

## **Week One Summary of Evidence**

### **Witnesses**

1. Professor Dr Albert Sanchez-Graells (Module 5 Expert on Procurement).
2. Daniel Bruce (on behalf of the UK Anti-Corruption Coalition, UKACC)
3. Sir Gareth Rhys Williams (Former Government Chief Commercial Officer, GCCO)
4. Sir Gareth Rhys Williams
5. Jonathan Marron (Director General of Primary Care and Prevention, on behalf of the Department of Health and Social Care, DHSC).
6. Max Cairnduff (Former Director, Complex Transactions Team, Cabinet Office)
7. Darren Blackburn (Former Deputy Director Commercial Function Complex Transactions Team, Cabinet Office)
8. Dr Chris Hall (Former Caseworker in the HPL team; Former Management Team of PPE Buy Cell; Former Chair of the Clearance Board, Cabinet Office)
9. Andy Wood (Former Deputy Director, Commercial Specialist, Lead for PPE Buy Cell, Cabinet Office)

### **Opening Comments of the Chair**

Our investigation includes analysis of some of the contracts to supplier equipment but does not require me to call individual suppliers. My focus will be on how the government responded to the suppliers' offers. I am aware that there are ongoing investigations into some of the matters that will be touched on by this module, and in one case I have agreed that some evidence will be heard with special restrictions applying to make sure I can hear the evidence without prejudicing any possible criminal investigation.

### **CTI Opening**

Richard Wald KC posed the all-important questions which are the focus of Module 5: Whether the public purse was exploited for personal gain by those with close connections to government and officials. Whether there was corruption, cronyism, and misuse of public money carried out under cover of protecting frontline health and social care workers, as well as the public from Covid-19 infection.

91% of NHS trusts and boards in England and Wales who responded reported difficulties in obtaining key healthcare equipment and supplies with PPE.

In some instances, prices were raised by 64% due to fierce international competition for products. Goods, including continuous positive airways pressure or CPAP, a non-invasive ventilation masks were reported as often low quality, defective, out of date, lacking certification paperwork, and even in one case, counterfeit.

In local authorities 77% of respondents cited item availability as their key issue.

The first case of Covid-19 in England was not confirmed until 31st January of 2020. The first JIT order for 6.8 million FFP3 respiratory masks were placed the very same day. Subsequent orders for products on JIT

frames followed throughout early February. However, it became clear that the JIT contracts would fail. The first did indeed fail on 28th February. Within the space of nine days, SCCL went on the 19th February from having confidence in its ability to supply the necessary PPE to there being a collapse of the supply chain into the UK.

The root of the vulnerability was a model which was dependent on offshore production and sourcing from remote, low-cost markets dominated by China. This level of dependence on a single international market, with all the risks, was one of the most important reasons for the market dysfunction which resulting during the pandemic.

Within the first few months of 2020, PPE went from being a product that was in relatively low demand, inexpensive, and bought and sold in an open market, to one in which it had quite suddenly become very valuable, costly, and sought-after but traded in extreme market conditions.

The price of PPE rose rapidly. In June 2020 the price of FFP2 respirators had risen by 411%. The price of gowns by 295%. The price of gloves by 288 per cent, and the price of aprons by 172%.

The contracts which this country sought to rely upon failed to deliver the required PPE to the UK, new contracts were formed between SCCL and private wholesalers, but these too were unable to deliver the required level of PPE. A parallel supply chain was established to procure transport to the UK and distribute PPE and supplement the existing infrastructure.

Approximately 24,000 offers were made from over 15,000 suppliers. The vast majority of suppliers offering PPE were assessed as unsuitable, and yet assessing these offers took considerable resources from an already stretched team. The evidence is that the VIP Lane was established as a result of a purportedly innocent need to assure ministers and others that offers they had passed on to the PPE Cell were being followed up. It has already been ruled to be unlawful by the High Court as it breached principles of equal treatment, albeit that the contract awards under scrutiny in that case were found still likely to have been made on merit, even if they had not been processed through the VIP Lane.

It is clear that the likelihood of a contract award was significantly higher if an offer had come through the VIP Lane.

DHSC had no access to data, on the actual use or so-called burn rate of PPE. Nor did it have information on the inventories of PPE held in frontline organisations. The Department only began to access DHSC hospital inventory information from mid-May of 2020. The situation in the care sector, according to the then care minister, Helen Whately, was even worse.

In March 2020 it appeared we were facing an imminent and dire shortage of ventilators, which, if not quickly addressed, would place significant numbers of patients at risk. The NHS counted up to 8,000 ventilators in operation across the UK, but there were fears that hospitals would run out of sufficient ventilator capacity within a matter of weeks.

The UK strategy was to rapidly increase UK ventilation capacity by buying as many ventilators as possible from both UK and global suppliers. opportunistic intermediaries and individuals had piled in, trading up

prices exponentially. The anticipated a shortfall of ventilators led to the DHSC to conclude that the procurement of these ventilators was necessary, despite the price being two to three times above the average price range typical outside of the pandemic.

The enormous sums spent during the pandemic are of course public money. Even, and perhaps especially, in an emergency, this Inquiry considers that in the expenditure of such money, fairness and transparency, are essential.

The public has a right to know how their money was spent in the name of protecting them from the pandemic. For procurement decisions in the future to be better and represent value for money, there needs to be more and not less transparency.

### **Pete Weatherby KC on behalf of CBFFJ UK**

It really is beyond argument from Open-Source material, never mind the evidence amassed by the Inquiry, that certain politically-connected individuals gained massively from contracts to supply PPE and medical provisions during the pandemic, some companies failed to deliver what they were paid for, there was profiteering and price-gouging.

Regrettably, and to the dismay of the families, the Inquiry has chosen not to call any of those who were the suppliers in the questionable contracts.

The Inquiry will not be able to ask David Meller of Meller Designs Ltd and a donor to the Tory Party and to Mr Gove's leadership campaign in 2016, how his company, a Fashion House, was in a better position to source PPE than firms which had specialised in doing just that for years. Why was a Fashion House with pre-pandemic profits of £143k being so heavily promoted by Ministers? Meller Designs profits rose to £13m as a result. A significant volume of the goods supplied were unfit for NHS use.

The Inquiry will not be able to ask David Sumner of SG Recruitment how it, as a recruitment agency with a turnover of about £500k pa, and which made a £700k loss pre-pandemic, was in a better position to source PPE than those in the business. SG was awarded contracts worth at least £50m and correspondence between Mr Sumner himself and Lord Chadlington refers to expected revenues of £135m, and that officials commented that the prices paid were expensive even for the state of the market at that time. Evidence also suggests that some of the goods provided through this company were unfit for use.

The Inquiry is also not calling Lord Chadlington, referrer of the SG Recruitment bids, member of the House of Lords, director of SG Recruitment's holding company, about his influence in the contracts, contacting David Cameron and Lord Feldman. He appears to accept that he stood to gain indirectly from these contracts, but to what extent? Did he make clear his potential conflict of interest?

Dyson, was apparently championed by both Mr Gove and the then Prime Minister Mr Johnson. By April it was clear that his model of ventilators would not be pursued due to clinical viability and functionality. Nevertheless, Lord Agnew, a Minister, warned the Government Chief Commercial Officer:

“We are going to have to handle Dyson carefully...I suspect we’ll have to buy a few machines, get them into hospitals so that he can then market internationally being able to say that they are being used in UK hospitals...we both need to accept that it will be a bigger decision than we can both make. Remember he got a personal call from the PM. This can’t be ignored.”

### **Brenda Campbell KC obo NI CBFFJ**

Mistakes and missed opportunities and the allegations of profit had real world consequences. Those consequences were felt at the time by frontline staff and their patients on hospital wards, in care homes and in their own homes, and they continue to have consequences, measured now by the ongoing impact on political confidence in the top echelons of government.

Throughout March 2020, independent care homes received only a small amount of PPE when already in crisis, and the considerable shortage in that sector were not addressed, much less were the vulnerability often its residents.

The position for domiciliary care is still worse. We have 23,000 people every week receiving domiciliary care. Social distancing is impossible and this is a high-risk area for transfer, yet no one is taking this seriously.

The cost of failings is not only to be identified at the bottom of a bank balance or on a balance sheet, the Northern Ireland Covid Bereaved continue to pay an enormous price through their grief, which is immeasurable.

### **Naomi Parsons obo CBFJ Cymru**

Mark Drakeford, First Minister, Vaughan Gething claim that Wales, on a national level, never ran out of PPE. They claim that Wales was never short of ventilators. It is a rosy picture that the members of the group will not recognise. Their questions remain: why did they witness such appalling shortages in PPE? Not just in wave one, but in later waves. Why did they experience delays in accessing vital equipment and supplies?

### **Scottish Covid Bereaved**

Why was it thought that the criteria of knowing people was somehow the best defining factor of what would get us the best PPE at the lowest prices? The Covid Bereaved Families for Justice consider that for some the pandemic was seen as an opportunity to defraud and make obscene profit. The bereaved wish to know whether profit was put before people.

### **LTKC obo FEMHO**

Black, Asian and Minority Ethnic staff now make up almost a quarter of the workforce overall, 24.2%. And yet, representation at board level is only 13.2%.

What evidence was gathered to show the measures taken during the procurement processes were effective in preventing losses of healthcare workers, especially amongst ethnic minority? Where did these measures fall short and why?

### **Brian Stanton obo BMA**

Poor procurement and distribution of vital healthcare equipment and supplies meant that healthcare staff had to care for their patients with scarce resources, inadequate equipment, and the ever-present danger of a potentially deadly virus, often without the protection they so desperately needed. This had a devastating and lasting impact on staff and patients alike.

Some Inquiry witnesses have stated that the UK never ran out of PPE and that the problems were with the distribution rather than overall quantities, yet the bottom line remains that healthcare staff did not have access to the lifesaving PPE they needed when they needed it. Many healthcare workers died, and it cannot be emphasised enough that these deaths were not inevitable.

Flawed infection prevention and control guidance failed to recommend adequate protection against aerosol transmission. This failure was influenced by the critical shortage of respiratory protective equipment in early 2020

### **Chris Smith obo UKACC**

Our collective belief that lives were unnecessarily put at risk and lost, and taxpayers' money wasted on a colossal scale because of the approach the UK took to the purchase of PPE. In the spectrum of items procured by government from atomic bombs to zero emission buses, we say that PPE should not be a difficult category to buy properly.

The Government failed and continues to fail to meet its transparency obligations by publishing copies of all PPE contracts in full. We are very concerned that no suppliers of PPE have been asked to give evidence. We feel strongly that whilst the government side of procurement is important to scrutinise, in order to get to the bottom of what happened went wrong, the Inquiry must have evidence from the supplier side because, to put it frankly, we believe in many cases serious mistakes were made by government that may have led to incorrect supplies of PPE.

We note the stark contrast between AstraZeneca, which sold its vaccine at cost and British suppliers of PPE, who in some cases exploited the situation, took advantage of the government and NHS's vulnerable

position and profiteered at the taxpayers' expense whilst in some cases also failing to deliver usable PPE. As a result, the NHS was not fully protected, nor was a loss of life minimised. Such behaviour was shameful, and those companies let the country down in its hour of need. Lives were without doubt lost due to very bad and reckless procurement decisions made by the government, and unscrupulous and greedy suppliers.

### **Scottish Government**

In Scotland remarkable outcomes were achieved. In large part this was due to robust, tried and tested public procurement processes, networks and relationships that had existed prior to the pandemic. There was no comparable system to the VIP or HPL. As far as the Scottish Government is aware, no individual company received preferential treatment and procurement or the award of contracts.

Prior to the pandemic, care homes procured their own PPE. However, early in the pandemic, the Scottish Government worked with NSS to establish local PPE hubs. In due course, these hubs supported the whole Social Care Sector with all its PPE needs where normal supply routes had failed.

### **NHS National Services Scotland**

National procurement purchased, stored, and distributed PPE stock during the pandemic. Its established procurement team and pre-existing networks proved to be of great benefit in these tasks. The High Priority Lane or VIP Lane established by the UK Government, did not exist in Scotland and national procurement had no involvement in it. The national stockpile did not ever run out.

### **Welsh Government**

The Welsh Government's practical role in procurement was limited. It provided funding, oversight, and support. It did not conduct procurement of healthcare supplies or equipment apart from certain limited exceptions. At no point did Wales run out of PPE at a national level. The Welsh Government accepts, that delivering PPE stock to local health boards did not necessarily mean it reached the right hospital or the right ward.

### **Department of Health Northern Ireland**

BSO PaLS conducted the procurement of healthcare equipment and supplies. Northern Ireland faced logistical and geographical challenges at a time when the global supply chain was under extreme pressure.

Despite these pressures, BSO PaLS worked to expand capacity and to meet demand, and played an important role in Northern Ireland's pandemic response.

## **LGA and WLGA**

Local Government had not been adequately engaged in the planning process. There were found to be inadequate supplies of PPE. The adult social care sector in particular was adversely affected because of the shortage, both when supplies were redirected to the NHS, or distribution networks were suboptimal. The LGA sought to improve understanding the practicalities of finding, holding, and distributing PPE.

Inevitably, without national preparatory exercises in Wales, there was a significant tension between the work of the Government to support the NHS in Wales, and an equivalent urgency being given to the needs of Local Government. Local authorities were therefore left to their own devices to ensure adequate procurement, placing their own orders and chasing their leads.

Non-compliant stock was sometimes supplied, and price gouging occurred. Individual councils had to be alert to risks involved in their own procurement decisions, balancing cost and size of order in the context of rising demand and prices. It left councils open to exploitation and at risk of receiving poor quality stock.

## **Cabinet Office**

The Government is committed to introducing a duty of candour on public authorities, to improve transparency and accountability, and has appointed a counter fraud commissioner

Many suppliers, some frustrated by what they saw as delays in processing their offers, appealed to their MPs, to ministers and to the DHSC and NHS officials directly, and this resulted in requests for follow up. Those MPs and senior officials often contacted the Buy Cell to find out what had happened to the offer. Referrers wanted to know that good offers were being picked up and processed. The pressure of responding to these requests took up significant resources within the Buy Cell.

Whilst proportionately more offers on the High Priority Lane received contracts than those on the non-High Priority Lane, many of the offers on the non-high priority stream were of poor quality.

We have expressed some concerns about Professor Sanchez-Graells's report.

## **UKHSA**

At the outset, of the pandemic, a Covid-19 test did not exist. Tests had to be designed, developed, validated, authorised, before they could be commercially rolled out.

It is estimated that between June 2020 and April 2021, test, trace and isolate strategies prevented 1.2 to 2 million infections, and part of that capability came from the rising availability of LFD tests, which then paved the way to reduce restrictions until the rollout of effective vaccines.

**Professor Dr Albert Sanchez-Graells (Module 5 Expert on Procurement).**

Procurement regulation tries to ensure that the expenditure of public funds is transparent and accountable, so that we prevent corruption and ensure value for money. There has to be a record of every decision so that it can be scrutinised. Transparency is an enabler for accountability. Procurement must ensure integrity, and that will require preventing corruption, preventing conflicts of interest, and preventing collusion.

In emergencies the balance between the principles might shift, but transparency and accountability still apply. Without those you cannot achieve the anti-corruption goal. They apply in a different way in an emergency because there is also a principle of proportionality. The main risk in extremely urgent procurement is that things are done at speed, competition is deactivated. Whoever is approached knows that the contracting authority has an urgency and therefore probably a higher risk appetite. The second challenge is that it's a free choice of who to approach and therefore corruption becomes a significant issue to consider. It could be that the contracting authority is guided by considerations that are not permissible in other times.

It is very, very important not only is there no actual, but also no potential conflict of interest. There is a conflict of interest when issues that are not relevant to the procurement are taken into account in making a decision. For example, if I am awarding a contract to a specific company because I am worried that otherwise they will go to the press and create public relations problems for me, that is a conflict of interest.

PPE Parallel Supply Chain including VIP Lane

There are some awards that it might be impossible for this Inquiry to look into because there are no records for them. That would be a matter of concern to me.

The Government addressed a challenge in the worst possible way in a procurement context, in my view.

This Inquiry has been told that VIP offers were sent for technical assurance like any others. But the evidence shows that technical assurance ended up appointing a specific person to deal only with VIP offers. So it is not accurate to say all offers were treated the same because having a dedicated person for technical assurance of VIP offers would have accelerated things.



Once everything is counted, the volume in pounds of the contracts awarded through the VIP Lane make up 50% of all of the contracts awarded through the PPE Buy Cell. That is stark and very problematic, in the context of officials downplaying the impact that the VIP Lane had or seeking to justify it. The fact that half of the value spent was through an unlawful route should give us time to pause and reconsider.

Those involved do not really recognise that billions of pounds were spent unlawfully and that that is a problem. It speaks to a dysfunctional culture of lesson learning.

**Daniel Bruce (on behalf of the UK Anti-Corruption Coalition, UKACC)**

There was a significant collapse in the transparency regime around public contracting during the Covid-19 pandemic in the UK, and this stood out in the UK context relative to some of its peer countries. The enforceability of it is very weak. The UK Government's response that it had to act at speed and essentially cut corners. I take issue with that narrative because from all our research the UK is an outlier when compared with peer countries on matters of transparency. There are £5 billion of unpublished contracts for PPE and other supplies 5 years after the pandemic struck.

The High Priority Lane, contracts that were 80% more expensive for PPE a billion pounds representing 59% of spent on PPE written off as not fit for purpose.

"The UK Government's approach to emergency contracting at effectively turned ordinary rules on handling conflicts of interest on their head. Personal relationships resulted in suppliers going through the High Priority Lane rather than being used as grounds to more carefully scrutinise suppliers and record decision-making processes."

**Sir Gareth Rhys Williams (Former Government Chief Commercial Officer, GCCO)**

I agree with importance of principles that procurement should be fair open and transparent. In a pandemic transparency and fairness are different. If you can possibly generate competition, that is going to be fairer. So, I think my answers to transparency is yes, absolutely. Fairness, if you can.

I think the pressure can take many forms and I think a minister chasing "Have you done this yet?", is one thing. That is annoying but fair. That is very different from a minister saying, "buy this from them.", which is not right, and in my experience, that only happened to me in one situation.

I agree that transparency is important especially in an emergency. I agree that late publication of contract award notices undermines transparency. It's one of my big deepest regrets because it allowed concerns to multiply. This comes across as though his concerns was for PR reasons rather than it being against the regs.

Public Call to Arms: I was nervous about the call to arms overwhelming the system.

My office replied on 23rd March to state that we would support a call to arms for PPE but asked if there was a dedicated mailbox for it, and a PMO team to triage the offers coming through effectively.

We got a lot of offers and we had to race to find more and more people to staff the PPE Cell in order to deal with those offers. Substantial backlogs built up, because we were not able to find enough people fast enough to be winning against the rate of inflow of new offers. The process that was put in place for the PPE was linear; one team and then another team and then another. That was very good for stopping corruption because you would have to engage in all of those linear steps in order to get a corrupt response.

I can understand why MPs thought the call to arms had to happen but it had very serious implications. It caused huge problems, and a lot of the problems which I think flow as much from that as they did from our lack of stock to start with.

We were already in dangerous territory from a point of view of fairness because there were different routes and that is not what you should strive for. My concern was that the HPL was another different route. There was a whole list of things that I was worried about. Principally that it would give the wrong impression. It was called the VIP or High Priority. Now, that is helpful in calming down an irate multinational Chief Executive who has written to their MP. It is very unhelpful when discussing it here for exactly the reason we are discussing it here.

It would have been better to have a team who just did the handling aspect of those chasing completely separately from anyone involved in procurement. That, I think, would have shown a fire break between chasing and progressing. But at the time, we didn't have the people and things moved too fast.

I agree with what Professor Sanchez-Graells said yesterday, in the ideal world, you just say, "Don't worry, we're working on it", but that's not a response that met with much favour with ministers and I can see why, because they were on the telly every night having to answer why there was no PPE in hospitals, why there was no ventilators. So yes, but I think that's unrealistic.

Earlier we were not doing financial due diligence. Later, we were. It would have been ideal to have had financial due diligence from Day 1 but we were not able to set that up.

For a minister to ask a question that directs you to do something is a very high stakes thing. But asking for an update, these are the elected representatives, we work for them. They have a right to scrutinise our speed of work and make pithy comments about how we are doing it and that is uncomfortable sometimes. But this is our structure. A civil servant reports to their ministers and has to respond to questions for them.

I became the Senior Responsible Officer for the Ventilator Challenge. The goal was make 30,000 ventilators in 8 weeks. We received over 5,300 offers of support. That nearly broke the back of the team. They were all meaning but they were manufacturers of component parts not designers of ventilators but we still had to go through each of them.

Each ventilator had over 400 components so we might have a brilliant design that was scalable but if we couldn't get one part of it, a ventilator with 399 parts is useless. We were very clear that we had to control the components.

"I'm only aware of one contract, the contract with Dyson, where I was asked to put a contract in place against the commercial guidance."

Someone had looked at an early prototype and it had not received favourable feedback so I was insistent on an order being contingent on it passing the standards.

**Jonathan Marron (Director General of Primary Care and Prevention, on behalf of the Department of Health and Social Care, DHSC).**

We were aware of significant shortages in PPE, aprons in particular. We took a great deal of risk on commercial due diligence. You have to remember this was an emergency procurement. We are looking at companies that we have not worked with before. Some of these companies had not been established for very long. We took some contracts with firms that had a limited history of PPE but it turns out from their business in China or other places had connections that did deliver PPE for us. So it was worth looking at these unconventional providers.

We went from a distribution capability for a few hundred hospitals, to being able to deliver to over 50,000 sites as we delivered PPE to every social care provider, every GP, every pharmacy in the land. There was an absolute transformation in our capability to both procure and distribute PPE. If we look over the second and third waves of the pandemic, the sort of difficulties we see on PPE in the first wave are not repeated. We really managed to get a process in place that allowed us to get the materials to the people who need them.

Not being able to see the stocks on the frontline was a problem. Not for the amount we bought but with the decisions we were making daily on which hospitals, which services got PPE. Knowing that they had some in stock would have made it easier to make sure it got to others. I think that's the first lesson.

I would not do this [the VIP Lane] again. It is hard to show there was a particular beneficial effect but the perception that some people could come up quicker has been extraordinarily damaging to the reputation of the programme. We certainly didn't intend to give an advantage to people going through this way; we intended to try to find a way of handling what we thought were both legitimate concerns and things which would get in the way of our teams doing the work.

In order to do business in this period, we really had to take a completely different risk appetite. We accepted doing business with firms that frankly I don't think we would normally go anywhere near, we got pre-contract terms that we wouldn't normally accept and we paid prices that outside of the pandemic would not be acceptable but that was needed in order to get the PPE that was required for the country. We have identified 40 contracts as failing to perform against the expectations. We have a dissolution team in place that is pursuing all of those contracts. Some we have already reached agreements on. Some we are proceeding to court cases to try and recover our money and others we're still in negotiation with

the firms themselves so that is an active recovery process. I think 21 are from the HPL and 19 from the non HPL.

**Max Cairnduff (Former Director, Complex Transactions Team, Cabinet Office)**

I didn't know at the time of writing my statement who set the High Priority Lane up but I have since seen evidence that Lord Agnew suggested it. My impression though is that it was more of an organic response to the flood of offers we'd already received by that point and then the flood of chasers we were starting to get in relation to some of them.

Lord Feldman who was actively tasked with going out and identifying offers. He did a very good job of it. He would seek, for example, feedback on which referrals had been potentially productive, which hadn't been, and so that improved the quality, coming through that route.

I didn't expect it to begin with, but it did become true that amongst a lot of offers that weren't very good, there was a substantial core of offers that were very good indeed.

At the time I said: "If two leads are otherwise equal priority and one is VIP, some weighting to the VIP is helpful." If you're asking me today, I don't think it should be the case. I was trying my hardest to get my cases through, and I lost perspective in the wider system. It's precisely because when you're there up to your neck in the mud you will sometimes lose sight of the bigger picture.

There had been a call to arms. The result of which is a vast inpouring of offers. It's not something a commercial person would have done. Speaking personally the call to arms was regrettable.

We were deluged with offers so you need something to handle that. People will start chasing. You get three or four different ministers or MPs, each of them saying "Why haven't you responded to whoever". So that's a lot of noise. It is legitimate, I think, for a minister to say to an official, are you doing your job? It's about your response to ministers who are keeping you to account, I don't think that's a PR thing, but it's better done by non-commercial professionals.

The Rapid Response Team were set up and that was a much better methodology. The RRT was better than the VIP Lane, but I don't think it could have been done straight away. I'm not sure the organisation was mature enough yet. I agree that the noise was a distraction and I would have preferred it had not been there.

I introduced a single email address because communications with senior so-called VIPs regarding offers was proving to be time consuming and a distraction for the Opportunities team's focus from good sources. There is now a narrative that a key part of the response was effectively cronyism, which I genuinely don't believe it was. I think the term "VIP" and calling it the VIP Lane hugely contributed to that.

Many did not complete the webform and some would have seen that as inappropriate it's very difficult with an international global corporation who has approached a Minister of State to say, "Could you go

please and fill in a webform?". It's not realistic. I don't agree we could have sent communications to referrers asking them to refrain from chasing. Ministerial oversight is part of the system.

Overall, I don't consider that contracts in the HPL were treated differently through the process to contracts outside of the HPL. 67% of respondents said they did.

They go through the same triage process, they have to go through technical assurance, closing, all of that process. So overall I don't think they were treated differently. The same due diligence steps applied. I think the initial contact was quite rapid and that may help you get on the ladder so that might be what people have in mind. I don't think that then influenced the overall outcome but I guess that's what they were thinking about that might give you an initial speed advantage.

**Darren Blackburn (Former Deputy Director Commercial Function Complex Transactions Team, Cabinet Office)**

The point of the High Priority Lane was to address some of the criticism that we had around not processing and getting contracts quick enough to get high quality, valuable PPE into those trusts. The point of the High Priority Lane was a way of expediting those good, credible offers.

Dealing with the noise was another aspect of it. The 2 concerns were competing for time. of course. If you're responding to a request for updates, you're not dealing with the supplier and trying to progress their offer.

The process that they went through and the due diligence they went through, it was all exactly the same, I guess the difference was more in the handling and the direct communication and the fact that they were, I guess, prioritised over some of the other offers.

The fact that a supplier had been vouched for by somebody at the Department for International Trade gave confidence that this was a person or an organisation that was used to dealing with HMG and therefore was trustworthy. If you were running a procurement, you would look for evidence from the organisations of their history and their experience in working with and around government and delivering what it is you need them to deliver.

The nature and the way that it was set up, someone somewhere was going to have more of an advantage over someone else. You had to apply some form of prioritisation to find those offers.

**Dr Chris Hall (Former Caseworker in the HPL team; Former Management Team of PPE Buy Cell; Former Chair of the Clearance Board, Cabinet Office)**

In an ideal world we would not have been managing the noise or the distraction, but we were not in an ideal world. It was not uncommon for suppliers to make threats that they would escalate grievances to the press or more senior figures in Govt.

I originated the Rapid Response Team. The Rapid Response Teams were there to do the processing, they weren't there to tell the referrer what's going on with this offer. They're there to process an offer as quickly as possible from inception through to the point where a contract can be formed and passed to the accounting officer for consideration.

Those offers came from the High Priority Lane team, as well as the non-High Priority Lane. The only consideration about going into the rapid response team process was that it was a good viable offer that we thought we could process quickly. There was no regard to who had referred it in. It was purely on which offers were ready to go, we can execute this quickly. I don't think that the mere fact of being referred by a senior figure, or by a politician, is an adequate means of prioritisation.

I wouldn't adopt a passive approach in the first place. I would proactively go out and look for people that can supply PPE. I would take an approach which is closer to the one taken by the Ventilator Challenge. The call to arms made matters a lot worse

There was a triage process at the beginning of the High Priority Lane process that did take away people who were not offering sufficient quantity, people who were offering the wrong product.

Some offers came in from Lord Feldman. He referred 3 offers that resulted in contracts including SG Recruitment. I was unaware at the time that the supplier had any link to the Conservative Party while in others, Lord Feldman made the connection explicit. I believe it was Lord Feldman's way of saying that he had some personal knowledge or knew Lord Chadlington, and as a consequence he believed this company was credible, not merely being opportunistic. What affected my handling of the offer was that Lord Feldman had some confidence that the counterparty was credible.

**Andy Wood (Former Deputy Director, Commercial Specialist, Lead for PPE Buy Cell, Cabinet Office)**

My role was to oversee the setting up of the PPE Buy Cell. The call to arms gave us a huge problem of trying to assess an avalanche of offers. Our processes for doing due diligence weren't drafted, we'd just literally walked through the door.

We had to try to identify for the Accounting Officer as many risks as we possibly could so they could make an informed decision about whether to go ahead with a contract and purchase order.

It wasn't a conscious decision to set up the High Priority Lane. It was a reaction to a potential source of offers and the market that had opened up to us. Lord Agnew was asking me if I had enough people and how quickly could we respond to offers. He said *"I've got business contacts, some of my peers have got*

*business contacts. They can help you. Is there a way that we can look at those offers more quickly -- not more quickly than others, but can we look at those offers quickly and get back with an update? Even if it's a no, we need some feedback of where we are."*

My interpretation of what Lord Agnew was saying was that we needed to respond to offers quicker and he wanted to know how he could help with that. He was not saying he knew people and he wanted me to give them contracts.

The entry point on all the lanes was unequal. There's an extra element to the HPL because of the political linkage but all the lanes, I would say are equally unequal, even within themselves. It's impossible for it not to be. There were things that we did to try to level that playing field but our challenge was the front end