

Witness Name: Clare Gibbs

Statement No. 2

Exhibits: to follow

Dated: 28 January 2025

UK COVID-19 INQUIRY – MODULE 5

WITNESS STATEMENT OF CLARE GIBBS

I, Clare Gibbs, will say as follows:

INTRODUCTION AND ABOUT THE AUTHOR

1. This witness statement is produced to address queries that have been raised by the UK Covid-19 Inquiry (“the Inquiry”) in a Request for Evidence pursuant to Rule 9 of the Inquiry Rules 2006 and sent to the Cabinet Office on 9 October 2024 (the “Rule 9”). This statement has been prepared with the assistance of Counsel and lawyers at the Government Legal Department. I am in the process of drafting a corporate witness statement for this Module of the Inquiry.
2. I have been asked to address my role in the public procurement of key healthcare equipment, particularly in relation to my involvement in the Ventilator Challenge and the cross-Government Boardman Review Implementation Board. This statement draws in part on my direct experience as well as on papers and accounts provided by others who worked in the Cabinet Office including No. 10 at the time.
3. While preparing this statement, I have continued to work full time. It has not been possible for me to undertake a comprehensive review of the many thousands of emails which I sent and received during the relevant period. I have been heavily reliant upon my memory and

the efforts of the lawyers supporting me to identify key emails and correspondence but without having had the opportunity or time to consider all emails and correspondence to which I may have been party.

4. Within the limited time and using those resources made available to me, I have endeavoured to give an accurate account of the key aspects of my involvement in the procurement and distribution of key healthcare equipment and supplies.

SECTION A: OVERVIEW

My Current Role

5. I am the joint interim Government Chief Commercial Officer and Director of Markets, Sourcing and Suppliers, in the Government Commercial Function Central Commercial Teams in the Cabinet Office.
6. I joined the Cabinet Office in 2017 as a Deputy Director in the Market and Suppliers team. In 2018 I became the Director of the Sourcing Programme. I was shortly thereafter appointed as a Senior Commercial Specialist after an open recruitment process.
7. In 2022, the Market and Suppliers team merged with the Sourcing Programme to create the Markets, Sourcing and Suppliers team. It was in April 2024 that I was appointed the joint interim Government Chief Commercial Officer. In this role I am responsible for the Government Commercial Function – a cross-government network consisting of around 6,000 civil servants and commercial experts – and Grants Function. I have strategic oversight of an annual budget of c.£79b. I am responsible for the commercial policies and processes that all commercial professionals need as well as leading on the strategic supplier relationships on behalf of the government as a whole. I also have direct day to day management of the central commercial team operating budget of c.£38m and 480 staff covering, grants, commercial, and commercial/financial analysis.

My Role Prior to the Pandemic

8. Between 1983 and 1998 I held finance roles with British Gas and Norwich Union. From 1998 to 2016 I then worked in a number of roles within the Ministry of Defence, latterly as Sector Lead in the Defence Equipment and Support Cost Assurance and Analysis Service. In that role I led a team of 90 civilians and 30 consultants in the provision of contract pricing assurance and independent cost and schedule forecasts.
9. Between February 2016 and March 2017 I was Head of Commercial Strategy and Governance in the Technology Command of the National Crime Agency. In that role I led the development of a commercial strategy that enabled the National Crime Agency to implement an innovative IT transformation programme.
10. As explained above, I joined the Cabinet Office in 2017 as a Deputy Director in the Market and Suppliers team. My first 6 months were spent preparing for the possible collapse of the construction company Carillion plc. As the senior government official on the Carillion case, I ensured government departments' contingency plans were in place. In early 2018 my role was then dealing with Carillion's collapse. This stage involved ensuring that delivery of public services was maintained and contracts transferred to new providers. I also liaised with other government departments to ensure support was provided to Carillion employees and apprentices.
11. In 2018 I became the Director of the Sourcing Programme, a role in which I remain to this day, albeit that, since the programme's merger with the Market and Suppliers team in 2022, it is now the Markets, Sourcing and Suppliers team. I therefore held the role of Director of the Sourcing Programme both immediately prior to, and during the entire relevant period of, the pandemic.
12. I will now summarise my responsibilities in the role of Director both prior to and during the pandemic.
13. Prior to the pandemic I led a team responsible for best practice commercial guidance. This was in the form of developing the Sourcing Playbook and a subsequent suite of Playbooks. As well as development I was responsible for implementation of the Playbooks and the

Strategic Supplier Relationship Management Programme, Strategic Partnering Programme and Crown Representatives Programme.

My Role During the Pandemic

14. I remained Director of the Sourcing Programme (now the Markets, Sourcing and Suppliers team) throughout the pandemic. I did not work for any other government departments during the pandemic.
15. The above responsibilities in terms of developing and implementing best practice commercial guidance remained in place during the pandemic. However, as I will explain in more detail below, the particular role that I took during the pandemic was leading the public and private sector programme to design and manufacture as many compliant mechanical ventilators as possible as quickly as possible.
16. My day-to-day responsibilities during the pandemic in pursuit of this aim were accordingly:
 - 16.1. Higher-level decision-making and collaboration. This occurred whilst other teams dealt with project management, administration, and logistics.
 - 16.2. Day to day oversight of the entire process, ensuring ministers received accurate information regarding our procurement work, the preparation of briefings for ministers (including reviewing slideshows to be presented to ministers) and ensuring delivery was achieved in a timely manner as well as collaborating with other stakeholders.
 - 16.3. Serving as a key bridge between Gareth Rhys Williams and PA Consulting. I was involved in daily meetings with Gareth Rhys Williams, Lord Agnew, Dan Webster, Frazer Bennett and Barbara Bradley from PA Consulting from 22 March 2020 which received a standard pack showing anticipated delivery dates of and the key milestones/issues with each design. From 20 April 2020, the frequency of these meetings was reduced to 3 times a week.

- 16.4. Liaising with suppliers who had tendered for work, but who failed to meet the requisite standard such that their tender would not be progressed at all.
17. Following the publication of Nigel Boardman's second report on procurement during the Covid-19 pandemic ("Boardman 2") in May 2021, I also oversaw the implementation of the recommendations made in Boardman 2 as a member of the cross-Government Review Implementation Board.
18. During the pandemic I reported to Gareth Rhys Williams. In terms of my level of responsibility, decisions were all done through technical design authority, however, there was no delegation to spend money.

SECTION B: THE VENTILATOR CHALLENGE

19. Section B builds on the information provided in the first Cabinet Office corporate statement to Module 5, signed by Gareth Rhys Williams on 5 July 2024. There is some overlap between the evidence provided within that statement and the matters addressed below. For completeness, I have repeated – where appropriate – Gareth Rhys Williams’s earlier evidence.

The Inception of the Ventilator Challenge and its Purpose

20. The purpose of the Ventilator Challenge has been explained in paragraphs 4.21 to 4.25 of Gareth Rhys Williams’s corporate statement dated 5 July 2024. I have set out that evidence below.
21. In mid-March 2020, the initial view taken by the DHSC, based on the RWCS figures provided by SAGE, was that 30,000 ventilators were required by April 2020 and up to 90,000 by November 2020.¹ These numbers were so big in comparison to the estimates of existing NHS stock that there was no conception at this stage that the Ventilator Challenge could produce too many ventilators.
22. Practically, therefore, the Ventilator Challenge was working to obtain and manufacture as many compliant ventilators as possible as quickly as possible.² The Ventilator Challenge sought to pursue all realistic alternative routes to achieve this goal.³
23. In order to launch the Ventilator Challenge, it was necessary to seek the assistance of consulting support who could undertake project management and had the required understanding of medical technology. PA Consulting was an existing supplier across the Government with this dual expertise. It was ideally placed to help because it had a group which specialised in product development and had a research and development site outside Cambridge where a number of med-tech companies are based.⁴

¹ CG/1 - [INQ000279737]; Gareth Rhys Williams’s corporate statement dated 5 July 2024 (“GRW W/S”), para 4.21.

² CG/2 - [INQ000477233].

³ GRW W/S, para 4.22.

⁴ GRW W/S, para 4.23.

24. I understand from Gareth Rhys Williams's statement that PA Consulting began to support the Ventilator Challenge from 13 March 2020, provided a proposal for support on 15 March 2020,⁵ and on 16 March 2020 they were formally engaged by a direct award under a CCS Framework to provide a role to include project management, technical expertise, logistics and communications activities.⁶ This allowed the Cabinet Office officials to focus on decision making. The selection of PA Consulting pre-dated my involvement in the Ventilator Challenge (25 March 2020 onwards).
25. The objective of the Ventilator Challenge 'call to arms' was to seek support from a group of key manufacturers and suppliers in the medical technology industry.⁷ The Cabinet Office, working with Innovate UK and PA Consulting, started by contacting the companies whom it was thought could help.⁸

Staffing and My Role in the Ventilator Challenge

26. The organisational model of the GCF and GCO, the central employer of senior commercial staff (above Grade 7), enabled trained resources to be moved rapidly to the point of greatest need. Initially, CTT staff were assigned to provide commercial support to DHSC on PPE and test procurement and within the Cabinet Office to work on the Ventilator Challenge.
27. By 20 March 2020 it became apparent that more support was needed from across the GCO which led to a call to Commercial Directors to lend commercial support for priority areas.⁹ The GCO Talent team tracked the resources needed based on information provided by departments and worked with these departments with resourcing needs to

⁵ CG/3 - [INQ000496690]; GRW W/s, para 4.24.

⁶ GRW W/S, para 4.24; CG/4 - [INQ000497262] As well as its project management role, PA Consulting subsequently briefly participated in the Ventilator Challenge as a design consultant. However, as explained in the Regulation 84 report CG/5 - [INQ000477277] it was decided that it was not a conflict of interest because the project management role was carried out by a different team at PA Consulting comprising different people with a different skill set. The ventilator design supported by PA Consulting's healthcare team was anyway de-selected relatively quickly during the first TDA reviews in late March 2020.

⁷ CG/6 - [INQ000496686]; GRW W/S, para 4.25.

⁸ CG/7 - [INQ000496685]; GRW W/S, para 4.25.

⁹ CG/8 - [INQ000498216]; CG/9 - [INQ000498225]; CW W/S, para 2.49.

place individuals into roles. The speed at which the workforce was required to be seconded meant only individuals with commercial and procurement experience (preferably previously accredited) were considered for these roles. Individuals seconded from the GCO had been accredited by the Commercial Assessment Development Centre (ADC). The ADC provides a consistent method for selecting senior commercial staff and seeks to ensure that the government has capable people to improve commercial delivery and prevent contract value leakage. The ADC is used as the initial part of the recruitment process for the GCO.

28. The work undertaken by the GCO to move resources around was in addition to the wider work across the Civil Service to move other, non commercial resources around the to meet the demands of the pandemic response.
29. In addition to the call to Commercial Directors for volunteers, the GCO sourced individual independent consultants through Public Sector Resourcing (a framework contract operated by CCS). The GCO Resourcing Hub, a central commercial recruitment organisation and part of the GCF, also secured critical resources via short term Fixed Term Appointments.¹⁰
30. In parallel, other organisations offered support and commercial staff were brought in from local authorities, ALBs and other public sector organisations as well as central government departments.
31. Given the pressure on time, civil servants who moved between departments remained on their 'home' department's payroll.¹¹ Cross-charging only applied for some of the CTT staff who were assigned to DHSC.
32. The Workstream leaders receiving the seconded colleagues conducted local induction training to give seconded individuals the context in which they were working and instruction in the processes and tools that they were expected to use.

¹⁰ CG/10 - [INQ000498226].

¹¹ CG/11 - [INQ000498281].

33. I joined the Ventilator Challenge on 25 March 2020. I was asked to do so by the then-Permanent Secretary for the Cabinet Office - John Manzoni. John Manzoni considered that the Ventilator Challenge leadership required greater resilience as, if Gareth Rhys Williams fell ill, there would be no deputy to immediately fill his role without interruption to the continuation of the Ventilator Challenge. As such, I was asked to join the Ventilator Challenge.
34. From 25 March 2020, the day-to-day operations of the Ventilator Challenge was managed by me, a Commercial Specialist (SCS2) in the central commercial team and Dan Webster, a Senior Commercial Specialist (SCS1) in the Complex Transactions Team, supported by up to 3 additional Commercial Specialists (SCS1) in the Central Commercial Teams who were responsible for commercial decisions.¹² My title during this period was Director of the Sourcing Programme.

Responsibilities

35. As explained above, the Ventilator Challenge was working to obtain and manufacture as many compliant ventilators as possible as quickly as possible. The Ventilator Challenge sought to pursue all realistic alternative routes to achieve this goal. My day to day responsibilities, in pursuit of that aim, involved higher-level decision-making and collaboration. The more granular detail of the Ventilator Challenge was handled by other teams, including PA Consulting who were involved in project management, administration, logistics and other day-to-day matters since 13 March 2020 (and formally engaged from 16 March 2020). PA Consulting's work on those details allowed me and my colleagues to focus on the decision-making.
36. At its peak in the week commencing 4 April 2020, 103 individual consultants from PA Consulting were working on the Ventilator Challenge (although not all staff worked full time so the FTE equivalent was lower).¹³ These consultants were managed on a project level by the commercial leads from the Central Commercial Teams.¹⁴ There were also several

¹² CG/12 - [INQ000391400].

¹³ Page 10 in INQ000497264 shows the number of PA consulting staff working on the Ventilator Challenge.

¹⁴ CG/13 - [INQ000498246].

civil service staff below SCS grade (Higher Executive Officer to Grade 6) who provided commercial, PMO and policy support for the Ventilator Challenge.¹⁵ These were either sourced from within GCF, through the Resourcing Hub volunteer list, or from the Commercial Fast Stream. These staff were brought in from mid-March 2020 through to September 2020. Staff in the Ventilator Challenge team were also supported by lawyers in the Government Legal Department, staff from the Ministry of Defence's Cost Assurance and Analysis Service ("CAAS"), and staff from the Cabinet Office finance team. The number of staff, both from PA Consulting and civil servants, working on the Ventilator Challenge peaked in April 2020 at between 120 to 160 people.

37. I was involved in the day to day oversight of the Ventilator Challenge in ensuring the process of procuring ventilators was achieved in time and as needed, making sure ministers received accurate information regarding our procurement work, the preparation of briefings for ministers (including reviewing slideshows to be presented to ministers) and ensuring delivery was achieved in a timely manner as well as collaborating with other stakeholders. I also served as a key bridge between Gareth Rhys Williams and PA Consulting. I was involved in daily meetings described above at paragraph 16.3.
38. Further, I had several conversations with suppliers who had tendered for work, but who failed to meet the requisite standard such that their tender would not be progressed at all. These calls were, at times, emotive; many suppliers wanted to be involved in the pandemic response and informing them we did not intend to take up their offers of work seemed to be understandably disheartening for some.
39. I have produced for the Inquiry a copy of my diary entries from the relevant period.

The Operation/Execution of the Ventilator Challenge

40. Gareth Rhys Williams's statement sets out the timeline of relevant actions in relation to the Ventilator Challenge that predates my involvement.¹⁶ He also details the timeline of

¹⁵ CG/12 - [INQ000391400].

¹⁶ Paras 4.1 onwards.

relevant actions and/or decisions in respect of the Ventilator Challenge, which I have reproduced below.

41. At the time I joined the Ventilator Challenge, Gareth Rhys Williams was the Senior Responsible Officer for the Challenge. He was supported by a team of:
 - 41.1. Me, Director of the Sourcing Programme, a Senior Commercial Specialist and part of the GCF team in the Cabinet Office, Project Manager and provider of general senior oversight.
 - 41.2. Dan Webster, a Deputy Director and Commercial Specialist in the Complex Transaction Team of the GCF and part of my team in the Cabinet Office, who was the Commercial Specialist for all the contracts with suppliers.
 - 41.3. Staff at delegated grades who provided PMO support for the Ventilator Challenge.
 - 41.4. Frazer Bennett, Simon Collier and Barbara Bradley, Partners at PA Consulting.
42. The Cabinet Office Ministers involved in the Ventilator Challenge were: Lord Agnew (Minister of State for the Cabinet Office), Michael Gove (Chancellor of the Duchy of Lancaster) and Boris Johnson (Prime Minister).
43. The Ventilator Challenge held daily core team meetings with those involved in the day-to-day operations to set the key tasks and objectives for the day. There would then be regular catch ups throughout the day. The reality was that the team was working almost 24/7. I have described the daily meeting with me, Gareth Rhys Williams, Lord Agnew, Dan Webster and Frazer Bennet and Barbara Bradly from PA Consulting above at paragraph 16.3.
44. The day-to-day operations team then reported to Gareth Rhys Williams (via me) and he reported to Lord Agnew, as the Minister.
45. Progress on the Ventilator Challenge was also reported to Emily Lawson, the Chief Commercial Officer of NHSE/I and Jonathan Marron, Director General in DHSC, who were

in charge of the DHSC's initiative to obtain oxygen and ventilation supplies for the NHS in response to COVID-19, as shown by the organisation structure chart in the PMO Programme Process and Structure Pack for the Ventilator Challenge.¹⁷

46. Political interest in the Ventilator Challenge was acute, necessitating careful analysis of likely delivery dates and volumes. The normal optimism of suppliers had to be balanced with realistic views of when their products might pass MHRA tests, when the manufacturing process would be approved and the availability of required components.
47. I have described above at paragraph 21 how the initial view taken as to the number of ventilators required far outweighed the estimates of existing NHS stock.
48. Practically, therefore, the Ventilator Challenge was working to obtain and manufacture as many compliant ventilators as possible as quickly as possible.¹⁸ The Ventilator Challenge sought to pursue all realistic alternative routes to achieve this goal.
49. In order to launch the Ventilator Challenge, it was necessary to seek the assistance of consulting support who could undertake project management and had the required understanding of medical technology. As mentioned at paragraph 23 above, PA Consulting was an existing supplier across the Government with this dual expertise, making it ideally placed to assist.
50. As set out at paragraph 24 above, PA Consulting began to support the Ventilator Challenge from 13 March 2020, provided a proposal for support on 15 March 2020,¹⁹ and on 16 March 2020 they were formally engaged by a direct award under a CCS Framework to provide a role to include project management, technical expertise, logistics and communications activities.²⁰ This allowed the Cabinet Office officials to focus on decision making.

¹⁷ CG/14 - [INQ000477239].

¹⁸ CG/2 - [INQ000477233].

¹⁹ CG/3 - [INQ000496690].

²⁰ CG/4 - [INQ000497262] As well as its project management role, PA Consulting subsequently briefly participated in the Ventilator Challenge as a design consultant. However, as explained in the Regulation 84 report CG/5 - [INQ000477277] it was decided that it was not a conflict of interest because the project management role was carried out by a different team at PA Consulting comprising different people with a different skill set. The ventilator design supported by PA

51. As set out at paragraph 25 above, the objective of the Ventilator Challenge ‘call to arms’ was to seek support from a group of key manufacturers and suppliers in the medical technology industry.²¹ The Cabinet Office, working with Innovate UK and PA Consulting, started by contacting the companies whom it was thought could help.²²
52. This initial list of design consultancy companies had expertise in medical design or rapid manufacturing. The list included: TTP Consulting, Team Consulting, Sagentia and Cambridge Consultants. Unipart and Metlasewere also included as consultants to support the supply chain and procurement. Unipart in particular was contacted because of its experience of scaling up manufacturing.
53. All of these consultants, other than Unipart, are part of the so-called “Cambridge Cluster” of medical technology companies. These consultants deployed teams of scientists and engineers who worked collaboratively to support the Ventilator Challenge.
54. The first call with these design consultants (PA Consulting, TTP Consulting, Team Consulting, Sagentia and Cambridge Consultants) was held on Friday 13 March 2020.²³ Gareth Rhys Williams, as I understand it, attended this call along with Steve Oldfield, Chris Stirling (DHSC Commercial), Emily Lawson (NHSE/I Chief Commercial Officer) and David Simmons (DHSC Supply Chain Resilience). The goal of the Ventilator Challenge was explained along with the need for the designers to cooperate in order to maximise the slim chances of timely success. This predated my involvement in the Challenge.
55. Also on 13 March 2020, DHSC circulated a draft indicative (work in progress) specification for a rapidly manufactured ventilator system (“RMVS”) for the new designs to be based on.²⁴

Consulting's healthcare team was anyway de-selected relatively quickly during the first TDA reviews in late March 2020.

²¹ CG/6 - [INQ000496686].

²² CG/7 - [INQ000496685].

²³ CG/15 - [INQ000496687].

²⁴ CG/16 - [INQ000477234], CG/17 - [INQ000477235].

56. Discussions between Ministers, officials and the design consultants over the weekend of 14-15 March 2020 suggested that the goal to manufacture safe and effective ventilators at pace was potentially achievable if very ambitious.²⁵ These design consultants were engaged on a rates basis plus reimbursement of their documented reasonable costs. These companies were also asked to tell us about other companies in their sector (which was relatively small) who could also help.²⁶
57. Initially it was thought that a relatively simple design would be better. This was referred to as the Minimal Viable Product. A simple design was more likely to be completed quickly and thus meet the urgent requirement for ventilators at that stage. For example, the initial specification referred to an article which described an emergency ventilator developed by a consultant anaesthetist in the NHS in 2010.
58. However, as I explain further below, this was judged by the clinicians and MHRA experts who became part of the Ventilator Challenge to be too simple and the specification evolved rapidly.
59. By Monday 16 March 2020, a list of companies who might be able to help had been compiled by the BusinessTeam in No.10 led by Oliver Christian.²⁷ This list included existing contacts identified by the Cabinet Office with the assistance of PA Consulting. Other contacts were added by the Business Team in No.10 and MakeUK.²⁸ The Prime Minister convened a meeting with c.60 leading manufacturers and suppliers to encourage them to participate in the Ventilator Challenge and ask for the names of further potential companies, as well as for ideas on designs. For example, the Ventilator Challenge was put in touch with Smiths Medical by JCB, Dyson and Renishaw (who were all part of the initial list).

Wider public request for help

²⁵ CG/18 - [INQ000478812], CG/19 - [INQ000496693].

²⁶ CG/20 - [INQ000496688].

²⁷ CG/21 - [INQ000477906].

²⁸ CG/22 - [INQ000496691], CG/23 - [INQ000496692].

60. On 16 March 2020, the Department for Business, Energy & Industrial Strategy (BEIS) also published a wider call for businesses to help make NHS ventilators on the gov.uk website.²⁹ The request was made to manufacturers and also for businesses with skills in “design / specification”, “rapid prototyping”, “contract / product assembly”, “certification / regulation / testing”, “logistics”, and “medical training”. Businesses were asked to register their details if they could help.
61. The Government received over 5,300 offers of support in a dedicated mailbox in response to this wider request for help. All these offers were recorded in a live database. A snapshot of the final version of this database is exhibited to Gareth Rhys Williams’s statement.³⁰
62. This public request for help was secondary to the targeted approach to the leading suppliers and manufacturers in the industry, however it did produce a few less obvious suppliers, and some who had been missed from the initial call (for example Gareth Rhys Williams contacted OES Medical on 20 March 2020 after he had seen them on Newsnight on 19 March 2020 saying that no one had yet contacted them). It also led to offers of support from those who produced components, and some offers for ventilators which the Ventilator Challenge forwarded on to the DHSC team leading on the procurement of existing ventilators.³¹

Selection of suppliers

63. The Ventilator Challenge team had to identify from the potential suppliers those who had a realistic prospect of meeting the RMVS Specification within the required timeframes, with a design that could be scaled up rapidly, and so should be chosen to participate in the Ventilator Challenge.
64. On 18 March 2020, the MHRA published the first revision of the RMVS Specification (which was now under its remit).³² The MHRA had emergency powers to permit the use

²⁹ CG/24 - [INQ000471044].

³⁰ CG/25 - [INQ000477250].

³¹ CG/26 - [INQ000478788].

³² CG/27 - [INQ000477251].

of medical equipment that, for example, was not CE marked under its “exceptional use authorisation”.

65. The RMVS Specification was regularly updated by the MHRA and evolved over the course of the Ventilator Challenge programme as the clinical information in relation to the symptoms of COVID-19 increased. The extra functionality and requirements which the clinicians required ultimately meant that the final requirement was for a relatively complicated ventilator (meaning the simpler new designs which had started under the initial RMVS specification were generally not suitable).
66. The Cabinet Office was not involved in making decisions about the clinical specification in the RMVS Specification. The MHRA was in charge of determining what an adequate or acceptable machine had to do, in what circumstances, and under what conditions it had to be manufactured.
67. Researching the lists of UK based manufacturers who were licensed to sell appropriate ventilators in the UK yielded a nil return, leading to the initial conclusion that we would have to start every project from scratch. However, within a number of days, it became clear that there were several vendors that were likely to be suitable for support in the Ventilator Challenge, because they had an existing product or were very close to having one. In particular:
 - 67.1. Penlon, who did not have a ventilator product, but did have an anaesthesia machine, which had component modules that could be reformed into a ventilator.
 - 67.2. Diamedica, who had a simple ventilator product that was not licensed in the UK, but was being sold in Africa.
 - 67.3. OES, who had a 'late-stage prototype' based on an earlier anaesthesia machine, but which did not yet have any formal approvals.
 - 67.4. Smiths Medical, who had the Parapac, a transport ventilator used by ambulance crews, which is not suitable to keep patients on for any length of time, but was

already in UK manufacture. The issue with this product was how to scale it up effectively from its current low volume.

68. There were two steps to the initial selection of suppliers.

68.1. First, the responses were triaged by PA Consulting.³³ PA Consulting triaged the offers of support using a multi-step process. Initially a Python script³⁴ was used to identify potentially suitable offers, followed by a two-step human scan to validate the offers and identify any that had been missed.³⁵ There were 63 offers received for an RMVS design or prototype (as listed in a tracking sheet).³⁶ The task to sift through the 63 offers could be carried out quickly due to the small, specialist market in the UK (and, indeed, globally). There are around 20/30 companies in the UK who make medical devices and around 30/40 who make components to go in such medical devices. Most of the chosen suppliers had been identified and approached by the Ventilator Challenge team, rather than responding to the public “call to arms”.

68.2. Second, 25 potential designs identified by the initial triage were subject to a review by the Technical Design Authority (TDA) that we established for the Ventilator Challenge. The objective of the TDA was to make recommendations to ministers based on clinical observations.³⁷ The suppliers did not attend the TDA, however each supplier provided a PowerPoint document explaining their proposal and some also provided prototypes, drawings, models or animations. The TDA held three initial sessions to decide which suppliers to proceed with on 18 March 2020, 20 March 2020 and 23 March 2020. PA Consulting produced minutes of the TDA meetings.³⁸

³³ CG/28 - [INQ000496720].

³⁴ A computer programming language often used to build websites and software, automate tasks, and conduct data analysis.

³⁵ CG/29 - [INQ000496727].

³⁶ CG/30 - [INQ000478796].

³⁷ CG/31 - [INQ000477909], CG/32 - [INQ000477930].

³⁸ CG/33 - [INQ000513007], CG/34 - [INQ000513004], CG/35 - [INQ000496715].

69. On 18 March 2020, there was also a wider design and brainstorming day at PA Consulting's offices in Cambridge, attended by many of the teams. The TDA was chaired by PA Consulting (Simon Collier) as part of its project management function and included:
- 69.1. The Clinical Director of Medical Devices at the MHRA (Duncan McPherson);
 - 69.2. 5 senior clinicians, led by Professor Ramani Moonesinghe, the head of ICU for the NHS. The clinicians were chosen by DHSC / MHRA;
 - 69.3. Professor Tom Clutton-Brock, a Professor of Anaesthesia and Intensive Care Medicine at the Institute of Clinical Sciences at the University of Birmingham and a Director of the Medical Devices Testing and Evaluation Centre (MD-TEC). Professor Tom Clutton-Brock was a leading figure in the testing of medical devices in the UK and led a team which subsequently carried out the medical testing of all the ventilators;
 - 69.4. Senior representatives from the Cabinet Office (Gareth Rhys Williams, Dan Webster or me). The Cabinet Office officials were not involved in making clinical judgments. However, we led on the decision making based on these clinical judgments and input from the MHRA (as regulator), the testing team and the teams working on supply chain and manufacturability.
70. Through this process, by late March 2020, 14 designs had been selected to move forward with. These designs were presented to the Prime Minister at the 9.15am COVID-19 strategy meeting on 27 March 2020.³⁹

| # | Device | Designer | Potential Manufacturer | Proposal |
|---|------------|----------------|------------------------|------------------|
| 1 | Prima ES02 | Penlon Limited | HVM Catapult | New device built |

³⁹ CG/36 - [INQ000088311], CG/37 - [INQ000512989].

| | | | | |
|----|--|---|---|---|
| | | ("Penlon") | (Ford, Siemens, McLaren, Meggit) | from core modules of an existing anaesthesia ventilator. |
| 2 | Helix | Diamedica | Plexus | Scaled up version of existing device |
| 3 | Mosquito | Sagentia | Sagentia | New design |
| 4 | EVA (initially called "Jarre Head") | TEAM Consulting (based on a Diamedica design) | Cogent | New design |
| 5 | Lifeline Remora (subsequently called Blue Sky) | Darwood IP | Innovate UK, Pitlane Consortium (all 7 UK based F1 teams), Olympus. | New design |
| 6 | ParaPac 300 | Smiths Medical | Smiths Medical | Scaled up using additional manufacturing from Airbus GKN/ Rolls Royce |
| 7 | CoVent | TTP | Dyson | New design |
| 8 | Zephyr+ | Draeger | Babcock | Adapted version of an existing Draeger device |
| 9 | Belavista/ iX5 | Vyaire | | Existing device |
| 10 | Nippy4+ | Breas Medical | Breas Medical | New design just launched by Breas |

| | | | | |
|----|--|---|-------------------|---------------------------------------|
| 11 | Vivo65 | Braes Medical | Braes Medical | Existing design |
| 12 | Gemini | OES Medical | BMW | Adapted version of an existing device |
| 13 | Apollo 13 (subsequently became Veloci-Vent) | Cambridge Consultants Ltd | MatLase (Unipart) | New design |
| 14 | OxVent | King's College London and Oxford University | Smith & Nephew | New design |

71. Out of the 14 designs referred to above:

71.1. The existing Vyaire Belavista/iX5 ventilator, manufactured outside of the UK, was referred to DHSC to try to procure.

71.2. The Zephyr+ design by Draeger and Babcock was managed by MoD.

72. The decision was made around this stage not to pursue the procurement of paediatric ventilators. As best I can recall, the demographics of Covid-19 indicated it was impacting very few children. There were ventilators available for use by children, but I recall the NHS data indicated that the pandemic was unlikely to cause serious demand for paediatric ventilators.

73. The Ventilator Challenge had also identified additional non-mechanical ventilator, products, including:

73.1. A mask (pressure cycled automatic ventilator system) called InVicto produced by JFD which was a new design based on diving masks.

73.2. A CPAP device called “SOG” by Vobster Marine Systems.⁴⁰ CPAP was being used to treat COVID-19 more than anticipated, and it used significant oxygen, generating a reasonable threat to oxygen supply in the NHS. A CPAP device using a Closed-Circuit Rebreather (such as is used in aqualungs) allows exhaled oxygen to be reused.

74. A number of the offers of support were not from medical companies.⁴¹ One element of the Ventilator Challenge was matching those companies with experience and expertise of manufacturing high quality products at scale, with the designers of the ventilators. For example, Penlon was a medical supplier with experience of producing anaesthesia ventilators but at a tiny scale compared to the scale required. The Cabinet Office secured support for it from Ford Motor Company Limited, McLaren Racing Limited, Siemens, Airbus and others who had capability to manufacture at scale. These companies volunteered to help and were chosen because of their experience in manufacturing high precision products with robust quality control and often in a regulated environment. The allocation of manufacturing partners to designs and designers was based on dialogue with the design teams and manufacturers, and was largely driven by (i) the maturity of the design and (ii) the readiness of any in-house manufacturing capability that the designers had already. Manufacturers were deliberately allocated to only one design to maintain focus of their effort and assistance. The intention was to use the expertise of the partners to scale up manufacture in existing facilities (such as Penlon’s factory) that were already certified to make medical devices. Obtaining such approval for another facility (for example a precision manufacturing workshop making parts for Formula 1 cars) would have been another time and effort-consuming step.

75. Other potential suppliers were only identified in April 2020, such as:

| # | Device | Designer | Potential Manufacturer | Proposal |
|----|----------------------------------|-------------|------------------------|------------|
| 15 | Florence (later renamed AirCare) | BAE Systems | InterSurgical | New Design |

⁴⁰ A CPAP device stands for continuous positive airway pressure.

⁴¹ CG/28 - [INQ000496720].

| | | | | |
|----|-----------|----------|----------|---|
| 16 | Piranvent | Swagelok | Sagetech | New design |
| 17 | LTV2 | Vyaire | N/A | Existing design (only used in Japan pre- pandemic) |

76. Formal correspondence was issued to the selected suppliers. The type of correspondence issued varied for different suppliers:

76.1. A confirmation of order was issued to Penlon Medical, because it already had a potentially viable ventilator design built from pre-existing modules contained in other established products, so was more straightforward than the other suppliers' proposals.⁴²

76.2. Suppliers who had a tangible product (e.g. a prototype) which required adjustments were generally issued a letter of commitment and/or a letter of intent.

76.3. Suppliers who were producing an entirely new design were generally issued a letter of comfort. Dyson received a contingent order letter (see table at paragraph 76.4 below) following an instruction to me from the Chancellor of the Duchy of Lancaster to place an order for 10,000 units.⁴³ Ministers thought it was important to give Dyson, as a noted and successful inventor, a chance to demonstrate its product's capabilities. The order was contingent because at the time it was issued, Dyson, working with TTP, had not yet submitted a prototype, so the order was contingent on its design successfully passing MHRA tests by a certain date.⁴⁴ BAE Systems also received a contingent order dated on 2 April 2020 sent on 3 April 2020 for the Florence device.⁴⁵ Save for the language of a "contingent order", the letters were of the same practical effect as the "letters of commitment" given to most other suppliers, which stated, for example, "We commit to

⁴² CG/38 - [INQ000480110].

⁴³ CG/39 - [INQ000496699].

⁴⁴ CG/40 - [INQ000497223], CG/41 - [INQ000496735].

⁴⁵ CG/42 - [INQ000533273].

purchasing 13,570 units of the Jarrehead ventilator model, subject to meeting the issued Rapidly Manufacture Ventilation Supply (RMVS) specification v2.1 and regulatory approval.”⁴⁶

76.4. The correspondence issued to the different selected suppliers is shown by the table below. These letters contain the conditions under which production contracts would be awarded.

| Supplier/ Device | Type of Engagement Document | Date Issued |
|--|---------------------------------------|-------------|
| Smiths Medical Parapac | Letter of Commitment ⁴⁷ | 23 Mar 2020 |
| Dyson / TTP Covent | Contingent order letter ⁴⁸ | 25 Mar 2020 |
| Penlon ES02 | Confirmation of Order ⁴⁹ | 26 Mar 2020 |
| Babcock /Draeger Zephyr+ | Letter of Commitment ⁵⁰ | 26 Mar 2020 |
| Sagentia Mosquito | Letter of Intent ⁵¹ | 26 Mar 2020 |
| Team Jarrehead Revision of Diamedica Helix | Letter of Commitment ⁵² | 26 Mar 2020 |
| Diamedica/Crimino Helix | Letter of Commitment ⁵³ | 26 Mar 2020 |
| | Commercial cover letter ⁵⁴ | 27 Mar 2020 |

⁴⁶ CG/43 - [INQ000477915].

⁴⁷ CG/44 - [INQ000477913].

⁴⁸ CG/45 - [INQ000477912].

⁴⁹ CG/38 - [INQ000480110].

⁵⁰ CG/46 - [INQ000477918].

⁵¹ CG/47 - [INQ000477914].

⁵² CG/43 - [INQ000477915].

⁵³ CG/48 - [INQ000477916].

⁵⁴ CG/49 - [INQ000477238]. This was issued to Plexus, the intended manufacturer, to authorise spending up to £10m to purchase the necessary components.

| | | |
|---|--|------------------------------------|
| Breas Medical Ltd Vivo65 & Nippy4+ | Letter of Comfort ⁵⁵ | 27 Mar 2020 |
| Darwood IP Blue Sky | Letter of Commitment ⁵⁶ | 27 Mar 2020 |
| Cambridge Consultants Ltd Veloci-Vent | Cambridge Consultants signed design contract ⁵⁷ | 27 Mar 2020 |
| KCL/Oxford University OxVent | Letter of Commitment ⁵⁸ | 27 Mar 2020 |
| BAE Systems / Florence (later renamed AirCare) | Contingent Order ⁵⁹ | 3 April 2020 |
| OES Medical Gemini | Letter of Commitment ⁶⁰ Letter of Intent ⁶¹ | 10 April 2020 10 April 2020 |

77. A letter of comfort was also issued to Vobster Marine Systems for its CPAP device on 9 April 2020.⁶²

78. Letters of commitment or comfort were issued because of the urgency of the situation, and the uncertainty as to which suppliers would be successful to develop a compliant machine that could also be manufactured at sufficient scale and speed. This meant that design work, testing, and development of relevant manufacturing processes had to be undertaken before a formalised contract with known costs and outputs could be put in place between the Cabinet Office and the eventually successful suppliers. These letters can be found in the table above.

⁵⁵ CG/50 - [INQ000480112].

⁵⁶ CG/51 - [INQ000477919].

⁵⁷ CG/52 - [INQ000512990].

⁵⁸ CG/53 - [INQ000477260].

⁵⁹ CG/42 - [INQ000533273].

⁶⁰ CG/54 - [INQ000477923].

⁶¹ CG/55 - [INQ000477924].

⁶² CG/56 - [INQ000477934].

79. Where necessary, we also issued correspondence giving commercial comfort (that we would cover reasonable costs) to those involved in the supply chains or who were supporting the suppliers or assisting the Ventilator Challenge generally.
80. The commitments provided by the various letters were to enable the suppliers (and their supply chains) to support the Ventilator Challenge at significant pace and to prevent those suppliers from operating entirely at risk during extremely turbulent and challenging circumstances. Under these letters, the Government agreed to pay the suppliers for their reasonable costs incurred in undertaking the work.
81. Similarly with a contingent order, the letters of intent, commitment and comfort further stated that the Cabinet Office was committed to purchasing ventilators if they met the RMVS specification and obtained regulatory approval from the MHRA. Contracts were not awarded before regulatory approval was granted or viability assessments were conducted.

Planning assumptions in the Ventilator Challenge

82. The scope of the Ventilator Challenge reflected the changing data being received from DHSC. The projections from NHSE/I received by the Cabinet Office on 22 March 2020 showed:
 - 82.1. An initial peak need for 3,664 ventilators by 13 April 2020.
 - 82.2. A second peak need for 15,237 ventilators by 5 June 2020.
 - 82.3. An ultimate peak requirement of 72,155 ventilators by 27 November 2020.
83. By 23 March 2020, the NHSE/I's projection, based on 40% compliance with the social isolation measures that had by then been introduced, was that 16,900 ventilators would be required in April 2020.⁶³ The initial objectives of the Ventilator Challenge were therefore to deliver:⁶⁴

⁶³ CG/57 - [INQ000513012].

⁶⁴ CG/58 - [INQ000512997].

- 83.1. 8,000 MHRA approved new ventilators by 13 April 2020 (it was recognised that delivery of this initial target by this date was always a significant challenge).
- 83.2. 30,000 MHRA approved new ventilators by 30 April 2020.
- 83.3. 80,000 MHRA approved new ventilators at the point of the expected second peak in November 2020.
84. One of the actions following the COVID-19 Strategy Ministerial Group Meetings (the daily 9.15am meetings)⁶⁵ on 24 March 2020,⁶⁶ and 25 March 2020⁶⁷ was for DHSC to provide a paper setting out the overall position on ventilators, including detail on the pipeline and timeline of supply.
85. An update received on 26 March 2020 (dated 25 March 2020) showed a worsening picture with the initial peak need by 13 April 2020 increased to 17,516 ventilators.⁶⁸ The second peak by 5 June 2020 remained similar at 15,448 ventilators.
86. On this estimate, the NHS would have run out of ventilators on 13 April 2020. It was recognised that it would not be possible to obtain the additional ventilators required via the Ventilator Challenge by this date. However, there were predicted to be subsequent peaks and the goal was to reduce, and ultimately eradicate, any shortfall of ventilators as soon as possible.
87. On 27 March 2020, a summary of the process and outcome of the initial TDA review and status of the suppliers and products included in the Ventilator Challenge at that stage was presented to the COVID-19 Strategy Ministerial Group Meeting.⁶⁹ At this meeting, the Prime Minister stated that every lever Government had at its disposal should be utilised to achieve the required 8,000 ventilators by 13 April 2020.⁷⁰

⁶⁵ The 9:15 meetings are described at paragraph 1.7 of GRW's W/S.

⁶⁶ CG/59 - [INQ000056105].

⁶⁷ CG/60 - [INQ000056260].

⁶⁸ CG/61 - [INQ000478787].

⁶⁹ CG/36 - [INQ000088311]; the presentation is at CG/37 - [INQ000512989].

⁷⁰ CG/62 - [INQ000088602].

88. Following the update on 26 March 2020, the Cabinet Office was not provided with any updated forecasts on the need for ventilators for a couple of weeks.
89. On 30 March 2020, a Ventilator Ministerial Briefing was given on the projected ventilator capacity and the steps which were being taken to address the projected shortfall, including the Ventilator Challenge.⁷¹
90. As the projects with the selected suppliers/devices progressed, there was a cutting down process as the least promising projects were stopped when it became clear they would not be successful, either in design or in rapid manufacture.
91. The targets for ventilators did not impact how quickly projects were stopped because it was not known at that stage how many would generate viable designs/products. Projects were stopped as quickly as possible once it was known that a design would not meet the clinical requirements established by the RMVS as assessed by the TDA. The projects were stopped to limit the cost impact and the distraction of running excess projects.

Working with Others in the Procurement of Ventilators and Oxygen

Ventilator Challenge Resourcing

92. The Ventilator Challenge was resourced primarily by PA Consulting who were engaged by award without further competition (in accordance with the terms of a Crown Commercial Service (“CCS”) Framework) to undertake project management, technical, logistics and communications activities. The number of PA consultants working on the Ventilator Challenge fluctuated on a weekly basis between 14 March through to August 2020. As described at paragraph 36 above, at its peak in the week commencing 4 April 2020, 103 individual consultants from PA Consulting were working on the Ventilator Challenge (although not all staff worked full time so the FTE equivalent was lower).⁷²

⁷¹ CG/63 - [INQ000478789].

⁷² Page 10 in CG/64 – [INQ000497264] shows the number of PA Consulting staff working on the Ventilator Challenge.

93. These consultants were managed on a project level by the commercial leads from the Central Commercial Teams.⁷³ There were also several civil service staff below SCS grade (Higher Executive Officer to Grade 6) who provided commercial, PMO and policy support for the Ventilator Challenge.⁷⁴ These were either sourced from within Government Commercial Function (“GCF”) (whose general purpose and role is explained in the Cabinet Office corporate statement to Module 1 of the Inquiry)⁷⁵, through the Resourcing Hub volunteer list, or from the Commercial Fast Stream. These staff were brought in from mid-March 2020 through to September 2020.
94. Staff in the Ventilator Challenge team were also supported by lawyers in the Government Legal Department, staff from the Ministry of Defence’s Cost Assurance and Analysis Service (“CAAS”), and staff from the Cabinet Office finance team. The number of staff, both from PA Consulting and civil servants, working on the Ventilator Challenge peaked in April 2020 at between 120 to 160 people.
95. The procurement of oxygen, as I understand it, was a matter for the Department of Health and Social Care. I was not involved in the procurement of oxygen.

Collaboration with other entities

The Cabinet Office, including any Ministers

96. The Cabinet Office Ministers involved in the Ventilator Challenge were: Lord Agnew (Minister of State for the Cabinet Office), Michael Gove (Chancellor of the Duchy of Lancaster) and Boris Johnson (Prime Minister).
97. The Ventilator Challenge held daily core team meetings with those involved in the day-to-day operations to set the key tasks and objectives for the day. There would then be regular catch-ups throughout the day. The reality was that the team was working almost 24/7.

⁷³ CG/13 – [INQ000498246].

⁷⁴ CG/65 – [INQ000498347] (or possibly CG/12 – [INQ000391400]).

⁷⁵ CG/66 – [INQ000182611] – Witness statement of Gareth Rhys Williams, Government Chief Commercial Officer for the Government Commercial Function, dated 28 April 2023.

98. I then reported to Gareth Rhys Williams who in turn reported to Lord Agnew, as the Minister. This was the principal channel for reporting to the Minister of State for the Cabinet Office. I spoke to Lord Agnew on occasion and attended meetings with Michael Gove, Matt Hancock and Boris Johnson, but did not work directly with them in the procurement of ventilators.
99. I have already described at paragraph 16.3 above the daily (initially and 3 times a week from 20 April 2020) meetings held from 22 March 2020 which I attended. There were daily meetings with Gareth Rhys Williams, Lord Agnew, Dan Webster, Frazer Bennett, Barbara Bradley from PA Consulting and I from 22 March 2020 which received a standard pack showing anticipated delivery dates of and the key milestones/issues with each design. From 20 April 2020, the frequency of these meetings was reduced to 3 times a week.
100. Each company or group of companies developing ventilator devices for manufacture worked with and were supported by Cabinet Office commercial leads and consultants from PA Consulting on supply chain issues. For example, the Cabinet Office was assisted by FCO officials posted in other countries to help resolve supply chain issues, including customs clearance and transport problems. The Cabinet Office also supported consortia to source components where there were particular challenges. For example, one ventilator design relied on a key component (a pressure sensor) from Honeywell that could not be obtained due to a factory closure in Mexico. The Cabinet Office worked with Honeywell to reopen the manufacturing line in Mexico.⁷⁶

Other Government Departments

101. I have already described the Departments for Business, Energy & Industrial Strategy's wider call for help above at paragraphs 60 to 62.
102. The principal means through which the Ventilator Challenge team collaborated with the NHS was through the Technical Design Authority ("TDA"). Progress on the Ventilator Challenge was however reported to Emily Lawson, the Chief Commercial Officer of

⁷⁶ CG/67 – [INQ000513325].

NHSE/I and Jonathan Marron, Director General in DHSC, who were in charge of the DHSC's initiative to obtain oxygen and ventilation supplies for the NHS in response to COVID-19, as shown by the organisation structure chart in the PMO Programme Process and Structure Pack for the Ventilator Challenge.⁷⁷

The Medicines and Healthcare products Regulatory Agency ("MHRA")

103. The Cabinet Office was not involved in making decisions about the clinical specification in the rapidly manufactured ventilator system ("RMVS") Specification. The MHRA was in charge of determining what an adequate or acceptable machine had to do, in what circumstances, and under what conditions it had to be manufactured.

Contracts Relating to the Research & Development and Design & Manufacture of Ventilators

104. The Cabinet Office was aware that the MHRA - which produced the RMVS specifications - had emergency powers to permit the use of medical equipment that, for example, was not CE marked under its "exceptional use" authorisation. The Cabinet Office was not involved in making decisions about the clinical specification in the RMVS Specification. The MHRA was in charge of determining what an adequate or acceptable machine had to do, in what circumstances, and under what conditions it had to be manufactured. The procurement process explained above ensured the quality of the ventilators before a contract was entered into. Ultimately, letters of intent, commitment and comfort further stated that the Cabinet Office was committed to purchasing ventilators if they met the RMVS specification and obtained regulatory approval from the MHRA. This was a matter for the MHRA.
105. I am not aware of any discussion about the use of research and development contracts or grants as part of the Ventilator Challenge. It is possible such an approach was discussed at the inception of the Ventilator Challenge, but this would have pre-dated my involvement. Such research and development contracts or grants would have introduced a laxer degree

⁷⁷ CG/14 - [INQ000477239].

of scrutiny and control of the product than under the supply contracts issued in line with PCR2015 by the Cabinet Office.

106. I do not recall any disputes with suppliers concerning the terms of contracts to which they had agreed. Had there been a dispute of substance, this would likely have been raised in the daily calls, which was the mechanism through which to raise such issues. I don't otherwise recall any such disputes. It is possible minor disputes arose but were resolved by the Complex Transactions Team so this may be a matter best directed to them.
107. To the best of my knowledge, any unique clauses in procurement contracts that were agreed during the pandemic, such as a good faith requirement that appeared in letters of intent, were not exclusive to the Ventilator Challenge contracts, but rather reflective of the context of the pandemic. The urgency of the pandemic otherwise influenced the method by which procurement was undertaken, rather than the key terms of the underlying contract. For example, the MHRA approval – or lack thereof – was unique to the pandemic.
108. I am not aware of any particular concerns expressed about the ownership of intellectual property. It is possible that, by the time I had joined the Ventilator Challenge after its inception, there had already been some discussions about IP ownership, but I was not privy to them. As explained in the first Cabinet Office corporate statement to Module 5, generally, intellectual property created by suppliers in the performance of ventilator design contracts with Cabinet Office was vested in the Cabinet Office. The rights to pre-existing intellectual property created by suppliers and brought into the designs remained the property of those suppliers, although the Cabinet Office has a licence to use such intellectual property to the extent it formed part of the contract deliverable and its use was reasonably required to take the benefit of the relevant contract. The Cabinet Office provided indemnities to suppliers which covered infringements of third-party IP rights. This was the usual position and, as far as I am aware, there was no discussion that this ought to change as a result of the pandemic. There were, however, as best I can recall, discussions as to how ownership of the IP would work in practice with the MoD and whether such ownership would be back IPR or front IPR, but these discussions did not involve a more principled issue as to whether ownership should vest at all in the Cabinet Office. I am not aware of any issues being raised in relation to IPR sharing between suppliers.

109. I was peripherally involved in assessing options for ventilators to be acquired or procured. The ventilator “options” – or rather the proposals – were initially triaged by PA Consulting, who adopted a Python computer programming language script to identify potentially suitable offers, followed by a two-step human review to validate the offers and identify others that may have been missed.⁷⁸ 62 offers were received for an RMVS design or prototype, which were sifted. As Gareth Rhys Williams records in his statement, there are few companies who make medical devices or their component parts, and they had already been identified and approached by the Ventilator Challenge team. Following the initial stage, 25 potential designs were subject to review by the Technical Design Authority (“TDA”). I attended design authority meetings, but I (or rather we) were led entirely by clinicians and the results of testing of products (including by the Medical Devices Testing and Evaluation Centre led by Doctor Tom Clutton-Brock who conducted tests with his team on each ventilator, and produced written reports⁷⁹) to understand whether, and to what extent, certain ventilator options were viable. Those who analysed, tested and recommended ventilators to us would be better placed to comment on factors considered when assessing the different ventilators.
110. The impact of changes to the technical specifications for the ventilators made through the Ventilator Challenge were considered as part of the TDA process and suppliers were aware that the products had to meet the MHRA technical specification before any purchases were made. All ventilators procured through the Ventilator Challenge met the final MHRA technical specification. The Cabinet Office is not aware of any devices procured as part of the Ventilator Challenge which were subsequently considered unusable or unfit for purpose. The Penlon ventilators were subsequently upgraded to allow them to obtain a CE marking and thus ensure that they could be used outside of the emergency pandemic situation.

⁷⁸ CG/28 - [INQ000496720]; CG - [INQ000496727].

⁷⁹ GRW W/S, para 4.84 (and documents cited therein: CG/68 - [INQ000497233], CG/69 - [INQ000497231], CG/70 - [INQ000497234], CG/71 - [INQ000497232], CG/72 - [INQ000497236], CG/73 - [INQ000497237], CG/74 - [INQ000497235], CG/75 - [INQ000497226], CG/76 - [INQ000497238], CG/77 - [INQ000497230], CG/78 - [INQ000497241], CG/79 - [INQ000497239], CG/80 - [INQ000497225], CG/81 - [INQ000497240]).

Expert Advice Received, Including from NHS Clinicians and in relation to Equipment, Supplies and Staffing Requirements in Order to Operate Ventilators

111. It was not part of my role to assess what equipment, supplies or staffing may be required in order to operate the ventilators during the relevant period. In discussing the ventilator designs, however, we would consider the integral component parts of the different ventilator designs, including, for example, the use of hoses or substances within the ventilator to ensure it was functional. The equipment, supplies and staff extraneous to the ventilator itself were not otherwise for the Cabinet Office, but rather was principally the responsibility of the Department for Health and Social Care.
112. The Ventilator Challenge was clinician-led in order to guide us on what the nature of the need was, and how best to meet that. The MHRA gave advice, including as to how the disease manifested itself (of which our understanding developed over time) and how the ventilators should operate in order to meet the clinical need of those who may need ventilation. As an illustration, the specification requirements of the ventilators changed three times. We were informed of this and adjusted our approach on this expert advice.
113. The impact of changes to the technical specifications for the ventilators made through the Ventilator Challenge were considered as part of the TDA process and suppliers were aware that the products had to meet the MHRA technical specification before any purchases were made. All ventilators procured through the Ventilator Challenge met the final MHRA technical specification. The Cabinet Office is not aware of any devices procured as part of the Ventilator Challenge which were subsequently considered unusable or unfit for purpose. The Penlon ventilators were subsequently upgraded to allow them to obtain a CE marking and thus ensure that they could be used outside of the emergency pandemic situation.
114. We were further led by the Department of Health and Social Care to understand – as best we could – the amount of ventilators that may be required. As best I can recall, we further received advice from PA Consulting’s own medical team as to where to source component parts from in order to produce the ventilators.

115. On a similar note, I recall becoming aware that, as we progressed through the relevant period and the need for ventilators dropped dramatically, we became aware that clinicians had a preference for those ventilators, or similar equipment, they were familiar with using (rather than a new ventilator which may require further training to use).

Costs Controls and Considerations

116. As set out in Gareth Rhys Williams's statement,⁸⁰ the costs of the different suppliers were not a consideration in the decisions on which suppliers to stop or proceed with. However:
- 116.1. The Cabinet Office team was keeping track of the costs incurred and the forecast costs in a financial spreadsheet (see paragraph 4.134 of Gareth Rhys Williams's statement for further information). This spreadsheet was maintained by PA Consulting who sent regular (at least weekly) updated versions to Dan Webster (including during the closing activities). This spreadsheet was used to brief Ministers.
- 116.2. The Cabinet Office had a ROM (Rough Order of Magnitude) cost based on the market price for ventilators (as of March 2020).⁸¹
- 116.3. A commercial lead (a GCF staff member with relevant commercial training and accreditation) from the Ventilator Challenge team had been assigned to each supplier, who had control over and had to approve all commercial activity with each supplier, with oversight from a senior civil servant and the SRO.
- 116.4. There were overall financial controls on the spending of the Ventilator Challenge programme as explained below.
- 116.5. Generally, the intent of most suppliers involved in the Ventilator Challenge was to cover their costs. The design teams were engaged on the basis that the Cabinet Office would cover their reasonable and evidenced costs, including time and materials manpower rates agreed in the contracts. Penlon and Smiths Medical

⁸⁰ GRW W/S, para 4.89.

⁸¹ CG/82 - [INQ000497221].

were engaged on the basis of paying their open book costs plus an allowable profit margin consistent with historic profit levels,⁸² and Breas were paid a previously agreed “NHS” price from an existing framework agreement.

- 116.6. The MoD’s CAAS team carried out financial due diligence on selected suppliers, providing Supplier Insights Reports on the initial list of suppliers sifted from the “call to arms”. CAAS undertook further financial checks for suppliers at different stages of the process from pre-contract costs through to invoice checks and wind down activity, based on TDA decisions and outcomes.⁸³ For example, between April and May 2020, pre-contract checks were undertaken for Renishaw, Airbus, Meggitt, Smiths Consortium, Ultra, Thales, McLaren, BlueSky Consortium, PA Design and Cambridge Consultants. This was particularly important given that the Cabinet Office made a number of advances to suppliers to cover materials and other costs.
- 116.7. The commercial leads undertook a final review of costs (and product status) before any formal contract was placed to purchase ventilators.⁸⁴
117. As best I can recall, our collective decision-making was not impacted, in any material way, by the Public Sector Equalities duty.
118. The medical appropriateness or inappropriateness of the ventilators proposed to, or supplied under, the Ventilator Challenge was not a matter for the Cabinet Office to determine; this was an issue for the clinicians at the MHRA and DHSC in collaboration with the Cabinet Office. Aside from that, I do not recall any issues with the quality of the ventilators procured during the Ventilator Challenge. Any quality or appropriateness issues with the ventilators (or such related equipment and supplies) developed during the Ventilator Challenge would have led, through our mechanism of procurement, to not continuing with that design or production of the ventilators. Any quality issue with individual ventilators would have been addressed at the production line level when, if there was some defect, the ventilator would be weeded out from the remaining batches of ventilators. This was a quality-control matter to be addressed at the production-line level and I was

⁸² See fn 157 of GRW W/S; CG/83 – [INQ000497249]; CG/84 – [INQ000497248].

⁸³ CG/5 - [INQ000477277], pp 8-9, CG/85 - [INQ000496728]; CG/86 – [INQ000478819].

⁸⁴ E.g., CG/87 – [INQ000497228]; CG/88 – [INQ000497227].

not made aware of any such problems on a broader scale. I should add, however, that it is conceivable certain batches of component pieces were not of sufficient quality to be used in the production of a ventilator. I am not aware of the details of this as it would have been addressed on the factory floor during any quality control process.

Transparency Measures

119. The Cabinet Office endeavoured to abide by procurement principles, procedure and policy together with regulations that deal with transparency, in the procurement of ventilators during the pandemic. This is addressed in considerable detail in Gareth Rhys Williams's second corporate witness statement at paragraphs 3.1 to 3.34 and 3.29 to 4.120. There were issues, as Gareth describes in the aforementioned paragraphs, in ensuring desired transparency with regard to the Ventilator Challenge and actions taken to rectify the oversight of not including copies of the relevant contracts in the CFNs and the delay in issuing subsequent CANs. I cannot add to Gareth's statement in that regard.
120. The Cabinet Office was subject to an audit conducted by the National Audit Office.
121. The Cabinet Office further endeavoured to ensure, at all times, adherence to the requirements of the Public Contract Regulations 2015.

Instance(s) where a Patient was Unable to Access a Ventilator

122. I would not have known during the pandemic, given my role, of any particular instances where a patient who needed a ventilator during the pandemic was unable to access one. A central purpose of the Ventilator Challenge team was to act urgently at the outset of the pandemic to mitigate the risk of situations in which patients who needed a ventilator may be unable to access one.

Challenges, Good Practice and Lessons Learned

123. On 4 May 2020, the Guardian newspaper published an article by Rob Davies entitled 'The inside story of the UK's NHS coronavirus ventilator challenge'. I am aware that Mr Davies

characterised the “inside story” as one of early panic, confusion and a clash between companies with expertise and those looking to seize the limelight, with the government desperately setting targets that it then decided it did not need to meet. I disagree with much of this characterisation; it represents an oversimplification that appears to overlook the context in which the Ventilator Challenge arose.

124. As to the suggestion that the government decided it did not need to meet its own targets after all, from my perspective, the reality was that our knowledge of the Covid-19 disease was evolving from relatively scant knowledge of its severity, nature and transmission to in depth knowledge and the existence of a vaccine. As clinicians became more aware of the disease as time progressed, the picture changed in terms of how the virus may be managed and the sort of equipment, and scale of procurement, that would be needed.
125. The “Call to Arms” by the Prime Minister, at the outset of the pandemic, was an effective measure in response to a virus that was gripping the world with some, but no detailed knowledge of its likely impact. In the early months of 2020, the troubling scenes in countries such as Italy, where ventilator availability seemed to be limited, demonstrated that, while little was known of the virus, it became increasingly plain that ventilators were likely to be critical. The generous responses to the Prime Minister’s Call to Arms was akin to the opening of a floodgate, with a bow wave of offers, that was onerous to grapple with as an influx of companies and persons asking to help needed to be sifted quickly and then progressed where appropriate. I would not describe any of these actions as motivated by early panic, but rather a concerted effort in response to a global pandemic to ensure those in the UK who needed a ventilator had access to one, particularly in circumstances where there was a rise in hospitalisations across Europe and the need for ICU beds and ventilators was known to be a likely key component in the medical care of those suffering with Covid-19.
126. The central lesson learned from the Ventilator Challenge is to “fail fast”. The Cabinet Office was paying for parts and components to ensure development of ventilators to a point where we knew whether that ventilator would be viable or not. In my view, as soon as a decision point is reached at which the Cabinet Office becomes aware that the supplier’s product is simply not viable or otherwise does not represent value for money, then we

ought to notify that supplier immediately in order to focus time and resources on those that look viable.

127. The UK did not join the EU Procurement Scheme for ventilators. This is unlikely to have had an impact in the early stages on the Cabinet Office's procurement of ventilators. As Gareth Rhys Williams notes in his statement (at paragraph 6.11), DG Santé encountered difficulty in the early collaborative procurement exercises, with no or no compliant bids received, or in some cases awards of substantial contracts to SMEs who allegedly proved unable to deliver in full.⁸⁵

⁸⁵ GRW W/S, para 6.11; CG/89 - [INQ000477291].

SECTION C: BOARDMAN 2

Introduction to the Boardman Reviews

128. Throughout the currency of the pandemic, the Cabinet Office sought to learn lessons and identify opportunities for improvement in procurement practices against the backdrop of extremely challenging and changeable market conditions. There were a number of internal exercises and reviews commissioned by the Cabinet Office during the pandemic, as well as formal reviews undertaken by the Government Internal Audit Agency and the National Audit Office. Details of these reviews, which are outside the scope of the Rule 9, are provided at paragraphs 6.3 – 6.25 of the Cabinet Office’s first corporate witness statement.
129. In October 2020, Sir Nigel Boardman, a former partner with the law firm Slaughter and May and non-executive director and the former chair of the Audit and Risk Committee of (what was then) the Department for Business, Energy and Industrial Strategy (BEIS), was appointed to undertake an independent expert review considering procurement law and policy (as it then was) for contracting in a time of crisis; the Cabinet Office’s own process and governance in respect of law and guidance; and the management of actual or perceived conflicts of interest in a procurement context (‘Boardman 1’).
130. This statement does not cover Boardman 1 as the same is not within the scope of the Rule 9. Further detail on Boardman 1, its recommendations and their implementation can be found at paragraphs 6.26 – 6.36 of the Cabinet Office’s first corporate witness statement.

The Second Boardman Review

131. On 11 December 2020, a proposal outlining the structure of an independent review into procurement during the pandemic was produced. It was proposed that this review would examine ‘the key qualitative, cultural and cross-cutting issues which remain under-scrutinised’ and that such a review would assist the GCF, government departments and the Prime Minister ‘in assessing honestly what underlying problems there might have been and what would be helpful mitigations or improvements for the future.’

132. The second Boardman review was commissioned by the Prime Minister, Boris Johnson, and the Cabinet Secretary and considered procurement activities in key areas of the Government's response to the COVID-19 pandemic from the period 1 March 2020 to 1 December 2020 ('Boardman 2'). Boardman 2 built on investigative work that was already being done in this area including Boardman 1 and the other reviews outlined at paragraphs 6.3 – 6.36 of the Cabinet Office's first corporate witness statement.
133. Boardman 2 was intended to be a short and targeted' exercise which reviewed some of the circa 8,000 contracts that had been awarded by Government in this period and it considered the following areas:
 - 133.1. PPE for the NHS and social care;
 - 133.2. Ventilators for clinical use;
 - 133.3. Goods and services relating to vulnerable persons;
 - 133.4. Services for Test and Trace; and
 - 133.5. Vaccines and associated services.
134. The review was completed between January 2021 and March 2021. In this time, Sir Nigel Boardman interviewed a number of officials within the Cabinet Office.
135. Recommendations were made across five broad themes of preparedness and strategy, organisational structures, resourcing, purchasing and governance and regulation. Boardman 2 noted that: "It is of course true that this country has not experienced a pandemic of the seriousness of COVID-19 for a century and it is therefore understandable that pandemic preparedness was not a high priority. The government will need to consider, as mentioned above, the likelihood of a further pandemic in the foreseeable future. Bearing this in mind, it is nonetheless incontrovertible that some of the challenges encountered in procurement could have been mitigated had the Government had more fully formed contingency plans and/or taken earlier action (either as preparation or in response to the rising threat of COVID-19). National resilience to future pandemics needs

to be strengthened in every area, including in stockpiles, supply chains (including sovereign manufacturing capability) and purchasing frameworks. Risk management should be prioritised as a proper cross-government profession to enable Government to respond to rising risk levels.”

136. The report noted that data and modelling was crucially important in judging how to respond to the pandemic. It highlighted good practice evident in the way government used data to respond to the fluidity of the pandemic, particularly in respect of: winding down the ventilator challenge as planning assumptions (and knowledge of existing stock) matured; switching from central delivery of food parcels for the clinically extremely vulnerable to supermarket food slot priority and local government support; and reviewing the expansion of Test and Trace facilities as demand became clearer. It highlighted that data modelling would “need to be interpreted with considerable judgement and awareness of [its] limitations. In addition, while direct awards under the procurement regulations enabled a swift response, teams should plan for an early transition to competitive procurement wherever possible.”
137. Boardman 2 also made recommendations where the pandemic exposed some structural challenges that may have been a barrier to effective procurement. Sir Nigel suggested that “Central government should look to ensure its systems are compatible, and that its commercial teams are structured in the most effective way to target resources where needed, including being scalable in a crisis. I believe it will be necessary to review the way procurement is done in the health sector in times of crisis, with particular reference to the position of SCCL. Consideration should also be given to how to best ensure the privately-led social care sector can learn from the challenges of sourcing PPE, and properly prepare itself for a future challenge on this scale. In addition to a cross-government risk management profession, I also recommend better alignment to the Government Analysis Function in respect of data modelling and analytics.”
138. Further, the report makes recommendations in respect of resourcing, including planning for the most appropriate structure and governance for the commercial team and ensuring sufficient expertise is in place.

139. Boardman 2 was published on 7 May 2021. The Prime Minister accepted all 28 recommendations.

Implementation of Boardman 2

140. After the publication of Boardman 2, work to implement Sir Nigel's recommendations commenced in earnest. Very shortly after publication a cross-Government Boardman Review Implementation Board (the 'Implementation Board') was convened.⁸⁶ Alex Chisholm had overall oversight of the Implementation Board and I was the director who had oversight of implementation of the five recommendations relevant to the Government Commercial Function in the Cabinet Office.

141. On 13 May 2021 I received an email from Alex Bartram,⁸⁷ the private secretary to Alex Chisholm which stated that, in the Cabinet Office, I would be the director responsible for implementation in '*the broadest sense*'. In essence this means that I was responsible for managing and organising personnel and ensuring that work was done. However, I did not undertake any implementation work directly and, as above, my role was one of oversight.

142. I attended the first Implementation Board meeting on 13 May 2021.⁸⁸

143. At the second Implementation Board meeting on 14 June 2021, it can be seen that four policy papers had been prepared in respect of each of the five recommendations from Boardman 2 that had been assigned to the Cabinet Office. Gareth Rhys Williams reported that all were in good order.⁸⁹

144. Copies of these policy papers can be found at: **CG/103 INQ000533635** (Recommendation 4); **CG/104 INQ000533636** (Recommendation 13); **CG/105 INQ000533637** (Recommendation 14); **CG/106 INQ000533639** (Recommendation 19); and **CG/107 INQ000533638** (Recommendation 20).

⁸⁶ CG/90 - [INQ000471031] (Email from Alex Chisholm establishing the Implementation Board and assigning Clare Gibbs as responsible Director); CG/91 - [INQ000477945] (Paper for comment: implementation of second Boardman review into procurement).

⁸⁷ CG/90 – [INQ000471031].

⁸⁸ CG/92 – [INQ000533640].

⁸⁹ CG/93 – [INQ000533641].

145. At the third Implementation Board meeting on 15 July 2021, I reported that *'regular sessions had continued with SROs and their teams. All actions from the previous meeting had been completed'*. It was also noted that the recommendations which had been assigned to the GCF were 'in the test and verify stage which need to be unpacked in the next few weeks'.⁹⁰
146. At the fourth Implementation Board meeting on 23 September 2021, Alex Chisholm noted that good progress had been made on the implementation of the Boardman 2 recommendations over the summer. I noted *'that all four actions from the previous meeting were complete. Across the board good progress had been made by SROs on all recommendations.'* In respect of the recommendations which had been assigned to the GCF and over which I had oversight, I observed that *'all of their recommendations now sit at a five except for one, which was a four and was due to be completed imminently'*.⁹¹
147. Reference to a recommendation being at 'four' and 'five' is reference to a maturity rating assigned by an SRO which reflects the progress made towards full implementation. The ratings were as follows
- 147.1. **One** - The recommendation has been taken on board by the SRO
- 147.2. **Two** - The approach for the recommendation is defined;
- 147.3. **Three** - The approach is documented, and stakeholders have been engaged;
- 147.4. **Four** - Delivery is underway; and
- 147.5. **Five** - The delivery is complete and has been tested and verified.
148. The meeting of 23 September 2021 also noted that there was a planned audit of the implementation of the Boardman 2 recommendations which would be undertaken by the

⁹⁰ CG/94 – [INQ000533642].

⁹¹ A copy of the minutes of this meeting are at CG/95 - [INQ000533643]. The actions from this meeting are at CG/96 - [INQ000533645].

Government Internal Audit Agency (GIAA). It was discussed that a meeting planned for January 2022 would be the last meeting of the Implementation Board and that updates on implementation from the relevant SROs would need to be shared with the GIAA by December 2021 so that they can plan and finalise implementation governance going forward. In essence the Implementation Board would be wound down, the responsibility for implementation of all the recommendations would be passed to the relevant stakeholder, and the GIAA would monitor implementation.

149. There was a feeling that implementation of many of the Boardman 2 recommendations was taking considerable time. In some instances, particularly in respect of some of the recommendations assigned to DHSC, implementation was contingent on receiving input from clinical professionals whose focus was, at that time, understandably elsewhere. Some of the recommendations were likely to take some time, and in some instances many years, to implement.
150. My oversight of the GCF recommendations was becoming an onerous task and, as it was something that I was doing alongside my other responsibilities in the GCF, there was a view that I should relinquish that role and that the GIAA would be best placed to take over oversight of all the Boardman 2 recommendations.
151. In advance of the January 2022 Implementation Board meeting I continued to engage with the relevant SROs and the GIAA. I note from my calendar that I had a meeting with the GIAA on 15 December 2021. At this meeting the GIAA provided an update on the work that they had done to monitor the implementation of the Boardman 2 recommendations.⁹²
152. I note that in that meeting, the GIAA had flagged that all of the recommendations assigned to the GCF had a maturity rating of 4 and for recommendation 13, 14, 19 and 20 the GIAA were of the view that more information was needed. Consequently, four out of the five recommendations assigned to Cabinet Office had been flagged as amber, with only one flagged in green. I received an email from a Senior Policy Advisor for the Sourcing Programme at 15:56 on 15 December 2021 which expressed confusion as to why only one recommendation was flagged as green. I responded later in the evening on 15

⁹² CG/97 – **INQ000533633**

December stating that I was just as confused.⁹³ It is my understanding that the Senior Policy Advisor subsequently spoke with the GIAA and the issue was concluded, however, I cannot recall any further detail.

153. At the meeting of the Implementation Board in January 2022, a number of updates from SROs in respect of various recommendations was provided. It was also resolved that the CO team would *'roll off after PAC updated'* providing that we were *'content that the recommendations [were] moving forwards and handover to GIAA has been completed.'*⁹⁴
154. This was the last meeting of the Implementation Board.
155. The GIAA Final Audit Report - *Boardman (2) Review of action completed across Departments* noted that save for recommendation 4 (There should be appropriate consideration of the ability to flex contracts to increase volumes in an emergency, consideration of resilience of supply as well as cost and preference for direct contracts with manufacturers) which had a maturity rating of 4, all other GCF recommendations had a maturity rating of 5 and as such had been tested, verified and delivery was complete.
156. The Boardman 2 review was, in my opinion, a necessary piece of work. It was a useful exercise that helped demonstrate challenges faced during the pandemic, and which produced sensible recommendations that could be implemented in the future.
157. In terms of the on-going implementation of the recommendations assigned to GCF, I am of the view that the four commercial policy papers which had been produced by the GCF on foot of Sir Nigel's recommendations should be revisited and updated. As these four papers are to be deployed in an emergency situation, such as a pandemic, they require regular review to ensure that they remain current. The Chief Commercial Officer did express a willingness to subject these four commercial papers to regular reviews and Roger Hargrave's team in the Cabinet Office are responsible for ensuring that the policy papers are current and, if necessary, to commission GCF accordingly. However, it is my understanding that there has never been any commission to the GCF to review or update these commercial policy papers since they were first produced.

⁹³ CG/98 – **INQ000533634**

⁹⁴ CG/99 – [INQ000533644].

Challenges, Good Practice and Lessons Learned

158. The Ventilator Challenge team in Cabinet Office reflected on lessons from the programme and fed into broader exercises: for example, a commission from No.10 explained at para 6.12, the NAO report on Ventilator procurement and Boardman 2 (see section F for further detail).
159. In mid-May 2020, the Prime Minister also commissioned Alex Chisholm to produce a short note which looked at how the government had learned from the twelve weeks prior procurement activity. The note was prepared by GCF and shared with No.10 on 20 May 2020, alongside a cover note from Lord Agnew.⁹⁵ The learnings identified in the note include:
- 159.1. The Functional model is providing benefits and should be reinforced;
 - 159.2. Public sector organisations need to be ready to procure at scale;
 - 159.3. Procurement requires strong leadership, an appetite for risk and a holistic view;
 - 159.4. Government needs to provide clear instructions to suppliers;
 - 159.5. The Spending Control system adds value but could be bolstered;
 - 159.6. Government needs to continue to monitor and support strategic suppliers;
 - 159.7. Political direction and leadership roles and responsibilities need to be clearer; and
 - 159.8. Lack of IT integration and conformity across Government has been a problem.

⁹⁵ CG/100 - [INQ000496718], CG/101 - [INQ000496717].

160. Other less formal “lessons learned” were captured in a document by PA Consulting on resourcing, set up/onboarding, supplier triage process and TDA delivery/management.⁹⁶ In addition a presentation was given to the Infrastructure and Projects Authority in June 2021 on the lessons learned from the programme.⁹⁷

⁹⁶ CG/29 - [INQ000496727].

⁹⁷ CG/101 - [INQ000496736].

SECTION D: REFLECTIONS

General Reflections on Procurement During the Covid-19 Pandemic

161. At paragraph 125 above I explained how the Prime Minister's "Call to Arms" was akin to the opening of a floodgate, with a bow wave of offers, that was onerous to grapple with as an influx of companies and persons asking to help needed to be sifted quickly and then progressed where appropriate. The problem that this caused was twofold. First, the sheer number of offers required significant time and effort devoted to their sifting. Second, the quality of what was being offered was, on the whole, inadequate. It is important to remember that ventilators are highly specialised and technical pieces of equipment and rightly heavily regulated.
162. Whilst perhaps an appropriate response to the procurement of less specialist equipment, in the context of the ventilator challenge, the unintentional result of the Prime Ministerial Call to Arms was to divert precious resources from finding solutions. I joined the Ventilator Challenge on 25 March 2020, after the Call to Arms was issued, however, in my view, it would have been better to have started with industry engagement with key manufacturers, and work through a list of these desired manufacturers.

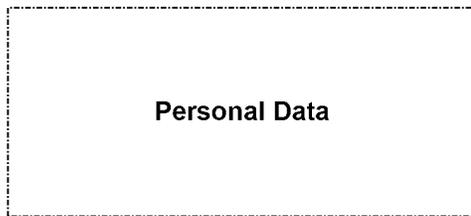
Changes to Improve Procurement

163. In my view, the processes that exist allow for a flexible and innovative approach to procurement. This, I expect, will be only strengthened with the commencement in February 2025 of the Procurement Act 2023. The existing regulations, however, did not impede the Ventilator Challenge. I accept that we were, at times, slow to publish contracts in line with legal requirements. Regrettably, in pressured times, things that should not slip do slip. That being said, our processes were sufficient for the Pandemic. To that end I note the National Audit Office report, which discussed the Ventilator Challenge in positive terms.

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: [e-signature]



Dated: 28 January 2025