

Witness Name: Mark Drakeford

Statement No: 1 in M5

Exhibits: 27

Dated: 19 December 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MARK DRAKEFORD

I, Mark Drakeford, provide this first statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 9 October 2024 issued under reference M5/Drakeford/01.

Preface

1. 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), so that lessons can be learned, and recommendations made for the future.
2. In successive statements to the Inquiry, I have emphasised the loss faced and felt by so many people as a result of the Covid-19 pandemic. I repeat here my appreciation of all those who worked so hard to mitigate the harm caused by the virus, and my sympathies for those who lost so much, and for whom that impact can never be repaired. With each successive module of the Inquiry, it is the experiences of those most directly affected, in every aspect, which come to the fore and which form the context in which this statement has been provided.

Background

3. I was born and brought up in Carmarthenshire and attended Queen Elizabeth Grammar School, I studied Latin at the University of Kent and graduated from the University of Exeter

as a social worker. I moved to Cardiff in 1979 and worked as a probation officer and a youth justice worker, and as a Barnardo's project leader.

4. From 1991 to 1995, I was a lecturer in applied social studies at the University College of Swansea (now Swansea University). I then moved to the University of Wales, Cardiff, renamed as Cardiff University in 1999, as a lecturer in its School of Social and Administrative Studies. I was promoted to Senior Lecturer in 1999 and appointed as Professor of Social Policy and Applied Social Sciences in 2003. I continued in post, alongside my political work, until my appointment as a Minister in 2013.
5. From 1985 to 1993 I was a councillor for South Glamorgan County Council and served as Vice-Chair of the Education Committee during that time. Following Mr Rhodri Morgan's appointment as First Minister in 2000, I became a special adviser on health and social policy and later served as the head of the First Minister's political office. I succeeded Mr Morgan as the Assembly Member for Cardiff West when he retired in 2011. Immediately after, I became the Chair of the Welsh Assembly's Health and Social Care Committee and of the All-Wales Programme Monitoring Committee for European Funds.
6. In 2013, I was appointed as Minister for Health and Social Services in the Welsh Government and served in that role until 2016. Following the May election of that year, I became Cabinet Secretary for Finance and Local Government. Later in 2016, I assumed responsibility for the Welsh Government's Brexit preparations. I became First Minister and Leader of Welsh Labour in 2018. I was appointed as a Privy Counsellor on 10 January 2019.
7. I remained First Minister until I tendered my resignation to the King on 19 March 2024. I was succeeded as First Minister by Vaughan Gething MS and subsequently by Eluned Morgan MS. I remain an elected member of the Senedd, representing Cardiff West and I was appointed as Cabinet Secretary for Finance and Welsh Language on 11 September 2024 by Eluned Morgan MS in her capacity as Prif Weinidog (First Minister).

My role in relation to the procurement of PPE and other key healthcare equipment

8. As First Minister, I was primarily responsible for the formulation, development and presentation of Welsh Government policy. In relation to the matters set out in the Scope

for Module 5, overall Cabinet responsibility for procurement policy lay with Rebecca Evans MS, from December 2018 as Minister for Finance and Trefnydd and then from May 2021 as Minister for Finance and Local Government. The Minister for Health and Social Services oversaw and agreed the funding of PPE and other healthcare supplies for the NHS and social care sector.

9. However, although individual Ministers were responsible for agreeing specific procurement activity within their portfolio areas, I played an active role in chairing Cabinet meetings where PPE issues were regularly raised, particularly in the early period of the pandemic, as well as chairing a weekly PPE meeting with relevant Ministers and Welsh Government officials to monitor stocks and supplies. Initially, the meetings were held weekly and then moved to fortnightly in June as the PPE position regarding the supply and distribution improved. The last meeting was held on 28 July 2020. The meetings also acted as a forum to raise and resolve any emerging issues and were an opportunity to review the latest NHS Wales Shared Services Partnership dashboard. An example of which can be found at exhibit **MD/001-INQ000198407**.
10. There were other meetings I was involved in, which although not specific to the matters set out in the Scope for Module 5, involved discussions around PPE, for example a meeting on social care on 15 April 2020, exhibit **MD/002- INQ000336415** refers.
11. As First Minister, I chaired the Cabinet which is the central decision-making body of the Welsh Government. It is a collective forum for Ministers to decide significant issues and to keep colleagues informed of important matters, which are discussed, either because they raise significant issues of policy or because they are of critical importance to the public. As such my role in the process, particularly in the first few months of the pandemic when PPE was such a prominent topic, involved leading discussions and helping to resolve issues or questions where they arose. Exhibit **MD/003-INQ000048804**, **MD/004-INQ000320732** and **MD/005-INQ000048790** refer.
12. I also requested regular updates from officials regarding the PPE stock and supply position, which were provided to me from April 2020 until April 2022. The briefings included detail on how many items of PPE had been issued to the health and social care system as well as a breakdown by item. They also provided me with an update from the Critical Equipment Requirements Engineering Team of the latest position regarding offers of help from Welsh manufacturers and the number of Welsh companies supporting the NHS with their products. These PPE briefings have all been disclosed to the Inquiry.

13. The fact that as First Minister I was chairing those meetings, meant I was, in that collective way, involved in respect of matters relating to Module 5 during that formative period of the pandemic. As the pandemic progressed and the procurement and supply systems were fully up and running, I became less directly involved, though I continued to receive weekly NHS Wales Shared Services Partnership dashboard figures and the briefings referred to above.
14. Having chaired and led such discussions, I had a broad understanding of the issues relating to PPE, but it was the detailed briefings regarding PPE stock and supply in particular which provided a comprehensive assessment of the PPE position. In this regard and thanks to the modelling work carried out by Deloitte, which I understand is covered extensively in the statements **M5/WGCPD/01** and **M5/HSSG/01**, I do believe that Wales gained as full a picture as possible of stock levels of PPE across the health and care sector in Wales. As noted in **M5/GETHING/01** the modelling process was challenging in the first few weeks, but 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. Whilst modelling is rarely 100% accurate, the Deloitte model was beneficial in capturing up to date demand assessment and variables that affected PPE demand.
15. Local Health Boards exist in order to be able to respond directly to their own local needs and circumstances. Guidance is always expected to be calibrated against the local context, but it would have been my expectation that the essential advice of clinicians, as represented in the guidance, would have been followed in all health and social care settings. I am not aware of any concerns being raised with me about differential implementation of the Infection, Prevention and Control guidance by Local Health Boards, nor were concerns raised with me that interpretation of the guidance was having an impact on predicting PPE demand for Wales.

Working with Welsh Government Ministers, senior officials and the NHS Wales Shared Services Partnership

16. I enjoyed a positive relationship with members of the Cabinet which continued during the pandemic. From early April, I held regular daily morning calls at 9 a.m. with all Ministers. The purpose of the call was to ensure that the whole Ministerial team continued to operate together, sharing information and contributing to the process of decision-making. The fast-moving nature of the crisis, and the many ways in which problems required a response across different portfolios, meant that a daily call, at the start of each day, involving all

Ministers proved invaluable in assisting responsive and collaborative decision-making. An email would usually be issued from my office, following the meeting, capturing the issues that had been discussed at the 9am call. Issues related to the procurement of healthcare supplies were raised during those meetings as can be seen in the email issued from my office following the daily call on 6 April 2020, exhibited at – **MD/006-INQ000271473** and in the email following the daily call on 25 April 2020 exhibited at **MD/007-INQ000299237**.

17. I also established a 'Core Ministerial Group' early in March 2020 which consisted of the Ministers most involved in developing the pandemic response and key officials, for example, Andrew Goodall, the then Director General for the Health and Social Services Group. The meeting evolved to become the Covid Core Group, and its membership widened to include Councillor Andrew Morgan as a representative of the Welsh Local Government Association and the two Leaders of the Opposition. This group was for information-sharing, rather than decision-making, but did cover issues such as supply of PPE as seen in the note of the meeting on 25 March 2020 exhibited at **MD/008-INQ000215173**. It met weekly between 2 March and 14 September 2020.

18. Alongside these regular meetings I also chaired a PPE meeting with relevant Ministers and Welsh Government officials to monitor stocks and supplies. Initially, the meetings were held weekly and moved to fortnightly in June as the PPE position regarding the supply and distribution improved. The last meeting was held on 28 July 2020.

19. On 2 April 2020, I held a meeting with the Minister for Health and Social Services and officials to discuss PPE, exhibit **MD/009-INQ000349242** refers. It was agreed that the only viable approach would be to pursue a UK-wide procurement process for PPE. I followed this up the next day by meeting with the Minister for Health and Social Services, the Minister for Housing and Local Government, and the Minister and Deputy Minister for Economy and Transport, exhibit **MD/010-INQ000349257** refers. A twin-track approach was needed to secure sufficient supply of PPE – mobilising Welsh industry and adopting a four nations approach to procurement. I identified this issue as one of the most important priorities facing the Welsh Government at that time.

20. Both Andrew Goodall and Judith Paget attended Cabinet meetings in their role as Director General of the Health and Social Services Group and my relationship with both of them was longstanding and positive. Andrew Goodall also attended the Covid Core Group meetings where he would provide updates to members of the group.

21. The Director of Finance for the Health and Social Services Group, Alan Brace, would attend the daily ministerial calls to provide updates in respect of PPE and he also attended the weekly PPE meetings. This was my main interaction with Alan. It drew on my long experience of working with him which gave me a high level of confidence in his ability as an effective and skilled public servant.
22. 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 the Minister for Finance.
23. I am also asked for my view on the effectiveness of the communication process between the Minister for Finance and Local Government, the Health and Social Services Group and wider Welsh Government in respect of PPE procurement during the pandemic. The provision of PPE was a matter which involved the whole of the Welsh Government, given its prominence as a matter of public policy and its importance in keeping people safe. While not every Cabinet colleague was able to attend every meeting at which PPE matters were discussed, each was involved directly where their own portfolios responsibilities were engaged. Collectively, the Cabinet both received regular information about supplies and distribution of PPE and was able to discuss solutions to emerging issues. This, along with the ministerial PPE meetings and the various PPE groups attended by officials, ensured there was strong and effective communication between Ministers and across wider Welsh Government in respect of PPE procurement.
24. I am also asked how I worked with the Office of the First Minister Group on the procurement of healthcare supplies. The Office of the First Minister Group did not have any responsibility for the procurement of healthcare supplies.
25. I had very few dealings with the NHS Wales Shared Services Partnership directly although the information they provided to the Health and Social Services Group was reported to me via PPE briefings and meetings. That said, I was very familiar with the NHS Wales Shared Services Partnership as I had been involved in various ways in its creation and development and had experience of working with its senior staff. It was an organisation which I knew well and in which I had a high degree of confidence. The one occasion I was in a meeting with representatives from the NHS Wales Shared Services Partnership was regarding Cardiff University's Phoenix Project which works with agencies in Namibia on health promotion, poverty reduction and environmental projects. I met with Professor

Kenneth Matengu from the University of Namibia, along with the NHS Wales Shared Services Partnership, in June 2021 to see how Wales could support Namibia in providing healthcare equipment. Following that meeting we were able to donate £7.3m worth of PPE equipment to Namibia as exhibited in **MD/011-INQ000477056**.

26. I am asked how Wales came to be in a position to donate PPE to Namibia. I understand that by mid-2021 the PPE stockpile that the NHS Wales Shared Services Partnership had built up was beyond what was eventually needed to protect Wales. This was primarily due to minimum order volumes set by suppliers. When we were asked in the meeting outlined above to support Namibia this seemed like a clear way that Wales could play its part in helping the global response to the pandemic.

Working with the UK Government and other Devolved Governments

27. Working with Nicola Sturgeon in her time as First Minister of Scotland and Arlene Foster in her time as First Minister of Northern Ireland was always constructive. We would discuss issues related to PPE and, in particular, around mutual aid. With regard to PPE, on the whole Wales was in a better position to help others but it was a two-way arrangement. Further detail on mutual aid is outlined later in this statement at paragraph 46.

28. The Health Ministerial Implementation Group meetings were the main forum where the procurement of healthcare supplies was discussed with the UK Government. They were used to discuss a UK-wide approach to PPE supply and also the funding arrangements for PPE. Further details are outlined below.

29. During April 2020 there were significant issues in relation to the supply of PPE in Wales. A situation was reached where we were at significant risk of running out of a small number of PPE items in a matter of weeks. The problem was caused by disruption in the UK supply chain. The Health Ministerial Implementation Group on 2 April 2020, **MD/012-INQ000215183** refers, considered the UK Government's proposal to centralise the procurement and supply of PPE; **MD/013-INQ000083689** is the agenda to that meeting and the papers are exhibited as **MD/014-INQ000216483**.

30. Although there was significant engagement with the UK Government on this, I was aware that officials were requesting reassurance that the central UK distribution process would be able to fulfil our needs. A later Health Ministerial Implementation Group briefing on 14 April 2020 **MD/015-INQ000216598** set out that if PPE stocks were not replenished quickly some PPE items in Wales could run out in two to four weeks. This was the closest the

Welsh system ever came to being unable to supply individual components necessary for effective protection. Thankfully the deliveries arrived in time for the supply into the Welsh system to continue uninterrupted.

31. At the Health Ministerial Implementation Group on 21 April 2020, it was decided that the UK Government would work with the devolved governments and adopt a UK-wide approach to PPE, exhibit **MD/016-INQ000216490** refers. By 7 May 2020, Lord Deighton's PPE programme had been established to secure PPE supply on a UK-wide basis, the issue then became one of funding.
32. On 7 May 2020, the Health Ministerial Implementation Group discussed the four nations approach to the supply of PPE and the need to ensure that the devolved governments received funding for the provision of PPE commensurate with the funding made available to the UK Government for England: see exhibits **MD/017-INQ000216512** and **MD/018-INQ000216508**. HM Treasury agreed to work with the devolved governments to address this issue. The fundamental choice lay between agreeing a single UK-wide pot of money from which all costs would be met or, as was ultimately agreed, a Barnett-driven allocation of funding for devolved governments to manage. As a result, we were better able to provide a service which met the needs of Wales because the funding was in our own hands. It was, therefore, capable of being applied in ways which reflected Welsh circumstances, and in a fair and transparent way. We did not have any issues with regards to the quantity of funding made available for the procurement of PPE and other key healthcare equipment in Wales.
33. I am asked how Welsh circumstances and PPE needs differed from that of England, Northern Ireland and Scotland. The demand for PPE varied considerably across the UK at different points during the pandemic. As waves of Covid-19 spread across the UK different parts of the country needed differing levels of PPE at different points in time to address the non-uniform demand peaks that were being experienced across the nations and regions. By having a Barnett-driven allocation of funding we could allocate resources according to demand and were not reliant on the UK Government for PPE supply which had been limited and sometimes unreliable up to that point.

Monitoring procurement funding

34. The Inquiry asks how I monitored funds spent on the procurement and distribution of key healthcare equipment and supplies during the pandemic. In March 2020, I asked for the

Star Chamber to be established to oversee and co-ordinate the overall fiscal response to the pandemic. It was recognised that the response to the pandemic would place unprecedented pressure on the Welsh Government's budget for 2020-21 due to the sheer volume of significant finance related decisions that would need to be taken by Ministers, and the challenge of assessing and prioritising these to maximise the impact of available resources. Information about the structure of the Star Chamber is set out in the terms of reference which I exhibit as **MD/019-INQ000066177**.

35. Proposals for funding would be developed by portfolio Ministers' officials via the Ministerial Advice (MA) process. More information on this process is set out in paragraph 137 of Andrew Goodall's Module 2B statement M2B/WG/AG/01, exhibited at **MD/020-INQ000396878**. Once Ministers were content, the funding request would be submitted to the Star Chamber for consideration.

36. I was involved in decision-making relating to these matters because the work of the Star Chamber was reported to and discussed at Cabinet. When necessary, for example, because of the quantum of expenditure proposed, or because spending involved more than one member, I would have conversations with the Minister for Finance and Trefnydd before such decisions were brought to Cabinet.

37. In relation to PPE, ventilators, Lateral Flow Tests, PCR Testing Equipment and oxygen, funding decisions were taken by relevant Ministers following considerations of Ministerial Advice briefings. It is important to emphasise, however, that because of the size of the Welsh Government, and the frequency with which Ministers met, such decisions were never taken in isolation, or without the opportunity for the decision maker to be informed of the views of colleagues.

EU Exit

38. I have been asked for my reflections on the effect of the UK's exit from the European Union. It certainly added to the challenge of procuring the healthcare supplies the NHS in Wales needed. We were no longer in the single market which had a detrimental effect on our ability to get things we needed in a timely way.

39. Although the resilience of supply chains for key healthcare equipment and supplies was more complex than purely being a result of the UK's exit from the European Union, acquiring the supplies and equipment needed from outside the UK became more difficult as a consequence. In a highly competitive global market, suppliers are always likely to sell

first into their largest market, with others following behind. Outside the EU, the UK was a less attractive customer than we would have been had we remained inside it.

Principal issues with procurement as the UK entered the pandemic

40. In my view, the significant issues in relation to the supply of PPE in Wales were caused by the disruption in the global supply chain and, as noted above, the headwind brought about by our exit from the EU. That disruption highlights the importance of having an indigenous supply and not becoming wholly reliant on fragile supply chains.
41. To the best of my knowledge, Welsh procurement strategy was not the cause of any problems in procuring key healthcare equipment and supplies. Work at official level was constructive and collaborative, with procurement expertise to draw upon from within the Welsh Government and civil service.
42. I understand that the Four Nations PPE Strategic Board, which was established in April 2020, met monthly to provide mutual, strategic support with the aim of developing a shared view of PPE supply and demand. This helped ensure value for money on PPE procurement and it minimised competition between the four nations on the international market.
43. Welsh Government procurement officials and those from the other devolved governments worked with the UK Cabinet Office to develop four Procurement Policy Notes (PPNs) which could be adopted by the whole of the UK.
44. These Procurement Policy Notes provided more flexibility for procurement as they enabled advance payments where a value for money case was made and allowed for procurement of goods, services and works without competition or advertising providing there were genuine reasons for urgency. Additionally, in terms of expertise, the range of experience and procurement expertise within the civil service (and more widely within the NHS Wales Shared Services Partnership) was beneficial, rather than restrictive, during the pandemic.
45. In April 2020, an enormous effort was also directed to dealing with what was expected to be an insufficient supply of ventilators to support those patients with Covid-19-induced breathing difficulties. The multi-million-pound Advanced Manufacturing Centre in Broughton played a crucial role in the manufacture of ventilators in response to the pandemic. Airbus workers were redeployed as part of the Ventilator Challenge UK

consortium of UK industrial, technology and engineering businesses producing ventilators for the NHS.

46. In many ways we faced the same challenges and issues as everyone else. Extraordinary effort was made by officials from the four nations to collaborate and co-operate during an unprecedented public health emergency. Although funding arrangements were sometimes a source of potential disagreement between the UK Government and the devolved governments, I want to recognise the funding that was made available to Wales over the course of the pandemic.

Key decisions and policies during the pandemic

47. Although I was not directly involved in the procurement of key healthcare equipment and supplies, I was involved in the decision-making process about policies which concerned procurement of PPE, particularly during the early months of the pandemic.
48. A chronology of high-level key events within the scope of Module 5 is annexed to this statement. Actions which I undertook directly are highlighted. However, as I have described above, the Welsh Government Cabinet is a collective decision-making forum, as was the ministerial PPE meeting I chaired. I would therefore have been involved in discussions about many of the decisions or actions which were formally taken by an individual Minister.
49. I have been asked about my role in relation to the Four Nations Strategic Board and the Devolved Administrations PPE Group. I did not attend these meetings which, as I understand it, were attended by Welsh Government officials and not Ministers.
50. The Inquiry asks how well Wales collaborated and communicated with the UK Government and other devolved governments regarding PPE during the pandemic. As reflected earlier in this statement, while we experienced some issues in the early stages regarding the central UK distribution process, overall, collaboration and communication between the four nations regarding PPE was effective.
51. Wales both received mutual aid from Scotland and England and provided mutual aid to England and Northern Ireland. It was a very good example of shared working. A Written Statement issued on 9 August 2021 and exhibited at **MD/021-INQ000470747** shows, since the beginning 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 provided £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. Further information about the system of mutual aid is set out in paragraphs 258 to 266 of the Welsh Government's corporate statement **M5/WGCPD/01**.

52. The Inquiry asks what input I had into the decision that Wales should opt out of the UK Health Security Agency's procurement of lateral flow tests. As I remember, Wales chose to opt out of the procurement of lateral flow tests on two occasions and as a result the Welsh Government received a funding transfer equivalent to the value of the tests. The decisions to opt out on those two occasions were taken via Ministerial Advice sent to the Minister for Health and Social Services. I was copied into the Ministerial Advice, exhibited at **MD/022-INQ000116768**, which recommended opting out based on our current stock levels, and this matter would have been discussed with Ministers collectively before the decision was taken.

Sourcing PPE from overseas

53. It was reported to me that the supplies being received by Wales through the UK supply route fell behind what was needed. There were teething problems with the arrangements and the UK Government was not responding adequately to urgent requests for supply of PPE stock, putting Wales in a vulnerable position.
54. This challenging situation with stocks meant that the NHS Wales Shared Services Partnership was under significant pressure to procure PPE very quickly. I was never aware of Wales having significantly higher levels of PPE than was in fact required during the peak of the pandemic. However, as stated in paragraph 26, it was only when we reached a point around mid-2021 that it became clear we had enough stock for our own needs and accordingly we were then in position to help others, in this case Namibia. Information I was provided with via the NHS Wales Shared Services dashboard made clear what had been issued over the past 7 days and how many days of stock was 'on hand'. I never felt those figures were excessive and in fact they gave me reassurance that stock levels were being monitored correctly and that PPE was being bought in accordance with modelling based on demand.
55. Welsh Government officials were in regular contact with the NHS Wales Shared Services Partnership regarding the procurement of PPE supplies and other critical care supplies. Ministers were keen that our network of overseas offices should help with the wider effort

to secure supplies of PPE, and officials in those offices worked to identify links to PPE suppliers and with the UK Government Department for International Trade.

56. As exhibit **MD/023-INQ000513439** highlights, Eluned Morgan, the Minister for International Relations and the Welsh Language, was in contact with her officials in the Department for International Relations and Trade regarding the work they were undertaking to support sourcing PPE equipment. This is the backdrop of what was taking place on the ground in our overseas offices in our attempts to source PPE internationally as well as domestically.

57. In relation to Cambodia, we were able to secure half a million vital fluid-resistant gowns for the NHS in Wales thanks to Welsh contacts. On 23 April 2020 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, subject to the usual due diligence checks, exhibit **MD/024-INQ000434591** refers. On the 1 May, I announced the arrival of these gowns at Cardiff Airport **MD/025-INQ000513441**. That is how quickly both Welsh Government officials and the NHS Wales Shared Services Partnership were turning things around, within the agreed governance arrangements.

Communicating decisions

58. This matter was exhaustively considered in Module 2B. As I outlined in my Module 2B statement, I was part of a ministerial WhatsApp group which included Cabinet members and special advisers. This group was mainly used to inform others about meetings called at short notice, upcoming announcements and would often be used as a checking platform and a 'check in' opportunity. I was also in other WhatsApp chats for example, with my special adviser Jane Runeckles and with Michael Gove. The WhatsApp chats to which I was a party and which I have located on my phone, have been provided to the public inquiry but I understand others have also been able to provide WhatsApp material to which I am a party, and these chats have also been provided to the inquiry. I also received text messages or iMessages from a range of stakeholders to include other Ministers, members of the Senedd, members of the civil service, council leaders, the leader of the Welsh Local Government Association, members of the devolved governments and members of the Labour party. The purpose of these messages was to share news and information. Informal and private communications played only a minor and residual role in the Welsh Government. Such means were used to impart information or to seek views but not to make decisions. In my own case, these forms of communication formed a peripheral and fractional part of interacting with colleagues.

Calls to arms

59. The Inquiry has asked me to describe my role in relation to the funding and monitoring of expenditure of the following bodies and projects:

The Critical Equipment Requirement Engineering Team

60. I was not directly involved in the funding and monitoring of expenditure of the Critical Equipment Requirement Engineering Team. Ministerial responsibility for overseeing the expenditure of the Critical Equipment Requirement Engineering Team rested with the Minister for Economy, Transport and North Wales.

61. Business Wales is a service which is operated by the Welsh Government and offers a range of contracted business support services to inspire entrepreneurs and help start, sustain and grow businesses. I was not directly involved in the funding and monitoring of expenditure relating to Business Wales, and I am not aware of any related issues.

The Life Sciences Hub Wales

62. Life Sciences Hub was a member of the Critical Equipment Requirement Engineering Team and was responsible for collating, managing and triaging all offers of support to the health and social care sector in Wales in relation to the Covid-19 pandemic. I was not directly involved in the funding and monitoring of expenditure relating to the Life Sciences Hub, and I am not aware of any related issues.

Industry Wales

63. I am aware that Industry Wales receives annual funding from the Welsh Government and that it remains fully accountable to Welsh Ministers, however I was not directly involved in the funding and monitoring of expenditure relating to Industry Wales. Ministerial responsibility for funding and monitoring of expenditure rests with the Minister for the Economy. I am unaware of any issues.

Operation Moonshot

64. Operation Moonshot was a mass testing scheme developed by the UK Government to make available same-day Covid-19 testing for people in England. The scheme applied to England only, and therefore I was not involved in the funding or monitoring of expenditure of Operation Moonshot. The UK Government would be better placed to provide the Inquiry with any information relating to issues with the scheme.

The Ventilator Challenge

65. The Ventilator Challenge was launched by the UK Government asking manufacturers of medical device to step up production of existing designs and design new ventilators. I was supportive of the Ventilator Challenge, and I am aware that several businesses in Wales, such as the Welsh Government-owned AMRC Cymru, were involved in contributing to the Ventilator Challenge. However, matters relating to the funding and monitoring of expenditure relating to the Ventilator Challenge were overseen by the UK Government. The UK Government would be better placed to provide the Inquiry with any information relating to issues with the Ventilator Challenge.

Processes and procedures in relation to procurement

66. The Inquiry asks for details of any issues that were brought to my attention in respect of the use of direct awards; 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 in the course of procurement during the pandemic and compliance with rules on spending thresholds. I was aware that the supply chain challenges we faced at the time meant the NHS Shared Services Partnership would on occasion need to agree to advance payment terms, and we would need to consider raising the thresholds of those terms to secure supplies. However, this was all done within the robust spending controls process the Welsh Government had in place. To ensure propriety, all local health board contracts over £1 million were still required to be submitted to the Welsh Government for approval before their award. These matters would have been discussed and, where necessary, decisions agreed collectively, in the ministerial PPE meetings I chaired. The NHS Wales Shared Services Partnership equally had their own financial governance procedures in place to manage risk and ensure due diligence.

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

- a. The use of direct awards, dynamic purchasing systems or framework agreements, and any changes in their use during the pandemic.
- b. The drafting of contractual wording, including the drafting or use of any standard or template contracts for direct awards.
- c. The management of contracts once awarded.
- d. The publishing of contract award notices within the required period.

- e. The total procurement spend.
- f. 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.

68. 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 concerning 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 82 to 95 of the [draft] 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 52 to 55 of the [draft] 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**.

69. I was not directly involved in any contracts for the supply of PPE, ventilators or other key healthcare equipment during the pandemic. Any direct approaches to my office, including from high profile individuals, were redirected to the formally established channels to be considered alongside all other offers of assistance. This came to the fore with the offer of help from Nobel prize winner and highly distinguished scientist Professor Sir Martin Evans; **MD/026-INQ000513442** refers. I was sure that we had to treat his offer of help as we would

any other. He was unhappy at this and went to the press to complain about the lack of responsiveness from the Welsh Government. Although no one could be in any doubt about Sir Martin's bona fides, this was a point in the pandemic when many other offers of help were very far from genuine. I took the view that the integrity of the process had to be defended by treating all offers against the same rapid-but-rigorous approach which we had tried to develop, even when that led to uncomfortable publicity. It was the right decision then, and I remain of that view today.

70. For the avoidance of doubt, there was never any direct discussion of a 'VIP lane' in the Welsh context - partly, no doubt, because that is not the way our economy or our politics are constructed. The discussion I remember very well was of the need to have a process which would allow, as rapidly and rigorously as possible, to distinguish between genuine offers of help, and those which were simply designed to exploit an emergency. The result of those conversations was a reaffirmation of the policy in Wales that all offers of help would be treated in the same way, and subject to the same process of assessment.

71. The formal channels I refer to are outlined in the Welsh Government's **M5/CERET/01** statement, along with the vigorous checks and processes put in place by both the Welsh Government and the NHS Wales Shared Services Partnership which ensured that all offers were verified and that enquiries were treated fairly. I am not aware of, nor to my knowledge are there any reports of, any person or company receiving preferential treatment in accessing the system of procurement for PPE or other healthcare equipment, or in the award of any such contracts during the pandemic, including by virtue of any connection to the Welsh Government or Welsh Labour.

72. I am not aware of any significant issues or concerns about the procurement processes and procedures in Wales during the pandemic. I believe they were successful in creating a fair, transparent and effective system for the procurement of PPE and other key healthcare supplies in Wales. This is demonstrated by the fact that Wales never ran out of PPE supplies and that no incidents of conflicts of interest, preferential treatment or fraud were identified or reported during the pandemic. I also note that the Wales Audit Office report 'Procuring and Supplying PPE for the COVID-19 Pandemic', exhibited at **MD/027-INQ000214235**, 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.'*

Compliance with public law procurement principles and regulations

73. 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. To my knowledge, what was produced had a positive affect and I was never made aware that any additional guidance was needed.

74. I have been asked for my view on the appropriateness of the use of significant advance payments during the pandemic and whether I had any concerns about the use of direct awards. Given the globally competitive search for PPE, advance payment was a practical necessity, if potential sources were to be turned into actual supplies. The extraordinary circumstances of the time demanded departures from norms which applied in ordinary times. In Wales, advanced payments were subject to a high degree of scrutiny, and only went ahead where the case for doing so was clear. There is no evidence, of which I am aware, that standards of propriety or stewardship of public money was compromised in the process. Similarly, I am not aware of any concerns about the use of direct awards, which was a matter of the NHS Wales Shared Services Partnership.

Decisions as to what to buy at what cost

75. The Inquiry has asked about decisions relating to what PPE and healthcare equipment to buy and at what cost, including the procedures in place to ensure good decision-making in this regard, whether there was access to sufficient relevant data and information, and my familiarity with the work undertaken by the NHS Wales Shared Services Partnership.

76. The decisions regarding what to buy and at what cost were ultimately for the NHS Wales Shared Services Partnership but, particularly in the early stages of the pandemic, the Welsh Government provided significant support to assist with this.

77. I was very familiar with the work of the NHS Wales Shared Services Partnership and the Welsh Government support during the early period of the pandemic through my chairing of the weekly ministerial PPE meeting and the related briefings I received, as described earlier in this witness statement. Following the close of those meetings in July 2020, I continued to receive weekly PPE stock and distribution dashboard.

78. The Inquiry have asked about my access to relevant data and information. I felt I was always provided with the data and information I needed through the PPE meetings, briefings and weekly dashboard referred to above. In relation to information about the

value of contracts awarded, it was not for me to make decisions about such contracts and so I did not expect to be provided with detailed information in this regard. Agreeing funding for the healthcare spend, including for PPE, through the Star Chamber process gave me the reassurance I needed that funding was being spent appropriately where it was needed.

Delivering PPE to the care sector

79. The provision of PPE to the social care and community care sector is described in detail in statement **M5/WGCPD/01** at paragraphs 284 to 323. There is nothing that I can usefully add to that detailed evidence.

Reflections on procurement funding, economic policy and lessons learned

80. As noted earlier in this statement, I believe that the procurement processes in Wales, were robust, effective and transparent.

81. In relation to the distribution of PPE, the support we received from the military to review the distribution arrangements for PPE was especially valuable. The relationship between the Welsh Government and the Armed Forces in Wales had always been cordial. The intensity of the pandemic strengthened this relationship and enhanced our ability to respond to areas of concern such as the distribution of PPE. In my view, the option of military assistance in areas they have the appropriate skills and experience would be hugely beneficial in any future pandemic.

82. The success of the procurement of PPE in Wales was facilitated by the crucial early decision for a Barnett allocation of funding to Wales, rather than funding from a centralised UK pot. This allowed the Welsh Government to take decisions which better met the needs and circumstances in Wales, while the system of mutual aid between the four nations continued to enable cooperation and assistance. I do not believe there were any issues with regards to the quantity of funding made available for the procurement of PPE and other key healthcare equipment in Wales.

83. I have been asked to identify any sectors relating to the supply of key healthcare equipment and supplies in which the UK has a comparative advantage. The UK has an advantage in relation to the production of the more specialist or complex healthcare equipment and supplies, due to the high level of expertise we have in medical technology,

life sciences and related fields. Conversely, the UK can be at a comparative disadvantage in relation to very high-volume products due to the lower labour costs in other countries.

84. A significant issue revealed during the pandemic was the UK's reliance on fragile supply chains for PPE, which ended up breaking down under the pressure of the pandemic. We must learn the lesson that, when securing supplies of scarce products at a time of enormous global demand, we cannot expect them to work as they would in normal times. It is also important to understand, across government and particularly within HM Treasury, the distinction between cost and value: global supply chains offer greater cost effectiveness in a narrow, short-term sense, but there can be significantly greater value in having resilient domestic supply chains which are less likely to break down during a global pandemic when international supplies are in extremely high demand. As is described in the Welsh Government's M5/WGCPD/01 and M5/CERET/01 statements, a huge amount of work was carried out in Wales during the Covid-19 pandemic to source and support domestic suppliers of PPE and related healthcare equipment. In advance of future pandemics, Wales and the UK must ensure that we have a robust indigenous supply with on-shore capacity to produce the equipment we will need.

85. In relation to national security and our international partners I felt the UK's standing on the world stage had been damaged by Brexit, with many long-standing partners left uncertain about the reliability of the UK as a global partner. In my own experience, the problem of domestic security gave rise to greater concern than international security. This was, significantly, because the Welsh Government had no responsibilities for national security but also because of our concerns relating to due integrity of processes run by the UK Government in securing domestic supplies. I am very proud that, in our conduct of these highly pressurised responsibilities, in Wales we were able to maintain expected standards of integrity, and not to expose our domestic supplies to security risks.

86. I have been asked for my views on tariff liberalisation and domestic industrial strategy in relation to the procurement of key healthcare supplies.

87. Tariff liberalisation is a matter which lies outside the Welsh Government's control and, although we were broadly in favour of 'managed' tariff liberalisation, during the pandemic

the Welsh Government was more than fully focused on those matters for which we were directly answerable, with very little capacity left over to attend to issues outside that ambit.

88. Since before the pandemic, the Welsh Government has been in favour of an articulated industrial strategy from the UK Government, but this did not materialise. This was especially disappointing from a Welsh perspective as a greater proportion of the Welsh economy is given over to manufacturing than the UK as a whole, and the lack of an industrial strategy was damaging in the context of the pandemic because the issue of the domestic supply of essential goods had to be addressed in its absence.

89. At various points during my time as First Minister I recall some efforts by the UK Government to develop an industrial strategy, especially under Greg Clarke when he was Secretary of State for Business, Energy and Industrial Strategy. However, many in the UK Government were ideologically opposed to such a strategy and did not believe this was a proper function of the state. Instead, they believed the hidden hand of the market should be left to shape the future: successful industries would thrive; unsuccessful industries should be allowed or encouraged to come to an end. By the time of the pandemic, UK Government policy was reflective of this point of view. Of course, it was the markets which collapsed under the pressure of events during the pandemic, and the lack of an industrial strategy added to our difficulties.

90. The Welsh Government recognised early on that we needed to act quickly to secure domestic supplies which global markets were unable to provide, and there are clear examples of the Welsh Government acting to support the rapid development of indigenous capacity where previously we had relied on wider markets. That ranged from small scale production of hand sanitiser to our involvement in the ventilator challenge work at the Advanced Manufacturing centre in North-East Wales. In the absence of any UK wide strategy, these efforts to develop domestic supplies, at a time of huge pressure, were being pursued vigorously in Wales and with a great deal of public-spirited enthusiasm by their promoters, but what was lacking was any overall direction or playbook. There are important lessons to be learned from how this happened, relatively spontaneously, during the pandemic and those lessons should guide future policy making.

91. The experience of Covid-19 ought to alert any future government to the dangers of over-reliance on conventional markets and overseas suppliers during a crisis. Steps should be

taken, selectively, to identify the equipment and supplies most likely to be essential in any future pandemic and a domestic capability to produce such goods developed, with plans put in place rapidly to gear up production of the goods and materials which will be needed. The next pandemic is inherently unknowable and will, no doubt, expose different challenges. While I think it is impossible to predict precisely what those shortages will be, I do think that experience now exists of doing so during the Covid-19 pandemic. That experience needs to be captured and codified, so that it can be put to work next time.

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:

Personal Data

Mark Drakeford MS,
Cabinet Secretary for Finance and Welsh Language

Dated: 19 December 2024

Annex A

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

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	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] 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.
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 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.
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. [INQ000048570] .
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].
21 March 2020	Critical Equipment Requirement Engineering Team start to hold daily meetings which continued until the end of October 2020.
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.
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].
25 March 2020	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	In a joint letter to social care providers in Wales the Minister and Deputy Minister for Health and Social Services stated that “ <i>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</i> ” [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]
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 simply on established links, but taking a multi-pronged approach to ensuring sustainable PPE supplies, including: <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	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: <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	<p>Publication of the "Winter Protection Plan", including PPE planning until March 2021. [INQ000300011] In relation to PPE this noted: <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
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 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. [INQ000022616]
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]