

Witness Name: Vaughan Gething

Statement No: 1

Exhibits: 49

Dated: 15 January 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF VAUGHAN GETHING

I, Vaughan Gething M.S., will say as follows:-

Preface

1. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry (“the Inquiry”) under Rule 9 of the Inquiry Rules 2006 dated 21 October 2024 and referenced M5/GETHING/01.
2. The purpose of this statement is to assist the work of the Covid-19 inquiry. My statement will address the procurement and distribution of key healthcare related equipment and supplies in relation to the Covid-19 pandemic from 1 January 2020 to 28 June 2022 (the relevant period). I have drawn support from officials in the Health and Social Services Group and from contemporaneous documents in preparing this statement.

Background

3. I have been the Member of the Senedd for Cardiff South and Penarth since 6 May 2011 before which I practiced as a solicitor in Cardiff where I was a partner in the firm of Thompsons LLP. I am a member of the GMB, UNISON and Unite unions, and I was the President of the Wales TUC Cymru in 2008. I have previously served as a county councillor, a school governor, and a community service volunteer.

4. I first entered the Welsh Government on 26 June 2013 when I was appointed the Deputy Minister for Tackling Poverty. On 11 September 2014, I was appointed Deputy Minister for Health, a position which I held until 19 May 2016 when I became the Cabinet Secretary for Health, Well-being and Sport. In 2018, the name of that portfolio was changed to the Minister for Health and Social Services, but for the purposes of this Inquiry, there was no relevant change in my responsibilities. For ease of reference, I shall use the latter term to describe the post in which I served between 2016 and 2021. I held that office until 13 May 2021 when I was appointed Minister for the Economy. I continued in that role until 20 March 2024, when I was elected leader of Welsh Labour and became the First Minister of Wales. I stood down as First Minister on 6 August 2024.

The role of the Minister for Health and Social Services

5. The Minister for Health and Social Services holds a broad range of responsibilities. Although this is not an exhaustive list, my responsibilities included public health; NHS delivery and performance; escalation procedures; receipt of, response to, and direction of reports from Healthcare Inspectorate Wales; oversight of the Welsh Government's relationship with Audit Wales regarding activities relating to the NHS; subject to certain exceptions, medical workforce training and development; research and development in health and social care; mental health services; patient experience and involvement; policy and oversight of the provision of all social service activities of Welsh local authorities; oversight of Social Care Wales; inspection of, and reporting on, the provision of social services by local authorities (by Care Inspectorate Wales), including joint reviews of social services and responding to reports. A full list of the Minister for Health and Social Services' ministerial responsibilities is exhibited at **VG/001-INQ000321251**.
6. During the pandemic, as the Minister for Health and Social Services I was responsible for:
 - (a) Preparedness for the NHS and Health sector, NHS initial capacity and ability to increase capacity and resilience.
 - (b) The management of the pandemic in all health care settings, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'Do not attempt cardiopulmonary resuscitation' ("DNACPR") decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels.
 - (c) Shielding and the protection of the clinically vulnerable.
 - (d) International travel restrictions.

- (e) The procurement and distribution of key equipment and supplies, including personal protective equipment (“PPE”) and ventilators.
 - (f) The National Testing Programme.
 - (g) The National Vaccination Programme.
 - (h) The consequences of the pandemic on provision for non-Covid-19-related conditions and needs.
 - (i) Oversight of the health data and evidence.
 - (j) Policy and oversight of the provision of all social service activities of local authorities in Wales, including the issue of statutory guidance.
 - (k) Oversight of Social Care Wales.
 - (l) Regulation of residential, domiciliary, adult placements, foster care, under 8’s care provision and private healthcare.
 - (m) Early years, childcare and play, including the Childcare offer and workforce.
7. During the relevant period, overarching Cabinet responsibility for procurement policy lay with Rebecca Evans MS, from December 2018 as Minister for Finance and then from May 2021 as Minister for Finance and Local Government. Individual Ministers were responsible for agreeing specific procurement activity within their portfolio areas. This meant that as Minister for Health and Social Services, I held responsibility for the procurement and distribution of key equipment and supplies to the NHS and social care sector in Wales.
8. Although I remained ultimately responsible as Minister, at an operational level, responsibility for the procurement of key healthcare equipment and supplies rested with the NHS Wales Shared Services Partnership. My role as Minister for Health and Social Services was to provide oversight and agree funding in relation to the procurement activities that were undertaken by the NHS Wales Shared Services Partnership. Such activities included the procurement of PPE, ventilators and oxygen. The procurement of lateral flow devices and PCR testing equipment, on the other hand, was predominately undertaken by the UK Government on a four nations approach under the UK Testing Programme arrangements.
9. The NHS Wales Shared Services Partnership, which is hosted by Velindre University NHS Trust, is independent of the Welsh Government and it is responsible for providing professional, administrative and technical services to the health service in Wales. Its role was expanded on 19 March 2020 to include the procurement and supply of PPE to social care settings in Wales, and again on 25 March 2020, to include the supply of PPE to the wider NHS including independent contractors in primary care (i.e. GPs, dentists,

pharmacies and optometrists). I announced these changes on 19 March 2020 and 25 March 2020 respectively, as exhibited in **VG/002-INQ000383574** and **VG/003-INQ000299063**.

Key working relationships

Welsh Ministers

10. I worked closely with the First Minister and other Welsh Ministers throughout the pandemic. Cabinet is the central decision-making body of the Welsh Government and a collective forum for Ministers to decide significant issues and to inform colleagues about important matters. Early in the pandemic the First Minister also established a regular Daily Ministerial Call which all Ministers were invited to attend. These weren't decision-making meetings but gave us an opportunity to address the most urgent issues. These were an effective way of making sure all areas of the government were working together.
11. Matters relating to PPE procurement were more frequently discussed at regular ministerial PPE-specific meetings held from April 2020. These were chaired by the First Minister and attended by me and the Deputy Minister for Economy and Transport, Lee Waters, who assisted me by providing ministerial challenge on developing supply chains. The Director of Finance for the Health and Social Services Group, Alan Brace, who represented the Group on PPE supply, and the Director for International Relations, Andrew Gwatkin, who undertook a short-term, co-ordinating oversight of the procurement and distribution of PPE for non-health settings, also attended.
12. Due to the pace of the pandemic, there were no formal agendas or formal minutes for these informal meetings. Ministers received a written briefing ahead of the meetings which included details of the total number of PPE products supplied to date, the current stock levels by PPE type in health and social care across Wales, the numbers of items currently on order, details of recently secured stock and production levels, an update on any PPE types approaching low levels and the action being taken to secure further stock, and an update on the identification and sourcing of additional domestic and international suppliers. An example of the written briefing, dated 24 April 2020, is exhibited in **VG/004-INQ000198310**.
13. Initially, the meetings were held weekly. In June 2020, meetings were fortnightly as the PPE position regarding the supply and distribution improved. The last meeting was held on 28 July 2020. The meetings were an opportunity to raise and resolve any emerging

issues, to monitor stocks and supplies and to review the latest NHS Wales Shared Services Partnership dashboard. They were a very useful forum for collective discussion, but as Minister for Health and Social Services I ultimately took decisions relating to the procurement of PPE and key healthcare supplies.

14. The Inquiry asks how I worked with the Chief Secretary to the Welsh Treasury in relation to spending on procurement. The Welsh Government does not have a Chief Secretary to the Welsh Treasury. Responsibility for the Welsh Treasury during the pandemic sat with Rebecca Evans as Minister for Finance. In the early stages of the pandemic, I worked with the Minister for Finance, to secure funding for PPE and healthcare procurement. This was via the Star Chamber process, which I understand is described in more detail in Rebecca Evans' Module 5 witness statement. Officials in my department submitted funding proposals to the Star Chamber for consideration, once they were happy with the proposals they were submitted to me via the Ministerial Advice process for my approval. This process worked well, and we had no issues securing the amount of funding we needed. Aside from this responsibility in relation to funding, the Minister for Finance had no other role in relation to the procurement of PPE and other healthcare supplies.

Wesh Government officials

15. The principal officials and advisors who advised me on the procurement of key healthcare equipment and supplies during the Covid-19 pandemic were:

- (a) Director General of the Health and Social Services Group and Chief Executive Officer of NHS Wales – Andrew Goodall.
- (b) Director of Finance for the Health and Social Services Group – Alan Brace.
- (c) Deputy Chief Executive of NHS Wales – Simon Dean.
- (d) Director of International Relations and Trade, Andrew Gwatkin.
- (e) Chief Social Care Officer for Wales – Albert Heaney CBE.
- (f) Health Emergency Planning Advisor – David Goulding.
- (g) My Special Adviser – Clare Jenkins.

16. I received regular updates from, and had frequent discussions with, Alan Brace and Andrew Goodall about healthcare procurement, often in advance of the ministerial meetings described above.

17. During the first months of the pandemic, Andrew Gwatkin, Director of International Relations and Trade, undertook short-term, co-ordinating oversight of the procurement and distribution of PPE for non-health settings. At the request of Lee Waters MS, Andrew chaired regular informal meetings with the Deputy Chief Medical Officer, attended by a

range of Welsh Government officials with policy responsibilities beyond health and social services. These informal meetings aimed to clarify and capture the cross-sectoral PPE needs across Wales, extending beyond those of health and social care, to understand the qualitative and quantitative demand and the order of priority.

Office of the First Minister Group

18. I am asked how I worked with the Office of the First Minister Group on the procurement of healthcare supplies. To my knowledge, the Group played no role in the procurement of healthcare supplies.

NHS Wales Shared Services Partnership

19. I did not have regular meetings with the NHS Wales Shared Services Partnership, though I would see the Chair of the Velindre University NHS Trust, the trust which hosted Shared Services, at regular NHS Chair calls. They also attended the Chair and Chief Executive calls.

20. Contact with Shared Services was, on a day-to-day basis, conducted by senior officials who reported to me and, through them, I was familiar with the procurement work that Shared Services carried out. I was kept informed and exercised oversight of Shared Services' procurement activities through the regular briefings, weekly data updates and discussions I had with Andrew Goodall and Alan Brace, referred to above. The work that I and my officials carried out with the NHS Wales Shared Services Partnership in relation to the procurement of PPE and key healthcare supplies is described throughout this statement.

Public health bodies

21. I have been asked how I worked with public health bodies in relation to the procurement of PPE and other healthcare supplies during the pandemic. Public Health Wales did not have any role in procurement; its role in respect of PPE was focused on the guidance as to the type of PPE to be used in different circumstances.

UK Government and Devolved Governments

22. My interaction with the UK and devolved governments in relation to procurement of PPE and healthcare supplies was via my counterpart health ministers, with whom I had regular and predictable working relationships. One evening per week the health ministers would speak by telephone or video call in order to share information and discuss matters. These calls encouraged a level of honesty and openness in our discussions that I considered to

be very useful. We did not always agree but we were able to speak freely about the challenges that we were facing and understand one another's decisions in response.

23. Where issues did arise and I thought that a four nations discussion between Health Ministers might assist, I was able to contact my counterparts and request a discussion. I exhibit a draft email at **VG/005-INQ000492672** from myself to Matt Hancock MP on 27 March 2020 when we were experiencing some supply chain issues, and which are set out in more detail below. The note of that meeting shows that I was able to raise the concerns and to receive assurances from Mr Hancock as exhibited in **VG/006- INQ000492673**.
24. I also attended the Healthcare Ministerial Implementation Group which was chaired by then Secretary of State for Health, Matt Hancock MP. I attended most meetings on behalf of the Welsh Government. Discussions around the supply of PPE would take place during these meetings as is exhibited in **VG/007 - INQ000521008**. The Ministerial Implementation Groups were wound up in June 2020 when the focus moved to Covid-19 Operations (Covid-O) meetings. This was a decision-making body chaired by the Chancellor of the Duchy of Lancaster. I attended these meetings when invited but do not recall any discussions around the procurement of PPE and healthcare supplies.
25. My only interactions with Boris Johnson, in his role as Prime Minister, was during COBR meetings. I did attend several COBR meetings but discussions around the procurement of PPE and healthcare supplies were not discussed. Likewise, my only interactions with Nicola Sturgeon and Arlene Foster would have been at the COBR meetings that we all attended. My only interaction with the devolved administrations regarding PPE and healthcare supplies was with the health ministers of the other nations as outlined above. I did meet with the transport ministers from the devolved nations but this was to discuss travel advice.
26. I did not have any interactions with HM Treasury or the Chancellor of the Exchequer in relation to PPE.
27. I have been asked about my role on the Four Nations Strategic Board and the Devolved Administrations PPE Group. I was not a member of either of these groups.

Working with UK and Devolved Governments: PPE

28. As outlined above, PPE was discussed at meetings such as the Health Ministerial Implementation Group and during phone calls between the four health ministers. By May 2020, PPE supplies in Wales had stabilised and we were in a position to agree mutual aid to other nations. We had been asked to provide England with mutual aid but the NHS Wales Shared Services Partnership kept facing difficulties making arrangements for the delivery of the products. I wrote to Matt Hancock on 16 June 2020 to raise these concerns, a copy of this letter is exhibited at **VG/008 - INQ000521021**. A response was received from Mr Hancock on 9 November 2020 and is exhibited at **VG/009 - INQ000514302**.
29. I did not have concerns that Wales had procured significantly more PPE than it needed to meet its pandemic needs. As outlined later in this statement in paragraph 144, the weekly dashboard prepared by the NHS Wales Shared Services Partnership, which my officials and I reviewed on a regular basis, allowed me to see how much future stock we had. We did not therefore end up with a large stockpile of PPE that had to be incinerated.

Working with UK and Devolved Governments: oxygen supply

30. In March 2020, the devolved governments thought that we were being excluded from the UK/NHS England arrangements which was fundamentally affecting our ability to plan properly. On 27 March 2020, I was advised in an email from Andrew Goodall that there were examples of suppliers, including Welsh suppliers, who had been advised to only accept contracts and block contract arrangements for oxygen from NHS England. For example, the British Oxygen Company would only deliver oxygen to areas which had been prioritised by NHS England. I exhibit a copy of this email at **VG/010-INQ000479929**. This had to be quickly recovered by Welsh Government officials but the language being used meant that the NHS in Wales was not seen to be a priority. I understand that Dr Goodall raised this issue with the Department of Health and Social Care.
31. The actions and liaison required to build oxygen capacity in Wales were managed by the Royal Engineers, the NHS Wales Shared Services Partnership-Specialist Estates Services and the British Oxygen Company. This is another example of the practical value of assistance from the Armed Forces in the pandemic. In June 2020, a report by the NHS Wales Shared Services Partnership Specialist Estates Services found that there had been a 75% increase in oxygen provision despite a number of major challenges. A copy of the report is exhibited at **VG/011-INQ000227170**.

32. The report noted that during the early stages of the pandemic the Department of Health and Social Care contacted the main suppliers in the oxygen healthcare market across the UK to centrally coordinate and control requests from across local healthcare providers in England. Healthcare providers were subsequently instructed by the Department of Health and Social Care to direct all requests for oxygen through NHS Improvement. On that basis the Department of Health and Social Care established a priority list of oxygen improvement projects for England. This arrangement was not initially communicated to the Welsh Government, the NHS in Wales or the NHS Wales Shared Services Partnership-Specialist Estate Services. Consequently, when health boards in Wales became aware that their existing systems could not deliver the level of oxygen needed, the British Oxygen Company was contacted to request enhancements to their systems only for the health board to be referred to the Department of Health and Social Care's priority list. The report concluded that this confusion potentially delayed decision-making and could have had a detrimental impact on the ability of the NHS in Wales to manage Covid-19 patients.
33. The NHS Wales Shared Services Partnership-Specialist Estates Services report concluded that the Welsh Government recognised the value of clear decision-making and fulfilled a similar role in Wales as the Department of Health and Social Care did for England. This involved working closely with health boards and the NHS Wales Shared Services Partnership-Specialist Estate Services to understand the challenges and system limitations to enable a list of priority sites to be established for enhanced oxygen provision. The Welsh Government, assisted by the NHS Wales Shared Services Partnership-Specialist Estate Services, negotiated with the British Oxygen Company to establish options, agree delivery timescales and monitor progress on site.
34. The NHS Wales Shared Services Partnership had an Oxygen Delivery Group and I am not aware of any further issues relating to oxygen supply raised with me.

Working with UK Government: ventilators

35. During the pandemic, additional ventilators were procured through UK arrangements.
36. On 5 April 2020, I made a written statement, exhibited at **VG/012-INQ000182395**, which confirmed that Wales currently had 415 invasive ventilation ventilators, 349 anesthetic machines with ventilator capacity and 207 non-invasive ventilators, and an additional 1,035 ventilators were being procured through UK arrangements.

37. I provided an update on the procurement process in a written statement on 29 April 2020, which I exhibit at **VG/013-INQ000227110**:

- (a) Of the 385 invasive ventilators we expected to receive under UK arrangements, which was subsequently revised to 461, we received 46.
- (b) Of the 270 dual purpose (invasive or non-invasive machines) procured by the NHS Wales Shared Services Partnership, 130 had been received and distributed to health boards.
- (c) Of the 380 non-invasive ventilators which we expected to receive under UK arrangements, which was subsequently revised to 369, we have received 177.
- (d) The delivery of the ventilators procured through both the NHS Wales Shared Services Partnership and UK arrangements was always on a phased basis over a 13-week period, based on the original projection of a peak occurring in June/July.

38. There was always sufficient ventilator capacity within the NHS in Wales.

Preparedness for procurement in a health emergency

39. Under plans made as part of the UK Pandemic Influenza Strategy 2011, the Welsh Government maintained a range of medical countermeasures and consumables to deliver what the 2011 strategy termed 'a defence-in-depth' pandemic response. The Welsh Government is part of a UK health countermeasures structure that maintains these countermeasures in a state of readiness. All four nations hold stockpiles of antivirals, antibiotics, consumables and personal protection equipment for front line health and social care staff.

40. A Memorandum of Understanding ("MOU") was entered into on the 18 July 2018 between the devolved governments and the Secretary of State for Health (acting via Public Health England) in relation to the provision of procurement, storage and distribution services forming part of the Pandemic Influenza Preparedness Programme ("PIPP") and the Emergency Preparedness Resilience and Response ("EPRR") Programme. This was signed at official level rather than Ministerial level. Included in the Memorandum of Understanding is the procurement, storage and distribution of consumables which broadly include surgical facemasks, eye protection, liquid hand soap, aprons and gloves ("PPE"). A copy of this Memorandum is exhibited in **VG/014-INQ000177454**.

41. Under the Memorandum of Understanding, the UK Government acts as lead purchaser and undertakes procurement exercises on behalf of the four nations to ensure value for

money and to enable governments to benefit from economies of scale. With regards to the suitability of the stockpile, decisions regarding which and how many items to procure and hold were the responsibility of Public Health England, acting on the advice of the New and Emerging Respiratory Virus Threats Advisory Group (“NERVTAG”).

42. On 10 December 2019, I agreed to the continuation of the Memorandum of Understanding to 2025 which meant that the four-nation approach to the procurement and distribution of medicines and health emergency countermeasures would continue. A copy of the Ministerial Advice on the continuation of this agreement is exhibited in **VG/015-INQ000177473**.
43. Paragraphs 225, 226 and 325 to 330 of the statement of Andrew Slade (**M5/WGCPD/01**) describe the processes and procedures in place during the pandemic for monitoring of stockpiles and inventory.
44. Following the onset of the pandemic, much work was done to rapidly scale up the domestic manufacture of PPE and other key healthcare equipment in Wales. The work of the Critical Equipment Requirement Engineering Team (“CERET”), Industry Wales and the Life Sciences Hub in this regard are described in detail in the witness statement of Dickie Davis, M5/CERET/01. As I have set out in paragraphs 151 and 177.c of this statement, further investment will be needed to ensure the resilience of domestic supply chains in a future pandemic.
45. In July 2020, the Senedd’s Health, Social Care and Sport Committee recommended that the Welsh Government develop a strategy for securing a resilient supply of PPE, including a plan for stockpiling. The Welsh Government accepted the recommendation and in October 2020 the NHS Wales Shared Services Partnership worked with the Welsh Government to produce the “NWSSP Procurement Services PPE Winter Plan”. Key to the plan was the decision to buy and warehouse a physical stockpile of 24 weeks of key PPE items to improve resilience. The 24-week stockpile comprised physical stock to meet the estimated demand from business-as-usual PPE requirements (4 weeks), Covid-19 requirements (8 weeks), pandemic preparedness stock (4 weeks) and risks arising from the end of the EU Exit transition period (8 weeks).
46. The Inquiry has asked me to describe whether any lessons about procurement had been learned and implemented because of past pandemics and epidemics, and pandemic exercises.

47. Following the Swine Flu pandemic in 2009, recommendations of the following Hine Report Inquiry resulted in all four nations of the United Kingdom agreeing the 2011 UK Pandemic Influenza Strategy. The Strategy included planning for a reasonable worst-case scenario of a 50% clinical attack rate and, as a result, UK Health Departments established a range of health countermeasures to meet that.
48. To support the UK Strategy, the Welsh Government invested in influenza pandemic preparedness in the following ways:
- a) Joining the UK Clinical Countermeasures Board, chaired by Public Health England, that led a UK procurement process on behalf of the four nations.
 - b) Establishing a purpose-built facility in Wales to stockpile PPE, consumables and medicines for use in an influenza pandemic.
 - c) Maintaining a stockpile of PPE for an influenza pandemic that included facemasks, FFP3 respirators, aprons, gloves and eye protection.
 - d) Maintaining a stockpile of antiviral medicines and antibiotics for deployment in an influenza pandemic.
 - e) Maintaining a stockpile of consumable products such as hygiene and cleaning products, needles, syringes and vials for an influenza pandemic.
 - f) Having in place, on a UK basis, an Advanced Purchase Agreement to secure a specific influenza pandemic vaccine as soon as possible.
 - g) Having in place, on a UK basis, the National Pandemic Flu Service (a telephone and internet facility that enables people to access antivirals without seeing a GP) to protect primary care services.
49. Wales participated in the Pan Flu Exercise Winter Willow (2007) which identified the need to increase the pandemic influenza medicines stockpile which we did on a UK basis. Wales also participated in the Pan-Wales Exercise Taliesin (2009) that looked at how organisations in Wales worked together in a pandemic influenza, in the UK Pan Flu Exercise Cygnus (run in Wales only in 2014), and in the UK version of Cygnus held in 2016. These exercises did not directly impact on pandemic procurement policies but they did reinforce the need for pandemic preparedness, including stockpiling.
50. Following Exercise Cygnus, the UK Government established a review of UK preparedness that the Welsh Government was participating in, and which was stalled by the UK Government as its attention switched to preparedness for Brexit.

EU Exit

51. The Inquiry has asked me to provide my reflections of the effect of the UK's exit from the European Union on procurement during the pandemic, and the suitability and resilience of supply chains for key healthcare equipment and supplies.
52. I think the UK's exit from the European Union might have affected people's attitudes towards procurement, because it created more friction within trade and as a result attitudes within the EU shifted.
53. However, I do not believe that it made a significant difference in terms of procuring items during the pandemic. That is because there were arrangements for procuring from the European Union after the UK left which meant that procurement from the European Union could continue. There were worldwide challenges for supply and procurement and contracts were subject to emergency conditions in many states.
54. In relation to the effect on the suitability and resilience of supply chains for key healthcare equipment and supplies, Brexit did not make us match fit for the pandemic. Our attention was diverted to the very real risk – demanded by some – of a 'No Deal' Brexit. Time and resources, in terms of people as well as money, went into Brexit preparations. That could have gone into emergency and pandemic preparation. Our supply chains were distressed but not broken irretrievably by Brexit, albeit a No Deal exit would have caused real harm.
55. I have set out further information on the resilience of our supply chains for PPE and healthcare equipment more generally later in this statement.

Principal issues with procurement as the UK entered the pandemic

56. The Inquiry has asked me to set out the principal issues which affected the procurement of key healthcare equipment and supplies in Wales as the UK entered the pandemic.
57. We realised early in the pandemic that our pandemic stock of PPE was diminishing very rapidly and, although we had a stockpile which worked as an effective buffer, we needed to procure more PPE than we had initially anticipated to meet demand. However, this was challenging because most of our supplies came from outside of the United Kingdom, from

China and India, and due an increased global demand for such supplies and lockdown restrictions in those countries, they were difficult to source.

58. My advice to the First Minister and others early in the pandemic was that we needed more PPE and that we would run out if action was not taken. On 20 April 2020, Cabinet considered the Policy Co-ordination Dashboard, as exhibited in **VG/016- INQ000048968**, which set out the red/amber/green rating of projects. PPE supplies was rated red. On 21 April 2020, I publicly noted that Wales had only enough stocks of all items to last for a few days. This was partly because of the mutual aid we received from other UK countries and partly because of the UK supplies from which Wales received its population share were such that, we were not in a position to say that we had weeks and weeks of advanced stock on all of those items.
59. We were conscious that we were going to use PPE at a much greater rate across health and social care for a long time, and that we would need to both procure and manufacture our own PPE in different measures and ensure that we achieved a robust and sustainable approach to sourcing PPE to reflect demand.
60. On 27 April 2020, the First Minister, following discussion at Cabinet, confirmed in a Covid-19 public briefing our strategy as regards ensuring sustainable PPE supplies. This involved not relying simply on established links, but taking a multi-pronged approach, including:
- (a) Working with other UK nations to pool procurement efforts, bringing in new stocks and offering mutual aid in providing PPE;
 - (b) Procuring additional PPE supplies using the Welsh National Procurement Service;
 - (c) Continuing international supplies, including masks from China and gowns from Cambodia; and
 - (d) Increased working with Welsh businesses through innovation and new manufacturing routes, to produce PPE including faceshields and scrubs, with Wales approaching self-sufficiency in the latter.
61. Throughout the relevant period, although the position was at times extremely challenging, we did not run out of PPE on a national level.
62. I am asked for my views on the following topics which I address in turn.

The strategy and guidance for procurement during a pandemic

63. I believe we had an approach that worked in the extraordinary circumstances we faced.

We took an interest in price and quality rather than a 'buy anything and everything offered' approach. A point of learning in my view is the value of strategic purchasing and coordination as provided by the NHS Wales Shared Services Partnership. The challenge for the future is how early to purchase more and how much local and more expensive capacity is maintained.

64. A further point comes from the oxygen example referred to above in paragraphs 30-34.

Not having a four nations approach and having an unplanned and unintended England-first approach caused needless risk if left unresolved.

The industrial capability, flexibility and scalability for the domestic design and manufacture of key healthcare equipment and supplies

65. In terms of manufacturing key healthcare supplies and equipment domestically within the United Kingdom, much of this was done via the Critical Equipment Requirement and Engineering Team, which is set out in detail in the statement of Richard Davis (M5/CERET/01). We were aware, however, that the cost of procuring domestically is normally more expensive and can lead to redundant capacity. Overall, despite the challenges and our concerns, I feel that procurement held up well, and our use of local government stock stores worked very effectively. Manufacturers responded in a highly positive manner to the call to make new items. We should not forget that, and I remain grateful for the innovation and support for a nationwide mission.

Expertise within government and the civil service for procurement during a whole system civil emergency

66. The Welsh Government and Civil Service were tested by the extraordinary challenge of procurement during the pandemic, and I believe we met the test set, though that does not mean that we cannot learn from what worked and did not work here and in other countries. Civil Servants were flexible and moved to different roles rapidly in a changing environment. That included dealing with a seller's market and needing to procure for more customers including local government, social care and others.

The funding and monitoring of funds spent on the procurement of key healthcare equipment and supplies

67. The report of the Auditor General for Wales' entitled 'Procuring and Supplying PPE for the Covid-19 Pandemic' which I exhibit at **VG/017–INQ000214235** noted that time pressure meant due diligence could not always be carried out to the level it would outside of a pandemic in a normal competitive tendering process, and the requirements under emergency procurement rules to publish contract award notices within 30 days were not met. However, for each contract reviewed, Audit Wales found evidence of key due diligence checks and, while costs were generally higher than before the pandemic, saw evidence of the NHS Wales Shared Services Partnership negotiating prices down.
68. I do not recall any other specific issues experienced in relation to the monitoring of funds spent on the procurement of PPE and other key healthcare supplies. As described later in this statement, I believe that the processes and procedures in place to monitor spending were transparent and effective.

The expertise within the private sector for procurement during a whole-system civil emergency

69. Although the private sector experienced early difficulties in relation to procurement, I do not believe it is fair to say this was due to an inappropriate lack of procurement expertise. It was simply the reality of providers, in many cases quite small-scale providers, being faced with the sudden collapse of their ordinary supply chains. At a challenging time for even very large organisations, small buyers were inevitably going to find it very difficult. Ultimately, these challenges were overcome. Much of the key equipment and supplies for the social care sector was publicly procured but privately delivered.

Modelling

70. The 'Modelling' section at paragraphs 71 to 79 of the Welsh Government statement **M5/WGHSSG/01** describes the modelling work carried out in respect of procurement, and Deloitte's engagement by the NHS Wales Shared Services Partnership to assist in this regard. It also refers to a Ministerial Advice I received, MA/VG/1387/20 dated April 2020 and exhibited at **VG/018 - INQ000222774**, which reported that:

- (a) The NHS Wales Shared Services Partnership had established a centralised response team overseeing the national PPE requirements and coordination of communication, including all systematic data reporting, modelling, and demand/supply intelligence on a daily basis.

- (b) Shared Services commissioned Deloitte LLP to provide support in key areas of skills and resourcing over this period. The contract was let using a Crown Commercial Services consultancy framework.
- (c) Shared Services developed a working model to establish a high-level usage calculation of the need for PPE. This was based on daily PPE stocks and requests from across the local health boards and NHS trusts.
- (d) The Deloitte team worked under the direction of Shared Services' management, to enhance their current team's skills and to support Shared Services in:
 - i. The coordination of all available data sources to provide a comprehensive assessment of both current and future PPE supply.
 - ii. Development of intelligence and assessment processes to develop a comprehensive analysis of the demand for PPE.
 - iii. The development of a process to track stock control mechanisms and key indicators based on a demand and supply assessment, the calculation of stock 'burn' rate, and key calculations on metrics.

71. The Deloitte model was formally transferred to the NHS Wales Shared Services Partnership on 29 May 2020 and continued to be updated and reviewed in order to capture up to date demand assessment and variables that affected PPE demand.

72. Ensuring that we had sufficient stocks of PPE for the health and social care sector in Wales was a top priority for me during the relevant period. Crucial to understanding whether we had sufficient stock was the use of modelling, however, there will always be a degree of uncertainty inherent in modelling because it is impossible to model for every possible eventually, or indeed how every part of the world will behave.

73. The Auditor General for Wales' report 'Procuring and Supplying PPE for the Covid-19 Pandemic' which I exhibited earlier at **VG/017-INQ000214235**, noted that the modelling process was challenging in the first few weeks for a number of reasons:

- (a) The pace of changes in policy in guidance in those early stages of the pandemic affected the reliability of information about demand levels.
- (b) It took time to obtain more complete information about the social care sector, particularly the large number of independent providers commissioned by local authorities.

74. This was a particular challenge because we had to work with commissioners, largely local government, as well as providers so there was no single homogenous source of information.

75. Following their engagement, Deloitte developed reporting functionality that Shared Services did not have the capacity to deliver and helping Shared Services staff develop their modelling skills. The NHS Wales Shared Services Partnership worked with Deloitte to ensure that the modelling calculations were as accurate as possible in anticipating the demand for PPE within the health and care sector in Wales. I do not recall concerns or issues being raised with me about the accuracy or quality of modelling data in relation to procurement, which I believe was essential in planning the levels of PPE required throughout the pandemic.

76. I would subsequently receive data from the NHS Wales Shared Services Partnership about stocks of PPE across the health and social care sector Wales, which I found to be very useful in enabling me to make decisions at a ministerial level regarding the procurement of PPE.

Key decisions and policies during the pandemic

77. A chronology of high-level key events within the scope of Module 5 is annexed to this statement. Actions which I undertook directly in relation to the procurement of PPE and other key healthcare supplies are highlighted.

78. A list of all the Ministerial Advice I received in respect of matters relating to Module 5 is also annexed.

Communicating decisions

79. I have been asked to confirm whether or not any of the decisions I made were communicated by WhatsApp and/or any other instant messaging platform. This matter was exhaustively considered in Module 2B.

80. As I outlined in my Module 2B statement, I was part of a ministerial WhatsApp group which included Cabinet members and special advisers. The Ministerial WhatsApp group was used to exchange information and views and provide each other with moral support. This group was not used for decision-making nor was any other group or chat to which I was party. I was part of groups with the other four nations Health Ministers, a group of Ministerial colleagues established to discuss issues relating to schools and Covid-19 and

a chat with other elected representatives for the Vale of Glamorgan. I was also a member of a number of other WhatsApp group chats, including a WhatsApp group chat with my counterparts in the UK Government and the other devolved governments that was established to enable collaborative engagement. I also exchanged WhatsApp messages with my Ministerial colleagues, special advisers and my counterparts in the UK Government, Matt Hancock and the Northern Ireland Executive, Robin Swann.

Appropriate PPE for female and ethnic minority staff

81. My involvement in PPE was predominantly about the stock available and the statistics reported to me as described above. The detail about the types of PPE that were used and purchased were managed predominantly by the NHS Wales Shared Services Partnership and the PPE Supplies Cell. However, discussions about whether PPE fitted both men and women, different ethnicities and, for example, those with beards did take place between myself and my officials.
82. The NHS Wales Shared Services Partnership's Procurement Strategy took into consideration the need to purchase a variety of PPE makes and models to ensure it was inclusive, e.g. FFP3 masks require fit testing under HSE rules (which has to be carried out by trained staff) and the NHS Wales Shared Services Partnership held data on fit test success rates of particular models to support purchasing decisions and ensure the masks met the requirement for a high proportion of staff.
83. I understand that between May and October 2020, the need to purchase a variety of PPE makes and models to ensure they were inclusive was a consideration in discussions by the NHS Wales Shared Services Partnership and on PPE Operational Executive Lead calls.

Reusable PPE

84. I have been asked for details of any decisions I took in relation to the use of reusable PPE, as opposed to single use PPE. This is not an area in which I recall having any direct involvement.

Calls to arms

85. I have been asked to describe my role in relation to the Critical Equipment Requirement Engineering Team ("CERET"), Business Wales, Industry Wales, the Life Sciences Hub

Wales, Operation Moonshot and the Ventilator Challenge. Although I did not have any direct engagement with these bodies, I was kept informed of their work by briefings from officials and the PPE meetings I attended. The work of these bodies and the Critical Equipment Requirement Engineering Team in particular was crucial in identifying and supporting domestic supplies of the requisite standard and quality.

86. In relation to the Life Sciences Hub, I was sent Ministerial Advice on 30 March 2020, exhibited at **VG/019-INQ000477026**, asking me to agree the Life Sciences Hub Wales Business Plan and funding for 2020-21, which I did. The Advice highlighted how the Hub had re-purposed some functions and was playing a key role in managing the co-ordination of the industry engagement to Covid-19 pressures, in particular the supply chain response, and supporting the work of the Critical Equipment Requirement Engineering Team.

Provision of PPE to the care sector in Wales

87. The Inquiry has asked me to set out what I believe what were the key difficulties and successes in delivering PPE to the care sector in Wales in the early stages of the pandemic.

88. Ordinarily, PPE for the social care sector was sourced by each local authority for its local area. However, early in the pandemic, I was made aware that local authorities were experiencing difficulties in delivering sufficient volumes of PPE to the sector because global supply chains were collapsing, and PPE was also in very high demand. This was also compounded by high levels of anxiety within the social care sector because people were understandably very frightened of the impact of the virus and ensuring that they could keep themselves and their patients safe from harm.

89. On 19 March 2020, I announced that the NHS Wales Shared Services Partnership's remit would be expanded to procure and supply PPE to social care settings in Wales. I took this decision following discussions with my senior officials who had been working with the NHS Wales Shared Services Partnership on the arrangements for doing so. I had also met with local authority leaders who expressed concerns about the position they faced. The decision to expand the NHS Wales Shared Services Partnership's remit was made due to the enormity of the challenges brought about by the pandemic, and to facilitate more effective central procurement by the NHS Wales Shared Services Partnership than would have been possible by individual local authorities.

90. I exhibit a copy of the written statement announcing this decision at **VG/020-INQ000252549**. The statement also set out that if PPE stock could not be accessed and while the Welsh Government prepared to distribute PPE stock to local authorities, arrangements had been made that care providers could approach local health boards for urgent assistance. These arrangements were only to be utilised if a case of Covid-19 had been confirmed in these settings. The distribution of PPE stock was co-ordinated by the NHS Wales Shared Services Partnership who distributed the supply to the Joint Equipment Stores/Community Equipment Stores (“JES”) that serviced local authorities. Any requests for stock would then be managed by the authority in conjunction with the Joint Equipment Stores and the care provider.
91. Putting the arrangements in place for the NHS Wales Shared Services Partnership to undertake the procurement of PPE for the social care sector was very challenging because it represented a significant shift from the status quo which existed before the pandemic. For example, as referenced in the minutes to the ministerial call on Friday 10 April 2020 at **VG/021- INQ000349306**, Carmarthenshire County Council initially indicated that it would continue to lead the procurement of PPE for its local authority area, however they found themselves unable to procure their own PPE and returned to the all-Wales central procurement arrangements.
92. I see it as a significant success that we were ultimately able to put in place a national procurement function via the NHS Wales Shared Services Partnership and that relationships with the local authorities held up under extreme pressure. We were able to use the local authority stores to distribute the PPE which helped on a practical level in delivering supplies but also gave people the confidence that the system was working. It is also worth noting that, unlike in England, PPE to manage Covid-19 was provided for free to the social care sector in Wales.
93. Difficulties did arise when PPE guidance was published as it put increased pressure on stock levels. On 1 April 2020, I received advice from the Deputy Chief Medical Officer for Wales about updated PPE guidance which had been agreed in principle by the UK Chief Medical Officers the night before. This advice and the guidance are exhibited at **VG/022-INQ000477028** and at **VG/023-INQ000477029**. The advice acknowledged that the change in guidance would prove challenging as more PPE would be used placing a higher demand on stocks. The NHS Wales Shared Services Partnership was asked to meet this increase in demand because of this guidance, exhibited at **VG/024-INQ000477030**.

94. The new UK PPE guidance, published on 2 April 2020, advised that 'All health and social care staff within 2m of a suspected or confirmed coronavirus patient should wear an apron, gloves, fluid repellent surgical mask and eye protection'. Previously PPE was only required for the care of those people with symptoms. To reassure social care staff, on 6 April 2020 in a joint letter to social care providers in Wales, exhibited in **VG/025-INQ000320785**, I and the Deputy Minister for Health and Social Services stated:

'We know a lot of people are concerned about their safety and are anxious about having the right personal protection equipment (PPE). The guidance has been reviewed and been updated last week. The Welsh Government is working hard to get extra supplies of PPE to all frontline social care staff – we have delivered more than 5 million extra items of PPE from our pandemic stocks, over and above the normal supplies available. Extra deliveries have been made to local authority distribution points for onward delivery to all social care settings. We are working with the UK Government, Scottish Government and Northern Ireland Executive to secure new supplies of PPE and with businesses and manufacturers in Wales to create our own made-in-Wales supply of PPE during the coronavirus pandemic...It is important the new guidance is followed properly and PPE used as specified. For every piece of PPE kit used unnecessarily, a piece of kit is unavailable to staff most at risk'.

95. I exhibit a letter sent to me on 25 March 2020 from the Welsh Local Government Association at **VG/026- INQ000108908** raising concerns of leaders and council workers about the supply of PPE equipment to local authorities and front-line workers. This letter formalised concerns expressed in meetings with me and my officials that we were working to address throughout March and April 2020. I responded by letter on 28 May 2020 noting that a robust system to provide PPE directly to lead authorities for onward distribution to care providers had been developed, via the network of local authority joint equipment stores across Wales. My letter highlighted that, if a care provider needed PPE support, they could contact their local authority who would authorise the release of available PPE for immediate use, and that the NHS Wales Shared Services Partnership was coordinating further deliveries of stock on a regular basis. My letter is exhibited at **VG/027 - INQ000115801¹**.

¹ This exhibit has been provided by another material provider to the UK Covid-19 Inquiry and is a duplicate of a document held by the Welsh Government and disclosed to the UK Public Inquiry [INQ000514064]

96. The Inquiry has asked how long the difficulties in providing PPE to the care sector in Wales persisted, and what steps I took to tackle them. It is correct that the difficulties persisted in the first few months of the pandemic, and particularly whilst the new arrangements in delivering PPE to the social care sector became embedded. For example, I exhibit minutes of a telephone discussion on 1 April 2020 at **VG/028 – INQ000115605** in which local authorities continued to raise concerns about the availability of PPE. This phone call took place just six days after I received the Welsh Local Government Association letter of 25 March 2020, so it was not surprising that concerns were continuing to be raised at this point.
97. The challenges faced by both the health and social care sector in the early stages of the pandemic were also highlighted in the Auditor General for Wales' report 'Procuring and Supplying PPE for the Covid-19 Pandemic' which I exhibited earlier at **VG/017 - INQ000214235**. It notes that in March 2020, joint working was not as developed between the NHS Wales Shared Services Partnership, local government and the social care sector as it was between the NHS Wales Shared Services Partnership and NHS bodies. This was because the NHS Wales Shared Services Partnership's core work up until that time had been to supply services delivered directly by health boards and trusts, and it had not previously been responsible for supplying independent primary care contractors and social care.
98. While the Welsh Local Government Association reported that local authorities did not initially feel sufficiently involved in a collective health and social care response, this changed on 9 April 2020 when the NHS Wales Shared Services Partnership joined the Covid-19 procurement working group set up between the Welsh Local Government Association and the Welsh Government, ensuring a joined-up approach to procurement of PPE across the sector. This helped with both joint work in practice and, equally crucial, with visibility and confidence, albeit Carmarthenshire County Council took longer to fully trust and rely on the work being done, as I have referred to above.
99. I also maintained regular communication and discussion with the local authorities and the Welsh Local Government Association, through a series of calls, to ensure that any concerns they had regarding the delivery of PPE to the care sector were considered and responded to. Publishing information about PPE supply and distribution helped to maintain trust as well as the actual delivery of PPE on the ground.

100. By 7 May 2020, it was reported that around two thirds of the social care sector's needs in relation to PPE were being met by the NHS Wales Shared Services Partnership. By that point in time, I consider that the availability of PPE to the sector had improved considerably. By way of further illustration, I exhibit an email exchange dated 5 June 2020 at **VG/029 - INQ000521020** in which the leaders of Rhondda Cynon Taf County Borough Council and Merthyr Tydfil County Borough Council provided positive feedback on the support provided on PPE and welcomed the model. This was a good example of doing what was required, regardless of the fact that neither the Welsh Government nor I had a statutory duty to oversee and fund PPE for social care.

Distribution of the Pandemic Influenza Preparedness stockpile

101. The Inquiry has asked whether I was informed of, or whether I requested information, about the process of distributing items from the UK-wide Pandemic Influenza Preparedness stockpile to Wales.

102. As Minister for Health and Social Services, I was responsible for agreeing whether to release stock from the UK-wide preparedness stockpile to Wales for items which were in need. I exhibit Ministerial Advice at **VG/030 - INQ000298983** which was sent to me on 6 March 2020 requesting the release of some PPE to GPs in Wales as soon as possible, and the release of other stock for use by the NHS and social care services when required. The advice note set out that the Covid-19 Health Countermeasures Group, which was established by the Welsh Government on 12 February 2020, was developing arrangements to distribute the pandemic stock, and that oversight and accountability for that work came under the Health and Social Services Planning and Response Group, which was chaired by the Welsh Government's Planning Programme Director. Furthermore, it stated that the NHS Wales Shared Services Partnership would make up the distribution boxes and commence distribution to GP practices around Wales.

103. Accordingly, I was informed by my officials of the process of distributing items from the UK-wide Pandemic Influenza Preparedness stockpile. The process was that the Covid-19 Health Countermeasures Group would monitor whether there was a need to release certain stock and, if there was, Welsh Government officials would seek my agreement to release the stock, following which the stock would be distributed to the locations at which the stock was required.

104. The Inquiry has asked what key issues I encountered regarding distribution from the stockpile. The pandemic influenza stockpile of PPE was crucial during the first four months

of the Covid-19 response but the key issues for us were how quickly the PPE pandemic stockpile would be used up, how rapidly supply chains would fail and frankly that a small amount of our stockpile was not fit for purpose. However, having the stockpile in place did buy time for the NHS Wales Shared Services Partnership to successfully secure ongoing PPE supplies from other sources. This was crucial as it soon became clear the stockpile would not be replenished by the UK Government to the levels expected as we had initially thought.

105. On 25 March 2020, I made a further statement on PPE which I exhibited earlier at **VG/003 - INQ000299063** to outline steps I took to enhance the arrangements in Wales for protecting front line health and social care staff who were caring for suspected or confirmed Covid-19 patients.

- (a) Personal protective equipment from the pandemic stockpile was released to the NHS and to social care to reinforce the regular NHS supply routes that had come under substantial pressure.
- (b) Health boards were able to draw on supplies through the NHS Wales Shared Services Partnership. However, because of a significant increase in demand for Type 11 R fluid resistant facemasks and FFP3 respirators, I authorised a significant push of PPE to the seven health boards, Welsh Ambulance Services Trust and Velindre.
- (c) Recognising that it was not normal for GPs to hold large stocks of PPE at their clinics other than for business as usual, I authorised from the pandemic stockpile a distribution of PPE (facemasks, gloves and aprons) to all 640 GP clinics and the 40 GP out of hours services in Wales.
- (d) The guidance for GPs changed and there was the need for GPs to wear eye protection when dealing with a suspected or confirmed Covid-19 patients. I, therefore authorised a second distribution of PPE to all GPs clinics.
- (e) Pharmacies were often the first point of contact for people looking for advice on treatments before going to their GP. It was essential that we took steps to protect these key front line healthcare workers dealing every day with people who might be unwell. I authorised a distribution of PPE for all 715 pharmacies in Wales.
- (f) Social care had an essential role in our response to Covid-19. I authorised PPE to also be released for use by social care providers. Health boards were providing PPE to support care centres dealing with suspected or confirmed Covid-19 cases. We enhanced those arrangements by putting in place a contingency plan for social care access to PPE through local authorities'

Directors of Social Services and also put in place arrangements to monitor the use of PPE and top up those supplies when needed.

106. I have been asked why the care sector was advised to purchase PPE on the private market. The care sector in Wales was not advised to do so, though I understand this practice was utilised in England.
107. As we moved from efforts to contain a 'high consequence infection' to the need to delay the community transmission of the Covid-19 pandemic, it was clear that new revised guidance on Personal Protective Equipment (PPE) was needed. The strategy for prioritising distribution of PPE and other key healthcare equipment and supplies to different health and care settings across Wales was created on the basis of Public Health Wales advice on infection prevention and control. The prioritisation of who needed PPE was given to front-line health and social care staff who were dealing with confirmed or suspected Covid-19 patients.
108. My guiding consideration was protecting front-line staff and to ensure that the appropriate PPE was being used for each healthcare setting.
109. As we learned more about the virus, our advice and the demand for PPE increased. On the 2 April 2020, new UK PPE guidance advised *that 'All health and social care staff within 2m of a suspected or confirmed coronavirus patient should wear an apron, gloves, fluid repellent surgical mask and eye protection'*. Previously PPE was only required for the care of those people with symptoms.
110. Although the situation regarding PPE improved throughout the course of the pandemic, ensuring PPE supplies for our health and social care system was always one of my top priorities.
111. I have been asked to comment on the minutes of a meeting with local authorities on 10 April 2020 which note that I gave the following update in relation to PPE: "there has been an issue in communications with Whitehall. Normal suppliers are saying their only supplying England this is a misunderstanding and WG is trying to address this. We have had issues in terms of completeness and timeliness of the deliveries from the UK Government allocation." The meeting minutes are exhibited in **VG/031 - INQ000473075**.

112. These comments relate to an issue whereby large suppliers which routinely supplied to Wales refused to do so on the basis of their understanding that they should now only be supplying directly to England or the UK for central distribution. This was incorrect and certainly did not reflect any arrangements we were aware of at the time. It was raised by Welsh Government officials with their counterparts and I also formally raised the matter with Matt Hancock at the regular meeting of the four nations' health ministers. Mr Hancock agreed that this should not be happening and indicated that it was a misunderstanding, which he promptly resolved, leading to the suppliers in question resuming direct supply to Wales. Matters relating to PPE procurement were discussed regularly at the health ministers meeting, which helped improve communications between the four nations in relation to PPE collaboration and mutual aid.
113. I have been asked about my role working with other nations to secure PPE supplies. Welsh Government officials attended the Four Nations Strategic Board and the Devolved Administrations PPE Group where mutual aid for PPE supplied supplies was often discussed. When a request for mutual aid was made by another UK nation I would be asked for my approval. I exhibit an example of this in **VG/032- INQ000521019**.
114. I, along with my cabinet colleagues, felt it necessary to secure shipments of PPE directly from Cambodia and China rather than relying on the procurement carried out by the UK government because we were struggling to secure supplies via UK central purchasing. Matt Hancock had stated in four nations meetings that they were struggling to procure enough and then to distribute it.
115. I felt procuring PPE from these countries represented value for money as PPE was scarce throughout the UK and it was essential to make sure frontline workers had the kit they needed.
116. We were still reliant on the procurement being carried out by the NHS Wales Shared Services Partnership, but Coronavirus had put supplies of PPE under pressure around the world, so Shared Services worked with Welsh Government officials to procure supplies from China and Cambodia within the agreed governance arrangements. Relationships with Cambodia were helped by wider Welsh Government work and collaboration which had taken place prior to the pandemic.

117. As I stated in my press conference on 21 April 2020 (**VG/033-INQ000505025**) the two items under highest demand were fluid-resistant gowns and masks, so when we were able to secure half a million vital fluid-resistant gowns for the NHS in Wales from Cambodia, the Deputy Director of Finance for the Health and Social Services Group gave in principle approval to the NHS Wales Shared Services Partnership to procure the gowns.

Procurement processes, procedures and decision-making

118. The procurement of PPE and key medical equipment and supplies was undertaken by the NHS Wales Shared Services Partnership. Shared Services was therefore responsible for, and would hold details of:

- (a) Processes and procedures regarding the decision-making of what to purchase, including:
 - i. Which equipment and supplies and at which specifications.
 - ii. The quantities to purchase.
 - iii. The quality of the equipment and supplies purchased.
 - iv. The cost of purchases.
- (b) The use of direct awards, dynamic purchasing systems or framework agreements, and any changes in their use during the pandemic.
- (c) The drafting of contractual wording, including the drafting or use of any standard or template contracts for direct awards.
- (d) The management of contracts once awarded.
- (e) The publishing of contract award notices within the required period.
- (f) The total procurement spend.
- (g) Processes and protocols in respect of:
 - i. procurement regulations;
 - ii. transparency;
 - iii. financial due diligence in respect of prospective contractors;
 - iv. anti-fraud measures;
 - v. quality control for items delivered;
 - vi. compliance with both health and safety and health and medical devices regulations; and
 - vii. value for money for the taxpayer.

119. The Inquiry has asked for my views on the use of direct awards and advance payments in contracts awarded by the NHS Wales Shared Services Partnership during the pandemic, financial due diligence carried out by the NHS Wales Shared Services

Partnership and NHS bodies during procurement during the pandemic, and compliance with rules on spending thresholds. I did not have any concerns, nor am I aware of any such concerns being raised with me about any of these issues. I was confident in the processes in place to ensure that advance payments and direct awards were used appropriately and effectively, that appropriate due diligence was carried out and that funding allocations and spending controls were met.

120. The Welsh Government's witness statements provided to Module 5 of the Inquiry describe in detail the processes and procedures in place during the pandemic, and how they were adapted during the pandemic, with regard to the following aspects of the procurement of key healthcare equipment and supplies:

- (a) The monitoring of expenditure, described in paragraphs 196 to 210 of statement M5/WGCPD/01.
- (b) The monitoring of stockpiles and inventory, described in paragraphs 225, 226 and 324 to 330 of statement M5/WGCPD/01.
- (c) Ensuring adherence to spending controls, described in paragraphs 190 to 217 of statement M5/WGCPD/01 and in paragraphs 86 to 96 of the statement M5/WGHSSG/01 provided by Alan Brace.
- (d) The management of conflicts of interest, described in paragraphs 351 to 357 of statement M5/WGCPD/01 and in paragraphs 54 to 57 of the statement M5/WGHSSG/01 provided by Alan Brace.
- (e) Due diligence and anti-fraud, described in paragraphs 331 to 350 of statement M5/WGCPD/01.
- (f) Ensuring compliance with public law procurement principles and regulations, including the requirements of openness and fairness in the award of contracts, described in paragraphs 75 to 103, and 343 of statement M5/WGCPD/01.
- (g) Rebecca Evans witness statement provides details of the total spend on PPE during the pandemic, and the Star Chamber process for approving and allocating funding for procurement.

121. I exercised oversight relevant to my role in respect of the processes and procedures referred to above through regular contact, briefings and data from officials and the PPE meetings I attended, as described above.

122. My experience was that these processes and procedures were robust and worked effectively throughout my tenure as Minister for Health and Social Services, facilitating the efficient procurement of appropriate PPE and other healthcare equipment and supplies at

good value and in a fair and transparent way. The adaptations to procurement process and the use of a centralised purchasing and procurement system which focused on quality as well as cost worked very well. Wales did not run out of PPE supplies during the pandemic, nor did we experience any issues relating to conflict of interest, preferential treatment, or fraud. This was confirmed by the Wales Audit Office report 'Procuring and Supplying PPE for the COVID-19 Pandemic', exhibited at **VG/017 - INQ000214235**, which concluded that *'the Welsh Government and Shared Services put in place good arrangements overall to procure PPE that helped manage risks and avoid some of the issues reported on in England.'*

Access to relevant data

123. I have been asked if I believe I had access to the relevant data and information on the procurement of PPE and key healthcare supplies during the pandemic.

124. As described above, I received a weekly dashboard from the NHS Wales Shared Services Partnership which outlined the stock holding and number of items issued and kept me informed of the current position and any challenges. I felt the level of detail I was provided with was sufficient and gave me a clear picture of the position across Wales.

125. We also believed that it was important to be transparent about the data on available PPE stock. On 21 June 2020, the first of a new weekly statistics release was published by the Welsh Government to provide transparent information on PPE supplied to health and social care in Wales. The last report dated the 31 March 2022 is exhibited in **VG/034- INQ000227378** and confirmed that since 9 March 2020, the NHS Wales Shared Services Partnership issued over 1.3 billion items of PPE to the health and social care sectors in Wales. Approximately 550 million of these were issued to the social care sector. The data also shows that the weekly number of PPE items issued generally increased from March 2020 reaching a peak of 20.2 million in May 2020. Since then, the number of items issued each week fluctuated but generally remained around 10 million with the exception of the week ending 28 March 2021 when 31.5 million items were issued.

126. In relation to data on spending and the overall value of the contracts awarded, funding for healthcare procurement was approved via the Ministerial Advice and Star Chamber process referred to earlier in my statement, and the day-to-day operational spending on individual contracts and awards was managed by the NHS Wales Shared Services Partnership. I also had confidence in the various spending controls and other measures

put in place by the Welsh Government, referred to below, and beyond my regular review of the data, I did not feel the need to conduct any further regular review of spending figures over and above those processes.

Compliance with public law procurement principles and regulations

127. I have been asked if I believe that further guidance was required for those carrying out procurement during the pandemic, in addition to that found in both UK and Welsh Procurement Policy Notes published before and during the pandemic. Those Procurement Policy Notes are described in paragraphs 86 to 93 of the Welsh Government's corporate statement **M5/WGCPD/01**.

128. I do not believe that any further guidance was required. If concerns or issues had been raised by officials or the NHS Wales Shared Services Partnership about a need for further guidance in this regard, we would no doubt have considered it, but I am not aware of any such concerns.

Personal involvement and/or preferential treatment

129. I had no personal involvement in any contracts for the supply of PPE, ventilators or other key healthcare equipment or supplies.

130. Nor am I aware of any company or individual receiving preferential treatment in accessing the system for procurement or in the awarding of contracts. The NHS Wales Shared Services Partnership responded effectively to the challenges of the pandemic balancing the need to secure critical services with extreme urgency whilst maintaining robust processes that have ensured value for money, safety of users and adherence to procurement regulations and the principles of fairness and transparency. Procurement systems for PPE were not compromised or circumvented by a VIP lane or anything similar.

131. Contracts awarded by the NHS Wales Shared Services Partnership were subject to robust governance. This included additional scrutiny from its Finance Governance Group comprising of senior representation from audit, finance, counter-fraud, legal and risk. All contracts over £1m were also approved by the Welsh Government in line with the requirements of the NHS Wales Act 2006.

132. All contracts over the EU Procurement threshold were also published on the EU public register, Tenders Electronic Daily.

Operation and effectiveness of regulatory regimes

133. I have been asked to describe any regulatory changes made during the pandemic with respect to healthcare procurement. The only instance of regulatory change was an easement in relation to Regulation (EU) 2016/425, enacted via the Personal Protective Equipment (Temporary Arrangements) (Coronavirus) (Wales) Regulations 2020. This did not alter technical standards but helped facilitate the supply of PPE to the market, and it is described in further detail in the witness statement of Alan Brace (M5/WGHSSG/01). I approved this easement in accordance with the Ministerial Advice exhibited at **VG/035-INQ000507411**.

Disposal strategies

134. The Inquiry has asked me to describe the key processes and procedures to ensure that with respect to the procurement of key healthcare equipment and supplies during the pandemic there was, in the event of over purchasing, strategies for disposal. Any such strategies were developed by the NHS Wales Shared Services Partnership, and I am aware that the statement of Eluned Morgan (M5/MORGAN/01) provides further detail on such strategies from an audit report which was published during her tenure as Minister for Health and Social Services.

135. Had there been any concerns or issues regarding the effectiveness of the disposal strategies in place I would have expected officials to raise them with me, but I am not aware of any such concerns.

Distribution of key healthcare equipment and supplies

136. As Coronavirus emerged in January and February 2020, the Welsh Government's response was initially managed by me as the Minister for Health and Social Services supported by officials from the Health and Social Services Group with responsibility for emergency health planning.

137. With regard to the key processes and procedures that were introduced to ensure there was effective distribution of key healthcare equipment and supplies during the pandemic to end users, a number of groups were established within the Welsh Government's pandemic response structure.

138. In February 2020, the Welsh Government's Covid-19 Health Countermeasures Group was established with core members from Public Health Wales NHS Trust, the NHS Shared Services Partnership, the Social Services Integration Directorate ("SSID") and the Health Emergency Planning Unit ("HEPU"). Building on the work undertaken previously on pandemic flu planning, the Group provided operational co-ordination and oversight of the Welsh Government's pandemic health countermeasures Just in Case /Just in Time contracts) for PPE, consumables and medicines. The group monitored distribution arrangements, as well as identified and resolved issues associated with supply.

139. The other groups that were set up to help ensure there was effective distribution of key healthcare equipment and supplies were as follows:

- (a) **The Health and Social Services Planning & Response Group** – to co-ordinate contingency response planning across health & social care, including planning for the reasonable worst-case scenario.
- (b) **PPE Sourcing and Distribution Group** – to provide an assessment of current stock position on PPE and at-risk items and updated on order pipeline and new supply routes;
- (c) **PPE Procurement and Supply Group** - to inform the PPE procurement decisions, including sourcing, distribution and policy implementation for health and social care in Wales through expert policy input and intelligence on demand and supply and emerging risks and issues
- (d) **Covid-19 Vaccination Consumables and PPE Supplies Sub Group** - to co-ordinate Wales's arrangements for securing and delivering products essential for the Covid-19 vaccination programme. The only PPE discussed at these meetings was the PPE required to support the vaccination programme.

140. The approach to the distribution of key medical equipment and supplies in Wales and the structures that were in place to assist that distribution during the pandemic is further described in the '*Distribution of healthcare equipment and supplies*' section of the corporate statement provided by Andrew Slade **M5/WGCPD/01**.

141. The statement highlights that the distribution of healthcare equipment, supplies and PPE was organised through the NHS Wales Shared Services Partnership and that representatives from the NHS Wales Shared Services Partnership sat on all the groups that supported the Welsh Government's response to the Covid-19 pandemic. This allowed

it to provide regular updates to the Welsh Government about how healthcare equipment and supplies and PPE were stored and distributed across Wales. It also refers to the deployment of a military liaison team to support the Health and Social Services Group to lead a review of the distribution arrangements for PPE. The result of that review was a report titled "Welsh Government PPE Distribution Military Assessment Team (Mat) Report" which is exhibited as **VG/036-INQ000299126**.

142. In addition to the above points, before the pandemic was declared in early March 2020, I authorised a distribution of PPE to GPs in Wales and the release of other stock for use by the NHS and social care. The Ministerial Advice asking me to agree actions that enabled the pandemic stockpile to be issued as necessary is exhibited at **VG/030 - INQ000298983**.

143. On 19 March 2020, I announced that the NHS Wales Shared Services Partnership was taking on an expanded role, securing and distributing the recommended PPE to all social care settings across Wales, utilising the network of Local Authority Joint Equipment Stores, exhibited at **VG/002 - INQ000383574**. This was formalised through a Service Level Agreement (SLA) between the NHS Wales Shared Services Partnership and the Welsh Local Government Association, exhibited at **VG/037 - INQ000436116**. I outlined further steps being taken to distribute PPE to front line healthcare workers in a written statement on 25 March 2020, exhibited at **VG/003 - INQ000299063**.

144. In my experience, the coordination of the PPE supply and distribution was very effective. The structures that were put in place ensured that Welsh Government officials had oversight of stock levels, likely demand, distribution of available stock and procurement of new supplies. As outlined above, the NHS Wales Shared Services Partnership took day-to-day charge of delivery and distribution. It produced a weekly dashboard which outlined the stock holding and number of items issued - an example is exhibited at **VG/038-INQ000198407**. Officials would use the dashboards to brief myself and other Ministers and they were also the basis of the stock and supply situation in the First Minister's PPE briefings.

145. Our structures moved rapidly when the scale of the crisis became more apparent. The willingness to be flexible and act quickly – at ministerial and official level – was essential and is what made the processes and procedures so effective. I discussed adaptations as required with Andrew Goodall and Alan Brace in our regular updates. We also benefitted from the support provided by the armed forces in terms of planning and logistics. It was

crucial to the distribution of key healthcare equipment and supplies and helped us to do more and to do so much more quickly.

Suitability and resilience of supply chains

146. I have been asked for my views on the suitability and resilience of supply chains for key healthcare equipment and supplies in Wales.

147. This is a complex area which is difficult to get right. As mentioned above, we had a pandemic stockpile in place prior to the pandemic that was part of a UK arrangement. We thought we had six months' supply but we went through that a great deal faster than six months.

148. It also became clear early on in the pandemic that the supply chains we relied on were not resilient. The stockpile of PPE was crucial during the first four months of the Covid-19 response but we knew from an early stage that it was not going to be enough. Having a centralised system in place in Wales through the NHS Wales Shared Services Partnership helped to reduce any element of competition within Wales and we did not end up with health boards competing for the same contracts. However, the issues encountered were caused by the disruption in the global supply chain and were not unique to Wales.

149. In order to maintain a secure position and value for money on PPE over the longer term we endeavoured to support Welsh businesses to repurpose their production facilities to support the pandemic response, therefore strengthening the resilience of our PPE supply chains. Further detail on how this was carried out can be found in the statement of the Critical Equipment Requirement Engineering Team, **M5-CERET-01**.

150. In terms of improving the suitability and resilience of supply chains in the future, it is not necessarily a straightforward picture. We need to maintain some strategic ability to procure key healthcare equipment. A blend of local manufacture with international supply would help resilience. During the pandemic, although it was reassuring that many businesses were able to repurpose their products or materials to meet a gap in the supply chain, it was and is not possible for all Welsh manufacturers to do this.

151. For Government, it comes down to a choice of where to invest public money. If, for example, the Welsh Government was to spend the necessary money building domestic

capability to ensure a robust supply of products for a future pandemic that does not end up being required, it could be subject to criticism because that funding could have been prioritised for other areas. We simply do not know when another pandemic or similar event of this magnitude might occur, but that does not mean that we cannot or should not plan for the occurrence. I believe that investment in supply chain redundancy would need to be supported and agreed by governments, and the public, across the four UK nations.

Infection prevention and control (“IPC”) guidance

152. The Inquiry has asked me to explain what my involvement was in relation to the infection prevention and control guidance that governed when PPE should be worn by health and care staff, and what PPE should be worn. I was not a decision-maker with respect to the UK infection prevention and control guidance because it was a clinical document and I was neither responsible for nor involved in formulating, reviewing or amending this guidance. This included any decisions relating to changing the infection prevention and control guidance that governed when and what PPE should be worn.

153. I have been asked to comment on what led to the guidance changing several times over the course of the pandemic. As I was not involved in the decisions, I cannot comment on the evidence or analysis that led to particular changes. However, I am mindful that any changes would have been made in the context of a constantly changing picture of coronavirus transmission, varying evidence and the emergence and effect of new Covid-19 variants.

154. I have been asked whether infection prevention and control guidance diverged between the health sector and the care sector, and when and how this was remedied.

155. The infection prevention and control guidance itself did not diverge between the health sector and the care sector, however I recall the interpretation of that guidance, by one particular health board, had led to disparities between the approach to health and social care infection prevention and control.

156. At a Leaders’ and Ministers’ Teleconference on 1 April 2020, it was raised by local authority leaders that updated guidance was needed as soon as possible, and that Cardiff and Vale Health Board had changed its adherence to PPE guidance creating a ‘two-tier’ system between health and social care workers supporting the same members of the public.

157. I don't recall what action I took in relation to this specific example of Cardiff and Vale Heath Board, but I recollect having broader discussions with officials around the issue of local Health Boards interpreting the Infection Prevention and Control guidance differently at a local level. The Deputy Chief Medical Officer for Wales and the Chief Nursing Officer for Wales were the leads on this. More information on the role they played in relation to Infection Prevention and Control guidance can be found in the statements M5/CNOW/01 and M5/CMOW/01 in this module. My expectation was that health boards would follow the guidance.

158. In response, I confirmed that revised PPE guidance was due to be published the following day (2 April 2020), and that the guidance would set out what PPE was required for particular tasks and settings, rather than particular roles, and so should be more consistent across different professions and sectors. The minutes of the 1 April 2020 meeting are exhibited in **VG/039-INQ000115604**. As noted in paragraph 156 above, the 'two-tier' system between health and social care infection prevention and control approaches referred to at the meeting was not formal policy or guidance in Wales and appears to have been the result of local interpretation and/or implementation of the guidance in place at the time.

159. This 'divergence' was remedied the following day, in the written statement I issued on 2 April 2020 exhibited at **VG/040-INQ000299113** on PPE guidance as it made clear the guidance applied to both the health and care sectors.

160. Key changes to the guidance published on that day included, for example, that *"[a]ll health and social care staff within 2m of a suspected or confirmed coronavirus patient should wear an apron, gloves, fluid repellent surgical mask and eye protection."* The guidance also gave specific advice in respect of the PPE to wear in different settings (such as in a community care home, in an emergency department, or in a patient's home). The guidance is exhibited at **M5/VG/022 - INQ000477028**.

161. I did not play a direct role in deciding the content of this, or any other, version of the infection prevention and control guidance, as throughout the pandemic the content of the guidance was a matter for those with clinical and infection prevention and control expertise. The 2 April 2020 guidance was produced following a rapid review of the PPE guidance in the UK carried out by the Academy of Medical Royal Colleges and Public Health England with the involvement of the Deputy Chief Medical Officer for Wales.

162. Regarding the policies on PPE use, the concerns some local authority leaders had were that there was a hierarchy of protection around the supply of PPE which were not necessarily aligned to occupational risks. It is worth noting that this was during the early stages of the pandemic when people were most fearful, which was partially due to widespread PPE shortages, caused by worldwide demand for PPE.

163. In terms of harmonising policies on PPE use across the health and care system in Wales, the Welsh Government was clear that the guidelines on PPE were followed properly, and that PPE should be used in accordance with that guidance by the staff who needed it.

164. Broadly speaking, the UK Infection Prevention Control guidance, which included the use of PPE, evolved as the understanding of risks and transmission developed. Updates I received from the Chief Nursing Officer and Chief Medical Officer and Deputy Chief Medical Officer relating to infection, prevention and control matters is outlined in paragraphs 167-172 below.

165. On 17 April 2020, I received a letter from the Joint Council for Wales welcoming the recent PPE guidance in respect of social and care home workers but seeking further clarification on aspects of the guidance, including the meaning of single and sessional use for PPE. Julie Morgan, then Deputy Minister for Health and Social Services, responded to that letter and noted:

“The guidance on the appropriate usage of PPE, in respect of single or sessional use, has been agreed by medical and public health authorities across the UK in line with their advice on infection control. The guidance available on the Public Health Wales website explains that since it has been confirmed that the UK is in a state of sustained community transmission, PPE for domiciliary carers should be used for every visit and should be used on a single use basis. Quick reference tables for PPE use were published on 2 April and PHW [Public Health Wales] have prepared supplementary guidance for social care workers.”

166. The letter linked to the relevant supplementary guidance and noted that the Welsh Government was working with Public Health Wales to ensure that the social care sector was being kept informed of all necessary guidance as it developed. The letter is exhibited at **VG/041- INQ000514065**.

Advice received in respect of IPC guidance

Advice from the Chief Nursing Officer and Chief Medical Officer and Deputy Chief Medical Officer relating to IPC matters

167. The Deputy Chief Medical Officer along with the Chief Nursing Officer provided joint cross-professional leadership in relation to infection prevention and control. In particular, this was regarding minimising nosocomial transmission in closed settings by drawing upon the best available evidence and relevant expertise from across the Welsh Government and the wider public sector in Wales.
168. Although the Chief Medical Officer would provide updates from the Senior Clinicians Group meeting, where infection prevention and control measures were sometimes discussed, such as the meeting which took place on 27 March 2020 exhibited at **VG/042 - INQ000521011**, it was primarily the Deputy Chief Medical Officer who led on this issue.
169. In relation to infection prevention and control guidance, I would receive updates rather than direct advice from the Deputy Chief Medical Officer and Chief Nursing Officer. I recall several instances where the Deputy Chief Medical Officer would alert me to updates from the UK Infection Prevention and Control Cell and any subsequent guidance.
170. For example, on 9 April 2020, I was informed in an email from Professor Chris Jones that Public Health Wales had released a statement, and a supplementary advice note following updated UK infection prevention and control guidance, clarifying the use of PPE according to risk in health and social care settings. Exhibit **VG/043- INQ000521012** is the email and exhibit **VG/044- INQ000468927** is the guidance from Public Health Wales.
171. On 8 January 2021, Professor Chris Jones sent an email to me (exhibit **VG/045- INQ000513756**), providing an update on UK infection prevention and control guidance amidst the emerging concerns over the new variant of the SARS CoV-2 virus. His email outlined that the UK Infection Prevention and Control Cell had reached a consensus view that there was insufficient evidence to change the infection prevention and control PPE precautions in response to the emergence of this variant strain and that there would be no changes to the PPE recommendations as currently set out in the infection prevention and control guidance until more evidence/data became available.

172. I also received the following formal Ministerial Advice from the Chief Nursing Officer related to visiting guidance:

On 3 November 2020: 'Update to guidance on hospital visiting during Coronavirus (MA-VG-1459/20)'. This Ministerial Advice regarding an update to hospital visiting guidance to allow health boards and trusts discretion when agreeing visiting requests to consider the well-being of the patient or visitor in view of variations in community transmission across different parts of Wales and differences in the rates of nosocomial transmission. The Ministerial Advice is exhibited at **VG/046-INQ000136825** and a statement on 30 November 2020 to alert Members of the Senedd and the public to the most recent changes to the guidance is exhibited at **VG/047-INQ000300096**.

Scientific advice relating to Infection Prevention and Control

173. Regarding other officials and scientific advice, I was in regular contact with Dr Rob Orford, the Chief Scientific Advisor for Health for the Welsh Government and Fliss Bennee, previously the Deputy Director for Digital, Data and Technology. They were co-chairs of the Technical Advisory Group which provided independent science advice and guidance to the Welsh Government during the pandemic. In respect of infection prevention and control guidance, I recall seeking their advice in June 2020 in relation to guidance on mandating facemasks for hospital visitors and hospital staff in non-clinical areas which had been signed off by the Scientific Advisory Group for Emergencies (SAGE). In light of the new guidance, and the request from the Secretary of State for Health and Social Care for four country agreement to adopting the principle, I asked for views from the Chief Medical Officer for Wales, Dr Rob Orford and Fliss Bennee, taking into account the Director of Health Finance Alan Brace's assessment of our capacity to meet demand and the cost. The email asking for these views and the response is at **VG/048-INQ000395655**.

174. I have been asked to explain a comment I made at a meeting of Welsh local authority leaders on 3 April 2020, where I said that PPE guidance would 'change the way we use stocks and stocks would be used more rapidly', exhibit **VG/049-INQ000115609** refers. What I meant by this is that PPE from our pandemic stocks and supply at that time was being used quickly, and therefore the changing guidance about usage of PPE or the type of masks to use meant we would use our stocks up more quickly. This was in the early stages of the pandemic where all four nations were trying to increase the supply of PPE against a backdrop of depleting resources. The written statement I refer to in paragraph 159 above (**VG/040 - INQ000299113**) reflects this and the comments I made at that meeting. In the written statement, I highlight that extending the guidance presents

additional challenges in meeting the greater demand for PPE and that it may take some time before we have a reliable supply chain for all the equipment needed.

175. For the avoidance of any doubt, we never sought to change or water down UK Infection Prevention and Control Cell guidance on the basis that increased use of PPE would place greater pressure on supplies and procurement (or indeed for any other reason). My comment simply alluded to the fact that the guidance had a direct bearing on the amount of stock we had and how long it would last. However, I of course recognised the importance of the guidance in providing extra protection and reassurance to frontline staff. From a procurement perspective our job was to ensure that, however much PPE was required, we could provide it.

176. I was not involved in discussions to determine whether Covid-19 should be treated as a disease capable of aerosol transmission. This was a matter for experts and the Infection Prevention and Control Cell, whose membership consisted of lead infection prevention and control specialists.

Lessons learned

177. I would like to highlight the following key reflections and lessons from the experience of procurement during the pandemic, many of which I have already raised throughout my statement:

- a. How quickly stores of supplies, in particular PPE, can be exhausted during a pandemic, or similar event of this magnitude.
- b. The importance of a central purchasing and procurement system which focused on both quality and value for money and, crucially, did so in a fair and transparent way, without preferential treatment.
- c. The need for broad political and public support if we are to seriously invest in improving the resilience of domestic supply chains, so as to mitigate the risks arising from global supply chain pressures during a future pandemic.
- d. With regard to four nations arrangements, the need for clarity at both official and ministerial level. This includes joint choices and the consequence of individual choices where little, or no regard is given to the knock on impact in

other nations. The oxygen supply issue is a good example of this – for whatever reason, the impact is real.

- e. The importance of mutual aid between the four nations.
- f. We should expect a future pandemic to distress national and local supply chains as happened here.
- g. Procurement will need to reflect changing guidance on PPE usage for sectors outside health and social care, in addition to the fact that small providers will likely see their supply interrupted. If the national government of any or all of the four nations does not act, then smaller providers will be compromised.
- h. A future pandemic will generate both altruism and avarice, for which our procurement systems must be ready, with a focus on quality as well as price. The Critical Equipment Requirement Engineering Team, the Life Sciences Hub and the NHS Wales Shared Services Partnership all provided examples of good working practice in this regard.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: PD

Dated: 15 January 2025

Annex A

Chronology of high-level key events relevant to Module 5 between January 2020 and June 2022.

18 July 2018	A Memorandum of Understanding (“MOU”) was entered into on the 18 July 2018 between the devolved governments and the Secretary of State for Health (acting via Public Health England) in relation to the provision of procurement, storage and distribution services forming part of the Pandemic Influenza Preparedness Programme (“PIPP”) and the Emergency Preparedness Resilience and Response (“EPRR”) Programme [INQ000177454]
2 December 2019	The Minister for Health and Social Services was asked to agree to an extension to the existing Memorandum of Understanding (MoU) with Public Health England (acting on behalf of the Secretary for State for Health and Social Care) and the devolved governments for the procurement and distribution of medicines and health countermeasures until 2025 and the associated costs. [INQ000177473]
30 January 2020	The World Health Organization declared that COVID-19 had met the criteria of being a Public Health Emergency of International Concern (PHEIC).
31 January 2020	<p>Following the first confirmed UK coronavirus cases, the Chief Medical Officer for Wales confirmed that the four UK Chief Medical Officers advised an increase in the UK risk level from low to moderate. [INQ000048723]</p> <p>The Chief Medical Officer issued a Public Health Link to NHS bodies in Wales which noted the recent advice and provided links to key guidance including the infection prevention and control guidance published by the UK Government and issued jointly by Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health England and NHS England as official guidance.</p>
4 February 2020	The Chief Medical Officer for Wales wrote to all the health board High Consequence Infectious Disease (HCID) leads and Emergency Planning leads as well as the Chief Executives and Directors of Public Health with advice on how to prepare and respond to possible cases of coronavirus and sought assurance that that there were adequate stocks of PPE across the system and asked for stock returns to be completed by midday on 5 February 2020. [INQ000226920]
10 February 2020	A Health and Social Services Planning and Response Group for COVID-19 (HSS Planning and Response) was convened and had its first meeting on the 20 February 2020.
11 February 2020	Pandemic Stock Principles for the Coronavirus Outbreak was updated following four nations agreement [INQ000477023]
12 February 2020	First meeting of the Covid-19 Health Countermeasures Group, terms of reference [INQ000107110] .
28 February 2020	Wales’ first coronavirus case was confirmed.

March 2020	Procurement Policy Note 01/20, [INQ000198275] 'Responding to COVID-19' and Procurement Policy Note 02/20, [INQ000198296] 'Supplier relief due to COVID-19' was published.
3 March 2020	The 'Coronavirus action plan: a guide to what you can expect' is published. [INQ000298976] This is a joint action plan between the Governments in Wales, England, Scotland and Northern Ireland and sets out a phased response to the virus. This includes the 'contain phase', the 'delay phase', a 'research phase' through to the 'mitigate phase'. The action plan also set out planning principles which included ensuring "that the agencies responsible for tackling the outbreak are properly resourced to do so, that they have the people, equipment and medicines they need, and that any necessary changes to legislation are taken forward as quickly as possible".
5 March 2020	The Director General for Health and Social Services wrote to local health boards and the Welsh Ambulance Services NHS Trust with an update that in relation to countermeasures key professional links were in place and the Welsh Government was mobilising pandemic stockpiles for health and social care so that this stock was in a state of readiness to be pushed out immediately if necessary. This letter noted oversight of pandemic countermeasures would be managed through the NHS and Social Services Response Cell. Local health boards and the Welsh Ambulance Services Trust were asked to ensure that procurement and materials management teams had processes in place for the close monitoring and control of PPE, medical devices and other clinical consumables required to support the Covid-19 response, and that staff were aware of processes for ordering additional product and identifying suitable alternatives where necessary. [INQ000182386]
6 March 2020	The Minister for Health and Social Services was asked by officials to agree the release of PPE from the stockpile held for Wales as part of the Influenza Pandemic Preparedness Strategy for use by GPs as soon as possible and for the NHS and social care when needed. Advice to the Minister for Health and Social Services noted concern regarding supply and in particular primary care access to PPE. [INQ000226927]
9 March 2020	GP surgeries across Wales provided with PPE supplies consisting of face masks, gloves and aprons. The Welsh Government also confirmed the release of PPE from stockpile supply for use by frontline NHS and social services staff, should it become necessary. [INQ000227572]
11 March 2020	The Director General of Health and Social Services wrote to all General Practitioners, local health boards and the Welsh Ambulance Services NHS Trust to update on the Covid-19 response. In this letter it noted that primary care practices had indicated difficulty in obtaining sufficient PPE and that as a consequence, PPE was being distributed to all practices and out of hours services that week, boosting the supplies already in place [INQ000395690]
13 March 2020	The Chief Medical Officer for Wales provided a public health update to the NHS Wales Shared Services Partnership, health boards and NHS Trusts, in respect of guidance for Health Care

	Workers on the use of PPE. The guidance confirmed that healthcare workers should wear appropriate personal protective equipment whilst performing aerosol generating procedures. [INQ00048570] .
16 March 2020	The Health and Social Services Covid-19 Planning and Response Group were briefed on the framework of actions, published by the Minister for Health and Social Services on 13 March 2020, within which local health and social care providers could make decisions. A further 14 recommended actions were also put forward in the briefing paper which included an action to ensure domiciliary and care home staff were able to access PPE if needed and understood when it should be used. [INQ000227118]
16 March 2020	The Covid-19 Health Countermeasures Group met and agreed to stock care homes and domiciliary health care providers with equipment including Type IIR Fluid Resistant Facemasks, protective goggles, aprons and gloves [INQ000299018] .
16 March 2020	First draft of the PPE guidance for social care was provided to the Welsh Government by Public Health Wales [INQ000470680 and INQ000470681] .
18 March 2020	'COVID-19 preparedness and response: guidance for the health and social care system in Wales' was issued by Samia Saeed-Edmonds, Head of Covid-19 NHS and Social Services Response Cell, Welsh Government [INQ000367726] .
19 March 2020	The NHS Wales Shared Services Partnership's remit was expanded by the Minister for Health and Social Services to procure and supply PPE to social care settings in Wales [INQ000383574] .
19 March 2020	The Director of Social Care for the Welsh Government wrote to the Directors of Social Services noting the understandable concern about the level of PPE required for social care staff who were providing direct care to people suspected or confirmed as having novel coronavirus be that in their own homes, or in care homes [INQ000336310] .
19 March 2020	The Minister for Health and Social Services set out in a written statement, [INQ000383574] , that if PPE stock could not be accessed and while the Welsh Government prepared to distribute PPE stock to local authorities, arrangements had been made that care providers could approach Local Health Boards for urgent assistance
21 March 2020	Critical Equipment Requirement Engineering Team start to hold daily meetings which continued until the end of October 2020.
25 March 2020	The Minister for Health and Social Services confirmed new revised guidance on PPE, which had been agreed across all UK nations and which was consistent with guidance from the World Health Organization [INQ000299063] . In the same written statement, the Minister for Health and Social Services confirmed the NHS Wales Shared Services Partnership's role was expanded to include supplying PPE to the wider NHS, including independent contractors in primary care (GPs, dentists, pharmacies and optometrists).
27 March 2020	The First Minister wrote to Ministers following a Cabinet on 23 March 2020, where they discussed the pressing need to undertake a review of departmental budgets in order to

	maximise the amount that could be repurposed to respond to the Covid-19 crisis. [INQ000048964]
28 March 2020	The Chief Medical Officer for Wales announced that there would be a rapid review of the UK PPE guidance which would also look at any supply issues and the most efficient use of current stocks. [INQ000048737]
30 March 2020	The Welsh Government set out in a letter to NHS bodies [INQ000182437] expectations on good governance around spending decisions.
April 2020	Procurement Policy Note 03/20, [INQ000198626] 'Use of procurement cards' was issued.
April 2020	The Four Nations PPE Strategic Board was established to support all four nations in the procurement and continuous supply of PPE. Wales was represented on the group by the NHS Wales Shared Services Partnership as well as a representative from the Welsh Government's then Health and Social Services Group.
1 April 2020	Updated PPE guidance was agreed by the UK Chief Medical Officers and UK Chief Nursing Officer. Advice was submitted by the Deputy Chief Medical Officer for Wales to the Minister for Health and Social Services [INQ000477028 and INQ000477029]
2 April 2020	New UK PPE guidance was publicly endorsed by Minister for Health and Social Services who confirmed that the Welsh Government was working with the rest of the UK to secure supplies of PPE, including a made-in-Wales supply. [INQ000299113] This updated guidance on the appropriate use of PPE was produced by Public Health Wales, in partnership with the other UK administrations following a rapid review of the PPE guidance in the UK carried out by the Academy of Medical Royal Colleges and Public Health England with the involvement of the Deputy Chief Medical Officer for Wales.
2 April 2020	Advanced Manufacturing Research Centre (AMRC) Cymru became one of several key sites set to host the rapid manufacturing of ventilators as part of a consortium of businesses united under the VentilatorChallengeUK initiative.
3 April 2020	Nurse Directors meeting at which concerns were raised with the Chief Nursing Officer for Wales that the national PPE guidance and UK resuscitation guidance had conflicting positions regarding whether CPR and chest compressions were considered to be an aerosol generating procedure [INQ000412477] .
3 April 2020	The First Minister issued a call to action for Welsh businesses to create a new Welsh supply of PPE to support NHS and social care staff. [INQ000505374]
6 April 2020	The Minister for Health and Social Services confirmed in relation to ventilators that over the past few weeks the Welsh Government had undertaken work to clarify the number of ventilators currently available within NHS Wales – both the invasive and non-invasive types. [INQ000479931] At that time, NHS Wales had 415 ventilators in Welsh hospitals which could provide invasive ventilation. There were a further 349 anaesthetic machines with ventilator capacity and 207 non-invasive ventilators. An additional, 1,035 ventilators were being procured by NHS Wales Shared Services Partnership and

	through UK arrangements in which Wales was expected to receive a population-based share of the UK procurement. This included 385 invasive ventilators, 270 dual purpose (invasive or non-invasive machines) and 380 non-invasive machines).
6 April 2020	The Minister for Health and Social Services and the Deputy Minister for Health and Social Services issued a joint letter to social care providers in Wales saying the Welsh Government is working hard to get extra supplies of PPE to all frontline social care staff, working with the UK Government, Scottish Government and Northern Ireland Executive to secure new supplies of PPE and with businesses and manufacturers in Wales to create our own made-in-Wales supply of PPE [INQ000320785].
7 April 2020	Directors of Nursing meeting - Chief Nursing Officer for Wales confirmed the issue to consider the evidence as to whether chest compression was an aerosol generating procedure had been raised with the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) [INQ000412487]
7 April 2020	The Director of Social Services & Integration Directorate wrote to the local authority Directors of Social Services, Joint Equipment Store and Social Care Planning and Response Sub-Group to advise on the arrangements for upcoming PPE distribution. This letter noted that they would all need to work together to design a system that operated as efficiently as it could, noted that the existing system of supplies being routed via the Joint Equipment Stores could create obstacles out of hours or over weekends. Local authorities were asked to work with their respective equipment stores and establish a protocol for receiving notifications and deliveries outside of its standard operating hours. Copies of agreed protocols were to be submitted to Welsh Government [INQ000470692].
8 April 2020	Chief Nursing Officer for Wales and Chief Medical Officer for Wales attended a teleconference re PPE guidance [INQ000384253]
8 April 2020	Performance Masterbatches Ltd in Blaenau Gwent, started to help manufacture ventilator and respirator parts for the NHS and coronavirus (COVID-19) testing kits.
8 April 2020	The Minister for Economy, Transport and North Wales, asked Welsh businesses to help create a new Welsh supply chain for personal protective equipment to support NHS and social care staff [INQ000477058]
8 April 2020	MA-VG-1270-20 – The Minister for Health and Social Services and the Minister for Finance and Trefnydd are asked to agree funding to deliver the Welsh National Covid–19 Test Plan [INQ000275574]
13 April 2020	The Minister for Health and Social Services) announced an extra £40m to support adult social care services during the coronavirus pandemic to meet the increased costs of basic PPE, food, staffing costs and ICT, which were being incurred by adult social services. [INQ000336408]
14 April 2020	Chief Nursing Officer for Wales and Chief Medical Officer for Wales issued a joint letter to the Directors of Nursing [INQ000412552]

15 April 2020	The Welsh Government was notified that the Far East and sub-continent would be partially closing down production at the end of March as a result of coronavirus. It took immediate action to secure a large amount of fabric from within the UK market so that it could be used to produce up to 2500 scrubs per week in Wales. The Welsh Government passed the fabric it had purchased straight to Alexandra, a UK-based company that supplied the NHS with scrubs but was heavily reliant on overseas markets for both material and production. The Welsh Government then linked Alexandra with Welsh businesses and social enterprises that could assist with the sewing of garments and production. In addition to the above it was also announced on the same date that Flexicare Medical Limited, in Mountain Ash, was increasing production of lifesaving devices such as ventilator breathing systems, humidifiers, and resuscitators to support the NHS.
17 April 2020	Chief Medical Officer for Wales issued an update to NHS Wales Shared Services Partnership, health boards and NHS Trusts including Public Health Wales, NHS Direct Wales and Directors of Social Services in relation to the consideration for PPE in the context of acute supply shortages for Covid-19 pandemic. At that particular time, there were nearly 50 million items of PPE in central stores with significant new orders arriving in the near future. [INQ000048591] .
17 April 2020	The First Minister began chairing a weekly PPE Briefing meeting with relevant Ministers and Welsh Government officials to monitor stocks and supplies. [INQ000507396]
18 April 2020	As a result of the demand for hand sanitiser gels and liquids during the pandemic, Penderyn spirits and whiskey produced hand sanitiser liquid.
21 April 2020	In a Welsh Government coronavirus briefing the Minister for Health and Social Services stated that there were “very real concerns” about the issue in government, with the PPE challenge as his top priority and that although Wales had: <i>“...enough of stocks of all items to last for a few days, partly because of the mutual aid we received from other UK countries, partly because of the UK supplies that have come in that we’ve got our population share from. But we’re not in a position to say that we have weeks and weeks of advanced stock on all of those items.”</i>
24 April 2020	The New and Emerging Respiratory Virus Threats Advisory Group published its review on whether doing chest compressions and defibrillation constituted an aerosol generating procedure [INQ000257933] .
25 April 2020	Transcend Packaging in Ystrad Mynach adapted the way it worked to produce a million face shields a week in response to the First Minister’s call for action to support the NHS in Wales.
26 April 2020	MA/VG/1387/20 [INQ000215322] outlined the position on PPE and the action taken to secure resources for the NHS and social care sector in Wales. The Ministerial Advice asked for approval of funding from the Covid-19 Response Reserve to cover the costs of supplying PPE to the NHS and the social care sector
27 April 2020	The First Minister confirmed in a Covid-19 briefing to the public [INQ000470704] that the Welsh Government was not relying

	<p>simply on established links, but taking a multi-pronged approach to ensuring sustainable PPE supplies, including:</p> <ul style="list-style-type: none"> • Working with other UK nations to pool procurement efforts, bringing in new stocks and offering mutual aid in providing PPE; • Procuring additional PPE supplies using the Welsh National Procurement Service; • Continued international supplies, including masks from China and gowns from Cambodia; • Increased working with Welsh businesses through innovation and new manufacturing routes, to produce PPE including faceshields and scrubs, with Wales approaching self-sufficiency in the latter.
28 April 2020	First Technical PPE briefing held with trade unions, including the British Medical Association (BMA) and Royal College of Nursing (RCN). Led by Deputy Chief Medical Officer for Wales.
28 April 2020	Supplies of PPE for frontline health and care workers in Wales flown into Cardiff Airport.
28 April 2020	Resuscitation Council UK guidance issued on aerosol generating procedures [INQ000251651]
28 April 2020	Red Dragon Flagmakers in Clydach which specialised in the production of flags for films, TV, festivals, and castles among other uses, and two independent seamstresses from Swansea and Carmarthen, confirmed as all making vital supplies to support the NHS in Wales. Welsh Government linked them with Alexandra, a UK-based company that supplied the NHS with scrubs.
30 April 2020	In evidence to the Senedd's Health and Social Care Committee the Minister for Health and Social Services noted that demand for PPE was likely to remain well above normal, but there was enough PPE within the system [INQ000087990]
5 May 2020	Public Health Protection Response Plan published.
7 May 2020	Deputy Chief Medical Officer for Wales and Chief Nursing Officer for Wales joint letter to Medical Directors and Nurse Directors entitled "Personal protective equipment (PPE) for CPR and resuscitation" [INQ000299272]
11 May 2020	Chief Medical Officer for Wales issued a public health link to the NHS Wales Shared Services Partnership, health boards and NHS Trusts including Public Health Wales and NHS Direct Wales advising them that Tiger Eye Protector Goggles should not be used in a Covid-19 setting following advice from the Department for Health and Social Care [INQ000048598] .
19 May 2020	The Nosocomial Transmissions Group (NTG) was established, jointly chaired by the Deputy Chief Medical Officer for Wales and Chief Nursing Officer for Wales.
27 May 2020	First Supplementary Budget published [INQ000066155] included an allocation of £100m for PPE
June 2020	Welsh Government produced "PPE Buying: A Quick Guide for Procurement". The guide was developed with support from the British Safety Industry Federation and was put in place to assist customers in identifying non-compliant PPE. [INQ000198576]
1 June 2020	Covid-19 Health Countermeasures Group was suspended and replaced by a PPE Sourcing and Distribution Group

21 June 2020	First of a new weekly statistics release was published by the Welsh Government to provide transparent information on PPE supplied to health and social care in Wales.
24 June 2020	Welsh Government issue 'Recovery and Transition from COVID-19 Procurement Advice Note (PAN) for the Welsh Public Sector' [INQ000081245]
25 June 2020	PPE Sourcing and Distribution Group first meeting took place. Terms of reference [INQ000271593]
8 July 2020	<p>Health, Social Care and Sport Committee report on its inquiry into the impact of the Covid-19 outbreak published [INQ000066487]. The first three recommendations by the Committee related to the Welsh Government's response to PPE. Recommendation 1. The Welsh Government must, as a matter of urgency:</p> <ul style="list-style-type: none"> ▪ publish a strategy for securing a resilient supply of PPE; ▪ stockpile appropriate PPE in sufficient quantities for any future outbreak; ▪ keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired; ▪ publish a strategy for ensuring resilience of distribution arrangements for PPE; ▪ work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff. <p>Recommendation 2. The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner.</p> <p>Recommendation 3. The Welsh Government must ensure that third sector organisations providing vital care services have reliable access to appropriate PPE.</p>
23 July 2020	The UK Government announced a further £1.2bn funding for Wales to respond to the pandemic. In a press release the Welsh Government noted that more than half of the funding – £675m – related to spending on PPE. [INQ000066175]
27 July 2020	Ministerial Advice [INQ000281793] asked the Minister for Finance and Trefnydd to agree Covid-19 funding for NHS stabilisation for 2020-21. This included agreement that funding would be allocated on a quarterly basis to the NHS Wales Shared Services Partnership and NHS organisations to meet their actual PPE costs. Chief Medical Officer for Wales and Chief Nursing Officer for Wales copy recipients.
4 August 2020	Chief Medical Officer for Wales issued a Welsh Health Circular to GP Senior Partners and Practice Managers, GP out of Hours, 111 and Welsh Ambulance Services Trust in relation to the Welsh Government's Community Framework for the management of Covid-19. The Community Framework included a clinical pathway for the assessment, management and

	escalation of Covid-19 disease. The Community Framework had been updated to reflect a greater emphasis on the measurement of pulse oximetry. The NHS Wales Shared Services Partnership was distributing an additional supply of pulse oximeters to GPs and Chief Medical Officer for Wales recommended an enhanced use of pulse oximetry as part of the wider clinical assessment. [INQ000048607] .
4 August 2020	Covid-19 Vaccination Consumables and PPE Supplies Subgroup first meeting. Terms of Reference [INQ000477049] .
5 August 2020	The Welsh Ministers announced £800m stabilisation package for the NHS in Wales. Plans for the new funding included a strategic approach to the procurement of PPE for both the health and social care sectors, so that an appropriate 'buffer' of supplies could be established to respond to any second wave of infections. It also ensured that a reliable supply of PPE was available for primary care providers – including GPs, dentists and optometrists.
19 August 2020	The Welsh Government announced that with the help and support of the Welsh Government's COVID-19 Research, Development and Innovation support fund Brother Engineering had joined companies across Wales making vital PPE products as part of the Welsh Government's response to coronavirus.
29 August 2020	The Welsh Government confirmed that an additional £1.575 million revenue, announced in June, was being prioritised to help Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) partners and specialist providers to prepare for the anticipated surge in demand as restrictions were eased, and particularly to enable face to face services to resume by working to help services get back to face-to-face working in a secure environment, using sneeze screens, PPE equipment and social distancing measures.
1 September 2020	Ministerial Advice [INQ000136813] sought agreement to funding to cover the ongoing costs of provision of PPE to hospitals, primary care and social care. It noted that the estimated total costs of PPE for the year would be c.£400 million, including the costs of creating a buffer stock and replenishing pandemic flu stock, and that to date, c.£190 million had been allocated to the NHS Wales Shared Services Partnership for PPE costs. A further c.£210 million would therefore be needed from the funding yet to be allocated for this purpose. It proposed to continue to allocate funding to the NHS Wales Shared Services Partnership and NHS organisations for declared PPE expenditure based on what they actually spent
9 September 2020	The Chief Nursing Officer for Wales and Deputy Chief Medical Officer for Wales issued a joint letter on "Standard Infection Prevention & Control for Flu and COVID-19 Vaccination Programme 2020", including guidance on PPE, infection prevention and control measures, safe disposal of waste, signage and communication with the public while in vaccination venues.
15 September 2020	Publication of the "Winter Protection Plan", including PPE planning until March 2021. [INQ000300011] In relation to PPE this noted:

	<p><i>'At the onset of the COVID-19 pandemic, we ensured that the NHS Wales Shared Services Partnership rapidly expanded its existing NHS-only supply and distribution process for health boards, to one delivering across numerous settings. NHS Wales Shared Services Partnership also began supplying local authorities with PPE for distribution to the social care sector, as well as delivering to primary care staff, including independent GPs, pharmacists, and dentists and optometrists'.</i></p> <p>While there were initial concerns about shortages, the level of supply was maintained throughout the most challenging times. Since March, over 293 million items of PPE had been secured and issued to the health and social care sectors in Wales.</p>
19 September 2020	The Welsh Government put in place a service level agreement between the Welsh Local Government Association and the NHS Wales Shared Services Partnership to provide PPE for social care within local authority areas, including private, independent and third sector providers [INQ000470728]
October 2020	Establishment of the Wales Collaborative Procurement Pipeline - a partnership between the Welsh Government and the Welsh Local Government Association
2 November 2020	Public Health Wales issued guidance on the 'use of personal protective equipment (PPE) in social care settings (care homes and domiciliary care) in Wales' which provided guidance on the use of PPE for care workers working in social care settings based on UK infection prevention and control guidance for managing Covid-19. This was updated to take into account updates to the "UK COVID-19 infection prevention and control (IP&C) guidance" and updates to the Welsh Government policy on face coverings in indoor spaces issued in September 2020.
19 November 2020	Public Procurement (Amendment etc) (EU Exit) Regulations 2020 were made [INQ000470745]
19 November 2020	The Minister for Health and Social Services addressed the widespread public concern and interest in the procurement of PPE across the UK confirming that since March 2020 over 451 million items of PPE had been distributed to health and social care in Wales. The vast majority of the PPE issued had been directly sourced by NHS Wales Shared Services Partnership with all contracts awarded subject to robust governance. This included additional scrutiny from a Finance Governance Group comprising of senior representation from audit, finance, counter-fraud, legal and risk. All contracts over £1m were also approved by the Welsh Government in line with the requirements of the NHS Wales Act 2006. All contracts over the EU Procurement threshold were published on the EU public register – Tenders Electronic Daily.
1 December 2020	The Welsh Government along with the Welsh Local Government Association commenced discussions with Lyreco, a workplace solutions company, regarding supplying taxi/private hire vehicles drivers with free PPE given they were at high risk of Covid-19 due to the close contact and nature of their job.
2 December 2020	PPE Procurement and Supply Group held its first meeting [INQ000271674]

24 December 2020	An engineering firm in Swansea, Brother Engineering announced as having adapted its way of working to support the Welsh Government's efforts to produce and supply vital PPE items.
29 December 2020	The Chief Medical Officer for Wales provided an update to NHS Chief Executives, Medical Directors, Nursing Directors and Directors of Public Health Wales following the SARS-COV-2 virus new variants of concern. The update advised that all NHS organisations and staff should ensure that they fully implemented and had systems in place to monitor adherence to the Infection Prevention and Control guidance in relation to Covid-19, that PPE was available and in supply, and that all staff training was up to date. [INQ000048620] .
29 December 2020	Written Statement: Testing and Infection Prevention Control framework for social care [INQ000253774]
15 January 2021	The Chief Medical Officer for Wales provided an update to NHS Chief Executives, Medical Directors, Nursing Directors and Directors of Public Health Wales in relation to the Covid-19 Brazilian variant and updated guidance. It noted it was extremely important that healthcare settings ensured that all current infection prevention and control measures were fully implemented and that appropriate PPE was readily available and worn by staff at all times. [INQ000048626]
15 January 2021	The Welsh Government strengthened legislation to ensure workplaces and shops were safer by placing a requirement on owners of specified premises and business to undertake a risk assessment and put in place reasonable measures to minimise exposure to the coronavirus. This involved considering whether ventilation was adequate, hygiene, ensuring physical distancing was taking place and PPE and face coverings were used.
30 January 2021	Chief Medical Officer for Wales's Special Report on the response in Wales to the first phase of the Covid-19 pandemic in which he noted the challenges of increased demands for PPE and the limitations and restrictions on global supply chains were further complicated by the need to adapt and respond to changing PPE guidance in light of new knowledge. [INQ000386351]
3 February 2021	Minister for Economy Transport & North Wales announced a free PPE initiative for all licensed taxi and private hire vehicle drivers in Wales, including Uber drivers. Under the terms of this offer each licensed driver was eligible to claim a free Welsh Government PPE pack comprising an array of cleaning products sufficient for six months use. Every effort had been made to source products from local suppliers, including Rototherm in Margam and Bio Hygiene in Caerphilly. Each pack was worth £73.50, including free postage and packing.
19 February 2021	Chief Medical Officer for Wales issued an update to health boards and NHS Trusts, the NHS Wales Shared Services Partnership, Public Health Wales and NHS Direct Wales in relation to Fang Tian FT-045A FFP3 masks. The Department of Health and Social Care (DHSC) had paused the distribution due to a risk of not meeting technical specifications.
24 February 2021	The Chief Medical Officer for Wales issued an update to health boards and NHS Trusts including Public Health Wales, the NHS

	Wales Shared Services Partnership and NHS Direct Wales advising the Fang Tian FT-045A FFP3 masks should be quarantined and the decision had been made to recall the product. [INQ000048645]
5 March 2021	Wales Procurement Policy Statement 2021 published [INQ000473967]
April 2021	Audit Wales report "Procuring and Supplying PPE for the COVID-19 Pandemic" was published [INQ000214235] .
7 April 2021	Gareth Howell took up post of Interim Chief Nursing Officer for Wales
29 April 2021	Memorandum of Understanding between Welsh Government Ministers and the Secretary of State for Health and Social Care finalised [INQ000235911]
1 June 2021	Decision made to move Nosocomial Transmission Group meetings from weekly to monthly [INQ000271891]
17 June 2021	First Minister confirmed in the Programme for Government a commitment to continue to provide free PPE for health and social care staff for as long as was needed to deal with the pandemic.
29 June 2021	Ministerial Advice MA-EM-1898-21 - outlined the next steps on PPE planning including reducing the PPE stockpiling from 24 weeks to 16 weeks by the end of August 2021 to reflect a reduction in risk arising from the end of the EU Exit Transition Period. [INQ000470742]
5 July 2021	Chief Medical Officer for Wales issued further update in relation to Fang Tian FT-045A FFP3 masks to health boards and NHS Trusts including Public Health Wales, the NHS Wales Shared Services Partnership and NHS Direct Wales advising this item had not been purchased or distributed in Wales. [INQ000048666]
15 July 2021	Ministerial Advice in relation to the UK National Testing Programme Investment Board and LFD Procurement. (MA-EM-2544-21) - To opt-out of the phase 2 procurement of 6,883,200 Lateral Flow Devices via the dynamic purchasing system as referenced in MA/EM/2416/21. This procurement was subject to Treasury approval which was yet to be provided. [INQ000477062]
9 August 2021	The First Minister wrote to Rt. Hon. Saara Kuugongelwa-Amadhila, Prime Minister of the Republic of Namibia to formally offer the Government of Namibia a substantial donation of PPE from Wales to assist in the country's fight against Covid-19. [INQ000513444]
9 August 2021	Welsh Government announced that in relation to PPE since the start of April 2020, Wales had issued 13.8 million items of mutual aid to other UK nations and received 1.4 million items on request from Scotland and Northern Ireland. Welsh health services buying power enabled £37.5 million of PPE for other UK nations. In return Wales had received around 3.3 million items from the UK Government to replenish stocks. [INQ000470747]
19 August 2021	The Minister for Health and Social Services announced an extra £551m Covid-19 funding for health and social services. " <i>The Covid pandemic has had a massive impact on the NHS and social services in Wales and is still facing significant costs in</i>

	<i>dealing with it. I am therefore pleased to confirm an extra £411m for these costs, including the vaccination programme, testing, PPE, and new cleaning standards for infection control.”</i>
26 August 2021	Over £7m worth of masks, gowns and hand sanitiser, which were not needed in Wales were donated, and a further £500,000 grant was given for oxygen equipment and nurse training in Namibia. The kit included over 1.1m face masks, 500,000 gowns, 100,000 protective aprons and over £1m worth of hand sanitiser.
30 August 2021	Sue Tranka took up post of Chief Nursing Officer for Wales and Nurse Director of NHS Wales.
27 September 2021	The Minister for Health and Social Services noted a significant milestone in the efforts of the NHS Wales Shared Services Partnership and the Welsh Government with over 1 billion items of PPE having been issued across health and social care since March 2020. The Minister for Health and Social Services confirmed that throughout the winter NHS Wales Shared Services Partnership would maintain a contingency stockpile of PPE of no less than 16 weeks supply which was based on the issue rate at the height of the pandemic.
October 2021	The Commercial and Procurement Directorate let a Dynamic Purchasing System to replace its PPE framework. It has been used predominantly for non-medical PPE.
October 2021	The Health and Social Services Group undertook a review of the Covid-19 response structure. The review made no specific findings or recommendations in relation to PPE but reported that the procurement of goods and equipment was highly praised, particularly in relation to the supply of PPE. [INQ00022616]
7 October 2021	Ministerial Advice MA/EM/3394/21 - to agree to the opt-out of 9.4m additional Lateral Flow Devices (LFD)s and to the receipt of an equivalent financial consequential was agreed. [INQ0000144863]
17 November 2021	NHS dentistry would be supported the following year by recurrent funding of £2m, which would be targeted at general and community dental services.
26 November 2021	Chief Nursing Officer emails Dr. Eleri Davies (Public Health Wales and Chair of the UK COVID-19 Infection Prevention and Control (IPC) Guidance Cell), on behalf of the four UK Chief Nursing Officers, to ask if the Infection Prevention and Control Cell would undertake a review of the potential impact of Omicron on infection prevention and control guidance [INQ000252536]
3 December 2021	Procurement round for Lateral Flow Devices (LFD)s discussed at UK Health Ministers meeting [INQ000490024]
6 December 2021	Response from Dr. Eleri Davies, (Public Health Wales and Chair of the UK COVID-19 Infection Prevention and Control Guidance Cell) outlining consensus view of the cell was the Infection Prevention and Control Guidance as it stood was fit for purpose at that time [INQ000252535] .
13 December 2021	Guidance was issued from the Chief Nursing Officer for Wales and the Deputy Chief Medical Officer for Wales as joint chairs of the Nosocomial Transmission Group to NHS Wales on the implications of SARS-CoV-2 Omicron variant for nosocomial

	transmission of Covid-19 infection in hospitals and closed settings [INQ000490026]
22 December 2021	Chief Nursing Officer raised PPE fatigue at the Nosocomial Transmission Group meeting and asked Public Health Wales to raise the issue with the UK Infection Prevention and Control cell to see whether there were any measures they could consider to help overcome this [INQ000353346]
11 January 2022	Chief Nursing Officer confirms she is happy to create a contingency stockpile of FFP2 masks and for NHS Wales Shared Services Partnership to increase the FFP2 masks stockpile by 200,000. [INQ000490027]
19 January 2022	Deputy Chief Medical Officer for Wales highlighted at Executive Directors Team (EDT) meeting that concerns about FFP2 masks were still being raised by the All Wales Medical Directors [INQ000311742]
3 February 2022	Ministerial Advice MA/EM/4140/21, the Minister for Health and Social Services was asked to approve extending the funding of the Service Level Agreement between the NHS Wales Shared Services Partnership and Welsh Local Government Association from 1st April 2022 until 31st March 2023. [INQ000361786]

Annex B

A list of all the Ministerial Advices I received in respect of matters relating to Module 5 between January 2020 and June 2022.

Date	Title and INQ reference	Subject
02/12/2019	MA-P-VG-3279-19 INQ000361612	Funding of Health Emergency Countermeasures
06/03/2020	MA-VG-0836-20 INQ000298983	Coronavirus Pandemic Supplies
24/03/2020	MA-VG-1085-20 INQ000252552	Approval of funding for Cardiff & Vale UHB for the construction of a High Consequence Infectious Diseases facility at the University Hospital of Wales, Cardiff

05/04/2020	MA-VG-1223-20 INQ000349280	Principality Stadium Field Hospital - Revised Cost Estimates
26/04/2020	MA-VG-1387-20 INQ000222744	PPE supply to the NHS and social care
21/05/2020	MA-VG-1690-20 INQ000349739	Emergency Funding to Hospices - Month 2
21/05/2020	MA-VG-1700-20 INQ000116593	Funding to support meeting increased demand for preparation of sterile medicines for use in critical care during COVID-19
08/06/2020	MA-VG-1858-20 INQ000235937	Mass /testing Centres
22/06/2020	MA-VG-2020-20 INQ000336718	Funding for the Covid-19 Contact Tracing Workforce
29/06/2020	MA-VG-2039-20 INQ000235891	Pandemic Flu Preparedness – Extension of the current contract for antivirals from September 2021 until September 2024.
01/09/2020	MA-VG-2848-20 INQ000136813	Covid-19 Allocation of NHS stabilisation funding
09/09/2020	MA-VG-2884-20 INQ000235984	Emergency Funding for Hospices
15/09/2020	MA-VG-3066-20 INQ000361621	Supplementary funding to general practices and community pharmacies to provide the influenza vaccination programme in 2020-21.
18/09/2020	MA-VG-2839-20 INQ000136817	Covid-19 (C-19) response: Decision on funding for option submitted by Cardiff and Vale University Health Board for additional 'surge capacity' to mitigate predicted 'realistic worst-case' scenario for 2020/21
28/09/2020	MA-VG-3200-20 INQ000337131	Funding to Meet Covid-19 Costs for Adult Care Providers - Post September 2020
09/10/2020	MA-VG-3314-20 INQ000235906	Funding for COVID-19 BAME Outreach
19/10/2020	MA-VG-3391-20 INQ000136822	Funding costs for Pharmacist input to support the implementation of all Wales vaccination programmes for flu and COVID-19.
10/11/2020	MA-VG-3392-20 INQ000235929	Capital Funding for the replenishment of Pandemic Flu Countermeasures and Consumables
22/12/2020	MA-VG-4522-20 INQ000144964	Written Statement - Covid-19 funding community pharmacies
06/01/2021	MA-VG-4539-20 INQ000235924	Continued funding to support meeting the increased demand for pre-prepared sterile medicines for use in critical care during COVID-19
29/01/2021	MA-VG-0241-21 INQ000145051	Additional funding to support hospices in Wales during Covid-19 Pandemic
02/02/2021	MA-VG-0512-21 INQ000235961	Funding for Health Protection resilience
10/02/2021	MA-VG-0495-21 INQ000235862	Pathogen Genomics Capital Requirement
16/02/2021	MA-VG-0485-21 INQ000235954	TTP Contact Tracing Funding 2021-2022
15/03/2021	MA-VG-0729-21 INQ000235884	Long-Covid Recovery Pathway: Funding
18/03/2021	MA-VG-0947-21 INQ000235867	Pathogen Genomics Capital Requirement-Update

18/03/2021	MA-VG-1227-21 INQ000145111	Allocation of £380m NHS Covid funding 2021-22
19/03/2021	MA-VG-1408-21 INQ000116613	Health & Social care in Wales COVID-19 - Looking Forward - Funding for recovery
19/03/2021	MA-VG-1417-21 INQ000136895	Request for budget to fund wastewater surveillance and Welsh population survey and focus groups
01/04/2021	MA-VG-1548-21 INQ000235887	Extension of funding arrangements to support testing in social care
16/04/2021	MA-VG-1587-21 INQ000145127	Covid-19 Emergency Funding for Hospices 2021-2022