

Twenty-Seventh Report of Session 2019-21

Cabinet Office and Department of Health and Social Care

COVID-19 Supply of Ventilators

Introduction from the Committee

Ventilators are medical devices that assist or replace a patient's breathing. Patients with COVID-19 who are admitted to hospital often have problems breathing. On arrival in hospital a patient's blood oxygen level is measured. If it is low, then the patient may be given standard oxygen therapy using a mask; non-invasive ventilation where oxygen is delivered under pressure via a mask or helmet; or invasive mechanical treatment using a mechanical ventilator, which takes over a patient's breathing. The specific treatment used is a judgement for clinicians and patients may undergo more than one treatment during a stay in hospital.

In the early stages of the pandemic, based on information available at the time, the NHS believed it could need far more mechanical ventilators than were available. From March 2020, the government made efforts to rapidly increase the number of ventilators available to hospitals in the UK. Its strategy included: purchasing ventilators from suppliers on the global market, led by the Department of Health & Social Care (the Department); and encouraging UK manufacturers to design and scale-up production of ventilators as part of the 'ventilator challenge', led by the Cabinet Office.

Relevant reports

- NAO report: [Investigation into how government increased the number of ventilators available to the NHS in response to COVID-19](#) – Session 2019-21 (HC 731)
- PAC report: [COVID-19 Supply of Ventilators](#) – Session 2019-21 (HC 685)
- [Treasury Minutes](#): February 2021 – February 2021 (CP 376)
- [Treasury Minutes Progress Report](#): May 2021 (CP 424)

Government response to the Committee

Following the government's last response to the Committee on this report (CP 424 above), three recommendations below remained work in progress, two of which are now implemented.

1: PAC conclusion: The Departments lost a crucial month because they were underprepared and reacted slowly to the shortage of mechanical ventilators.

1: PAC recommendation: The Department of Health and Social Care and NHS England and NHS Improvement should set out how their future plans for responding to emergencies will address:

- **Maintaining an adequate asset register of its critical equipment and a method for quickly gathering the up to date data.**
- **Protocols for rapid procurement of critical equipment.**
- **The need for surge capacity in the NHS's supply chains.**

1.1 The government agrees with the Committee's recommendation.

Recommendation Implemented

1.2 As part of the COVID-19 response, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I) established the capability to take snapshots of the national asset position for critical equipment. Whilst this enabled effective incident response, there is a clear need for a more strategic and sustainable national capability. Working in conjunction with representatives of the clinical engineering community, proposals for national asset visibility have been developed and funding for these sought through the Spending Review process.

1.3 The processes used for the rapid COVID-19 procurement of ventilators, equipment and clinical consumables have been refined for future use. They have subsequently been tested as part of the response to supply disruptions in 2021. These processes are being further refined in response to a report by Nigel Boardman into COVID-19 procurement ([Boardman 2](#)). They will address how to mobilise commercial teams in a crisis including ensuring appropriate consideration of the ability to flex contracts to increase volumes in an emergency and consideration of resilience of supply.

1.4 Surge capacity within the NHS supply chains is currently provided through the United Kingdom holding stockpiles of clinically prioritised products. This approach has proved effective at reducing the impact of supply chain disruptions, providing both short term capacity and time to enable the establishment of alternative supply routes. DHSC is also seeking to promote interoperability as a key driver of longer term resilience and is engaging with clinicians and industry on how to effectively promote interoperability without compromising clinical quality.

4: PAC conclusion: The ventilator challenge was an exceptional and far from traditional approach that offers some lessons for future programmes although they could not be applied wholesale under normal circumstances.

4: PAC recommendation: As part of its treasury minute response, the Cabinet Office should work with participants to understand and ensure the right lessons from the ventilator challenge are learnt. It should publicise:

- **which lessons were unique to the circumstances;**
- **which can be applied to future programmes. It should ensure these lessons are disseminated to the appropriate government departments or functions; and**
- **be clear about the risk to taxpayers' money of this innovative approach.**

4.1 The government agrees with the Committee's recommendation.

Recommendation implemented.

4.2 [Version 3](#) of the Outsourcing Playbook, rebranded as the Sourcing Playbook, was published May 2021 with refined and updated policy to reflect latest priorities and lessons learnt. The Cabinet Office is committed to an annual refresh of the Sourcing Playbook, working with DHSC and other departments to ensure the latest lessons learnt are captured and reflected in the playbook and disseminated and embedded through the implementation work that is carried out across Central Government and the wider public sector; knowledge drops, deep-dive learning sessions and on the shoulder support for departments.

5: PAC conclusion: Both programmes succeeded in part due to cross-government working and the expertise of key individuals involved.

5: PAC recommendation: The Cabinet Office should set out, as part of its Treasury Minute response, what lessons it has learnt from these programmes for how government will, in future, ensure that it identifies the skills it needs, where these skills are, and how it will get them in place quickly when a rapid response is required.

5.1 The government agrees with the Committee's recommendation.

Target implementation date: March 2023

5.2 The Government Commercial Function and associated central employment model of the Government Commercial Organisation enables the Cabinet Office to continue to optimise skill development and identification. In addition to commercial accreditation, a commercial career framework has been designed with commercial role profiles. In 2022, all GCO specialists will be mapped to commercial role profiles and this will be further enhanced with a skills capture tool. A training programme for junior commercial staff has also been launched to develop our future commercial leaders. Activity is also underway to ensure that assessment and associated capability building in the commercial space continues across the wider public sector, with a target date of March 2023 for those organisations with the highest third party spend. This will ensure that in the event of future crises more commercially trained /assessed and accredited staff will be available for deployment.

5.3 In addition to commercial skills development, a programme is in place to train and assess all central government contract managers to foundation, practitioner and expert level - for bronze, silver and gold status contracts respectively. The programme aims to complete training and assessment in central government by March 2023.

5.4 Stemming from the Boardman 2 report, Civil Service HR is putting in place a database 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. Civil Service HR will also create a small central team to keep a register of resources from across the Civil Service that have previous consultancy experience to be drawn on when a rapid response is required.

5.5 Rapid response is down to three criteria - training, identification and mobilisation. The training is ensuring that the commercial team are trained and accredited in line with the people standards. The skills capture tool will allow us to understand the resources available in the commercial function and therefore deploy them more quickly once the requirements are understood. The agile recruitment and flexible employment model built through the covid-19 pandemic will also help to engage additional resources either to back-fill internal moves, or enhance new team requirements.