

business also continued including timetabled sessions of health questions, and emergency and topical questions, which allowed members to question me and colleagues on progress, decisions taken and areas of concern.

22. In addition, the Covid-19 Committee was established by the Scottish Parliament on 21 April 2020 to consider and report on the Scottish Government's response to the pandemic including the operation of powers under the Coronavirus (Scotland) Act, the Coronavirus Act and other primary legislation, and any secondary legislation, in relation to the response to Covid-19. Its successor, the Covid-19 Recovery Committee was established in June 2021.

23. All of the parties were represented on the Covid-19 Committee, providing an opportunity for them to scrutinise draft legislation. The members were regularly briefed by Scottish Government advisers and officials, affording another way to inform MSPs and provide up-to-date information.

24. A unique feature of the distinctive health infrastructure in Scotland, and one which made a significant contribution to the pandemic response, is the existence of National Services Scotland ("NHS NSS"). Amongst other functions, NHS NSS acts as a procurement arm for the whole of the NHS in Scotland. NHS NSS has tried and tested procedures in place with regards to the due diligence of suppliers, pricing, quality control, distribution and supply of a wide range of medical supplies and equipment and has longstanding, trusted relationships with a diverse range of suppliers. This gave Scotland a number of strategic advantages in responding to a global health emergency. For example, with regards to the procurement of PPE in the context of global shortages, NHS NSS was able to bring economies of scale due to the fact that it acted on behalf of the entire NHS in Scotland enabling more sustainable and cost effective supply routes. This meant that Scotland did not need to operate a fast-track system for any new supplier. Where new suppliers were needed, the standard tried and tested NHS NSS procedures for due diligence, quality control and pricing applied. The experience and expertise of NHS NSS was also deployed to increase distribution to primary care and adult social care, developing and improving new order and distribution routes over the course of the period. With the aid of the then Scottish Government Minister for Trade, we were also able to deploy NHS NSS to develop a domestic supply route providing increased security of supply and new jobs.

25. The role of NHS NSS was also critical in managing our PPE stock as it was able to track both the source and destination of all items of PPE in Scotland. I personally received a

guidance, nor were ARHAI Scotland. The advice was not consistent with existing risk based approaches for healthcare staff in Scotland, where gloves and aprons were not required if there was no contact with blood or bodily fluids, and it did not take account of the differences between the unique needs for IPC in different care settings, such as maternity or emergency.

189. Officials recommended that the CNO discuss this with RCM in a phone call. Following a meeting on 7 January 2022 with CNO and CNOD officials, the RCM confirmed they would amend their publication in line with feedback, and ensure alignment of messages and clearer signposting to current IPC guidance in Winter Respiratory Guidance.

PPE

190. As Cabinet Secretary for Health and Sport I was ultimately responsible for ensuring that the health workforce in Scotland had access to appropriate PPE. As the CNO and CNOD had overall responsibility for IPC in hospitals, she led on guidance in relation to the types of PPE required. The CNO was informed by advice from PHS, SAGE and the Covid-19 Advisory Groups and her office would then distill this knowledge to create guidance. NHS NSS would then be informed as to the types and volumes of PPE required.
191. As noted, in terms of PPE, we had the advantage of a single procurement arm for the whole of NHS Scotland, namely NHS NSS which has a long-standing relationship with the providers and manufacturers of PPE. That being the case, at the very outset of the pandemic and despite very high global demand and associated pricing, we were able to increase the volume of PPE on order. In addition, the stocks of PPE had to increase because we were now supplying it to areas of health and social care not previously supplied from the public purse.
192. The level of global demand and the increased pricing posed severe challenges to health and social care provision outwith hospital settings. Therefore, we took the decision to supply these settings of primary, community and social care directly. We set up new order and distribution routes to enable us to do so and increased our volume demand from suppliers. We also secured the necessary equipment to allow two companies in Scotland to produce items of PPE and, therefore, created a domestic supply chain.

and Social Care Partnerships, the Coalition of Care Providers Scotland, Scottish Care and National Carer Organisations.

198. Due to some services struggling to source PPE, and the size of some organisations, it was decided to bring in a large third-party supplier to purchase PPE which had more reliable supply chains and was able to purchase PPE at lower costs than smaller organisations. This supplier was Lyreco and the Lyreco Framework was set up on an exceptional basis to respond to unprecedented need and was awarded under a Non-Competitive Action (NCA) basis. The contract was awarded on 26 May 2020 and ran to 31 October 2021. There was a significant drop in orders from the beginning of 2021, which suggested normal business supply routes and market prices had stabilised. This correlated with wider understanding of the global market and the improved stability since the beginning of the pandemic, and therefore provided an acceptable justification to end the contract.

199. I commissioned the setup of additional distribution routes, the establishment of the Helpline mailbox, detailed in paragraphs 188-195, and the additional ministerial monitoring of it and support to resolve issues. Between April 2020 and August 2022, I received daily reports on the status of PPE stocks by location and item. These reports moved to twice weekly after August 2020 until I left office.

PPE Helpline

200. In early April 2020, the Scottish Government set up and managed a dedicated PPE helpline mailbox for HSC staff to contact if they did not have access to the PPE that they needed, or if they had other concerns regarding PPE supply. This covered Acute, Primary Care, Social Care and members of the public. At the same time, each Health Board nominated a Single Point of Contact ('SPOC') for PPE.

201. Correspondence received in the mailbox was triaged by officials within the PPE Directorate and was actioned depending on the content and the correspondent. Each email was categorised for a response and / or further action as required. A copy of the categorisation and triage process for this mailbox is provided: [JF/024 - INQ000470090].

202. In the first instance, staff or members of the public enquiring about availability of PPE were directed to their local Health Board PPE SPOC. Where there were supply or