1) The Covid-19 outbreak is a public health emergency of international concern as declared by the World Health Organisation on 30 January 2020. The WHO Director-General characterised Covid-19 as a pandemic on 11 March 2020. As of 6 April 2020, scientific knowledge regarding the disease and its transmission was still emerging, however the WHO advised that Covid-19 transmission can occur via ‘infective respiratory droplets’ and wearing a mask represented one prevention measure that can limit the spread of viral diseases such as Covid-19.

2) In April 2020 the UK did not possess any face covering manufacturing capability and was reliant on securing supplies from overseas producers. Problems were experienced in obtaining reliable supplies of medical PPE-grade masks in a global market due to increased global demand and the disruption to the supply chain caused by the pandemic. There was a concern that insufficient volumes of non-medical masks would become available or, if available, they would be of inferior quality or charged at exorbitant prices. Analysis by Cabinet Office (CO) in late April 2020 highlighted that the average price of respirator masks was GBP 3.14 (medical-grade) and Type IIR (medical-grade) was GBP 0.67, whilst non-medical was GBP 0.51 per unit. During a normal trading period the cost of a Type IIR mask would be approximately GBP 0.05 per unit, sourced from China.

3) In May 2020 Cabinet Office (CO) considered it crucial in the public interest to source the supply of face covering production machinery as part of a wider face coverings programme in order to secure the UK’s domestic manufacturing capacity to:

(a) produce medical grade masks immediately (if necessary);

(b) create an immediate and reliable supply of high-quality non-medical face coverings at affordable prices for the domestic market; and

(c) create national resilience to supply chain shocks within a global market.

This was because in April 2020 there was a considerable shortage of medical and non-medical PPE globally, there was real fear that items available would be impounded at borders so domestic production was urgently required to mitigate the impact of Covid-19.

4) In May 2020 CO purchased 10 non-automated production machinery lines (see CAN 141-348171). However, these lines were not considered sufficient to deal with anticipated demand and supply chain disruptions. Accordingly, CO worked with external consultants (WS Atkins) to identify a further supplier that could make non-medical or medical-grade masks. Therefore, the machines could be diverted to produce medical-grade masks for the NHS if necessary. In the light of WS Atkins input, CO purchased ten lines of fully automated production machines from Expert Tooling & Automation Limited (‘Expert machines’).

5) An accelerated PCR procurement was impossible if the supplies of face coverings were to be available in sufficient quantities in time. Any delay caused by having to engage the market through an open competition or restricted procedure ran the risk of failing to secure production machinery (given the international demand for such equipment and the timelines involved in commissioning them). That would have caused knock-on delays to other aspects of the wider face coverings programme, such as the appointment of manufacturers and their ability to produce sufficient face coverings in the required timeframe, which would undermine HMG efforts to mitigate Covid-19 risks in the UK.

6) CO is satisfied the tests permitting use of the urgent direct award procedure (Regulation 32(2)(c)) are met: see section VI.3).