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Civil Service Chief Operating Officer
and Cabinet Office Permanent Secretary
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Meg Hillier MP
Chair, Public Accounts Committee
House of Commons
SW1A 0AA

Dear Chair,

PROGRESS IN IMPLEMENTING RECOMMENDATIONS OF THE SECOND BOARDMAN REVIEW

In May 2021, Nigel Boardman's second report on procurement during the COVID-19 pandemic was published. This followed from the first report on COVID-19 communications procurement in the Cabinet Office, published in December 2020. The report produced 28 recommendations that covered five key parts of the government's response to the pandemic: PPE, ventilators, vaccines, tease and trace, and food parcels for the clinically extremely vulnerable. I am writing to you now to outline the progress made against these recommendations in the two months since publication.

I am pleased to confirm that, at the date of this letter, 15 of the 28 recommendations have developed plans and have begun delivery against their agreed timelines, of which 10 recommendations will be complete by the end of September 2021.

Delivery is underway for the following recommendations:

- 1 - Improve contingency planning for future pandemics
- 2 - Establish a cross department risk management profession
- 4 - Ability to flex contracts to increase volumes in an emergency
- 9 - Government review of the future structure of procurement in the health sector
- 11 - Review by the Crown Commercial Service on its products and service in a crisis
- 13 - Policy regarding commercial teams' access to specialist skills during a crisis
- 14 - Ensure programme teams have required understanding of specifications and technical information during a crisis
- 17 - Commercial accreditation and training for the health sector
- 18 - Access to required online training modules during a crisis

- 19 - Government guidance on private sector ‘call to arms’
- 20 - Government process for innovation in procurement
- 22 - Government guidance on spend controls during a crisis
- 24 - Government process on making senior public appointments
- 25 - Appointment of senior civil servants alongside senior public appointments
- 28 - Accreditation and training for risk managers in government

The remaining 13 recommendations are also in progress, but the delivery plans are still in development and are expected to take longer to complete. This is primarily due to dependencies on implementation of systems and/or recruitment and onboarding of resources:

- 3 - Government policy on maintaining levels of resilience in crucial industries
- 5 - NHS to complete and maintain supply chain maps
- 6 - NHS to complete and maintain buying manuals
- 7 - Health regulatory bodies to review resilience in their supply chains
- 8 - The New and Emerging Respiratory Virus Threats Advisory Group to review stockpile requirements and management
- 10 - Government policy on PPE contingency
- 12 - Government guidance on cross government crisis mobilisation plans
- 15 - A register current and retired senior civil servants trained for crisis management
- 16 - A register of resources / civil servants with consultancy experience
- 21 - Government review of its forecasting and modelling capability
- 23 - Government guidance on contingency planning for governance structures
- 26 - Government guidance for health regulators on coordination in a crisis
- 27 - Creation of a ‘crisis manual’ for health regulators

Annex A provides a more detailed breakdown of the progress against each recommendation so far.

At the centre of our response to all of these recommendations has been the embedding of documented and transparent decision making as part of all procurements across government, with particular attention paid to improving contingency planning for crises, guidance on procurement of products, coordination of resource and capability in our commercial function and across government procurement, and a review of stockpile requirements and management, amongst others.

We will be continuing to review the implementation of all the actions to ensure they continue to reflect prevailing policies / guidance, updated departmental controls and systems, and to take account of post-implementation feedback and findings from subsequent reviews and cases.

I trust this update demonstrates the cross-government commitment to implementing the recommendations made by the second Boardman review, and I will write to you again later in the year to provide a further update on the recommendations. I have also written in similar terms to the Chair of the Public Administration and Constitutional Affairs Committee.

With best wishes,

Alex Chisholm

Civil Service Chief Operating Officer & Cabinet Office Permanent Secretary

Annex A: Table of recommendations - Summary

	Recommendation	Comments
1	Improve contingency planning for future pandemics, not restricted to one type of airborne virus.	Pandemic preparedness work is being extended to cover a broader range including respiratory, sexually-transmitted, blood contact, food/water-borne and vector borne diseases. The pandemic preparedness work is being carried under the leadership of the Civil Contingencies Secretariat and DHSC - both are co-chairing a new Pandemic Diseases Capabilities Board. This recommendation has an overall timescale of between 12-24 months, and final plans will include progress made against all other recommendations.
2	A cross department risk management profession with certification and training should be established.	Work has begun developing the capability and implementation ahead of a Spending Review bid to implement the full package of work.
3	As far as possible, and within the boundaries of international obligations, the UK should explore how best to maintain appropriate levels of resilience in crucial industries.	This recommendation is addressed in three DHSC workstreams: 1. PPE Strategy due in September 2021; 2. Life Science Mission published in July 2021 and follow-up; and 3. The ongoing planning for re-procurement of an advance purchase agreement for a pandemic-specific 'flu vaccine.
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.	Following the drafting of the policy paper and engagement in stakeholder workshops, the policy paper draft is in its final stages and is due to be finalised by August 2021.
5	National Health Service procurement teams should complete and maintain supply chain maps and there should be a preference for direct and scalable contracts with manufacturers rather than with distributors.	Following an initial risk stratification process for all relevant supply chains, the creation of supply chain maps for critical supplies will be completed by November 2021. All other supply chain maps will be completed within 9 months thereafter.

6	There should be detailed buying manuals kept by the buyers in National Health Service procurement teams covering not only the specification of the item, but also its packaging, length of use, sources of supply and scalability of the contract.	Delivery plan for buying manuals is underway. Initial phase will seek to complete buying manuals for PPE by September 2021, after which other longer-term stock will be addressed. The full package of work to be covered by the repository of buying manuals will be decided by September 2021.
7	Regulators in the health and social care sectors should build in resilience at every level of the supply chain as part of regulatory reviews.	Workshops with health regulatory bodies have been organised with a view to agreeing a full approach by August 2021, with a view to completing implementation by August 2022.
8	The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) should review stockpile requirements for a broader range of diseases than influenza, and for non-hospital settings. The stockpile should be actively managed to avoid out of date stock.	Delivery is being led by the epidemiology subgroup in DHSC as part of a programme of existing work. A review of the stockpile requirements will be completed by October 2021. Procedures for active management of stockpiles will be completed by December 2021.
9	Government should review the future structure of procurement in the health sector including the position of SCCL and its ability to respond to the purchasing needs of the sector in a crisis.	Delivery for this recommendation has been outlined and is underway. SCCL transfer and Blueprint sign off are currently on track for completion in October 2021.
10	To enable greater resilience there should be a contingency plan in place for the provision of PPE that can be switched on if need be so that there is full coverage across the health and social care sector.	Delivery is addressed within the PPE Strategy, which is due to be completed by September 2021.
11	There is a need for the Crown Commercial Service to review whether and how best to broaden the scope of its products and services in a crisis situation to maximise the impact of its skilled resources.	The drafting of the policy paper is complete and engagement in stakeholder workshops has begun. The policy paper draft is due to be finalised by September 2021.
12	Crisis mobilisation plans should include a requirement to consider whether existing vehicles and structures are suitable, including local channels, and all organisations with crisis responsibilities should have the ability to scale up if required.	Recommendation being implemented as part of the refresh of the Central Government's Concept of Operations (CONOPs), which sets out the UK's arrangements for responding to and recovering from emergencies. Initial refresh to be completed by the end of August. Full refresh will be completed by late autumn/early winter.

13	Commercial teams mobilised in crisis situations should contain their own separate but embedded administrative functions to allow specialist skills to be focussed where they are most needed.	Following the drafting of the policy paper and engagement in stakeholder workshops, the policy paper draft is in its final stages and is due to be finalised by August 2021.
14	Programme teams should have clarity and understanding of the relevant technical specifications and requirements and that specialist resources should have quick access to the needed technical information.	Following the drafting of the policy paper and engagement in stakeholder workshops, the policy paper draft is in its final stages and is due to be finalised by August 2021.
15	There should be a cadre of retired and current Senior Civil Servants trained for crisis management who can be brought in to head up a crisis team as senior leaders.	Work has begun developing the capability and implementation of a Civilian Reserve Model, ahead of a Spending Review bid to implement the full package of work.
16	The Government should create a small central team to keep a register or database of resources from across the civil service that have previous consultancy experience.	Implementation is being led by the Government Consulting Hub and the Secondment Unit, who are due to launch a register of Civil Servants with previous consultancy experience. Initial aim for completion is December 2021.
17	Commercial accreditation and training should be extended to the health sector including arm's length bodies within the National Health Service.	Current delivery plan outlines a roadmap for implementation ending in March 2023. Current deliverables are on track.
18	The government should have available online learning modules which could be made available to consultants and to civil servants being asked to take on a new role, which equip them for the roles that could arise in a crisis.	A phased delivery plan for the work with timescales over the next 12 months. This includes, new universal induction for new civil servants, foundational training, and consultancy skills as part of GCSU.
19	Any future call to arms should be managed and streamlined to ensure it is as focussed as possible.	Following the drafting of the policy paper and engagement in stakeholder workshops, the policy paper draft is in its final stages and is due to be finalised by August 2021.
20	Separate teams should be established to consider longer term innovation.	Following the drafting of the policy paper and engagement in stakeholder workshops, the policy paper draft is in its final stages and is due to be finalised by September 2021.

21	The Government should review the effectiveness of its current forecasting and modelling capability in light of the performance of forecasting models through COVID-19. This should include how to best utilise and deploy accredited resources from the Government Analysis Function.	Delivery plan is under development. Relevant stakeholders have been engaged to provide an assessment on modelling capabilities. This will be followed by work identifying how and where data quality can be improved.
22	Spend controls should still apply in times of crisis, but at the outset of a crisis, Cabinet Office and HM Treasury should look to make adjustments, including an appropriate level of flexibility on thresholds, and tighter timetables for approvals.	The drafting of the policy paper looking at spending controls is progressing and engagement with relevant stakeholders has begun. The policy paper draft is due to be finalised by September 2021.
23	Contingency planning must include models for appropriate governance structures for teams mobilised quickly to respond to emerging crises.	Being implemented as part of the refresh of the Central Government's Concept of Operations (CONOPs), which sets out the UK's arrangements for responding to and recovering from emergencies. Initial refresh to be completed by the end of August. Full refresh will be completed by late autumn/early winter.
24	Government should consider further work to identify the most appropriate method for making swift senior public appointments to prominent leadership roles to fulfil certain functions.	The different routes into engaging individuals to assist Government have been set out at a high-level and we are now developing more detailed 'how to' notes so that Ministers and senior officials can use these routes effectively. Departments have been reminded of the principles applicable in making direct appointments, including management of interests and articulating a clear remit with appropriate sponsorship and engagement from a senior civil servant in the appointing department.
25	Government should ensure that when a senior external appointment is made to lead a programme, a Senior Civil Servant is identified in parallel to work alongside them.	
26	Regulation in the health sector needs a clear structure and the Government should encourage the National Health Service and regulator community to consider appointing a 'lead regulator' with clear definitions around the roles of regulators to make final decisions regarding products in times of crisis.	Workshops with regulators are underway to agree an approach by the end of August 2021. Work is underway to establish a framework and point of contact to coordinate between the departments and different regulators as required.
27	Regulators should also have a crisis manual which demonstrates how they themselves will speed up their processes in a crisis, without compromising on the quality of their decision-making.	Workshops with regulators are underway to agree an approach by the end of August 2021. A Concept of Operations is likely to be produced for the regulation of products in a crisis situation. Regulatory consultation is underway which looks at the product safety framework and considers future legislation.

28	The Government should instigate a programme of training for risk managers in Government with certification and formal accreditation, developing common standards and levels of training with a central body that can coordinate assessments of risk.	Work has begun developing the capability and implementation ahead of a Spending Review bid to implement the full package of work.