2020 at which we gave more detail on why a different operational model was necessary and what shape it might take **[CH/13 - INQ000534651]; [CH/14 - INQ000534650]**. My interactions with Paul were all positive; he brought a calm and reassuring leadership to the team, he was supportive while challenging us to perform, he introduced a number of very capable people to refresh our management team at a time when the 'originals' were feeling tired, and we were confident that he presented our successes and issues to senior stakeholders, including the Prime Minister, clearly and with authority.

Leading PPE procurement

19. The commercial expertise necessary to respond to the pandemic had been built within the civil service by the Government Commercial Function. This expertise was quickly mobilised to assist departments which had pressing needs to acquire goods and services. There was some debate about who should be responsible for purchasing PPE and a proposal was made that the Department for International Trade (DIT) should lead the procurement exercise. An outline of this proposal is contained in the documents exhibited **[CH/15 - INQ000534629]; [CH/16 - INQ000534630]; [CH/17 - INQ000534631]**.

20. I was aware that this proposal had been made, and indeed attended a video call with the Secretary of State Matt Hancock MP in, I believe, late April 2020 where it appeared that this proposal had been accepted.

21. In my view, the DIT did not have the necessary expertise or resources to manage the commercial aspects of such a procurement. It was right for the buying process to be led from DHSC with the support of, among others, Cabinet Office and the MoD. The commercial staff who were recruited from private sector consultancies to support the work of the PPE Buy Cell, in my assessment, served us well during the crisis, and Lord Deighton brought a number of other experienced and talented executives to the task. Switching to a DIT-led approach as proposed would have been a risk, because changing approach and key personnel in the middle of the crisis would have led to a period of adjustment while these new arrangements bedded down, and performance of the PPE Buy Cell would have dipped. I believe that the proposal was later withdrawn **[CH/18 - INQ000534635]**.

PPE Buying Targets

22. I was responsible, with Andy Wood, for reviewing how the PPE Buy Cell met the buying targets set in the Buying Plan **[CH/19 - INQ000498279]; [CH/20 - INQ000534634]**. The Buying Plan distributed the buying targets derived from the 'McKinsey model' across the three principal buying streams of the PPE Buy Cell, which were SCCL (buying from the pre-pandemic established supply base), China Buy (buying direct from Chinese factories and large intermediaries) and UK Buy (buying from (primarily UK-based) intermediaries).

23. A meeting was held twice a week to review how the PPE Buy Cell was performing against its targets. These meetings were chaired either by me or by Andy. The purpose of these meetings was not to change the targets but to compare them with our predicted supply and to assess where we needed to focus our efforts by category (e.g. gowns, masks and gloves) and by stream (i.e. SCCL, China Buy and UK Buy). As reviewers, it was our role to see whether forecasted opportunities for each stream would meet the targets and to redistribute those targets as needed. Where predicted supply fell short of the targets, we would not instruct caseworkers to accept higher prices but would work to identify which streams had the potential to fill the gaps. This was part of a wider drive to increase the efficiency of the PPE Buy Cell, including changing the buying strategy to focus on repeat orders from a smaller overall number of suppliers.

24. Responsibility for updating the Buying Plan rested with consultants from Efficio, who were retained by DHSC. It is my understanding that they used data derived from purchase orders to update the plan at least once a week. The plan also included forecasts of what opportunities the stream leads expected to translate into orders. This changed the buying target, which was the gap between demand and orders, including some allowance for expected orders. Overall I believe that Efficio's consultants did an excellent job, even though they were working in difficult circumstances with imperfect data **[CH/21 - INQ000528216]**.

25. The figures that we were reviewing in these meetings from the end of April 2020 primarily showed flows of product **[CH/22 - INQ000534648]; [CH/23 - INQ000473910]**. These figures almost without exception showed shortfalls; we did not have enough product on order to meet predicted demand in the short term, for example **[CH/24 - INQ000534651, page 6]**. It was only towards the end of May or the beginning of June 2020 that figures were presented to us in a different format, that showed a forecast of stocks for the full calendar year 2020. This demonstrated that while we were likely to be short of product in the short term, the orders that we had placed would result in stocks of product

accumulating from mid-summer 2020 onwards, for example **[CH/25 - INQ000534656, slide 11]**; **[CH/26 - INQ000563552, slide 17]**. This only became clear to me with the change in the format of reporting.

26. As an example, in pursuit of having adequate stocks of product in, say July 2020, we ordered 3 months of production from a given factory - which also led to deliveries in August and September 2020. I believe that this lag between placing orders and accepting delivery may have contributed to the build-up of surpluses of PPE in the second half of 2020. The biggest factor behind the buildup of surplus, however, was the unavoidable inaccuracy in the demand forecast. As the first corporate witness statement of the Cabinet Office explains, the demand forecast was based on the Reasonable Worst Case Scenario, which predicted a case rate nearly twice that which actually occurred, and on a PPE usage model that turned out not to reflect real-world practice. We were also asked by DHSC colleagues to build a stockpile against a second wave of the virus, which occurred in winter 2020-21; by which time vaccines were available.

Spending Controls

27. I was not responsible for and had no involvement in the monitoring of expenditure by DHSC in the procurement of PPE. Responsibility for this task rested with DHSC Finance. Moreover, it was not my role to operate the Cabinet Office spend controls on behalf of HM Treasury. This was the function of the GCF Spending Controls team within the Commercial Continuous Improvement team. However, as I shall explain in further detail below, I was involved in some discussions about the application of spend controls to PPE purchasing during the time I spent working in the Buy Cell. Moreover, I was responsible for establishing the PPE Clearance Board in early May 2020 which performed a similar function to the spend controls in that it provided additional assurance on deals over a threshold of £5 million.

28. In early April 2020, I contacted my colleague Will May, Acting Director of Commercial Continuous Improvement in the GCF, to raise a concern which had been expressed by the management group of the PPE Buy Cell about the length of time it might take to secure spending controls approval from the Cabinet Office. I pointed out to Will that 48 hours was too long to wait for spending approval due to the volatility of pricing in the market for PPE. Will acknowledged that there was a need to propose an alternative approach to Lord Agnew, Minister of State, and suggested either making PPE exempt from spending

controls or providing a blanket approval subject to certain conditions. I endorsed the latter approach and requested that Will consult with Gareth Rhys Williams, the Chief Commercial Officer, before approaching Lord Agnew **[CH/27 - INQ000534621]**. The following day I received an update from a member of Will's team about the action which the team was proposing to take, which involved CO ministerial approval for contentious or high value cases with 'desk' approval for all others (i.e. checking by an official only) **[CH/28 - INQ000534622]**.

29. Two weeks later, the issue of spend controls was raised again by Melinda Johnson, Commercial Director at DHSC, during a discussion about setting up the Rapid Response Team. Melinda suggested that the DHSC might be held up in giving approval to deals by Cabinet Office spend controls and requested that these be shelved or applied retrospectively. I had understood from my earlier discussions with Will and his team that action might be taken to relax the spend controls. I, therefore, referred Melinda's request back to Will who confirmed that it was not intended to apply CO spend controls to PPE and suggested that the CO align its approach with the conditions attached to the spending envelope approved by HM Treasury **[CH/29 - INQ000534618]; [CH/30 - INQ000496709]**. I was not a recipient of the letter from the Chief Secretary to the Treasury to the Secretary of State for Health and Social Care and the Chancellor of the Duchy of Lancaster and Minister of State for the Cabinet Office dated 24 April 2020. However, I have since been shown a copy of that letter and I understand that the conditions placed on the funding envelope are summarised at Annex C **[CH/31 - INQ000512995]**. These include asking FCO to check on the suitability of foreign counterparties, checking all stock for medical suitability before distribution, checking the terms and conditions of purchase contracts for unacceptable risks and making reasonable attempts to keep prices within 25% of the average. In addition, the DHSC Accounting Officer was asked to sign off each payment, HMT was to be informed of all raw materials purchases, and DHSC was to ensure that if materials were provided to manufacturers, this was reflected in the purchase price of goods. DHSC were asked to keep prepayments to a minimum and to obtain CO approval of any contracts.

30. I later provided assistance to the DHSC in applying to HMT for an increase in the size of the PPE funding envelope which was agreed in June 2020 **[CH/32 - INQ000534652]**; **[CH/33 - INQ000534655]**. I also held a number of discussions with a Treasury official

named Rob Jenkins concerning PPE, giving him some background on what was being bought and how.

PPE Clearance Board

31. As I have explained at section 8 of my first statement to the Inquiry **[CH/34 – INQXXXXXXXXX]**, I set up the Clearance Board on 5 May 2020 at the request of Chris Young, Finance Director and Accounting Officer in DHSC and Jon Fundry, a director of MHRA who had been seconded to DHSC to act with Chris as one of the delegated accounting officers. The function of the Clearance Board was to provide additional assurance to the Accounting Officer by reviewing deals from the Buy and China teams valued at more than £5m and by checking that it was appropriate to proceed. The Clearance Board met each day of the week and, as needed, at weekends. From 11 June 2020, deals from the Make team were also submitted to the Clearance Board **[CH/35 - INQ000534657]**.

32. Given that many of the potential suppliers of PPE were previously unknown to the DHSC, and to ensure the quality of the information provided to the board, I recommended that the deals were presented to the board by Senior Civil Servants of Deputy Director grade or equivalent. Most of the presentations to the board were made by Mike Beard, from the MOD and head of the Closing Team, or Bruce Marshall, also from the MOD and a senior member of the Defence Equipment and Support (DE&S) team. Occasionally, caseworkers from the China team or the HPL presented their own cases to the board or attended to answer questions raised by members of the board about, for example, the suitability of the counterparty. From early June, some NHS trusts (who were augmenting the 'central' PPE Buy Cell teams) also presented deals to the board.

33. In addition to the four voting members, whom I have identified in my first statement to the Inquiry, meetings of the Clearance Board were regularly attended by one of my two private secretaries (who produced a minute) and by Robert Messenger, a senior government lawyer. On occasion, meetings of the board would be attended by product specialists who were appointed to lead the category groups assigned to procuring PPE such as gloves, goggles, gowns and masks.[1] Initially these product specialists acted in an advisory role to

[1] James Bulley, Eyewear Category Lead; Gerry Walsh, Gloves Category Lead supported by Hannah Bolton of Baringa Consulting; Jan Matthews, Films Category Lead; Simon Wright, Masks Category Lead; Charlie Wijeratna, Chemicals Category Lead; Nick Townsend, Gowns Category Lead.

the board to confirm whether or not the products and quantities offered were needed. In doing so, they provided an additional layer of assurance that the deals proposed were necessary. Once the new category-based structure of purchasing became established (from around 5 June 2020), these specialists began to present their own deals to the board **[CH/36 - INQ000534654]**.

34. Prior to the meeting, board members were provided with deal sheets which summarised the cases that would be discussed that evening. I always made time to read these case summaries before the board met. The checks carried out by the Clearance Board were intended to verify that: (a) the necessary technical assurance and due diligence had been done; (b) any risks associated with the counterparty were being appropriately managed; (c) the product on offer was still required by the NHS and/or social care; (d) the deal was supported by the category and the closing teams ; and (e) the pricing and the commercial terms were not out of line with recent comparable deals.

35. Decisions of the PPE Clearance Board were communicated by email to attendees each evening after the board meeting **[CH/37 - INQ000527561]**. Like all other activity in the PPE Buy Cell, the work of the PPE Clearance Board was overseen by a management board chaired initially by Jonathan Marron and Emily Lawson and later by Lord Deighton. From 12 June 2020 this management board was titled the Programme Delivery Board **[CH/25 - INQ000534656].** PPE Clearance Board minutes were copied to Rear Admiral Jim Higham, who ran the PIDU[2] for the Programme Delivery Board.

36. I understand that, from early May 2020, Emily Lawson and Jonathan Marron were asked to review and to comment upon deals over £100m before final approval was sought from David Williams, Second Permanent Secretary at the DHSC **[CH/38 - INQ000534640]**; **[CH/39 - INQ000563545]**.

Conflicts of Interest

37. Whilst working within the PPE Buy Cell, the only part of DHSC's procedures for managing Conflicts of Interest that I was involved in was the 'Conflicts of Interest' declaration made by suppliers on registration. I understand that there were obligations on suppliers to avoid Conflicts of Interest in DHSC's standard terms. I was not at any stage instructed to change or adapt the Department's procedures. However, I recall NCA RO specific occasions where

[2] Programme Integration and Delivery Unit, which provided the secretariat for the Programme Delivery Board.

concerns about potential conflicts of interest were raised with me. These concerns related to the companies Uniserve NCA RO

(a) Uniserve

38. When the PPE Buy Cell was initially launched, a variety of different shipping arrangements were agreed to transport the goods from their country of manufacture to the DHSC's dedicated distribution centre in Daventry. Many of these shipments were managed by Uniserve, the DHSC's shipping agent, which operated a system known as "OneWorld" to record and monitor their progress. I was approached by Iain Liddell, Managing Director of Uniserve, on or around 18 April 2020 **[CH/40 - INQ000534628]**. He was proposing to act as a buying agent for the DHSC which I did not think the Department was ready to consider and therefore did not take the proposal forward. He also offered to demonstrate the OneWorld system to me. At this stage, our data on the progress of shipments was very poor. Several of the contracts which had been let by the DHSC generated multiple shipments from China over a period of several months. These shipments were being managed by various different carriers, including those contracted by Uniserve, and as a result the DHSC did not have a consolidated picture of inbound logistics and, in particular, what stock was arriving when.

39. Iain proposed that the DHSC contract with Uniserve to input all of our shipping data into OneWorld to create this consolidated picture. A significant proportion of the DHSC's shipping data was already held on the OneWorld system and, therefore, all that was required was to add the shipping data from other carriers to the system. I concluded that we should take the solution forward which Iain offered to provide at cost, and asked Jonathan Arrowsmith to make it happen **[CH/41 – INQ000563539]**. I later contacted Melinda Johnson to seek approval for Uniserve to commence work before final commercial terms were agreed. Melinda pointed out that, in addition to logistics, Uniserve was purchasing PPE on behalf of the DHSC and that care therefore needed to be taken to ensure that their access to the data of other suppliers was managed appropriately **[CH/42 – INQ000563540]**.

40. I had no involvement in the negotiations which concluded in the award of the OneWorld contract to Uniserve. On 24 April 2020, I received an update from Jonathan Arrowsmith informing me that the contract had been signed **[CH/43 - INQ000528511]**. I was later made aware of an issue concerning how much Uniserve had had to spend in order to acquire

and clean the DHSC's shipping data. I was supportive of the spend as I considered that it represented a good investment for DHSC **[CH/44 - INQ000563551]**; **[CH/45 - INQ000563550]**. I was not directly involved in the buying side of Uniserve's operations and the processing of offers which it made to the PPE Buy Cell. However, I was aware that Uniserve had made offers to supply PPE which had been processed on the HPL as concerns about the speed with which they were progressing in technical assurance had been shared with me in early April 2020 **[CH/46 - INQ000528476; CH/47 - INQ000534804**]. I believe that the company had originally been referred to DHSC by Lord Agnew, as was later published on gov.uk **[CH/48 - INQ000534805]**.

41. Due to my initial contact with Iain Liddell in relation to the OneWorld solution and my senior management role in the Buy Cell, Uniserve's further offers to supply PPE were occasionally escalated to me owing to concerns about the speed with which the offers were progressing, for example **[CH/49 - INQ000534649]; [CH/50 - INQ000534658]; [CH/51 - INQ000534659]**. On or around 8 May 2020, I discussed Uniserve's latest offer with Jonathan Arrowsmith and agreed that they should be processed on the HPL as Uniserve was a large and reliable supplier which was generating a lot of good leads. I suggested that some of Uniserve's offers might be suitable for the RRT on the basis that they were offering to source products which we needed in the quantities we desired and, due to their experience, they would be capable of executing a deal quickly **[CH/49 - INQ000534649]**.

42. The Cabinet Office had, since 2012, retained a number of 'Crown Representatives', senior executives who worked for the Cabinet Office on a part time basis. These executives provided a point of liaison for the Government's Strategic Suppliers, who all had high value contracts with a number of different Departments of State. This was considered a proven and successful part of government's supplier management approach. In June 2020, a number of these Crown Representatives were asked to undertake a similar role for some of the PPE suppliers who had already been awarded significant contracts, one of which was Uniserve **[CH/52 - INQ000534660]; [CH/53 - INQ000528555]**. This was intended to supplement and complement the management resource of the PPE Buy Cell and create an additional channel for these companies to talk to government and for government to pass messages back. Following the existing model of Crown Representatives in the Cabinet Office, these executives had no authority to agree work or expenditure; this remained with the contracting authority, in this case DHSC **[CH/54 - INQ000561940]**.

43. On 14 May 2020, a submission was made to the PPE Clearance Board seeking endorsement of a deal with Uniserve to supply a quantity of aprons **[CH/55 - INQ000563544]; [CH/56 - INQ000512426]**. Under the heading "Special risks and mitigations", the deal sheet recorded that there was potential for a conflict of interest but that this risk had been mitigated by putting in place a non-disclosure agreement (NDA) **[CH/56 - INQ000512426]**. I suspect that this is the wrong description for the mechanism adopted, as I doubt if a standard NDA would have mitigated the risk. I was not privy to the agreement between Uniserve and DHSC, but what was discussed in the Clearance Board was an 'ethical wall' agreement that prevented information sharing between the shipping part of Uniserve (that ran the OneWorld system) and the buying arm of Uniserve that was sourcing PPE. This would have prevented the buying arm from seeing data about where potential competitors were sourcing PPE and the price they were paying.

44. At the meeting of the Clearance Board, the deal was presented by Mike Beard who is recorded in the minutes to have said that Uniserve had demonstrated satisfactory conflict of interest compliance. Ed James, who was the Procurement Director for DHSC and who had been overseeing the negotiation of the OneWorld contract, confirmed that this had been resolved before the OneWorld contract was signed. I (and the other board members) were happy to accept Ed James' assurances that this protection was in place in the OneWorld contract, and Mike Beard's statement that Uniserve were complying with this condition, although I do not know the detail of the agreement or the basis on which Mike assessed that Uniserve was complying with it. The deal was unanimously endorsed by the board **[CH/57 - INQ000513329]**.

(b) PPE Medpro

45. I was no longer employed as a caseworker on the HPL NCA RO NCA RO By this stage in early May 2020, I had been asked to take on managerial responsibilities to support Andy Wood who was the Head of the Buy Cell. As I was the most senior civil servant from the Government Commercial Function working in the PPE Buy Cell, it was not uncommon for colleagues to escalate difficult or contentious issues to me to seek my help in resolving them. NCA RO NCA RO

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Counter Fraud Activity

55. I have been asked about my role in assisting the DHSC's Counter Fraud team. As I understand it, this team was responsible for investigating and (where necessary) taking further action in cases of suspected fraud. Referrals to the team were made by email to Paul Golightly, Departmental Fraud Officer. I do not know how many cases were investigated by the Counter Fraud Team or the criteria which the team used to decide whether further investigation was necessary. During my time working with DHSC on pandemic-related procurement, I corresponded with Paul regarding approximately 12 companies, five of which were mentioned, I believe, in the context of possible fraud or other irregularity, for example, **[CH/68 - INQ000534647]; [CH/69 - INQ000563549]; [CH/70 - INQ000534641]**. As an example, a company offering a de facto agency arrangement had asked for prepayment to be routed to two different bank accounts, neither of which was in its own name. I discussed this case with the fraud team and expressed my strong view that no monies be paid and any contract be terminated **[CH/71 - INQ000534642]**.

Working with Ministers, Government Departments and Devolved Administrations

56. During the time I spent working in the PPE Buy Cell, I attended a number of virtual meetings with ministers and senior officials in the Department for Health and Social Care (DHSC) concerning the procurement of PPE. I also had contact by email with the

Secretary of State for Health and Social Care, Matt Hancock, and Jo Churchill, Parliamentary Under-Secretary in the DHSC, as well as their private offices. In addition to working with ministers in DHSC, I also had some discussions and email exchanges with Lord Agnew, Minister of State in the Cabinet Office (for example to explain the parameters of a proposed agreement with Amazon **[CH/72 - INQ000534625]**).

57. I also had contact with officials from the Foreign and Commonwealth Office ('FCO') and the Department for International Trade ('DIT') in connection with the purchase of PPE.[3] This contact included discussions with the Beijing Embassy and the Trade mission to South East Asia on PPE sources, several cases involving donations of PPE from overseas, the provision of information regarding worldwide sources of PPE (through an EY report) and the provision of 'leads' by the joint FCO/DIT taskforce (JACT) set up to find sources of PPE worldwide and on occasion, conduct due diligence on companies in China and elsewhere, for example **[CH/73 - INQ000534623]**. In late April 2020, I was involved in discussions about improving our coordination with JACT. We proposed to embed a DIT manager within the PPE Buy Cell to help process JACT opportunities. This proposal was not taken forward and JACT continued to refer offers to the PPE Buy Cell as before.

58. I don't recall any specific contacts with colleagues in the devolved administrations in connection with PPE buying.

Changes to Organisation and Processes

59. My experience includes several years in management consultancy, helping clients (including public sector bodies) organise their work and implement processes that are both efficient and effective. I had both the expertise and a strong motivation to improve the way that we set about obtaining PPE for health and social care users and later, establishing a UK manufacturing capability for 'antigen' LFTs. I did not have absolute authority in either of these situations, as they were rightly led by DHSC as the accountable spending department. I could however use persuasion and what influence I had as a senior government procurement practitioner to address the issues that I (and others) saw in the PPE Buy Cell **[CH/74 - INQ000534639]** and the LFT manufacturing project.

60. As described in paragraph 7.1 of my first witness statement to the Inquiry, I had concerns over the way that the PPE Buy Cell was set up initially, although I understand the rationale

[3] See for example para. 6.32 of my first witness statement to the Inquiry.

for some of the decisions taken in the early days of its operation. I voiced these concerns at the time and then later made concerted efforts to make changes to increase the velocity and level of rigour of deal making, for example **[CH/75 - INQ000534626]**.

61. During the time I spent working in the PPE Buy Cell, I was responsible for implementing two innovations to improve how PPE was bought. The first of these was the Rapid Response Team which was designed to accelerate the buying process to enable an order to be placed before time-limited offers had expired. My second innovation was the Clearance Board which was created to ensure that an holistic assessment was made of the justification for entering into any large PPE deals from the date of its establishment on 5 May 2020.

62. I have been asked by the Inquiry team whether consideration was given to bringing external consultants in to analyse the procurement data and potentially to automate decision making in the buying process. DHSC made extensive use of external consultants in the PPE area, including Efficio who continuously collected and analysed data on what was bought and who from. Other consultants from McKinsey and Deloitte worked on other topics, and Palantir was engaged to process information from NHS Trusts. EY was engaged by DIT to provide information and data about worldwide PPE supply. AI tools were not available to us, and if they were, would have taken time to set up. There would also have been a risk in using, for example, machine learning to select suppliers as these algorithms often do not expose the logic of how they came to a selection decision; and it would have been necessary to justify every such decision, particularly under challenge from disappointed suppliers. These matters require careful consideration before automating any part of the decision-making process, either within or outside an emergency.

63. In support of PPE buying, the PPE Buy Cell carried out due diligence on more than 4000 companies which, in my view, was far too many. At the suggestion of a colleague, we adopted a simpler quick financial check (a 'pulse check') which identified those companies unlikely to pass the more comprehensive full due diligence checks, and thus gave buyers the opportunity to restrict full due diligence checks to companies with whom we wished to enter contracts. The 'pulse check' was based on publicly available information, sometimes obtained using DueDil (a commercially available tool, now part of FullCircl) and sometimes from Companies House. This preliminary test was not used to "screen out" suppliers, but rather it raised a flag for the Closing Team to notify them of cases of where additional work

might be needed, such as obtaining a Parent Company Guarantee, minimising cashflow exposure or putting in place escrow arrangements. Automation/AI might allow such screening to be performed with less labour, but two caveats apply. As stated above, it is necessary to justify all selection decisions including screening out a supplier because of lack of financial and economic capacity; and if an automated tool was used it would have to produce a legally acceptable justification. In addition, a proposal to use automation or AI assumes that the solution to an emergency procurement situation is to process a very large number of offers quickly. A far better solution would be to identify a much smaller number of high-viability suppliers and process their offers quickly, before the opportunity to buy was lost. What the DHSC needed was not 500 contracts for PPE with marginal suppliers, each worth £1m, but five contracts with suppliers of substance each worth £100m.

64. As I explained at section 11 of my first witness statement to the Inquiry, I also sponsored and assisted Rob Nixon in the production of a Sourcing Strategy for PPE **[CH/76 - INQ000480113]; [CH/77 - INQ000534627]**, including incorporating the work funded by DIT and conducted by EY on the worldwide production of PPE **[CH/78 - INQ000527565]**; **[CH/79 - INQ000527564]**. At Gareth Rhys Williams' direction, I asked EY to extend this work to embrace the materials and specialist production machinery needed for the manufacture of certain PPE products **[CH/80 - INQ000563553]**.

65. Finally, I led efforts to reorganise the PPE Buy Cell for the medium term, including running a competition for consultants to support this work. This responded to concerns raised by Nick Elliott, Commercial Director of DE&S and others that we were deploying too many skilled people on the wrong target - clearing a huge backlog of generally low to medium quality offers when the key task was to get more reliable flows of product to the 'front line', using a far smaller number of suppliers with proven capability **[CH/74 - INQ000534639]**.

Reflections

66. I was asked by Nigel Boardman during the course of his second review to provide my reflections on what went well during the pandemic procurement effort and what could have been done better **[CH/81 - INQ000506043]**. I have expanded on these reflections and added some other points below.

67. I finished working on PPE buying on 30 June 2020. I then spent a few months finding information for a GIAA audit of PPE contracts and an NAO investigation into PPE buying. This gave me an opportunity to review documents and understand events that I had not been directly concerned with while I was working in the PPE Buy Cell.

68. The way that the 'Open Source" opportunity was presented to the public led to a huge, and in my view unmanageable number of largely unsuitable offers. I told Nigel Boardman that we could have published more detail - including conditions of contract - alongside the raw technical specifications which might have allowed some offerors to screen themselves out. I suspect that the 'call to arms' (which was included with the PPE Plan published on 10 April 2020) was a political move to mobilise the public rather than a considered approach to sourcing **[CH/82 - INQ000534624]**.

69. I also believe that the PPE procurement would have worked better had it been handled by a smaller team with simpler processes. Rather than conducting an open source procurement, in any future emergency I would recommend that a proactive approach be made to a smaller number of suppliers and intermediaries (akin to the method applied in the Ventilator Challenge). The selection criteria behind this approach could have been disclosed (for example in a Voluntary ex-ante Transparency Notice).

70. There were some organisational and technical barriers to working as a cross-departmental team, although there was no shortage of goodwill and lots of effort to overcome these barriers. Years of divergent technology strategies in government had led to a different desktop environment being installed in every department, and little thought or effort had been given to how to enable, rather than constrain inter-departmental working. We didn't have a common conferencing solution, couldn't share files easily and even emailing large attachments to each other was difficult (as was receiving them from suppliers in the first place). DHSC and the Health family had a modern, functionally rich procurement system (Atamis) but it was only just being rolled out in the summer of 2020. The rest of Government struggled with procurement systems and databases that were different in every Department and where no investment had taken place for a decade or more.

71. I was never involved in discussions about whether to use common purchasing arrangements with former EU partners, but if I had, as I told Nigel Boardman, I would have advised caution. In such a chaotic market the chances of such an approach succeeding

were low, and for the UK to have placed reliance on the possibility of meaningful quantities of product coming from these arrangements would have been foolhardy.

72. Looking back on the work of the PPE Buy Cell, I believe that it was successful in quickly mobilising a large number of staff to purchase high volumes of PPE. In my view, the open source approach to the procurement was not a success as it resulted in the government being swamped with low quality offers of PPE. The decision to establish the High Priority Lane which at the time appeared necessary to meet stakeholder needs, was regrettable as it later generated a large volume of adverse comment. In addition, the difficulties of forecasting how much PPE was needed resulted in too much PPE being purchased. However, the PPE Buy Cell did manage to fill the gap in supply that opened up as the PIPP and other initial stocks were exhausted. If there were occasions when a particular hospital, or clinic or care home ran out of PPE I am truly sorry - my colleagues and I did all we could to stop that happening. But I believe that at a national level, stocks were available - although we came perilously close to running out.

C. UK MANUFACTURING OF LATERAL FLOW TESTS (LFTs)

73. In September 2020 I was asked to help Jacqui Rock, the newly appointed Commercial Director of NHS Test and Trace. She was undertaking an extended review of all the commercial areas in her new directorate, and I was asked to be a member of the review panel. While undertaking these reviews, I learned of a new project in NHS Test and Trace to establish lateral flow test manufacturing in the UK, and I volunteered to work on it. I started work on this project on 2 October 2020.

74. I was not involved in the decision to establish manufacturing of LFTs in the UK. This decision had been taken before I joined the project. The project was initially led by Frazer Bennett of PA Consulting, who had also worked with Gareth Rhys Williams on the Ventilator Challenge. A small team of PA staff, including commercial experts and specialists in biochemistry, had been assembled to work on this project. Initially, I was the sole civil servant. The DHSC was responsible for sponsoring and overseeing the project through the NHS Test and Trace organisation reporting to Baroness Dido Harding and ultimately its Permanent Secretary and Principal Accounting Officer, Sir Chris Wormald.

75. I was responsible for the overall commercial approach and for gaining approval for this approach through Test and Trace governance. I held a number of discussions with a Treasury official named Rob Jenkins concerning the funding of LFT manufacturing, for

which I submitted business cases to the NHS Test and Trace Investment Board. Rob occasionally attended meetings of this board, as did the Cabinet Office official mentioned at paragraph 28 above (Will May, a Deputy Director from the GCF Spending Controls team).

76. The project was set a demanding challenge. While the technology of lateral flow tests had originally been developed in the UK, manufacturing had largely been relocated to China over the last two decades. What was left in the UK was a cottage industry making specialised, niche products in low volumes. Total UK capacity was estimated to be about 400 thousand devices a week.

77. In contrast, the 'Moonshot" programme had the ambition to use 10 million devices each day. This would allow every member of the population to be tested weekly. A stretch target was set for the UK manufacturing programme to make 2 million devices every day in the UK by Q1, 2021.

78. A project leader from industry, Frank Hayden, was appointed on 9 October 2020 to take over from Frazer Bennett, who remained involved in the project but had wider responsibilities in the Test and Trace programme. Frank Hayden was a former senior executive in British Aerospace. He was a manufacturing expert who now worked as an independent consultant. The project reported to a steering board chaired initially by Emma Stanton, Director of Supplies and Innovation as part of NHS Test and Trace, and later Mike Coupe, former CEO of Sainsburys. It was grouped with other projects which were intended to 'scale up' the UK's testing capability **[CH/83 - INQ000534662]**.

79. The project's first task was to understand the LFT manufacturing process, and we were put in touch with two people with the right expertise (who were independent of any manufacturer). The process was quite simple, involving only four main steps. The raw materials, however, came from all over the world. Some were made using expensive machines and others required complex pre-processing. Hardly any of the materials came from the UK. Frank and I visited a number of manufacturing sites across the UK to see how the tests were made, to talk to the managers and engineers and to assess the potential of the sites for volume manufacture.

80. We also made contact with an 'interest group' convened by Professor Chris Molloy of the Medicines Discovery Catapult, a government-established innovation centre. This group, the Rapid Antigen Test 'Coalition' (RATC) had around 50 members, some of whom

manufactured tests, some of whom developed tests and others made or sold components or ancillaries (such as swabs or sachets of buffer fluid). This group was useful in that we could quickly broadcast our intentions to relevant industry players and where necessary seek input on the feasibility of our approach.

81. After a week or so we came to the conclusion that we should use the small number of pre-existing manufacturing sites in the UK as 'seeds', and build out from there, rather than seeking to set up a large new facility somewhere else. This differed from the approach taken to increase PCR test capacity by building 'Megalabs'. One key driver was the shortness of the timetable - we needed to have products coming into NHS distribution centres in January 2021, and it was already October 2020. We could not build a new facility, fit it out and obtain the necessary registrations to allow volume production to start in such a short time.

82. This shortness of timetable also drove the commercial approach. Ideally, we would have chosen a design or designs to manufacture and then built manufacturing capacity specifically to make those designs. This capacity expansion could be achieved by contracting for volume purchases with either the design owner or the manufacturer, thus transferring risk to that counterparty, who would take responsibility for buying the right machines and materials and building and commissioning the required manufacturing space. We did not know, however, how long it would take to find a design that passed PHE's accreditation tests **[CH/84 - INQ000534661**, Titled 'Futility' tests]. A rough calculation suggested that, because of lead times to acquire machines and materials and manufacturing space, if we adopted the philosophy of contracting on a 'turnkey' basis with a designer or manufacturer, volume manufacturing could only start between 3 and 6 months after choosing a design. We therefore decided that we could not wait that long and still hit the target date.

83. The obvious place to start was with an already-accredited design, for example for one of the LFTs that we were buying in bulk from overseas. We engaged the suppliers of these LFTs. One was willing to perform final assembly in a UK facility, but there were technical and commercial obstacles to full manufacture in the UK, for example by acquiring design rights or encouraging these suppliers to set up new factories.

84. There were a number of candidate designs from UK sources, but at the beginning of the project, none had passed the stringent assessment tests administered by PHE at Porton

Down. We were therefore faced with a conundrum. To meet the target dates we would have to use a different commercial approach. This approach involved acquiring machinery, possibly raw materials and suitable manufacturing space in parallel with trying to get a UK design through assessment. The need for speed also necessitated the use of direct awards under regulation 32 of the Public Contract Regulations.

85. We thus divided the commercial task into several elements:

i. Finding a design - that could be manufactured in the UK, and had passed PHE assessments for use in combating Covid-19.

ii. Contracting with a manufacturer - reasoning that the design owner may not have manufacturing capability which in many cases was true. Some designs were put forward by lab-based businesses without production facilities.

iii. Buying manufacturing machinery - and understandably, given the rapid increase in demand for LFTs worldwide, this highly specialised equipment was in high demand.

iv. Locating sources of raw material - but this depended critically on which particular design or designs of LFT we intended to buy or manufacture. As LFTs are classified as medical devices, materials used in the device cannot be substituted without the approval of the regulator (MHRA). In addition, the performance of the LFT is highly dependent on consistent and controlled processing and assembly of these materials.

v. Finding premises and personnel. The devices needed to be assembled in a clean area (meeting equivalent standards to a food preparation area) with suitable environmental controls. Frequently the devices were assembled by hand, which required a large number of trained personnel. The rest of the manufacturing process required smaller numbers of more highly skilled staff to operate sophisticated machines, and run a manufacturing process with the precision and quality needed to consistently produce working devices.

86. Colleagues on the team with expertise in life sciences worked with test designers, and soon a flow of candidate tests was being presented to PHE for assessment. Between October 2020 and February 2021, PHE Porton Down assessed approximately 12 tests in support of the programme, some more than once. There was a very high failure rate. While some of the candidate tests had already been used in clinical studies, they

still failed PHE's rigorous assessment which used viral samples recovered from the PCR testing programme.

87. In the meantime, I and the commercial experts on the team sought to undertake tasks ii-v above. Through the RATC, we identified four candidate manufacturing sites that we thought might offer a good starting point for building the capacity that was targeted. I and a colleague had visited another site, Surescreen in Derby, and persuaded the management of that company that they also should participate. I drew up a target contract for manufacturing, based on the Model Services contract, with the assistance of TLT, the lawyers that Test and Trace had retained to support the programme. I and colleagues presented this draft contract to the manufacturers with the intention of negotiating a common contract acceptable to a number of them.

88. One company quickly dropped out of negotiations, as it was not prepared to take any risk in such a novel programme and only wanted to work on a time and materials basis. Discussions ended with another because of problems on another government contract. After a few weeks of negotiation, three companies were willing to sign the LFT manufacturing contract.

89. Under the contract, the UK government offered prepayments of up to £2m to allow for site preparation and early recruitment of staff, addressing some of the lead time issues (as described in paragraph 82 above). These prepayments were offset against the cost of later tranches of production. The contract's financial performance would be monitored using the principles of Open Book Contract Management, as drawn up by the GCF in 2016 **[CH/85 - INQ000534620]**.

90. In parallel, the team looked at buying production machinery, which was primarily produced in Korea, China and the US. The sites in the UK that we had visited used mostly US-made equipment. We used a request for information (RFI) to get indicative quotes from a number of these companies. The only company that had machines available in the near future was Biodot in California, whose equipment helpfully was already used by a number of the UK sites. We contracted with Biodot for the delivery of a number of machines, and later for production slots for further machines.

91. Biodot made 'primary' production equipment which coated cellulose with the necessary reagents, and then laminated multiple materials together to form the multi-layer strip that analysed the test sample. We also needed 'secondary' production equipment that took

the strip, placed it in a plastic cassette, then wrapped the cassette in foil ready for dispatch. For low volumes, this secondary manufacture was done by large teams of manual workers. We did not think manual assembly was a sustainable solution for the volumes that we required in 2021.

92. The only significant European manufacturer of 'secondary' cassette assembly equipment that we could find was Ginolis of Finland. They made a range of pick-and-place robots with increasing degrees of sophistication specifically for assembling lateral flow tests - but their production was sold out into 2021. We ordered some machines for delivery then, and looked around for alternative sources.

93. One the manufacturers with whom we had agreed a contract was Global Access Designs (GAD). GAD had contracted with an R&D company in Cambridge called Huxley-Bertram for the development of a pick-and-place robot to assemble LFTs. The prototype was being put together when we visited the development site. We paid to accelerate the assembly of the prototype, and for delivery of a second machine, but to achieve full capacity as per the 2m tests/day target we needed at least 10 further machines, and Huxley-Bertram was not set up for volume manufacture. We thus agreed to licence the design and two contract manufacturing companies agreed to make 5 machines each.

94. This and other automation initiatives were managed by former colleagues of Frank Hayden who worked for DHSC under contract. The secondary manufacturing required deployment of the pick and place robots mentioned above, sophisticated 'converging' conveyers and flow wrap machines (as used in the food industry) to foil-wrap the finished cassettes. Lines were designed in conjunction with our manufacturing partners, and manufacturing engineers including a 'kaizen' team from Toyota helped to commission these lines and configure the machinery, some of which had only just been developed as discussed above, into reliable, high-volume production lines.

95. Frank Hayden left the programme in late November 2021, and it continued under the management of David White of PA Consulting with oversight from Frazer Bennett. Frank had expanded our thinking and challenged us to find innovative ways of meeting the stretch target of 2m tests/day. For example, Frank suggested that we could acquire one or more of the UK producers and build a significant diagnostic company with long-term potential in the market. Frank also introduced us to many talented manufacturing

engineers who made a valuable contribution in taking our on-paper concepts and making them concrete reality.

96. Meanwhile it continued to be difficult to find a working test where the IPR was owned by a UK company. Surescreen had a test that performed well in assessment but did not quite meet PHE's required standard. A refinement of this test passed assessment in December 2020, and we ordered our first large batch of 2 million UK-made tests. The materials for these tests had to be pre-ordered (and paid for on order) and the cash flow for this pre-order would have breached Surescreen's agreements with its lenders. I arranged for an advance to be made to Surescreen to cover the purchase of materials, with HMG retaining title to the materials as surety. The first batch of Surescreen tests were manufactured in January 2021 and delivered to the NHS distribution centre at the end of that week.

97. Unfortunately the lateral flow test that was earmarked for production at our two other contracted sites, Omega Diagnostics and Global Access Diagnostics did not pass assessment (despite repeated attempts) - and thus we had nothing to make at these sites. They performed some assembly work for Surescreen under a subcontract, but the £2m we had invested in improving facilities at each site was not fully utilised.

98. At the time, I expressed concerns about the nature and the rigour of 'accreditation' testing for new devices, although without a background in the life sciences I could not critique this regime in detail. I was concerned because this accreditation determined which LFT designs we could work with, and during the period that I was involved in the project, only one UK-owned design passed accreditation. I saw some evidence that designs rejected by the UK were seen to be acceptable to other regulatory authorities (such as the FDA in the US) **[CH/86 - INQ000534665]; [CH/87 - INQ000563555]; [CH/88 - INQ000563554]** and had also been successful in clinical trials **[CH/89 - INQ000534664]**.

99. As confidence rose in the reliability of Surescreen's production and the performance of its test, under the negotiated contract, conditional orders were placed for 50m tests in January 2021. Surescreen invested money in bigger and better facilities and more automation, using some of the Government-owned production machinery which was provided as Government Furnished Equipment during 2021. By the time that Test and Trace finished buying LFTs in 2022, Surescreen had made and delivered around 150m LFTs. Surescreen opened a new site in Sherwood, Nottingham in June 2021 capable of producing between 5 and 10m tests each week.

100. The last thing I did before leaving the programme was arrange a visit in February 2021 by the then Prime Minister to the original Surescreen production site in Derby. The PM visited the production floor where tests were assembled and was shown how to assemble one himself. It was a great way of saying thank you to the workers and scientists who had made UK production of LFTs possible.

Reflections

101. What did this programme achieve? The production volume did eventually come close to achieving the stretch target, but not within the timescale set. The stretch target had assumed that the international market for LFTs would become as 'hot' as the market for PPE was in April 2020, but this turned out not to be the case, and we could obtain most of the UK's needs buying largely from Chinese sources. UK production kept some of the expenditure on LFTs in the UK and created jobs. A handover document produced in January 2021 details the achievements of the team and the sums dispersed **[CH/90 - INQ000563556]**. I suggest that UK production also gave some leverage in price negotiations **[CH/91 - INQ000534663]** with overseas providers, as we knew in detail what it cost to make these devices and could fall back on the UK's capacity (to some extent) in the event that an agreement could not be reached with these providers.

102. The "Stretch" target of making 2m tests per week by the end of January 2021 certainly tested the ambition of our thinking, but it also meant that some otherwise sensible approaches were dropped as they would not achieve that goal. We would not normally have bought so many machines so quickly without proving them in a pilot situation. We could have been more 'hands-on' with UK developers of testing technology, but had limited capacity at evaluation sites. We were keen to protect the integrity of the evaluation process, and thus evidence that all potential vendors of rapid tests had been treated equally, but at the same time, in my view, we missed opportunities to 'coach' some developers who appeared close to having a working test. As an email from Gareth Rhys Williams spells out, this left us at a commercial disadvantage when negotiating with the sole provider of LFTs which was able and willing to supply the UK in quantity in late 2020/early 2021 **[CH/92 - INQ000534530]**.

103. By this time the project was underway, Jacqui Rock and other managers had established structured working practices and processes in Test and Trace. The project docked into these and obtained its Commercial approvals through Jacqui's directorate, Financial

Approvals through the Test and Trace Investment Board and technical approvals through the 'Manufacturing' Design Authority Review committee.

104. With the engagement of these colleagues, we maintained credibility with our industry partners and kept momentum in the project. I'd like to thank these industry partners for their patience and cooperation, my fellow team members for their hard work and our many collaborators, including Toyota and other manufacturing engineering specialists for their generosity with their time and expertise. I remain proud of what the team achieved in such a short time and with such a challenging starting position.

Statement of Truth

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

Signed: **Personal Data**

Dated: 16 January 2025