Witness Name: Sarah Ashley
Statement No.: 1
Exhibits: SA1
Dated: 10 January 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SARAH ASHLEY

I, Sarah Ashley, will say as follows: -

INTRODUCTION

1. I am a Partner in the Government and Public Sector team of Baringa Partners LLP ("**Baringa**"). I have worked as a consultant for over 20 years and joined Baringa in January 2019. I specialise in Government commercial and wider transformation consulting. In March 2020, Baringa was asked to support the Complex Transactions Team ("**CTT**"), which sits within the UK Government Commercial Function ("**GCF**"), on the "NHS COVID-19 Reactive Supply Chain" project (the "**Project**"). I was the Engagement Partner for the Project.

2. This witness statement has been prepared in response to a request by the UK Covid-19 Public Inquiry (the "**Inquiry**") dated 4 November 2024 pursuant to Rule 9 of the Inquiry Rules 2006.

3. The facts in this witness statement are true, complete and accurate to the best of my knowledge and belief. Where I refer to my beliefs, these beliefs are informed by my colleagues at Baringa. Where I have referred to information from other sources, I identify those sources, and that information is true to the best of my knowledge and belief. Baringa's legal team has supported me with the preparation of this statement.

4. I have exhibited several documents to this statement that I hope will assist the Inquiry. These documents are numbered sequentially in the order to which I refer to them in the statement.

5. I understand that the Inquiry has received certain documents that relate to Baringa's work for the CTT during the period from March to July 2020. The Inquiry has not provided me with copies of these documents but I would be willing to supplement my evidence if required in due course.

6. This statement is structured as follows:

    a) Section A: Background
    b) Section B: Experience during the pandemic
    c) Section C: Lessons learned

A. BACKGROUND

7. Baringa is a management consultancy firm that is headquartered in the UK and operates in a number of sectors, including government and the public sector. Baringa works across government and the wider public sector on a range of engagements, using our skills which are aligned to the Civil Service professions – operational delivery, digital, data and technology, commercial, strategy and design, and project delivery. Baringa's skills and experience include advising the UK Government and the wider public sector on undertaking procurement processes aligned to the requirements of The Public Contracts Regulations 2015.

8. Before the pandemic, I had worked intermittently with the GCF on a number of consulting engagements, at Baringa and in previous organisations, over a period of about ten years. For example, I was involved in setting up the Government Commercial Organisation (in or around 2014-2015) and providing intermittent support (in the form of surge complex commercial resource augmentation) to the CTT in the UK Government Cabinet Office (the "**Cabinet Office**").

9. In late 2019 Baringa, through the thin-prime Bramble Hub Limited, was awarded a contract through a competitive process to provide surge support to the CTT. Under this

arrangement, Baringa provided the services directly to the CTT and Bramble Hub Limited had no delivery role.

10. At the outset of the COVID crisis, in the early spring of 2020, NHS England/Improvement was creating a COVID-19 responsive sourcing process to source additional Personal Protective Equipment ("**PPE**"), and to respond to the many offers of medical equipment, in particular PPE, which were being made to the UK Government at the time. The CTT was providing commercial support to NHS England in setting up and running this process.

11. The CTT asked Baringa to provide them with support on this engagement, reporting into them. The first meeting I had to discuss how Baringa might support the CTT took place on 20 March 2020. The meeting was with Andy Wood, who was a Commercial Specialist/Deputy Director in the CTT and the lead for this engagement. The engagement became known as the "NHS COVID-19 Reactive Supply Chain" project and I was the Engagement Partner on the Project.

B. EXPERIENCE DURING THE PANDEMIC

Overview of Baringa's work for the CTT

12. Individuals from Baringa and the CTT worked in joint teams throughout the Project. Our work was split into two phases:

    a) **Phase 1**: As noted above, Baringa supported the CTT in establishing and running the COVID-19 responsive sourcing process. This phase covered the period from 20 March 2020 to 7 May 2020. Further details are set out in an engagement letter dated 2 April 2020 (the "**First Engagement Letter**"). A copy of the First Engagement Letter is exhibited to this statement as Exhibit SA/1 (INQ000531294) and Exhibit SA/2 (INQ000497229).

    b) **Phase 2**: The second phase of our work related to the period 11 May 2020 to 26 June 2020 and involved scaling up the process that had been established in Phase 1. Further details are set out in an engagement letter dated 21 May 2020 (the "**Second Engagement Letter**"). A copy of the Second Engagement Letter is exhibited to this statement as Exhibit SA/3 (INQ000531292).

13. The primary objective of Phase 1 was to set up a large-scale sourcing process for high priority items where there were already shortages or shortages were expected imminently. This included items such as PPE, hand sanitizer and body bags. The team was called the "COVID-19 PPE Buying Cell" (the "**PPE Buying Cell**"). The scope and mandate of the PPE Buying Cell, which was managed by Andy Wood, increased significantly as Phase 1 progressed and demand for PPE and other items increased significantly. The PPE Buying Cell was responsible for purchasing critical items for 100% of NHS Trusts, the NHS Nightingale Hospitals, Primary and Social Care providers and Health Services in Devolved Authorities (e.g. NHS Scotland, NHS Wales). This was a far greater mandate than any organisation in the UK had previously had for buying these items. We were therefore asked to extend the Project to include Phase 2 and scale up the process that had been set up in Phase 1.

14. The First Engagement Letter and the Second Engagement Letter detail the scope of work for the Project as agreed between Baringa and the CTT. I have set this out in the table below, adding some additional information where I consider it may be helpful to the Inquiry (in italics). It is important to bear in mind that we were operating in a fast-moving environment with an ever-changing list of priorities. We were therefore required to adopt a flexible approach to our scope of work, adjusting our tasks in agreement with the CTT on a daily basis. I have sought to identify in the table below those tasks which were not completed for this reason, to the best of my recollection.

Phase	Scope of work
1	**Mobilisation (20 March to 27 March 2020):** • Engage with the CTT to kick off the project. • Engage the NHS England team to understand current challenge and what materials are already available. • Review available materials. • Provide support to process small numbers of very high priority PPE offers. *These were items which the Foreign, Commonwealth and Development Office ("**FCDO**") had identified in China from Original Equipment Manufacturers ("**OEMs**"). We were asked to join a number of calls to*

	discuss how these could be progressed but this task was subsequently taken forward by a dedicated China team. ● Design and document a high-level sourcing process. ● Build a PPE offers database (the "**PPE Offers Database**") to support the sourcing process and enable basic status reporting. ● Develop detailed onboarding documentation to allow other staff from across Government to process opportunities. ● Provide support to assist in the set-up of the Programme Management Office ("**PMO**"). **Support (27 March – 30 April 2020):** ● Provide support to operate the process designed in the mobilisation phase. ● Iterate the high-level processes to reflect changes and improvements to them to allow further scaling and optimisation. ● Iterate the detailed onboarding documentation to reflect process changes and allow further staff to be onboarded to process opportunities. ● Ongoing PMO support. ● Continue to engage with NHS England and the CTT throughout. **Handover (30 April – 7 May 2020):** ● Briefing to leads of all work completed. ● Handover of all documentation.
2	**Sourcing Strategy (11 May to 26 June 2020):** ● Work with the CTT to support the development of the Sourcing Strategy including: ○ iteration of PPE Product Strategies. *These had been developed by the now in-place Category Teams (as explained further below) and needed refinement based on stakeholder feedback.* ○ development of the South East Asia Strategy. *This outlined the role of the FCDO and the Department for Business, Industry and Trade (as it then was) in liaising with the OEMs.* ○ development of Technical Assurance Recommendations. *This work involved clarifying the role of the Medicines and Healthcare products Regulatory Agency, the National Institute for Health and Care*

	Excellence and other bodies in the assurance of technical requirements to improve the efficiency of the process. ○ development of the Raw Materials Strategy. *This work involved outlining the approach to identifying and purchasing raw materials for critical items e.g. polymers for the melt blown fabric used in the production of surgical gowns.* ○ support with stakeholder alignment and liaison (e.g. the Steering Board). *The Steering Board was chaired by Emily Lawson from NHS England/Improvement and had a number of stakeholders from across the government on it, including the Cabinet Office. I do not recall the exact attendees.* **Rapid Response Teams (11 May – 26 June):** ● Run rapid response teams as required. ● Define and iterate process improvements for rapid response team. ● Support prioritisation for rapid response team. ● Support onboarding of new rapid response team members. ● Continue to engage with NHS England and the CTT throughout. *The rapid response teams were teams of civil and public servants (e.g. from the Ministry of Defence ("**MoD**")) who sourced items in the PPE Buying Cell. We continued to help onboard these teams and resolve process blockers identified during this time. The MoD was responsible for running and prioritising the work of these teams.* **Category Organisation Implementation (13 May – 19 May):** ● Develop a detailed six-week plan and set of activities for industrialising the existing PPE Sourcing operating structure. ● Develop a set of Key Performance Indicators to measure the performance of the individual cells in the industrialised state. ● Develop the end state design for the PPE Sourcing operating structure, which will outline the roles and responsibilities. ● Support execution of organisation change. We did not perform this work in the end.

	During this period the PPE Buying Cell reorganised itself into Category Teams. This was called the Category Organisation. Its aim was to industrialise the existing operating structure. A "cell" was developed for each category of item (or similar item) - there was a "gloves cell" for example - and clear Key Performance Indicators and a RACI[1] were to be developed for each cell. During this time another consultancy firm, 4C Associates, were instructed to undertake the work. This was led by Mark Ellis, Lead Partner at 4C Associates, and therefore Baringa was asked not to complete this work. **Handover (26 June – 3 July):** • Briefing to leads of all work completed. • Handover of all documentation.

15. Baringa worked in conjunction with members of the CTT to complete this work as well as other consultancies including Deloitte and 4C Associates. We tracked progress in joint daily stand-ups and in weekly team meetings. We agreed our team profile for the following week in a weekly meeting with the CTT. I recall discussing next steps including priority areas and who should roll on and off the Project during these meetings with Janette Gibbs, Acting Commercial Director of the CTT, and Joanne Newman, then Commercial Specialist/Deputy Director in the CTT. Janette Gibbs, Joanne Newman and Andy Wood were Baringa's primary clients on the Project.

16. The Inquiry has asked me to describe Baringa's work on the Project, and Baringa's expertise more generally, by specific reference to data collection and analysis, modelling and forecasting, inventory management and supply chain management. Although Baringa has teams which specialise in modelling and forecasting, inventory management and supply chain management, they were not involved in the Project because our work did not focus on these areas.

17. In terms of data collection and analysis, Baringa is often tasked with performing data analysis work on complex procurement projects. We have a specialist data services team

[1] "RACI" is an acronym that stands for responsible, accountable, consulted, and informed. A RACI chart is a project management tool that defines and clarifies roles and responsibilities within a project team.

at Baringa (the same team are experts in modelling and forecasting) who are highly experienced in collecting and analysing data from different sources to inform and support clients in making decisions. As part of our work for the PPE Buying Cell, and as noted above, we were asked to build the PPE Offers Database to support the sourcing process and enable basic status reporting. Kelly Hume, a Partner at Baringa who leads this team, was involved in this work.

18. The PPE Offers Database consolidated the multiple data sources and supplier opportunities so that the CTT could:
    a) understand which supplier opportunities related to PPE;
    b) de-duplicate the supplier opportunities which had entered the UK Government through multiple routes e.g. emails to the Department of Health and Social Care (the "**DHSE**"), the Cabinet Office, local MPs and the public survey that was available on the UK Government's website;
    c) follow up on the de-duplicated opportunities in a systematic way; and
    d) track how opportunities were being progressed.

19. By the end of March 2020, Josh Taylor had been appointed the Data Lead from the Cabinet Office. The Cabinet Office started building a case management tool to provide wider functionality to the PPE Buying Cell. On 8 April 2020, we migrated the data to the Cabinet Office's systems. We had no further involvement with data collection and analysis on the Project.

Strengths and weaknesses with the procurement and distribution of key healthcare equipment

20. The Inquiry has asked me to set out the "key strengths and weaknesses" which Baringa found with the UK and devolved administrations' procurement and distribution of key healthcare equipment during the pandemic. I set out the specific areas that the Inquiry has asked me to comment on in the following table:

Area	Strengths / Challenges	Baringa's work to overcome these challenges
Leadership, staffing and approach	**Strength**: There was a willingness across the leadership of the DHSE, the Cabinet Office and NHS England/Improvement to create a single process for procurement which cut across the multiple organisations, and a willingness to redirect resources to execute this new process. Those teams were incredibly dedicated, working long hours in a fast-moving, ever-changing, unprecedented situation. Many of these people also had significant upheaval in their personal lives as a result of COVID (e.g. balancing a demanding work schedule with home schooling, and managing illness in their own families). **Challenge:** Due to the federated nature of healthcare in the UK, no single team or person was responsible for the procurement of key healthcare equipment during the pandemic for the NHS (and the wider bodies which were brought into scope e.g. Social Care).	We encouraged the CTT to create a sustainable operating model for the PPE Buying Cell with sufficient resources to manage the enduring requirement to procure PPE and other products. They appointed 4C Associates to do this work. We also defined and supported onboarding for teams from across Government who were joining the PPE Buying Cell.
Existing institutions and structure	**Challenge**: The federated set up of healthcare in the UK, which derives from it being a devolved activity, resulted in a number of	This was not something Baringa were engaged to support on.

	unavoidable challenges relating to the procurement and distribution of key healthcare equipment during the pandemic. There was no single buying entity or single procurement process, which meant that there was no single place to check the supply levels for any of the key items of healthcare equipment. This was a significant and complex issue given the huge gap between supply and demand that emerged very quickly during the pandemic.	
Existing data, communications and technology systems for: a) identifying credible suppliers; b) manufacturers and suppliers to make offers; c) price analysis; d) triaging and progressing offers; e) due diligence, anti-fraud and conflict of	**Challenges:** • There was no technology system for procurement of medical equipment which sat across the different organisations handling procurement across the UK. Government Departments held their data on different platforms and the infrastructure was such that data often could not be accessed by all the different parties. • **Identifying suppliers**: NHS Supply Chain had a list of credible PPE suppliers but they were not doing all of the purchasing themselves (for the reason explained above). This	Baringa's work on the Project included the creation of the PPE Offers Database. This piece of work, which was performed over the course of a few weeks, brought offers for PPE together into a single process. By helping to bring multiple data sources into a single source, and creating a system whereby the triage and progression of offers was routed down a single path, Baringa was able to provide an effective short-term solution to these challenges. Offers could be deduplicated, tracked centrally and progressed,

interest checks; f) agreeing prices, terms and conditions; g) analysing the progress of contracts and equipment; h) inspection and regulation; i) analysing the supply, demand and distribution of equipment; j) identifying issues with supply chains; k) keeping track of overall expenditure.	meant that there was no comprehensive list of credible suppliers. • **Price analysis**: NHS Supply Chain had price analysis information based on their previous purchasing. However, that information was of limited use in a situation of unprecedented demand. • **Triaging and progressing offers:** There were multiple data sources for offers, which were held in multiple spreadsheets in multiple organisations (e.g. at the DHSE, Local Government, NHS Trusts, the Home Office). This meant that the same offer was appearing in different potential buying organisations, causing duplication and wasted effort.	and reporting was more accurate. Baringa also sought to ensure that the processes that we helped to create were scalable and could withstand a surge in demand for key healthcare equipment. In terms of the scope of Baringa's work, potential offers for PPE were handed over to a separate case management team once the technical specifications had been checked (this was not undertaken by Baringa). This team handled the progression of the offers (including, I believe, the workflows relating to due diligence, agreeing terms, pricing, etc). Baringa was not involved in the development of any systems that related to the progression of offers. As such, I am not aware of what systems were in place to manage due diligence, anti-fraud and conflict of interest checks, or agreeing prices, terms and conditions, inspection and analysing the

		supply, demand and distribution of equipment. Such systems may well have existed but I do not believe that Baring was exposed to them as part of the work that we did. As far as I am aware, there were no systems in place that covered identifying issues with supply chains or keeping track of overall expenditure.
Data protection, security and privacy	**Challenge:** Due to the urgency of the situation, systems and processes were being set up very rapidly, including by volunteers who were not data specialists. This meant that individuals (through no fault of their own) were not always familiar with the intricacies of data protection, security and privacy, or aware of the need to obtain legal or other specialist input in order to ensure that data was being handled appropriately. **Strength**: As individuals became more aware of data protection and privacy considerations, they were keen to understand what was required to ensure that data was	Baringa was involved in discussions with the CTT regarding the importance of data protection, security and privacy (including obtaining consent from individuals to handle their data when they used the public survey). For example, the PPE Offers Database contained a number of security features, including encryption and two-factor authentication, and enabled data to be protected from a GDPR perspective.

	adequately protected and secured, and put the necessary controls in place (e.g. ensuring that the public survey on the UK Government's website complied with GDPR requirements).	

C. LESSONS LEARNED

21. In my view, a single system for the procurement and distribution of key healthcare equipment and supplies would be beneficial for the NHS, particularly in the context of a pandemic. The principal features and/or functions of that system should include:

    a) functionality that enables access by multiple organisations who are responsible for buying healthcare equipment and supplies;
    b) the ability to understand the key supply chain components;
    c) the ability to integrate various inventory management systems; and
    d) sufficient reporting to enable status updates and forecasting.

22. A single system would allow data collection and analysis to be undertaken in a consistent manner, which would greatly improve the ability of teams to undertake meaningful modelling and forecasting. Integration with inventory management systems would allow real-time stock data to be available which could trigger supply chains to restock.

23. It will be important going forward for the UK Government to truly understand the supply chains for critical items. The OEMs for PPE were not known and therefore multiple suppliers and distributors were seeking contracts which the OEMs were unable to fulfil.

24. I believe that the issue of accountability should also be addressed alongside the creation of any new system, including the role of devolved administrations and social care. Further, there should be an assessment of whether certain categories of healthcare equipment should be elevated to national buying because of their critical importance (e.g. PPE). It

should be expected that automation and artificial intelligence could have a role to play in running this system.

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

Date: Jan 10, 2025

Covid-19 Inquiry_Witness Statement_Sarah Ashley_10 January (005)

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