

Witness Name: Dr Chris Llewelyn  
Statement No.: 1  
Exhibits: 113  
Dated: 20 December 2024

**UK COVID-19 INQUIRY**

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**WITNESS STATEMENT OF CHRIS LLEWELYN  
ON BEHALF OF  
THE WELSH LOCAL GOVERNMENT ASSOCIATION**

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**I, Chris Llewelyn, say as follows –**

*Introduction*

1. I am the Chief Executive of the Welsh Local Government Association (WLGA) of One Canal Parade, Dumballs Road, Cardiff, CF10 5BF. I took up this office in January 2019 having joined the WLGA as Director of Lifelong Learning, Leisure and Information in 2002 and later becoming the Deputy Chief Executive in 2010. During my time at the WLGA I have covered a wide range of the Association's portfolio areas, including periods covering local government finance and economic development. I am authorised by the WLGA to make this statement on its behalf in relation to Module 5 of the Covid-19 Inquiry (the Inquiry).
2. On 17 November 2023, the WLGA applied for Joint Core Participant Status together with the Local Government Association (LGA). The Chair's letter on 11<sup>th</sup> December 2023 confirmed that the WLGA and LGA had been successful and had been designated as joint Core Participants in Module 5 of the UK Covid-19 Inquiry.
3. On 13 March 2024, the Lead Solicitor for Module 5 of the UK Covid-19 Inquiry (the Inquiry), wrote on behalf of Baroness Heather Hallett, the Inquiry Chair, with a draft request for documentation and witness evidence under Rule 9 of the Inquiry Rules 2006 Reference for Request - M5/WLGA/01. I am authorised by the WLGA to make this statement on its behalf in response to this request.
4. I have already provided two witness statements in relation to Module 1 of the Inquiry, two witness statements for Module 2B and one witness statement for Module 3. As in previous submissions, I repeat that, while I have broad oversight of the WLGA's work I do not have first-hand knowledge of everything that it does. Accordingly, in making this statement I have had to rely from time to time on information provided to me by officers of the WLGA. It is my belief that they have diligently and fairly undertaken this task. My statement must therefore be read as representing a statement concerning the collective understanding and knowledge of the WLGA in relation to the procurement and distribution of key healthcare equipment in the United Kingdom during the Covid-19 pandemic. The WLGA's officers are highly professional, and it is my belief that they have again diligently and fairly reported to me the relevant information that I set out below.

*Key Meetings*

5. A chronology of key meetings the WLGA participated in throughout the course of the

pandemic is set out in Exhibit CL/001 – INQ000472953 - M5 Chronology of Meetings & supporting documents. The 'key meetings' identified by the WLGA are, in the main, either:

- political level meetings (involving Ministers and/or WLGA members [council leaders in the main]) or senior officials (involving Welsh Government, WLGA and/or local government officers) where key decisions and issues relating to Module 5 (procurement and distribution of key healthcare equipment and supplies) were discussed.
- officer level meetings where the main focus of the meeting was the procurement and distribution of key healthcare equipment and supplies, or supply of key healthcare equipment to local authority services (for example social care or education settings).

6. The chronology of key meetings (Exhibit CL/001 – INQ000472953 - M5 Chronology of Meetings & supporting documents) identifies the following as the main meetings and networks where the procurement and supply of key healthcare equipment was discussed by the WLGA and local authorities in Wales:

- Political / senior official meetings
  - Leaders conference call
  - Chief Executive conference call
  - Partnership Council (finance sub group)
  - Shadow Social Partnership Group
  - Ministerial Meeting - Deputy Minister for the Economy and Transport
  - Joint Council for Wales
- Officer meetings
  - National Procurement / Heads of Procurement Network
  - Association of Directors of Education
  - Waste Sector Covid-19 meeting
  - COVID-19 Social Care Planning and Response Subgroup
  - Association of Directors of Social Services Cross Authority COVID19 Conference Call
  - Welsh Government / Local Government Fortnightly Covid 19 Procurement & Supply Chain meeting
  - Public Protection Wales Board meeting

7. The chronology of key meetings (Exhibit CL/001 - INQ000472953 - M5 Chronology of Meetings & supporting documents) also identifies non-recurring meetings that the WLGA participated in. For example, meetings with PPE suppliers alongside Welsh Government in relation to school use (17/09/2020, 08/10/2020, 01/11/2020, 13/11/2020, 11/12/2020) and in relation to use in taxis (18/12/2020, 11/06/2021, 08/12/2020).

8. The majority of the meetings identified, aside from the meetings of the National Procurement Network, will not have solely focussed on procurement and supply chain matters. These meetings will have discussed procurement and distribution of key healthcare equipment as one item on a wider agenda, or informally as a non-agenda item. Examples of this can be seen in minutes of the following meetings:

- Covid-19 Ministerial discussion with all local authority leaders 8 April 2020 (Exhibit CL/103 – INQ000473072 : 200408 Ministerial mtg & LA Leaders 8 & 10 April 2020 - Actions and updates.pdf )
- WLGA Leaders meeting – 29 April 2020 (Exhibit CL/104 – INQ000115696: 200429 Leaders Meeting Notes)
- WLGA Chief Executives Conference call 20 March 2020 (Exhibit CL/105 – INQ000473037: 200320 Chief Executives Teleconference Notes)
- Association of Directors of Education in Wales – 24 April 2020 (Exhibit CL/106 – INQ000115687: 200424 ADEW Exec & Full Minutes.docx)
- COVID-19 CROSS AUTHORITY CONFERENCE CALL – 30 April 2020 (Exhibit CL/107 – INQ000473226: Covid 19 Cross authority meeting minutes - 30 april 2020V2)
- Joint Council for Wales Executive Committee – 9th April 2020 (Exhibit CL/108 – INQ000473202 : 2020 04 09 - JCW Executive - Notes AGREED )

The WLGA does not have notes of all meetings given many were brief, telephone calls or where other organisations officials might be expected to take a note of key points or notes. The WLGA would be able to provide notes of the majority of, if not every, WLGA convened Leaders and Chief Executive meeting.

9. The regular calendar of meetings evidenced in the chronology, provided a mechanism for issues to be highlighted by local authorities and escalated to the appropriate Minister or Welsh Government official. For example Exhibit CL/004 – INQ000472915 and Exhibit CL/005 – INQ000472932 demonstrate that issues such as non-delivery of PPE or uncertainty over when and what stock is due to arrive, highlighted within the leaders daily call were escalated by the WLGA to the Chief Social Care Officer for Wales.

#### *National Procurement Network*

10. Local Government collaborative procurement activity across Wales has been co-ordinated through the WLGA National Procurement Network (NPN) since the closure of the Welsh Purchasing Consortium on 31st March 2016. The Network, involving Heads of Procurement from each of the 22 Welsh local authorities, is the only all-Wales forum to support Local Government procurement collaboration and knowledge sharing. NPN is used to co-ordinate collaborative procurement activity and knowledge sharing across Local

Government in Wales and with the wider public sector including Welsh Government

11. Typically the NPN meets on a monthly basis to discuss key challenges and opportunities facing local authorities in Wales. NPN discussions cover any and all goods required to deliver the wide range of local authority services in Wales, and the direct procurement of services. Particularly relevant to this inquiry is strategically important category of social services. Here procurement is typically managed by specialist commissioners who are supported by the National Commissioning Board (NCB). Commissioners tend to have lead responsibility and the officers of the NPN support the procurement aspects of their work. As an indication of scale, in 22/23 local government procurement in Wales was valued at £5,456,658,307.

12. In March 2020, local government procurement professionals recognised very quickly the need to put processes in place to respond to the global pandemic. On the day the UK Government introduced the first lockdown (23rd March 2020), the Welsh Local Government Association (WLGA) held its' first daily 8.30am meeting examining supply chain management matters. This meeting involved lead officers from NPN, officers of the Welsh Government National Procurement Service (NPS) and other Welsh Government officials.

13. At this point, guidance setting out the PPE specifications required for controlling the pandemic was not available. PPE was historically considered a routine category of goods, providing care workers with basic hygiene and cleanliness, with its nature and specification determined by user preference and convenience. PPE had been procured through routine operational arrangements which required little attention from the WLGA. Local authorities were operating independently to place orders and secure their own supplies of PPE based on the perceived business needs of their local authority, the wider communities and community services they supported. As noted in NPN meeting notes from 23rd March 2020 (Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary):

*“Immediate demand is the more scattergun part of the supply process. On Saturday Swansea sourced 10,000 masks; but that was just for Swansea and other LA’s are doing similar for themselves.”*

As evidenced in NPN meeting notes (Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary), it was not until 31st March 2020 that discussion began on guidance based estimates for the whole of Wales with regards to face masks.

14. The WLGA-facilitated network was pivotal to the way in which the sector responded to the pandemic. These meetings continued to take place daily until 25<sup>th</sup> June 2020, before shifting to a reduced frequency. The aim of these meetings was to improve co-ordination

across the sector in reacting to the emergency. Within an hour of each meeting, a short note was disseminated to procurement officers<sup>1</sup> across Wales.

15. In addition to the meeting notes, a constant correspondence and support service was maintained and all relevant information copied to a WLGA Covid-19 Procurement Microsoft Teams site (Exhibit CL/006 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript). A document library was also kept at the Teams site. All documents held on this library are set out in Table 1 below:

<b>Table 1 - WLGA Procurement Network MS Teams Channel Document Library</b>		
<b>Title</b>	<b>Exhibit Reference</b>	
WLGA Procurement Network MS Teams Channel - transcript.docx	CL/006	INQ000473774
03-09-20 Communication on ClearMask pilot.pdf	CL/007	INQ000058231
13550_Suresan Hand Sanitizer_236ML_Product Data Sheet (002).pdf	CL/008	INQ000472883
200204 CC PPE required 6 month estimate.xlsx	CL/009	INQ000473684
200204 PPE Calculator.xlsx	CL/010	INQ000473685
200215 Foundational Renewal JFKW.pptx	CL/011	INQ000473686
200301 Productivity for Local Economy submission 1 march 2020.docx	CL/012	INQ000473687
200306 UK Gov PPE Data Request.docx	CL/013	INQ000473688
200306 Welsh LG PPE required 32 week estimates.xlsx	CL/014	INQ000473689
200308 NPS pipeline.xlsm	CL/015	INQ000473690
200318 Daily Email COVID-19.msg	CL/016	INQ000473691
200318 Support for local Government in covid .msg	CL/017	INQ000473693
200319 PPN_01-20_-_Responding_to_COVID19. v5 1_.pdf	CL/018	INQ000048822
200325 COVID-19 key item stock levels.xlsx	CL/019	INQ000473695
200325 Quick Poll PPE.docx	CL/020	INQ000473696
200326 Copy of daily PPEsitrep Powys 26.03.20 (003).xlsx	CL/021	INQ000473697
200327 Copy of Key Items Demand Profile denbighshire.xlsx	CL/022	INQ000473698
200327 Copy of LA Deliveries.xlsx	CL/023	INQ000473699
200330 NHS ppe issued 27 March 2020.xlsx	CL/024	INQ000473700
200330 PPE key items CCBC.xlsx	CL/025	INQ000473701
200331 Population by LA.xlsx	CL/026	INQ000473702
200406 PPE at JES.xlsx	CL/027	INQ000473703
200407 WLGA PPE.docx	CL/028	INQ000473704
200409 Social Care PPE Data from NHS.xlsx	CL/029	INQ000473705
200414 COVID 19 PPE AND CRITICAL EQUIPMENT Call to Industry	CL/030	INQ000473706
200414 Social Care PPE Data.xlsx	CL/031	INQ000473707
200420 PPE Calculator v6.xlsx	CL/032	INQ000473708
200420 PPE Deliveries due 21st April.xlsx	CL/033	INQ000473709
200422 Case Study Template - Housing Association Example.docx	CL/034	INQ000473710

<sup>1</sup> The WLGA National Procurement Network was initially established for local authorities only, and its core membership would be considered the nominated procurement practice lead officers for the 22 Unitary Authorities in Wales. Shortly prior to the pandemic membership was extended to procurement practitioners in other public service organisations to support collaborative work on social value, and extended again during the pandemic to collaborate across the public sector on procurement of PPE. By this point (June 2020) membership included procurement representatives from NWSSP, Natural Resources Wales, some fire authorities, national park authorities, academic institutions and housing associations across Wales.

200423 Number of people in LA Care & PPE Estimates.xlsx	CL/035	INQ000473711
200424 Welsh LG PPE required 32 week estimates.xlsx	CL/036	INQ000473712
200428 Welsh LG PPE required 32 week estimates pre meet.xlsx	CL/037	INQ000473713
200522 HOP Workshop PowerPoint.ppt	CL/038	INQ000473714
200522 WG PPE Framework.docx	CL/039	INQ000473658
200618 HoP Notes.docx	CL/040	INQ000472885
200707 Copy of Social Care PPE Data.xlsx	CL/041	INQ000472888
200713 NWSSP PPE Volume predictions.docx	CL/042	INQ000472889
200901 Pupils by LA and age group.xlsx	CL/043	INQ000472895
200915 FE Network Wales TOMs.ppt	CL/044	INQ000473720
200929 Review of Roto Medical RU50.docx	CL/045	INQ000472897
201005 School Face Coverings Grant.docx	CL/046	INQ000472898
201116 Lyreco Delivery Schedule for Face Coverings.xlsx	CL/047	INQ000472901
210208 Collaboration on R50 Procurement.docx	CL/048	INQ000473724
Annex A - NWSSP PPE Detail Report - 11_05_2020 Final (002).pdf	CL/049	INQ000473725
Briefing - shared with PPE Execs on calls for increased PPE 13th Jan 2021	CL/050	INQ000473726
Care Providers Weekly Bulletin - 2 Apr FINAL.pdf	CL/051	INQ000349251
CEM_CMO_2020_021R Tiger Goggles.cleaned.pdf	CL/052	INQ000081415
CIPFA Webinar course notes 14.05.20.pdf	CL/053	INQ000473729
clear mask split per org la and hb.xlsx	CL/054	INQ000473379
Copy of Face Coverings claim form - WLGA - Blank.xlsx	CL/055	INQ000472920
Copy of NPS pipeline - Version for updating - v2. June 2020.xlsb	CL/056	INQ000472921
coronaC-19 Product Safety Assessment 11.05.2020 FINAL.pdf	CL/057	INQ000473617
COVID-19 Guidance-Face Visor Cleaning Instructions.docx	CL/058	INQ000472923
COVID Sources of Information.xlsx	CL/059	INQ000473735
CWB progressive procurement PSBs update for WLGA procurement officers - Aug 2020.pptx	CL/060	INQ000473736
Fluid-Resistant Surgical Masks Latex Fit Issue.pdf	CL/061	INQ000473510
Key Items - Demand Profile.xlsx	CL/062	INQ000473398
latest Advice on Supply of Sanitiser and PPE CV19 (003).pdf	CL/063	INQ000473740
Letter to First Minister April 2020 Covid19.pdf	CL/064	INQ000473741
Manufacturing Manifesto Synopsis 02.04.2020.docx	CL/065	INQ000473742
Mask Spec summary shareable (002).pptx	CL/066	INQ000473743
Medilive Hand Sanitiser Data Sheet.pdf	CL/067	INQ000472927
N Vs F Comparator.PNG	CL/068	INQ000473747
National TOMs for Wales Working Draft_V7.6.xlsx	CL/069	INQ000473748
Note to Suppliers Offering PPE.docx	CL/070	INQ000473749
NPS Face Covering Sourcing Update - August 2020.docx	CL/071	INQ000472928
OSINTCOVID19 26.06.2020.pdf	CL/072	INQ000472931
2021_01 CFP Certificate UK Trees and VCS Biological Preparations v1.0.pdf	CL/073a	INQ000504926
All Purpose Sanitiser RTU Efficacy Data December 2020.pdf	CL/073b	INQ000504927
BioHygiene Foam Hand Sanitiser Efficacy Data.pdf	CL/073c	INQ000504928
BIOHYGIENE FOAM HAND SANITISER SDS.pdf	CL/073d	INQ000504929
BioHygiene Halal Certification.pdf	CL/073e	INQ000504930
BioHygiene Hand Sanitiser Product Sheet.pdf	CL/073f	INQ000504931
BT-BPR-04 EN14476 Foam Vaccinia Report 04 Jul 20 LM CW.pdf	CL/073g	INQ000504932
Hand Sanitisers Compliancy.pdf	CL/073h	INQ000504933
Lactic Acid - Carbon Footprint.pdf	CL/073i	INQ000504934
Polling Station PPE Products 030221.pdf	CL/074	INQ000473761
PPE Buying - A Guide for Procurement (NPS).docx	CL/075	INQ000473762
PPE Calculator v5.xlsx	CL/076	INQ000473615

PPE Calculator.xlsx	CL/077	INQ000473685
r50 aDULT Man- WELSH VERSION[2].pdf	CL/078	INQ000472936
r50 ADULT Man[2].pdf	CL/079	INQ000472937
Recovery and Transition from COVID-19 Procurement Advice Note (PAN) Final DRAFT.docx	CL/080	INQ000472938
Regional Intelligence Group.docx	CL/081	INQ000473768
RotoMedical Reusable CERTAM Report.pdf	CL/082	INQ000473769
Rototherm Reusable Masks.pdf	CL/083	INQ000473770
TOMs for Wales_Briefing_June 9th 2020.pptx	CL/084	INQ000473771
Welsh LG PPE required 32 week estimates 20-04-2020.xlsx	CL/085	INQ000473370
WG Face Covering Update 2nd Dec 20.xlsx	CL/086	INQ000472945

16. By June 2020, relatively stable operational arrangements had been established with regards to public sector procurement of PPE in Wales. The focus of NPN changed with the daily catchups alternating between PPE and matters related to the recovery. The frequency of meetings was also reduced over time to twice a week and then weekly. Agenda items at this time covered procurement reform, the National Themes, Outcomes and Measures Wales (TOMs) social value framework, the foundational economy, and procurement in key sectors including manufacturing and construction. The aim of the group continued to be on sharing knowledge on the direction of travel on procurement policy and strategy.

#### *Procurement and preparedness*

17. Prior to the Covid-19 pandemic, procurement services within local authorities had not been involved in any preparedness exercises or drills, and as such the sector was not suitably ready or prepared. As evidenced in Exhibit CL/089 – INQ000473431 : Re: MDCC Supply Chain continuity support - Data Request, Welsh Government commissioned Deloitte to gain an understanding of the supply chain for medical devices and clinical consumables (MDCC) to Social Care organisations, with a view to ensuring continuity of supply of goods and services in the event of a ‘no deal’ exit from the EU. However, to the knowledge of local government procurement officials no learning from this exercise was shared or applied in relation to the care sector.

18. As was covered in the Module 1 hearings of the Covid-19 Inquiry, a number of pandemic influenza preparedness exercises were coordinated at a UK or Wales level prior to the pandemic. Individual Councils also undertook training exercises via Local Resilience Forum, typically more focussed on natural disasters or terrorism. To the knowledge of the WLGA there have been no specific preparation exercises for the procurement sector, nor have procurement officials been involved within the range of national and local exercises undertaken. All local authorities in Wales are required to undertake emergency planning, with a pandemic being one of many potential emergencies that are planned for. Much of this



planning is undertaken in cross public sector partnership and will include plans for care homes and the wider care sector. Medical provision is a responsibility of the NHS in Wales and pandemic stocks for emergency supply of medical equipment and supplies are procured, stored and distributed by the NHS. Reflecting on the experiences of the Covid-19 pandemic, and the importance of securing supplies of PPE for Wales, the WLGA would expect to see the procurement sector included within any future exercises.

#### *Procurement during the pandemic*

19. From a local authority perspective, it appeared at the outset of the pandemic that Welsh Government's efforts were predominantly focussed on securing the supply of PPE to the NHS. Guidance, where available, was predicated on NHS applications and did not easily translate into non-hospital care settings, it also was not clear about the specific application of PPE required in different situations. For example:

- The term 'Domiciliary Care' covers a range of activity from single workers visiting multiple people and households for short periods within a single day, to small staff teams working in a single household or building shared by multiple co-tenants with communal and personal accommodation. The risks, rights and requirements of the settings differ, however the care sector felt that guidance did not take account of these differing contexts and approached domiciliary care with a 'one size fits all' approach.
- Guidance relating to care sector transportation was considered lacking or unworkable by the care sector. Where a care worker was required to transport an individual within their own car, it was not practicable for the driver to wear a PPE visor and drive safely. Guidance was also lacking with regards to the cleansing of a vehicle used to transport care recipients, with workers unsure how to approach transporting members of their own family in the same vehicle.
- As set out in guidance, there was an expectation for care workers to wear full PPE when accompanying people shopping or undertaking other community activities, however this would clearly mark individuals as 'cared for' and could be seen as discriminatory.
- Where workers were required to travel together in a single vehicle and are unable to maintain social distance, there was a lack of guidance as to whether workers should continue wearing the mask worn when supporting last client before donning a fresh mask at the next client, wear a new mask each time they entered the vehicle, or have a separate mask to be worn when travelling. Each scenario would have a different impact on the daily demand of PPE .
- Guidance on the disposal of PPE in the community (Covid-19 Waste Arising from Healthcare Worker activities in the community & household Municipal Waste – attachment to Exhibit CL/092 - INQ000473667) referred to "nurses" and "patients" and

stated that “this position does not relate to [...] care workers providing residential care within a house holders premises” despite being issued for this purpose. This guidance also referred only to supporting individuals that were “self-isolating or positive COVID 19” and did not reflect the most usual scenario of caring for people whose Covid status was unknown.

20. Procurement services within local authorities were therefore required to mobilise at pace in order to source PPE and were left to determine what sort of equipment to procure, understand the different specifications, and forecast how much was needed for those working on the front line (e.g. in social care) with limited support. This can be seen in the meeting transcripts from 30<sup>th</sup> March 2020 – 4<sup>th</sup> April 2020 (Exhibit CL/087 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript – Pages 34-55). Specific examples include:

- 30th March 2020 – A lack of Welsh Government official awareness as to what local government services required PPE, a non-direct route of contact for local authority inquiries via a generic NPN mailbox and a need for clearer guidance.

*“Question from WG about what services PPE (other than that supplied by NHS) is going in to? Response that Social Care is the main priority and also to teams providing support in the community. Others include teams which still need PPE for non-care applications, emergency drainage and similar works for example. Councils are coordinating PPE so that teams can be supported; the most pressing demand is Social Care and the independent providers that provide services for them.*

*Discussed supplies from NHS. There is a practical issue in that Councils have to identify a case of Covid-19 before masks will be issued. Supplies do take time to arrive; so by the time PPE is issued, several people will have been exposed.*

*Discussed quantities required. Few responses to the mailbox at NPS. Discussed expediting the survey; but issues in getting the information understood and it may instead be better to do this by demographics. Potentially requiring little more than a single high level decision. There’s also a need for better guidance on use; whether items are single use/single application or single issue/several application given as example.”*

- 2nd April 2020 – despite updated guidance and estimated demand calculators being due, local authorities could not wait, and were working to their own interpretations of PPE requirements and the level of demand they needed to fulfil. Local authorities were also unclear as to what PPE would be made available to them via NHS stores.

*“We’re working on volume; which is informed by user guidance and subsequent demand. The Calculator circulated yesterday (attached; note the data in it is for test purposes only and completely made up) is very good in providing a bottom-up approach; though it needs to be completed by every institution and will take time to get out and back. Thoughts were that we ought to do this anyway; but at this time we also need a top-down estimate to get things moving while we gather more accurate local data. The key difference in the calculations is that the spreadsheet differentiates what PPE will be used; depending on whether the patient is infected or not. Cardiff has been working on the basis of a full issue of PPE on each occasion. Current guidance seem to differentiate on the basis of whether the carer is going to be within 1 Metre of the patient; it was thought that it would be hard for a carer not to be; or to know this in advance. We will need to see what today’s guidance says and try and establish what will be done in practice. [...]*

*Discussed deliveries to LA’s from the 11 NHS Stores delivering to LA’s. This is helping and services would probably fall over without them. Issue there however is that we never know what we’re going to get and when we’ll get it. As an indicator of why this is an issue, Cardiff is looking at 74,000 units a week usage; with 40,000 in stock. It was also observed that the NHS Stores seem to be drawing on stock already in place; this stock was laid down as contingency for earlier emergencies; which was fortuitous; but replenishment stock is having to be re-ordered from China; or new sources. We do not know what NHS Stores stock levels are like, nor the rate of supply. WG colleagues will try to link up the demand forecasting.*

*LA’s also need PPE for social care and other services such as waste. As a ready reckoner the total need for Cardiff is 10,000 – 15,000 a week over and above the Social Care requirements with a cost to Social Care in the region of £3,600,000. All Wales would be roughly ten times the Cardiff figures. If there is new guidance, we may need to adjust those estimates. [...]*

*Specifications for workwear had been discussed; preference was still for bottom-up approach to try and anticipate needs for LG. Steve will follow up. Question of whether LA’s were likely to need visors; view was that LA staff tend to prefer protective goggles.”*

21. As stated above, from a local government perspective it appeared at this point of the pandemic that Welsh Government’s focus was predominantly on the supply of PPE to the NHS and that provision of PPE to services provided by local authorities was a lower priority.

Local authorities would have benefited from earlier clarity on who's responsibility it was to provide pandemic PPE in care settings, clarity on how pandemic PPE would be funded, earlier and clearer specifications for what PPE was required and clearer specification on application of preventative measures in social services and other non-health service applications. It would also have been beneficial to have earlier guidance on the appropriate demand modelling for PPE as during early stages of the pandemic there were at least four different demand models being used across local authorities.

22. As evidenced in the NPN minutes and subsequent discussions (Exhibit CL/087 – INQ000473774 : WLGA Procurement Network MS Teams Channel), during the first few months of the pandemic local authorities were required to individually place their own orders and chase every supply lead. This approach was inefficient as councils were contacting the same suppliers and getting the same answers. There were also unanticipated barriers and complaints that English suppliers were denying stock on the grounds that it was ring-fenced for the NHS in England, and clearly stating in their terms:

*“Gompels are helping the COVID-19 response by distributing this product on behalf of Public Health England to ensure that essential supplies get to Care homes and Domiciliary care providers. As such this product has a number of restrictions on who can purchase it.*

- You must be registered and operating within England - apologies to Wales and Scotland, we are told you have different processes for getting emergency supplies”*

(see Exhibit CL/087 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript – Pages 62-66)

This extract was taken directly from a supplier website, and it is evident from the discussion surrounding this matter that this was not an isolated incident. The WLGA is unable to comment on what directly led to suppliers to restrict stock purchases in this manner, however it was suggested that arrangements intending to ensure PPE stocks were fairly apportioned within the UK had led to some misunderstandings, of which this was one.

23. Generally, Welsh councils relied upon third party distributors to arrange deliveries from China and Cambodia for PPE supplies (e.g., surgical gowns and masks), which were often in use on the frontline a few hours after landing. Procurement professionals observed a disconnect between the guidance being issued and the ability of organisations to comply because a supply of the correct PPE dictated by guidance could not always be achieved. Prior to clear guidance being published, local authorities relied on established commercial arrangements and the operation of international supply chains to undertake quality assurance

and regulatory compliance checks. The WLGA does not have figures with regards to the proportion of PPE procured by local authorities and how much was purchased privately by care providers. As noted above, prior to NHS Wales Shared Services Partnership (NWSSP) taking over responsibility of securing medical PPE in Wales (outlined in more detail below) local authorities were operating independently to secure their own supplies based on the perceived business needs of their local authority and the care services in their area.

24. In early April 2020, Welsh Government were seeking to better understand demand for PPE, conducting a survey to forecast demand for PPE. However, as evidenced in the NPN daily meeting notes 30th March 2020, 1st April 2020 and 6th April 2020 (Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary), the PPE needs for local authority care services were immediate, local authorities needed to secure supplies as soon as possible and could not afford the time to pause from purchasing, to allow Welsh Government to gain a greater understanding of need.

25. During this initial period of uncertainty, local authorities took decisions to purchase PPE with unprecedented levels of financial risk. Local authorities faced a series of individual dilemmas on the purchase and supply of PPE. For example, one council identified the opportunity to import one million masks (at 56p each) for their own use, but it would take six weeks for delivery by sea. They were unsure whether they do this or wait to see if supplies would become more readily available. It was a significant risk to proceed to purchase, at a time of changeable guidance requirements and uncertainty over the longevity of demand. In this instance the council decided to proceed and secure their own supply, this proved to be the right decision with supplies arriving at a time of UK wide shortage.

26. As the pandemic progressed, Welsh Government provided financial assurance, via the Covid Emergency Relief Fund, for local authorities to cover their costs relating to PPE, however at the onset of the pandemic this was not in place and local authorities were required to make procurement decisions based on their own financial liability. Via the Relief Fund (also known as the Hardship fund) local authorities were able apply for reimbursement against the cost of PPE purchases already made. The fund was initially restricted to purchases of medical pandemic supplies only and reimbursement made only after moderation by a panel. Welsh Government guidance for what costs could and could not be claimed was refined as the pandemic progressed. Claims were made by individual local authorities directly to Welsh Government and the WLGA does not have a breakdown of the applications made and the levels of financial reimbursement received.

27. Having identified suppliers and available supply, local authorities had to consider financial risk in relation to the scale of their orders. Estimates for PPE had to be made but

there was huge uncertainty on usage rates. In care homes for example, forecasts estimated an average use of 1,000 masks a week, but in practice, usage across one council was more than four times this. Guidance was changing at regular intervals which meant continual revisions to those 'best estimates'. As evidenced in Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary, ball-park estimates were made throughout this phase based on the population of councils e.g., the needs of Wales being ten times that of Cardiff and voluntary sector demand being around 10% of that for local government.

28. The price of PPE was also a major concern for local authorities during the initial stages of the pandemic. The global crisis, coupled with local authorities in Wales purchasing in isolation, meant that PPE was purchased at a premium price which reflected supply/demand issues at the time. For example, Welsh local authorities were paying £1.20 for an FFP2 type mask in small batches, whereas the bulk supply price to NWSSP was 16p (see 8<sup>th</sup> April 2020 NPN Daily meeting - Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary) . The costs of these masks prior to the pandemic were around 5p each. Local authorities found themselves subject to exploitative pricing, and in addition suppliers often fell short on their promises. Many suppliers in the early stages of the pandemic failed to undertake quality assurance checks, resulting in supply of products with erroneous or fraudulent markings and certificates (for example see 11<sup>th</sup> May 2020 and 10<sup>th</sup> June 2020 NPN Daily meetings - Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary). The Welsh Government National Procurement Service worked hard in mitigating these issues and the WLGA coordinated communications between councils in sharing information about problem products, but all purchases carried an element of risk of purchasing non-compliant PPE.

29. From local authorities perspective, a significant improvement in Welsh coordination of procurement and distribution of key healthcare equipment was when Deputy Minister Lee Waters instructed a key official from the NHS Wales Shared Services Partnership (NWSSP) to attend the NPN daily meeting with partners (see Exhibit CL/006 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript – Page 74). NWSSP engagement with NPN daily meetings started on 9th April 2020 and from this point there was marked improvement in co-ordination between NWSSP supply and sourcing by local authorities.

30. It was not however until much later in the response to the pandemic that arrangements between NWSSP and WLGA were formalised. As outlined in Welsh Government's letter dated 12 October 2020 (Exhibit CL/091 – INQ000472904 : WG Letter: Covid-19: Distribution of Personal Protective Equipment (PPE) to Social Care Settings):

*“...we are pleased to advise that a service level agreement (SLA) has been reached between NWSSP and the WLGA which will fulfil the Welsh Government's commitment to continue to provide social care settings with the appropriate PPE for the duration of the*

*pandemic.”*

31. With regards to the distribution of the Welsh share of the Pandemic Influenza Preparedness Programme (PIPP) stockpile, for most of the pandemic this was managed by NWSSP, as was the procurement of pandemic stocks, their storage and their delivery to regional distribution centres that were run by local authorities. In the view of the WLGA, aside from the early pandemic issues identified above, when NWSSP was not delivering PPE to the care sector and Welsh Government support arrangements had not yet been established, this arrangement worked well with central NWSSP coordination ensuring that supplies were distributed equitably across Wales. The WLGA considers this arrangement as a good example of the benefits of the close collaborative relationships across public sector services in Wales and Welsh Government.

#### *Cross-sector purchasing relationships*

32. Shortly prior to the pandemic, a good working relationship had been established between the NPS and WLGA around reforming procurement to deliver for the economic well-being of Wales and compliance with the principles of the Well-being of Future Generations Act in particular. This improved cross-sector coordination was repurposed to respond to the emergency. The NPS coordinated the bids from the public sector and the needs from local authorities and acted as a conduit for information. They set up arrangements with legitimate suppliers (both on and off the NPS framework) and made authorities aware of where stock was available. For local authorities the central coordination role played by the WLGA/NPS collaboration was crucial in stabilising the supply of key healthcare PPE for local authority officers and the wider care sector. This also conditioned a collaborative ethos in Wales that preferred coordination through NWSSP, to a sector-specific or organisation-centric approach to procurement.

#### *Rules and Guidance*

33. During the early stages of the pandemic, guidance relating to PPE and key healthcare equipment was an issue for local authorities. In terms of procurement, local authorities were uncertain what to purchase and at what scale – it appeared that guidance was driven by what was available on the market rather than by products which were fit for purpose, or achieved the conditions to limit the spread and impact of Covid-19.

34. It is recognised that the specific details with regards to PPE guidance and their application in social care settings will be explored in a future module of the Inquiry, however as

guidance dictated what was purchased and supplied to care providers, the WLGA wishes to make the following high level points:

- i. Early in the pandemic, guidance was predicated on application within NHS or controlled hospital environments, rather than a whole system approach. Local authorities and care providers were required to interpret this guidance and apply it to care homes and domiciliary care settings. This resulted in differing interpretations and local authorities purchasing different supplies and specifications.
- ii. Early guidance focussed on situations where there were known cases of Covid-19, as opposed to early prevention and prevention of spread in parallel.
- iii. Uncertainty with regards to PPE guidance remained an issue for local authorities and the care sector well into the pandemic. As evidenced in Exhibit CL/092 – INQ000473667 : *Correspondence: Used PPE and waste disposal* – in February 2021 questions were being asked regarding the re-use and disposal of PPE, and which settings guidance applied to. Such uncertainty created issues from a procurement perspective, as differing interpretation of the guidance impacted upon the perceived demand for PPE and the scale of orders to be placed.
- iv. It is notable that a British Standard for reusable facemasks and face-coverings was not established during the pandemic, and this remains the case to date.

35. Throughout the pandemic, the communication of updated regulations and guidance at times followed the public announcement of new operating procedures or the implementation of NPIs. This left care providers and those required to purchase the appropriate PPE questioning the specifics of what was required in order to be compliant. It led also to some confusion, and differing interpretation of key words and phrases within regulations, leading to different application of PPE across local authorities and care settings. Examples of this can be seen in the meeting transcripts from 30th March 2020 – 4th April 2020 (Exhibit CL/006 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript):

- 3rd April 2020  
*"My colleague at Caerphilly has said "I've also been made aware that the latest guidance is being (if not already done so) considered on a Gwent regional basis that's 5 LAs and the Health Board with a view of agreeing one interpretation that will be shared with care homes and dom care providers etc."  
I think an interpretation like this is needed and would be welcome."*
- 6th April 2020  
*"...because the advice I so fresh there remain questions on the interpretation of the advice on PPE use; example of what is meant by one mask per session in care homes."*



*User Depts considered that they would need fresh apron and gloves but might stretch the masks. Need to be better understood and there's a challenge in getting consistency of practice for different practitioners including CRT, domcare, community nursing."*

- 8th April 2020

*"Getting lots of queries on the PPN's and there will be ongoing clarification and if required revision. This policy advice was by necessity produced and issued quickly; negating the usual pre-publication process. Not unexpectedly, queries on some of the more complicated applications are coming through. Some over-interpretation is also happening. The advice is that this requires a risk-based approach; applying a local commercial position and in the hands of the accounting officer. LA Discretion."*

- 5th May 2020

*"PPE – Lockdown Policy. All members of this group are pressing for updates; but the matter of lockdown policy is still under discussion politically. An announcement is expected from UK Gov on Sunday. LG Team pressed the point that procurement teams need earliest possible advice in order to anticipate supply need and avoid the need for chaotic response."*

36. As noted above, the guidance issued on PPE in the care sector left room for interpretation, and this impacted upon how accurately demand could be estimated. Some questions were unanswered, such as how often to change gloves and masks if undertaking a variety of personal care tasks with an individual, or when to wear a visor and whether reusable visors could be cleansed and re-used. A specific example is Public Health Wales guidance (May 2020) that stated eye protection could be used as a 'sessional product'. Domiciliary care providers, who's workers would see 15-30 individuals per 'shift' were left unsure whether visors needed to be changed between individual visits or keep the same visor for a whole shift. This was further complicated by differing products being provided to care providers – the same provider might be issued both reusable safety goggles and single use visors. Local authorities reported that in some cases visors arrived without instruction as to whether they were single use, sessional use or multi-use cleanable products. Additional confusion was created at times when PHW issued guidance stated visors were single use, but providers were issued visors clearly labelled as multi-use.

#### *Non compliant product and price gouging*

37. As outlined above, in the early stages of the pandemic the local government procurement sector found itself operating in relative isolation and with limited central support or guidance. This left the sector vulnerable to exploitation, not only in terms of price as outlined

above, but in purchasing counterfeit or below specification products. As evidenced in the following email discussions, procurement officers time was being allocated to ensuring the sub-standard products were not being supplied to their care workers, and being required to involve Trading Standards Officers expertise and the support of British Safety Industry Federation:

- Exhibit CL/093 – INQ000473305 : Fakes
- Exhibit CL/094 – INQ000473399 : FW Key stock Items - Face Masks Hand Sanitiser - Arrow County Supplies 2
- Exhibit CL/095 – INQ000473402 : FW KN95 protective masks
- Exhibit CL/096 – INQ000504935 : RE referrals form North Wales LA's 2

38. It was not until May 2020 that the National Procurement Service published its guidance in relation to identifying and addressing counterfeit products and forged certifications – Exhibit CL/097 – INQ000473762 : PPE Buying: A Quick Guide for Procurement. This was circulated to procurement officers via the WLGA Teams Channel on 22 May 2020. Informal feedback to the NPN indicated that this guidance was well received by local authorities, providing clear instruction on identifying compliant / non-compliant goods and suppliers.

39. In December 2022 WLGA's Regulatory and Frontline Services Policy Officer issued a request to each local authority in Wales attempting to quantify the number of Covid-19 related fraudulent goods removed from the market. Noting that a response was not received from every local authority, approximately 525,000 facemasks and 32,000 units of hand sanitiser were seized by local authority regulatory services in Wales.

#### *Joint Equipment Stores*

40. For business as usual activity and for normal circumstances, local authorities are not required and have no need, to mass stockpile and store key medical equipment. Local authorities purchase what is needed in terms of PPE for hygiene purposes and it is distributed directly to care providers. In the early stages of the pandemic therefore, local authorities and the social care sector faced significant challenges in sourcing, storing and meeting demand for PPE. As outlined in Exhibit CL/098 – INQ000473214 : Draft Audit Wales Report: Procuring and supplying PPE for the COVID-19 pandemic, local authorities *“expressed serious concerns about the developing situation in late March 2020 and early April, including concerns about the lack of visibility on stock levels held by Shared Services [NHS Wales Shared Services Partnership], the clarity of guidance and very low stocks of key items including hand sanitiser and masks”*.

41. Local authorities in Wales have shifted their approach to stockpiling emergency supplies, moving away from large reserves of equipment or "kit" in favour of just-in-time procurement practices. The advancement of 24-hour procurement systems and modern supply chains, mean that many supplies can be sourced rapidly. This minimizes the need for excessive warehousing of general items, allowing for a more efficient and cost-effective approach to emergency preparedness. That said, critical supplies such as salt and grit for winter road maintenance, fuel for fleet vehicles, and provisions for national power outages are still stockpiled. Additionally, local authorities collaborate closely with third-sector organizations, which play a vital role in supplying additional resources and personnel during emergencies. Charities and community groups often stock essential items like blankets, food, and medical supplies, and can mobilize volunteers quickly to assist with the distribution of aid. In the event of a power outage, these organizations may also provide emergency shelters, backup generators, and communication tools to support vulnerable populations. This partnership between local councils and the third sector ensures a more comprehensive and community-focused response to non-pandemic crises.

42. Local authorities and care providers were initially left to procure, store and distribute PPE for themselves or as part of regional arrangements. It was not until Welsh Government moved focus away from the NHS and tasked Shared Services formally with supplying social care that stability and a basic level of supply was achieved across the wider care sector. By 7 May 2020 around two-thirds of the social care sector's needs were being met by Shared Services.

43. It was not until 1 September 2020 that the WLGA and Shared Services adopted a service level agreement under which Shared Services would make weekly deliveries to local stores based on councils' estimated requirements (see Exhibit CL/099 – INQ000473470 : Final Draft SLA NWSSP and WLGA). The change from Shared Services acting as a supplier of last resort to supplying most of social care's needs was not formally communicated to social care until 12 October (as outlined in paragraph 30 above). WLGA and individual local authorities assisted NWSSP in ensuring supplies reached care providers in the required quantities. Local authority stores received palletised quantities of PPE arranged by NWSSP and broke them down for delivery or collection to individual providers.

#### *Local Innovation and Supply Chain resilience*

44. In March 2020, Welsh Government established a Critical Equipment Requirement Engineering Team (CERET), established to respond to the challenges in the UK/Wales supply chain of procuring key healthcare equipment and supplies. Within the remit of CERET was to work with local suppliers to shift their production and manufacturing to meet the growing

demand for PPE. Outside of this arrangement, local authorities utilised their knowledge of, and relationships with, local businesses to help address PPE shortages. This included securing excess supplies held within businesses or supporting manufacturers to produce PPE to the required specifications dictated by national guidance. Examples include:

- Securing face masks from a Welsh based global manufacturer that was required to cease operations and furlough its staff. At a time when no masks were available on the local market, local authority officers were able to secure this stock and re-distribute it to the care sector (see Exhibit CL/006 – INQ000473774 : WLGA Procurement Network MS Teams Channel – transcript – Pages 55-57) .
- Working with a Welsh distillery to secure supplies of alcohol for the production of hand sanitiser at a local supply (see Exhibit CL/100 – INQ000504936 : RE Supply Chain Voids).

### *Demand Modelling*

45. Local authorities in Wales were subject to a number of approaches to demand modelling in responding to the global pandemic. These approaches are summarised within an Audit Wales report : Procuring and supplying PPE for the COVID-19 pandemic (Exhibit CL/101 – INQ000473214 : 210315 AW PPE Report Working Draft), in addition to the pre-pandemic discussions that were undertaken in preparation for a 'no deal' exit from the EU.

46. In the view of the WLGA, and despite the best efforts of Welsh Government and the health and care sector, Wales did not gain an accurate reflection of the demand for key healthcare and protective equipment across the whole sector. This occurred for a number of reasons: shifts in guidance, guidance that left scope for differing or misinterpretation, changes in working practices such as a shift to remote consultation, care staff re-using PPE intended as single use etc. While it was reported that Shared Services' did not run out of stock for any item of PPE during the pandemic (Exhibit CL/101 – INQ000473214 : 210315 AW PPE Report Working Draft), which may have been true for NHS bodies, there are accounts of local authorities being unable to obtain supply of requested items through Shared Services at points throughout the pandemic.

47. The WLGA is also aware of circumstances where demand for PPE was met 'on paper' however in practice the supplies could not be utilised by care professionals. For example, throughout August and September 2020 the overall quantity of nitrile examination gloves available to the care sector was sufficient, but they were not available in sizes that could be used by care professionals. This ongoing issue is evidenced in the meeting notes of Exhibit CL/090 – INQ000473273 : WLGA Covid Procurement Diary:

- 15<sup>th</sup> May 2020  
*“PPE – Supply: Availability is much healthier than it has been. NWSSP are keeping an eye on gloves; it is not always easy getting the size mix right.”*
- 17<sup>th</sup> August 2020  
*“LG Procurement of PPE: No major issues. NWSSP has been asked to alter the ration of Nitrile Exam Gloves (more Large and Extra Large, fewer Small sizes required).”*
- 10<sup>th</sup> September 2020  
*“PPE for Health Social Services: All NWSSP lines are being reported as GREEN with plenty of stock available.[...] Supply of gloves is plentiful; but the size mix isn’t quite right – we need a greater proportion of the larger size gloves”*

48. This issue was not exclusive to gloves and issues were experienced with other PPE equipment. For example, aprons issued as ‘one size fits all’ did not provide significant coverage to some care workers and there were concerns that there was a risk of workwear being contaminated during personal care interventions. With regards to masks, some workers experienced a reaction to certain brand masks which potentially contained latex, while other brand masks did not mould around the nose appropriately resulting in staff constantly touching them to re-adjust. These products were eventually withdrawn from use, but at a point in time would have been considered as meeting PPE demand.

49. In responding to the needs of the health and care sector across Wales, estimates or projections of demand were needed. As is evident from the approaches and experience outlined above, this took a long time to get right and must be established quicker in any future pandemic.

#### *Key issues for the WLGA*

50. In summarising the key learning and issues from a WLGA and local authority perspective, I would reference the Wales Centre for Public Policy blog written by James Downe, Professor of Public Policy & Management in Cardiff Business School (Exhibit CL/102 – INQ000473275 : WCPP Blog: A collaborative response to COVID-19: The experience of local government procurement professionals in Wales):

*“Collaboration has been a long-standing modus operandi of Welsh local government. In a small country with only 22 local authorities, it is relatively easy to bring the key*

*stakeholders together in one room (or in this case virtually). There has been strong collaboration throughout the response to the pandemic, but it is clear from the diary entries [NPN meeting notes] that there was a need for earlier national co-ordination. In the absence of central steering from the Welsh Government in the initial phase, it was left to the group co-ordinated by the WLGA, and the roles played by a few key individuals who provided leadership of the sector and facilitated the collaborations.*

*There is no doubt that a nationally co-ordinated, collective response would have helped mitigate the problems of supply and price of PPE. The initial phase of councils working independently to procure PPE continued for too long before cross-sector collaboration was put in place. It is argued that it was only when NHS supplies were stabilised that the Welsh Government's attention turned to social care.*

*Local councils did their best in sharing information about suppliers and did not seem to abuse the system by procuring more than their 'fair share'. Rather than there being competition between councils, the ethos was one of working together and sharing intelligence. There were also examples of cross-border working as masks were received in Wales from Scotland in April 2020 and Wales sent a consignment of masks to NHS England in May 2020 as part of the Mutual Aid Scheme. Overall, more stock was provided by Wales to other countries than they received.*

*There are lessons to be learnt around supply, particularly the reliance on international supply chains and the risk involved in these chains breaking down. Welsh councils generally found that their pre-pandemic framework suppliers did not deliver. It was the off-framework suppliers who provided better pricing, availability, and were able to work smarter and deliver products. There are case studies of good practice in on-shore production of PPE in Wales including RotoMedical which has provided Welsh-made face coverings at scale for pupils in Welsh schools."*

51. Setting aside the experiences at the outset of the pandemic, once the NWSSP, NPS and WLGA were working in partnership to procure and distribute key healthcare equipment across medical and care settings across Wales, the system worked well, was efficiently organised and met the needs of the sector. In the eventuality of a future pandemic, the WLGA considers it imperative that these working arrangements be reached in a much shorter time frame, minimising the risk borne by individual local authorities and their procurement expertise, and reducing potential harm faced by those providing and in receipt of care.

*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.*

**Personal Data**

Signed

Dated 20.12.24