SOCIAL RESEARCH NUMBER:
40/2024
PUBLICATION DATE:
11/07/2024

European Social Fund (ESF): evaluation of supporting the NHS and social care through coronavirus (COVID-19)

Mae’r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

OGL © Crown Copyright Digital ISBN 978-1-83625-189-7

European Social Fund (ESF): evaluation of supporting the NHS and social care through coronavirus (COVID-19)

Author(s): Lock, K., Moore, N., Davies, A.

Lock, K., Moore, N., Davies, A. (2024). *European Social Fund (ESF): evaluation of supporting the NHS and social care through coronavirus (COVID-19)*. Cardiff: Welsh Government, GSR report number 40/2024.
Available at: https://www.gov.wales/european-social-fund-esf-evaluation-supporting-nhs-and-social-care-through-coronavirus-covid-19

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

For further information please contact:
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Tel: 0300 025 8099
Email: Research.Evaluation@gov.wales

Table of contents

List of tables..2
Glossary..3
1. Introduction..6
2. Methodology..12
3. Evaluation findings..20
4. Conclusions..65
Annex A: Interview Topic Guides..68
Annex B: Operation Theory of Change..75
Annex C: Case Studies..76

List of tables

Table 1.1: Output Targets and Operation Forecasts (WEFO, 31/10/2022) 12
Table 2.1: Stakeholder participants in in-depth interviews 15
Table 3.1: Output Targets and Operation Achieved to date (WEFO, 31/7/2023) 25
Table 3.2: Purchasing of Personal Protective Equipment Through European Social Fund (Source: NWSSP) 31
Table 3.3: NHS Staff Numbers Hired Through ESF Funding by Contract Type (Source: NWSSP) 36
Table 3.4: NHS Staff Numbers Hired Through ESF Funding by Full/Part-time (Source: NWSSP) 36
Table 3.5: NHS Staff Numbers Hired Through ESF Funding by Covid related/Not Covid related role (Source: NWSSP) 36
Table 3.6: NHS Staff Numbers Hired Through ESF Funding by Health Board (Source: NWSSP) 37
Table 3.7: NHS Staff Numbers Hired Through ESF Funding by Job Type (Source: NWSSP) 38
Table 3.8: NHS Staff Numbers Hired Through ESF Funding by Contract Start Date (Source: NWSSP) 39
Table 3.9: NHS Staff Numbers Hired Through ESF Funding by Contract End Date (Source: NWSSP) 39
Table 3.10: NHS Staff Numbers Hired Through ESF Funding by Reason Contract Ended (Source: NWSSP) 41
Table 3.11: NHS Staff Numbers Hired Through ESF Funding by Length of Employment (Source: NWSSP) 42
Table 3.12: NHS Staff Numbers Hired Through ESF Funding by Age (Source: NWSSP) 47

Glossary

Acronym/ Key word	Definition
Allied Health Professional (AHP)	Health care professions that provide a range of diagnostic, technical, therapeutic, and support services in connection with health care.
Audit Wales	An independent public body established by the Senedd in 2005 to audit on behalf of the Auditor General for Wales, across all sectors of government in Wales, except those reserved to the UK government. Formerly known as Wales Audit Office (Audit Wales).
British Medical Journal (BMJ)	An international peer reviewed medical journal.
Business Services Organisation Procurement and Logistics Service (BSO PaLS)	Carries out the letting and management of goods and services on behalf Health and Social Care Organisations in Northern Ireland.
Cross Cutting Themes (CCTs)	Additional issues or areas that intersect with the main project or can be easily integrated into the project without losing focus of the main goal.
European Commission (EC)	The European Union's politically independent executive arm. It is responsible for drawing up proposals for new European legislation, and it implements the decisions of the European Parliament and the Council of the European Union.
European Social Fund (ESF)	A structural fund from the European Union which aims to create better job opportunities and improve employability of European citizens.
European Union (EU)	A supranational economic and political union of 27 countries, known as member states. It operates an internal market which allows free movement of goods, capital, services, and people between member states.
East Wales (EW)	European Structural Fund region in Wales, encompassing the easternmost parts of the country. It is defined as Powys, Flintshire

	and Wrexham, Monmouthshire and Newport, and Cardiff and Vale of Glamorgan.
Health and Care Professions Council (HCPC)	A statutory regulator of health and care professionals in the UK set up to protect the public.
Health Education and Improvement Wales (HEIW)	The strategic workforce body for NHS Wales. It is the only Special Health Authority in NHS Wales and oversees and provides national healthcare workforce with education, training, and development.
National Audit Office (NAO)	An independent Parliamentary body in the United Kingdom which is responsible for auditing central government departments, government agencies and non-departmental public bodies.
Opinion Research Services (ORS)	The social research agency appointed to conduct this independent evaluation.
NHS National Services Scotland (NHS NSS)	An organisation accountable to the Scottish Government providing strategic support services and expert advice to NHS Scotland.
NHS Wales Shared Services Partnership (NWSSP)	An independent organisation, owned and directed by NHS Wales. The organisation supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.
Personal Protective Equipment (PPE)	Equipment worn to minimize exposure to hazards that cause serious workplace injuries and spread infections and illnesses.
Welsh European Funding Office (WEFO)	Part of the Welsh Government responsible for administering European Structural Funds in Wales. It assesses funding applications, disburses funding to successful applicants and carries out a range of monitoring activities

Welsh Local Government Association (WLGA)	Body that represents the interests of the 22 local authorities across Wales.
West Wales and the Valleys (WWV)	European Structural Fund region in Wales, encompassing the western and south-western periphery of Wales, together with the former industrial valleys of South Wales. It comprises the unitary authorities of Anglesey, Blaenau Gwent, Bridgend, Caerphilly, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Merthyr Tydfil, Neath Port Talbot, Pembrokeshire, Rhondda Cynon Taff, Swansea, and Torfaen.

1. Introduction

1.1 In July 2023, Opinion Research Services (ORS), was appointed by the Welsh European Funding Office (WEFO) and the Welsh Government to undertake an evaluation of its 'Supporting the NHS and Social Care through Covid' operations. The aim was to produce a methodologically robust and independent evaluation, assessing the delivery of, and the outcomes achieved by, the operation.

1.2 The objectives of the evaluation were to:

- Review the operation's theory of change.
- Review the operation's performance and monitoring data to assess the delivery and outcomes achieved.
- Conduct interviews with stakeholders (e.g. Welsh Government, NHS trusts/health boards, and local authorities) to explore their experience and perceptions of the design, delivery, and performance of the operation.
- Assess the success of the operation in meeting the specific aims and targets set out in the business plan.
- Assess the extent to which the operation was able to contribute to the objectives set for the Cross Cutting Themes(CCTs)[1].
- Assess the value for money of the operation.
- Identify the scale and nature of the impact of the operation, including any unintended impacts.
- Identify lessons learnt for future operations.
- Assess the contribution of the operation to meeting the Well Being of Future Generations Act (Wales) goals[2].

1.3 Key outputs for this evaluation include this comprehensive final report and four standalone case studies with differing themes relating to the evaluation[3].

[1] In Wales, these are: Equal Opportunities; Gender Mainstreaming and the Welsh language; Sustainable Development; and Tackling Poverty and Social Exclusion.
[2] A prosperous Wales; a resilient Wales; a healthier Wales; a more equal Wales; a Wales of more cohesive communities; a Wales of vibrant culture and thriving Welsh language; a globally responsible Wales.
[3] The case study themes are the WEFO experience; the cross-cutting themes; a comparison of national PPE audits; and staffing in the Swansea Bay Area.

Evaluation Context

The European Structural Funds 2014-20 Programmes

1.4 WEFO, which is part of the Welsh Government, manages the delivery of the European Union (EU) Structural Funds Programmes in Wales. Wales benefitted from European Structural Funds investment worth some £2 billion during the 2014-2020 programme period.

1.5 The European Social Fund (ESF) is a strand of the EU Structural Funds. It aims to invest in people to help increase employment, reduce poverty, and improve educational achievement, therefore improving people's work and life opportunities. The 2014-2020 ESF was split into two operational programmes in Wales based on two geographical regions: West Wales and the Valleys (WWV) and East Wales (EW)[4].

1.6 The specific objectives of the EU Structural Funds programmes were agreed pre-pandemic. Health and Social Care was previously excluded from consideration because there were clearer and more direct mechanisms for delivering the specified outcomes set out in the Economic Prioritisation Framework[5].

The onset of Covid-19

1.7 The Covid-19 pandemic placed unprecedented strain on the health and social care system. Early on, the Welsh Government identified four key harms[6] the pandemic could cause to the people of Wales:

- Direct harm to individuals from infection and complications including for those who developed severe disease and, in some cases, sadly die as a result.
- The harm caused if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with Covid-19 on hospitals, critical care facilities and other key services.
- Harms from non-Covid illness, for example if individuals did not seek medical attention for their illness early and their condition worsened, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity.

[4] EU Structural Funds programmes 2014 to 2020: operational programmes | GOV.WALES
[5] European Funds Economic Prioritisation Framework (gov.wales)
[6] Leading Wales out of the Coronavirus Pandemic, Welsh Government, April 2020

- Socio-economic and other societal harms such as the economic impact on certain groups of not being able to work, impacts on businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing, and many others.

Addressing the potential harms

1.8 Recognising the urgency of the pandemic, the European Commission's (EC) focus was on protecting lives and livelihoods, making funding available to stockpile medical equipment, utilising financial flexibility, and urgently adopting hundreds of new decisions and other acts. This reflected the need to move from delivering on long-term objectives to immediate crisis management to ensure fast, flexible support and investment where it was most needed[7].

1.9 The EC notified Managing Authorities that Structural Funds money could be used to respond to the Covid-19 Pandemic. WEFO then reviewed the available options set out by the EC and proposed a new Priority Axis - 'Containing Covid through Capacity' - which was proposed to and cleared by the Wales Programme Monitoring Committee (PMC).

1.10 The Wales PMC was established by Welsh Government at the outset of the 2014-2020 European Structural and Investment Fund Programmes (ESI Programmes). At inception, the PMC comprised 27 Members derived from the public, private, higher education, and third sectors; civil society; and environmental and equality bodies. It is chaired by a Member of the Senedd.

1.11 The primary function of the PMC is to monitor the implementation of the 2014-2020 ESI Programmes operating in Wales in accordance with European Union (EU) regulatory requirements[8]. Of particular importance to this ESF Health Priority evaluation is the regulatory requirement for the PMC to examine the evaluation prior to its submission to the European Commission.

1.12 A Programme Modification was submitted to the European Commission in December 2020 to reallocate €80m of funding from ESF Priorities 1, 2, 3 and 5 into

[7] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Adjusted Commission Work Programme 2020. Brussels, 27.5.2020 COM (2020) 440 final.

[8] Regulation EU 1303/2013 of the European Parliament and of the Council ('Common Provisions Regulation' or 'CPR'), in particular articles 47,48, 49 and 110. Regulation EU 1304/2013 of the European Parliament and the Council ('ESF Regulation'), in particular article 13(3) and 19. Regulation EU 1305/2013 of the European Parliament and the Council ('EAFRD Regulation'), in particular article 74.

this new Priority Axis 6. The priority was allocated around 7 per cent, or £65m of the ESF budget. It was approved by the EC in January 2021.

1.13 The use of ESF funding in this way was justified as the Covid-19 crisis has had a substantive socio-economic impact on Wales[9] significantly harming the delivery of the outcomes of EU Structural Funds and disproportionately affecting economically deprived communities[10]. The impact on education has also been significant, with those from poorer backgrounds facing greater levels of disruption to their education[11]. Evidence from previous crises indicate that these impacts could deepen existing inequalities and lead to long-term damage on the health, employment performance, and well-being of the next generation. The pandemic has also deepened existing health inequalities in Wales across a range of protected characteristics specified in the Equality Act 2010[12], such as gender, age, disability and ethnicity.

Supporting the NHS and Social Care through Covid-19

1.14 Within Wales, the Covid-19 pandemic significantly increased the required levels of staff and Personal Protective Equipment (PPE) necessary to support the health and care systems to provide access to sustainable and high-quality services. This impact did not only affect NHS staff responding to Covid-19. Health and care workers working on other wards, social care settings, and in the public domain also needed additional PPE and without action there was a risk of shortages and an increased risk of transmission of the disease across all settings. In addition, there was also a significant increase in price and reduction in the quality of equipment, as countries across the world competed to secure the necessary PPE and new inexperienced providers moved into the supply chain. If services had become overwhelmed, it risked other treatments and specialties adjacent to the pathway of treatment for Covid-19, for example mental health and physiotherapy, becoming less available which risked exacerbating health problems.

1.15 As such, the primary priority of the operation was to purchase PPE with a secondary element subject to funding availability of the recruitment of temporary staff. The rationale being that PPE procurement allowed an efficient use of NHS

---

[9] Monthly GDP growth UK 2021 | Statista
[10] Autumn Update (gov.wales)
[11] The research studies - Hwb (gov.wales)
[12] Equality Act 2010 (legislation.gov.uk)

and social care resources whilst they were operating under unprecedented pressure. The Priority Axis 6 Specific Objective was 'To enhance access to health and social services' by means of:

- Increasing access to health and social care by increasing the capacity of the health and care sector in the face of Covid-19.
- Protecting the NHS from becoming overwhelmed.
- Supporting entities to constrain the impact of the pandemic, in order to save lives and reduce the long-term negative health, economic and social impacts of Covid-19.
- Providing a safe and sufficient service to patients during the pandemic.
- Providing staff working in health and social care services with appropriate PPE to protect them from catching and transmitting the disease.

1.16 Focusing on the purchase of PPE and recruitment of temporary staff helped to protect the NHS from being overwhelmed. It ensured services to support people with Covid-19 were available to patients, and staff working in health and social care services were provided with appropriate PPE to protect them from catching and transmitting the disease. It also helped mitigate the impact of Covid-19 on NHS absence rates[13] [14] [15] by bolstering staff numbers and sourcing appropriate PPE. In 2019 the overall absence rate for NHS Wales staff was 5.5 per cent, and this increased to 6 per cent in 2020, 6.3 per cent in 2021 and peaked at 6.9 per cent in 2022.[16] More detailed weekly NHS staff absence and self-isolation figures were collected during the pandemic highlighting absence specifically due to COVID and self-isolation.[17] Between April and June 2020 over 4 per cent of staff were absent due to self-isolation and between 1 and 2.4 per cent were off sick due to COVID. Taken together with sickness absence for other reasons, this gave a total weekly absence rate of between 11.5 and 8.7 per cent between April and June 2020.

Operation outputs

1.17 The following output indicators were selected for the operations:

- The number of additional health or social care staff recruited.

[13] NHS sickness absence during the covid-19 pandemic
[14] Sickness absence in the NHS
[15] NHS staff absence and self-isolation, by date (archived - no longer updated)
[16] Sickness absence (gov.wales)
[17] NHS staff absence and self-isolation, by date (archived - no longer updated) (gov.wales)

- The value of PPE purchased (total public cost).
- The number of items of PPE (including disposable masks, eye protection, coveralls, etc.) purchased.
- The number of entities supported in combating or counteracting the effects of the Covid-19 pandemic.

1.18 The targets and forecasts in relation to these can be seen in Table 1.1. The targets for this specific objective were based on the organisations identified in the Programme area as a priority to be supported to enhance capacity to respond to the Covid-19 pandemic, including the five Health Boards (Betsi Cadwaladr, Hywel Dda, Swansea Bay, Cwm Taf Morgannwg, Aneurin Bevan); the Welsh Ambulance Services Trust; and Velindre NHS Trust. Based on projected cost estimates almost 40 per cent of the financial allocation for the Specific Objective was expected to be allocated to the purchase of Personal Protective Equipment (PPE) and just over 60 per cent to be allocated to staff recruitment.

Table 1.1: Output Targets and Operation Forecasts (WEFO, 31/10/2022)

Specific Objective	Outputs	Target	Project Forecast
SO6.1 To enhance access to health and social services	Number of additional health and social care staff recruited	2,400 in WWV 1,800 in EW	2,584 in WWV 1,391 in EW
	Value of personal protective equipment purchased (total public cost)	€39.0m WWV €30.0m EW	€71.4m WWV €57.6m EW
	Personal protective equipment (PPE) (including disposable masks, eye protection, coveralls, etc) (items)	36m WWV 27m EW	165m WWV 134m EW
	Number of entities supported in combatting or counteracting the effects of the Covid-19 pandemic.	7 WWV 6 EW	8 WWV 7 EW

Delivery model

1.19 The 'Supporting the NHS and Social Care through Covid' operations were an emergency response to the Covid-19 crisis. Due to the need for speed, decisions were taken very quickly and there was no time to develop the usual options matrix and scoping exercise. Indeed, much of the work was undertaken prior to the new priority axis being agreed by the EU in January 2021. The operations were led by the Welsh Government Health team working with a variety of stakeholders and strategic groups to ensure the most effective options were selected.

1.20 The greatest challenge for WEFO was reconciling its high standards to ensure explicit policy integration; for example, integrating CCTs at the earliest stage of business planning, and the pressing need due to the urgency of the pandemic to utilise the most effective existing systems in the health and social care sectors. There was a significant risk posed by creating additional burdens like new and bespoke systems for capturing project activity and outputs. These could have distracted healthcare professionals from the immediate tasks of responding to the crisis through the creation of new systems or bureaucracy, particularly as this area had not previously received European Funding. Accordingly, and given the need for speed, WEFO prioritised working through established, reliable, and cost-effective structures to ensure help for health and social care professionals was delivered efficiently and effectively.

2. Methodology

2.1 The evaluation fieldwork was conducted between August and November 2023 and comprised of scoping interviews, a data and documentation review, and virtual in-depth interviews with stakeholders conducted via Microsoft Teams. A theory-based approach was applied to the evaluation design, with a theory of change developed by WEFO forming its basis. This can be seen in Annex B and one of the key objectives of this evaluation was to review it.

2.2 The remainder of this chapter provides further detail on the methodological approach adopted.

Scoping interviews with WEFO interviewees: May/June 2023

2.3 Three virtual scoping interviews were undertaken with WEFO staff (current and former) who were involved in the design and delivery of the operation. The aim of these interviews was to gather initial information about the operation's context and functioning. This informed the documentation and data review, gave additional context to the theory of change, and steered the design of the stakeholder interview topic guides.

2.4 Each stakeholder interview lasted around 60 minutes and sought to gather information from participants on:

- Their involvement in the operation.
- The overarching rationale for the operation.
- Specific aims and targets set for the operation.
- How the CCTs were considered in the design of the operation.
- Challenges and barriers encountered during the planning and delivery stages.
- Any enablers or opportunities that emerged during the planning and delivery stages.
- The extent to which the operation achieved its intended aims, and any unintended impacts.
- Key lessons learned from the experience.

Data and documentation review

2.5 Between August and November 2023, senior ORS colleagues undertook a detailed documentation review to understand the context for the operation, as well as analysing the numerical data relating to it. The review enabled us to gain a further understanding of the rationale for the operation, its implementation and effectiveness, as well as value for money.

2.6 The documents and data sources reviewed were:

- Operation Business Plans for EW and WWV.
- A summary of European Regional Development Fund (ERDF) and ESF Structural Fund Programmes in Wales.
- Welsh Government documents: Covid-19 Risk Assessment Tool; Socio-economic Analysis of Wales (Nov 2020).
- European Commission Guidance (2020).
- NHS Wales Shared Services Partnership (NWSSP) operation performance and monitoring data, Annual Review 2021-22, and 'In Partnership' magazine (April 2021).
- Cabinet Office Procurement Policy Note on responding to Covid-19, March 2020.
- Audit Wales, National Audit Office (NAO), Audit Scotland, and Northern Ireland Audit Office Investigation reports into government procurement during the pandemic.
- Department of Health and Social Care Annual Reports and Accounts 2021-22.
- Royal College of Nursing report on Impact of Staffing Levels on Safe and Effective Patient Care.
- Academic reports on healthcare worker experiences during the pandemic[18] [19] [20].

In-depth stakeholder interviews

2.7 Seven virtual in-depth interviews were undertaken with key stakeholders between August and October 2023. The interviews lasted between 45 and 90 minutes, depending on the depth of the individual's knowledge of and involvement with the operation.

2.8 Based on experience, a semi-structured, narrative approach to the interviews was deemed most appropriate. The topic guides were flexible enough to facilitate this, incorporating a series of direct questions and prompts to allow interviewees a degree of freedom and ownership over the interview, whilst ensuring that the evaluation questions were fully addressed.

---

[18] BMJ: Frontline Healthcare Workers' experiences with personal protective equipment during the COVID-19 pandemic in the UK (January 2021)

[19] Martin, C.A., Pan, D., Nazareth, J. et al. Access to personal protective equipment in healthcare workers during the COVID-19 pandemic in the United Kingdom: results from a nationwide cohort study (UK-REACH). BMC Health Serv Res 22, 867 (2022)

[20] Robbins T, Kyrou I, Vankad M, et al. Differential perceptions regarding personal protective equipment use during the COVID-19 pandemic by NHS healthcare professionals based on ethnicity, sex, and professional experience. Infect Prev Pract. 2021;3(3):100141

2.9 Participants were recruited from a list of around 20 stakeholders provided by the WEFO team. The list included representatives from all health boards in Wales, higher education providers and strategic stakeholders from Welsh Government Health, Health Education and Improvement Wales (HEIW), Health and Care Professions Council (HCPC), NWSSP, Welsh Local Government Association (WLGA), and from within the WEFO team.

2.10 All 20 were contacted and invited to an interview and asked if they had any colleagues that might also be able to take part in the evaluation. Through this snowballing approach, it was hoped that 28 interviews would be achieved in total.

2.11 The following provides a breakdown of the completed interviews and their areas of expertise.

Table 2.1: Stakeholder participants in in-depth interviews

Stakeholder Organisation	Area of interest	Number of interviews
WEFO	Strategic oversight – whole operation	2
Welsh Government	Strategic oversight - PPE	1
WLGA	Strategic oversight - PPE	1
Health board	Staff Recruitment	1
Higher education provider	Staff Recruitment	2

2.12 In addition, one written call for evidence was provided by a health board. This focussed on staff recruitment and has been analysed alongside the interview findings. This approach was agreed following significant attempts to recruit stakeholders via several emails and telephone calls, as well as snowballing, during July and August.

2.13 During this time, we reviewed recruitment materials and added information to stress that prior knowledge of ESF funding was not required to take part. We also shared some slides with participants which gave an overview of the operation and its objectives.

2.14 Two separate topic guides were used during the interviews: one for strategic stakeholders from WEFO, Welsh Government, and the WLGA; and one for stakeholders from health boards and the higher education sector with more operational knowledge of how staff were recruited and PPE was procured. The topic guides are included in Annex A of this report.

2.15 The strategic topic guide explored:

- An overview of the participant's role during the pandemic.
- Their understanding of the operation and its rationale.
- Their views on the objectives of the operation.
- Any challenges encountered during the pandemic.
- Views on considering CCTs in the operation.
- The extent to which the operation has met its aims.
- Any unintended impacts observed.
- Key lessons learned.

2.16 The operational topic guide explored:

- An overview of the participant's role during the pandemic.
- The key PPE and/or staffing needs of their organisation during the pandemic.
- Their view on the rationale and objectives of the operation (after being given an introductory slideshow).
- How their organisation went about procuring PPE or recruiting staff.
- The scale of purchasing / recruitment.
- Any consideration given to quality, sustainability, and staff equality issues.
- The impact of additional PPE/staff on the organisation.

- Any awareness that funding was awarded from the ESF.
- The impact of retrospective funding and the counterfactual (i.e., what would have been the impact had the funding not been available).
- Key lessons learned.

Analysis and reporting

2.17 Senior ORS researchers in-house analysed all data. The interviews were written up and thematically analysed only by the researchers who undertook the interviews, to ensure a full understanding of the context. Any analysis was peer reviewed by the project lead to ensure consistency of approach and researchers discussed the emerging themes verbally, to enable the team to draw the key themes from the research at an early stage and start to form a basis for the report.

2.18 The key findings from the document and data reviews as well as all interviews, including scoping, and the written response received, are summarised in this report. and used to inform the four standalone case studies. These were purposively selected with the aim of providing a detailed description of PPE procurement and staff recruitment processes. The four case studies focus on the WEFO experience; the cross-cutting themes; a comparison of national PPE audits; and staffing in the Swansea Bay Area.

2.19 Names and identifying comments have been removed from the verbatim comments to ensure anonymity.

Data caution note

2.20 It is important to note that, due to the retrospective nature of the operation, the number of identified stakeholders with some understanding of the ESF operation was limited. Some of the stakeholders on the list, particularly those with a more operational role, were not expected to have knowledge of the operation, but it was anticipated that they could share views on the process of procuring PPE and recruiting staff at the outset of the pandemic.

2.21 Moreover, the pool of stakeholders available to interview was limited from the outset given there are only seven health boards in Wales. As a result, it would not have been possible to conduct a statistically valid survey of stakeholders, and the report is therefore reliant on the views of a small number of interviewees, which is to be expected.

2.22 Overall, the response to invitations to participate - sent via email and followed up by telephone and in meetings on several occasions by the ORS team, and supported by Welsh Government and WEFO colleagues - has been lower than hoped. As an attempt to boost participant numbers, a call for written evidence with a pro-forma containing the key research questions was distributed to all stakeholders identified by WEFO and NWSSP, but only one response was received through this channel. Therefore, the views of stakeholders involved in this evaluation cannot be seen as representative of all stakeholders of the operation.

2.23 It is our view that the retrospective nature of the operation, and subsequent lack of awareness of it, led stakeholders to believe that they did not have much to contribute to the evaluation, despite repeated attempts to reassure them that prior knowledge was not necessary for participation. This, coupled with understandable sensitivities around the ongoing UK Covid-19 inquiry[21] and the establishment of the Wales Covid-19 Inquiry Special Purpose Committee[22] in response to calls from campaigners for bereaved families, seems to have led to a reticence to take part among stakeholders. Indeed, some stakeholders invited to take part sought legal advice on whether they should participate due to concerns related to the Covid Inquiry, and its high public profile at the time the evaluation was taking place. This meant it was not possible to interview as many stakeholders as the evaluators had hoped to.

---

[21] Module 2B hearings focusing on Wales are beginning in February 2024, and Module 3 hearings focusing on healthcare systems in the four nations in Autumn 2024.

[22] Wales Covid-19 Inquiry Special Purpose Committee (senedd.wales)

2.24 However, those participating gave full and detailed accounts of their experiences, which gives a good picture of the operation and its impact through our analysis.

2.25 Please note that the views expressed by participants in the interviews may or may not be supported by available evidence; that is, they may or may not be fully accurate accounts of the facts. ORS cannot arbitrate on the correctness or otherwise of people’s views in reporting them, and this should be borne in mind when considering the findings.

3. Evaluation findings

3.1 The key findings from the data and documentation review and the in-depth interviews are reported in this chapter. They have been thematically structured around the following key themes: the rationale for the operation; the way it was designed; and the operation's outputs and outcomes as highlighted in the Theory of Change. We have also sought to highlight how, and the extent to which, the cross-cutting themes were able to be considered throughout the operation and how the operation was able to contribute to the goals of the Wellbeing of Future Generations Act.

Rationale for the operation

3.2 Due to the retrospective nature of the funding award, stakeholders participating in the in-depth interviews considered the overarching rationale of the operation to be simple: "to supply money to the NHS for PPE equipment and increased staffing levels during the pandemic" (WEFO interviewee).

3.3 While a few said that the funding was designed to support increased staff capacity, others were careful in stating that it covered a small subset of the large amount of people, and indeed PPE procurement, involved in Wales's Covid-19 response.

> *'Because it's a matching process, what we weren't doing was including everybody. So, we only included, in our part of it, people who were exclusively recruited as part of the Covid recruitment drive… The only thing I think we ought to be measuring is if we increased the number of people, and if we increased the PPE… Beyond that, nothing else was ever intended to be an outcome from the project.'* (WEFO interviewee)

3.4 Targets were therefore said to be largely numerical, focussed on the number of individuals recruited and the volume of PPE procured. Stakeholders reiterated the need for this evaluation to understand any impact in the context of the narrow focus that was adopted by necessity.

3.5 Internal and external stakeholders largely felt that the rationale applied to the operation was right as it met the demand at the time, while recognising that this was an unprecedented situation and that health boards were acting out of necessity in the scale of their procurement and recruitment operations.

3.6 Some stakeholders felt that PPE provided a first line of defence before the vaccination strategy began and therefore it was necessary for significant investment to be made in this area. The objectives were also said to align with what other nations had in place. Others agreed that it was right to make PPE the primary focus, with staff recruitment secondary, but that it would not have been possible to focus on one without the other.

> *'PPE first and staff second because there was such a lack of PPE at the start of the pandemic and it seems we've all got Swiss cheese memories to how worrying a time it was at the start… A lot of people could have been recruited who haven't worked for years, might have had training needs and actually I think the PPE did need to be prioritised first before they were brought into the workforce.'* (Higher education stakeholder)

Key needs of organisations during Covid-19

3.7 One stakeholder said that for health boards, an immediate need was to increase staff capacity quickly at the onset of the pandemic; primarily nurses and healthcare workers but also medics. One health board stakeholder said they immediately sought 1,000 extra staff, which ultimately turned into 10 rounds of recruitment and a final total of 2,500 individuals being appointed.

> *'That was our big focus from the beginning because we knew potentially, we'd have lots of people coming over the threshold of the hospital and we'd need to increase our beds and make sure we had appropriate staff'* (Health board Stakeholder)

3.8 Naturally, health boards also needed to increase their stocks of PPE to cater for the increased number of staff recruited and the incoming influx of patients. As reported in more detail later in this chapter, there were early concerns about the appropriateness of the PPE being procured for the diverse workforce and some concerns around the disposal of contaminated items, particularly outside clinical settings. Later, questions around sustainability began to be raised, with much of the PPE stock being made of single-use plastic.

3.9 For education providers, their early needs focussed on ensuring student safety. When providing staff for clinical practice, they looked for assurance from health

boards that students would undergo fit testing[23] for PPE, as they did not have the ability or equipment to do that within universities. Any other preparatory work was able to be done in-house.

3.10 One stakeholder felt that this had initially been an "uphill battle" as the demand for fit testing was high within health boards. However, as students became quickly embedded in the workforce and were essentially placed on health board payrolls in conjunction with their study programmes, they were included in fit testing alongside other health board staff as standard.

> *'Because of the sheer demand for fit testing for their own staff, there was a little reluctance to engage with our students as well, but we negotiated our way through that… There was a lot of close working between ourselves and our local health providers and we got over that pretty quickly. Our prime concern of course was for the safety of our students.'* (Higher education stakeholder)

3.11 One stakeholder - a lecturer who returned to clinical practice during the pandemic - talked of early concerns around the trade-off between giving their clinical time to help the response, while ensuring enough time was reserved for teaching students and ensuring they would graduate.

3.12 On a strategic level, there was an understanding that there was insufficient supply of PPE, and that the public health guidance issued at the very beginning may change. For example, a stakeholder highlighted the early guidance for domiciliary care workers that said PPE was not required if an individual was not symptomatic.

3.13 While stakeholders are now aware that ESF funding has been retrospectively awarded to cover the cost of PPE and staff, knowledge among health board staff and higher education providers on the availability of funding was limited in the earlier days of the pandemic. However, there was some understanding that support would likely be available, probably from Welsh Government, and therefore any spending at this stage would have to be carefully documented.

> *'When the pandemic hit, the talk about money ceased. It was just about 'go and do'. So, whilst at the time I don't think we knew it would be European funding, we knew that somehow or another money would have to be found.'* (Health board stakeholder)

[23] Respiratory Protective Equipment Fit Testing Basics (HSE)

Designing the operation

3.14 Strategic staff involved in the development of the ESF Priority Axis used to fund this operation shared their experiences of forming the business case, achieving approval, and delivering the operation retrospectively.

3.15 In the earliest days of the pandemic, the team was tasked with considering if there was anything that could be done within the ESF programme in terms of rediverting funds to support the Covid-19 crisis. At that stage, the team reviewed the guidance from the EC to see what was possible, before beginning to plan how a new priority could be created.

> *'We wanted to see what the programmes could do to support it. The European Commission were also doing the same at exactly the same time, pulling together and trying to understand how their programmes and all their funding streams could support this crisis to see what was possible.'* (WEFO interviewee)

3.16 Internal stakeholder participants felt that the approach was a pragmatic one, which supported the whole government approach in a positive way. This was enabled by the EC's quick issuing of guidance and clarity in explaining what was within the parameters of the funding, especially considering that ESF funding had not been used to support the health sector in Wales previously.

3.17 At this stage, the purchasing of PPE and staff recruitment were identified as key needs and therefore formed the focus for the operation. There was an awareness that a change in the programme could take 12-18 months to be approved by the EC, despite assurances that the Commission would streamline the process as much as possible and, importantly, would allow programmes to be retrospective.

> *'Retrospection just opened up the whole world of, we could take the time to do this, change the programme, get the project and approve it and not worry about the time that took as long as we did it by the end of the project which is next year [2024]… Suddenly that took one of the immediate barriers away.'* (WEFO interviewee)

3.18 At this stage, the WEFO team began to build the business case. Naturally, participants identified some challenges related to planning and delivering the operation at this stage.

3.19 The first challenge was deciding how to redirect funds that had already been designated to a particular Structural Funds objective, and at a relatively late stage of

the programming period. There was also a need to put a business plan in place that would stand up to EC scrutiny and audit, the preparation of which would have an impact on workload. In essence, with Welsh Government health colleagues already dedicating significant time to pandemic-related issues, finding time to properly set up the operation was difficult.

3.20 Given there would be a reliance on individual health boards to provide data to support the funding claim, there was a risk this would take an inconsistent format. Linked to this were discussions around whether the funding should also support the social care sector. However, there were concerns around the variety of providers within social care, the complexity this could cause, and potential inconsistency of data. As a result, a decision was made, in consultation with social sector stakeholders, to provide funding to health boards only.

3.21 There was also a shared financial risk between WEFO and Welsh Government of over or under-committing ESF funds, which needed to be carefully managed.

> *'Ultimately, it was going to be a Welsh Government financial risk as well [as WEFO] because… we can only draw so much down from the European Commission… and we have to keep giving money to existing projects… If we get it wrong and we spend more than we have on this operation… That's Welsh Government that has to foot that bill. So … when it came down to it, that was our ultimate red line.'* (WEFO interviewee)

3.22 Despite the challenges, there were many enabling factors that facilitated the delivery of the operation.

3.23 Stakeholders felt that the team conducted careful scoping of the financial possibilities and limitations of the operation in the planning stages. They also ensured that the business case built for the new Priority Axis was as comprehensive as possible, and considered impacts on equalities, before sharing it with the EC, to give it the best possible chance of approval.

3.24 Key to this success was twofold from a planning perspective: having a good, 'tight' working group in place; and capitalising on the effective strategic partnership already in place between WEFO and Welsh Government health colleagues. In addition, the flexibility and clarity offered by the EC when explaining what costs would be eligible and how this should happen was said to be essential.

3.25 From an operational perspective, keeping the operation ‘simple’ with clear aims and objectives was considered important in ensuring that it was successful, as was having the right staff resources and skillsets in place.

3.26 Moreover, the retrospective nature of the provision of funding also meant that health board staff were not required to provide numerical data on PPE and staff at the most challenging time of the pandemic. This meant that more consistent and accurate data could be collected after the procurement or recruitment had occurred.

> *‘The role of the commission… Clarity and guidance and flexibility and the speed, stakeholders going with us and not getting all territorial and then the teams within the government working in a clear and constructive way, but also challenging each other as well.’* (WEFO interviewee)

Outputs

3.27 The operation was successful in meeting its key outputs: more PPE was purchased and staff capacity within the health sector was increased, as per the numeric targets shown below. The forecasted numbers fairly closely matched or exceeded the targets.

3.28 The numeric targets also largely reflected the level of purchasing or recruitment that was eventually funded, which strategic stakeholders said is not always seen in ESF funding, where underspends are common. Indeed, one participant felt that Wales’s ability to use close to 100 per cent of its ESF allocation for this priority was an unintended consequence of this operation, and something which would likely not have happened without the pandemic. The number of items declared in claims to WEFO to date is 299 million but this number may increase further by final claim.

Table 3.1: Output Targets and Operation Achieved to date (WEFO, 31/7/2023)

Objective	Outputs	Targets	Achieved to date
To enhance access to health and social	Number of additional health and social care staff recruited	2,400 WWV* 1,800 EW**	2,584 WWV 1,391 EW
	Value of personal protective equipment purchased (total public cost)	€39.0m WWV €30.0m EW	€69.4m WWV €55.9m EW

services (SO6.1)	Personal Protective Equipment (PPE) (including disposable masks, eye protection, coveralls etc) (items)	36m WWV 27m EW	165m WWV 134m EW
	Number of entities supported in combatting or counteracting the effects of the Covid-19 pandemic.	7 WWV 6 EW	8 WWV 7 EW

*West Wales and the Valleys **East Wales

Outputs: PPE procurement

3.29 A key issue for evaluating the effectiveness of the spending from the ESF is that it was carried out retrospectively. Spending on PPE occurred during the 2020/21 financial year and was then retrospectively funded through the ESF.

3.30 It is also important to note that Audit Wales has already completed a full review of the spending on PPE across Wales in 2020/21[24]. This provides a detailed review of the process at a national level. The PPE purchased through the ESF is a sub-component of this spending. Therefore, it is not necessary to consider in detail the effectiveness of the spending on ESF in 2020/21 because it was a retrospective allocation of spending to PPE which has already been considered by Audit Wales.

3.31 For the purposes of this evaluation therefore, we will use available data and documentation (the operation business plans in particular) to review the spending from the ESF on PPE and place this in context of the total procurement of PPE in Wales. We will also look at the lessons learned from the Audit Wales study and compare this to the Audits of PPE procurement for England, Scotland, and Northern Ireland.

Developing a process for PPE procurement

3.32 Prior to the Covid-19 pandemic there were long-standing plans for an influenza pandemic within the UK, agreed by all four UK nations. In addition to medicines and other countermeasures, the Pandemic Influenza Preparedness Programme (PIPP) held a stock of PPE, based on estimated need for an influenza pandemic. However, some items – notably gloves and aprons - did not last as long as needed when

[24] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)

responding to the Covid-19 pandemic. Additionally, surgical gowns were not held in the stockpile, and these were critical for hospital staff treating Covid-19 patients.

3.33 Thus, at the start of the pandemic, it was quickly recognised that the PPE supplies and stock levels held in Wales were inadequate for the response needed against Covid-19. This was not unique to Wales, with many countries competing to purchase PPE from across the world. There was also clear empirical evidence of the need to obtain and distribute suitable PPE to the health and social care sectors from the start. Between 9 March 2020 and 27 September 2020 (when this investment priority was being finalised) just under 356 million items of PPE had already been issued by NWSSP to the health and social care sectors in Wales. By 2021, this figure had risen to over a billion[25]. It was also clear that as long as the Covid-19 pandemic continued there would be a significant need for PPE across health and social care services.

3.34 In March 2020, the Welsh Government adopted the UK Cabinet Office's Procurement Policy Note 01/2020[26]. This allowed the procurement of goods, services, and works without competition or advertising so long as there are genuine reasons for extreme urgency. The health crisis was the need for extreme urgency.

3.35 To deliver at speed, the NWSSP was used to procure and allocate PPE for the project, rather than duplicate processes or create a new entity. Public services across Wales responded to the pandemic collaboratively, with NWSSP taking an expanded role in supplying PPE to the wider NHS, including independent contractors in primary care (GPs, dentists, pharmacies, and optometrists). NWSSP worked closely with the WLGA and local authorities to understand the demand in social care, and they took on an increased role supplying them with PPE via a Service Level Agreement. Initially daily meetings were held to discuss stock levels, demand, procurement, and distribution of supplies. Meeting frequencies were reduced as the first wave ended. This coordinated response was determined to be the most appropriate as it allowed for the most efficient use of staff and resources at a time when they were under considerable pressure as a result of the pandemic and as supplies of PPE were in high demand globally.

[25] NHS Wales Shared Partnership Annual Report 2020-21
[26] Procurement Policy Note 01-20 (publishing.service.gov.uk)

3.36 The Welsh Government provided funding to the NWSSP to purchase PPE. The Welsh Government also worked with other nations of the UK, including on the provision of mutual aid for PPE. At times, Wales drew on mutual aid from other countries but ultimately gave out more PPE than it received.

3.37 The emergency work carried out in response to the pandemic allowed for robust and secure supplies of PPE across Wales and data shows that stocks did not run out. Since the initial response, the project helped to develop a buffer stock for most PPE items (Audit Wales notes that "the health and care system is now in a much better position, with buffer stocks of most PPE items in place and orders due on key items where stocks are below target")[27]. Close monitoring of PPE stock continued with a minimum of 24 weeks supply held on 30 June 2021, which was tapered down to 16 weeks as outlined in the NWSSP Procurement Services Long Term PPE Strategy (September 2021).

3.38 In the early days of the pandemic, many organisations came forward with offers to supply PPE. The Welsh Government appointed Life Sciences Hub Wales (LSHW)[28] to collate and review submissions from suppliers wanting to sell PPE and other products and services. These reviews included ensuring conformity with quality requirements and some standard business checks. Qualified offers of products were forwarded to Shared Services to progress offers into the procurement process.

3.39 The Surgical Materials Testing Laboratory (SMTL) in Bridgend, part of NWSSP, tested the quality of PPE and identified any fraudulent certification. Other than an isolated example of mislabelled gloves, Audit Wales saw no evidence of examples, like those described by the NAO in England, where centrally purchased PPE was not deemed fit for purpose, *"wasting hundreds of millions of pounds"*.

3.40 On a related note, the NAO found that, in England, there had been a £6 billion reduction in the value of items procured in response to the pandemic in 2021/22. These comprised a £2.5 billion write-down[29] on items costing £11.2 billion that had already been purchased, but no longer expects to be used, or for which the market price is now lower than the price paid; and a £3.5 billion write-down on PPE, vaccines, and medication which the Department of Health and Social Care has

[27] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)
[28] An arm's length body of Welsh Government that supports innovation and collaboration between industry, health, social care, and academia.
[29] Written-down value is the value of an asset after accounting for depreciation. It reflects the present worth of a resource rather than the amount paid for it.

committed to purchase, but no longer expects to use. There was a further £8.9 billion written down in its 2020-21 accounts, so over two financial years, there was a total reported £14.9 billion of write-down costs related to PPE and other items.

3.41 In terms of the procurement process in Wales, while it was accelerated, good governance measures were adhered to and this is evidenced by the Audit Wales findings in its report[30] on procurement process for the PPE in Wales, which commends the approach taken. Indeed, Audit Wales noted that;

> *'Shared Services developed good arrangements to rapidly buy PPE, while balancing the urgent need to get supplies for frontline staff with the need to manage significant financial governance risks in an area of rapidly growing expenditure. These risks included dealing with new suppliers, having to make large advance payments and significant quantities of fraudulent and poor-quality equipment being offered. Time pressure meant due diligence could not always be carried out to the level it would outside of a pandemic in a normal competitive tendering process. But, for each contract we reviewed, we found evidence of key due diligence checks. And while costs were generally higher than before the pandemic, we saw evidence of Shared Services negotiating prices down'.*

3.42 With specific regard to advance payments, given the financial risks of urgently procuring PPE in a fragmented and highly competitive market, NWSSP set up a cross-profession Finance Governance Group (FGG) in early April 2020 to manage these risks while enabling rapid decision making. Of note, the FGG monitored orders that involved advance payments to ensure products were received. Nine orders had advance payments made through an 'escrow' account, an approach used for large volume contracts or new higher risk suppliers which meant they could see the funding was in place but could not draw on it until the goods were received and checked. Furthermore, while costs were generally higher than before the pandemic, Audit Wales saw evidence of Shared Services negotiating prices down and avoiding costs by negotiating transport of PPE freight by sea and not air for some orders.

3.43 There is no mention of escrow arrangements in England, nor in Scotland where, up to March 2021, NHS National Services Scotland (NHS NSS) had paid almost £135 million in advance payments, with £6.6 million of orders remaining outstanding by

---

[30] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)

July 2021. NHS NSS managed this risk through normal procurement processes and reported to a national procurement governance and programme board.

3.44 In Northern Ireland, the urgent need for equipment meant that Business Services Organisation Procurement and Logistics Service (BSO PaLS) placed orders with six `high risk' suppliers but did so without requiring any additional internal approval. Audits also identified other risks around multiple prepayments to the same suppliers and inadequate risk assessments on suppliers requesting prepayments. Advance payments resulted in one supplier (who had been identified as high risk prior to contract signature) receiving a £0.88 million prepayment and failing to deliver an order for 2.5 million Type IIR masks[31].

3.45 Audit Wales reports that while a range of bodies were involved in sourcing PPE globally and in responding to, and working with, local manufacturers, it saw no evidence of priority being given to potential suppliers depending on who referred them (i.e. via the twin-track 'high priority lane' approach to identifying potential suppliers in contrast to the position described by the NAO in England,)[32]. Similarly, Audit Scotland found no evidence of priority referrals in its review of the processes put in place by NHS NSS[33], and neither did the Northern Ireland Audit Office in a review of BSO PaLS[34].

3.46 Furthermore, other issues reported in England were not found in Wales, such as; some procurements being carried out before all key controls were put in place, inadequate documentation on how the risks of procuring suppliers without competition had been mitigated, unclear audit trails to support key procurement decisions, and insufficient documentation on key decisions.

3.47 Similarly, the Northern Ireland Audit Office identified procurement issues[35], particularly with respect to inadequate risk assessments and documentation, a lack of internal approval being sought for 'risky' transactions, prepayments for large orders, and a lack of additional safeguards to identify and manage conflicts of interest for untendered contracts. None of these issues were identified in Wales.

---

[31] Medical face masks made up of a four-ply construction that prevents large particles from reaching the patient or working surfaces.

[32] The supply of personal protective equipment (PPE) during the COVID-19 pandemic(nao.org.uk)

[33] Provides services and advice to the NHS and wider public sector in Scotland.

[34] Provider of professional procurement and logistics services to all public Health and Social Care organisations in Northern Ireland (NI).

[35] The Covid 19 Pandemic Supply and Procurement of PPE - Report | Northern Ireland Audit Office (niauditoffice.gov.uk)

3.48 However, it was said that in England, many of the contracts awarded were not published in a timely manner[36] and the same was noted by Audit Wales: "Shared Services did not meet the requirements under emergency procurement rules to publish contract award notices within 30 days"[37]. This was mainly due to staff needing to prioritise sourcing PPE and not being able to prioritise publishing contract award notices. Similar issues were experienced in Scotland and, to a lesser extent, Northern Ireland, again due to unprecedented demands on procurement teams.

Spending on PPE

3.49 Audit Wales found that 630 million items of PPE were issued by NWSSP between 9 March 2020 and 7 February 2021. Over £300 million was spent on PPE for Wales during 2020-21. This compares to a typical pre-pandemic spend on PPE in Wales of around £8 million[38].

3.50 Table 3.2 details where the ESF budget was allocated. This shows that the ESF budget purchased over 350 million items of PPE, which represents more than half of the total purchased across Wales, and accounted for a spend of over £110 million, or over a third of the total spend. This exceeds the amount anticipated and outlined in the Theory of Change.

Table 3.2: Purchasing of Personal Protective Equipment Through European Social Fund (Source: NWSSP)[39]

Company	Product	Quantity	Value
Company 1	Type IIR masks	34,684,000	£16,301,480
Company 2	Fluid Resistant Gowns	3,000,100	£6,019,355
Company 3	Type IIR masks	39,936,100	£12,779,552
Company 4	Type IIR masks	17,023,200	£10,213,920
Company 4	Gloves	108,000,000	£26,972,000
Company 3	Gloves	144,000,000	£19,440,000
Company 5	Visors	3,775,000	£15,550,000
Company 6	Visors	2,068,250	£2,966,470
TOTAL		**352,486,650**	**£110,242,777**

[36] The supply of personal protective equipment (PPE) during the COVID-19 pandemic(nao.org.uk)
[37] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)
[38] No specific date is given as a comparator.
[39] Company names have not been included in this report due to commercial sensitivities

Stakeholders' experiences of PPE procurement

3.51 Due to the limited number of interviews conducted, as documented in the methodology chapter of this report, little evidence is available from the in-depth interviews documenting the operational process taken by individual health boards to procure PPE at the outset of the pandemic.

3.52 One stakeholder from Welsh Government who was part of a team tasked with ensuring the quality and quantity of PPE being procured across Wales was sufficient, distributed to 'the right place at the right time', and that the supply chains were appropriate, said it was a delicate balancing act involving several factors.

> *'There are different types of PPE and there were discussions about whether more expensive [should be opted for], but the supply chain was less strong… Those were the types of challenges I was dealing with.'* (Welsh Government stakeholder)

3.53 It was said that NWSSP's role gave confidence to the Welsh Government that there was a clear audit trail around the quality of PPE and that the right processes were in place to distribute equipment appropriately.

3.54 Another stakeholder who had a strategic role at the time working with local authorities felt the key concern was a shortage of PPE in the social care sector, as health providers had been prioritised. They also worked with sector stakeholders to troubleshoot issues on the disposal of PPE.

3.55 A higher education provider mentioned that although their procurement teams sourced PPE for the organisation, they worked with NWSSP to source the same PPE being used in the health service for any clinical skills lectures. They wanted to prepare students and simulate the experience they would have in the NHS as closely as possible.

> *'Even when students were in our clinical skills labs on the university campus, if they were engaged in simulated patient care, they would wear the same protection as the guidance said they'd need if you were in clinical practice.'* (Higher education stakeholder)

Outputs: staff recruitment

3.56 It was recognised early in 2020 that the COVID-19 pandemic would place unprecedented strain on health and social care staff Wales. Staffing levels needed

to increase to deal with the extra demand and to mitigate against the significant number of staff that would be unable to attend work due to illness or self-isolation, staff needed for other areas such as Covid-19 testing centres etc. The goal of this element of the operations was to enhance capacity during the COVID 19 crisis through additional, temporary staff.

3.57 The process for recruiting and appointing new staff was carried out as a collaboration between Welsh Government, Universities, Health Boards and UK Healthcare professional regulators. The seven Local Health Boards[40] in Wales determined how staff, recruited in response to the pandemic, were allocated within their organisations. They worked with the NWSSP and Welsh Government to implement this. They also had their own powers to recruit, redeploy and employ bank/agency staff to address shortages in hospitals.

3.58 The UK healthcare professional regulators also introduced emergency changes to education standards to enable the deployment of healthcare students. In addition, the regulatory bodies wrote to lapsed registrants as part of a drive to encourage staff who had left or retired in the past three years back to work (provided there was no fitness to practice proceedings against them). Letters were issued by regulatory bodies and a press notice was issued by the Welsh Government on 21 March 2020 to promote the recruitment drive. Health boards and trusts also made direct contacts with former employees to encourage them to return to the workplace and help tackle the pandemic. All staff recruited were appointed via the Health Boards recruitment processes and salaries were paid via Health Boards normal payment systems.

3.59 Priority-level targets for additional temporary staff to be recruited were set at 2,400 in the WWV region and 1,800 in EW. The increased capacity was used in a range of settings and contexts including the ambulance services, hospitals and intensive care services, care settings and services to support the longer-term recovery of Covid-19 patients. They were also extended into new services introduced in response to the Covid-19 outbreak, including ‘test, trace and protect services’ and temporary field hospitals.

[40] NHS Wales health boards and trusts | GOV.WALES

Staff recruitment: students

3.60 The changes introduced by UK healthcare professional regulators on the emergency registration of health professionals included changes to education standards to enable the deployment of healthcare students and retired staff. The changes introduced a set of emergency standards that would enable student nurses and midwives in their final year to complete the last six months of their programme in appropriate placements settings. Changes were also made to ensure more junior students (i.e., second years) were able to be appropriately deployed and adequately supported during this time.

3.61 Work was undertaken with Cardiff and Swansea universities on the deployment of medical students by asking final year students to undertake work in the NHS. Medical students were able to undertake a range of activities that did not require registration.

3.62 In the same way, paramedic students who had successfully completed their clinical requirements were added to the temporary HCPC register to be deployed as paramedics. The Welsh Ambulance Service NHS Trust and Swansea University agreed to accelerate the deployment of student paramedics who were not eligible to register.

3.63 The HCPC temporarily registered all Allied Health Professional (AHP) and Healthcare Science (HCS) final year students who had successfully completed all their clinical requirements. Their final completion of academic elements of the programme was deferred. Detailed plans for this were agreed with HEIW and the universities.

Staff recruitment: returning workers

3.64 Former staff who had left or retired in the previous three years were asked to re-register with their professional bodies. As part of the process, they were asked what role they could play and how much time they could dedicate. There were professional registers for returning staff detailing the range of available clinical and non-clinical roles across the NHS and social care. Letters were issued by regulatory bodies and a press notice was issued by the Welsh Government on 21 March 2020 to promote the recruitment drive. Health boards and trusts also made direct contacts with former employees. The numbers of staff recruited to the health boards and how the resource was deployed was decided locally.

3.65 The professions targeted were doctors, nurses, midwives, AHPs, healthcare scientists, pharmacists, and pharmacy technicians. In addition to full range of clinical and directly patient facing roles, there were also opportunities in non-patient facing roles, such as 111.

Staff recruitment: volunteers

3.66 Work was also undertaken across Welsh Government groups to maximise and make best use of volunteer groups and individual volunteers.

Spending on NHS staff recruitment

3.67 For this element of the evaluation, we have undertaken an analysis of the spending retrospectively allocated to NHS recruitment during Covid-19. In total, £64,753,095.60 was spent through ESF funding on NHS staffing. This amount covered the salaries of the staff hired but did not cover a wider set of costs such as advertising the positions, the hiring process, and any other administrative costs.

Analysis of NWSSP data on staff recruitment funded by the ESF operations

3.68 The aim of the ESF funding was to cover the costs of hiring NHS personnel during the period April 2020 to February 2022. In total, the ESF funds eventually covered the costs of 3,965 staff. The average cost per staff member recruited was £16,331. This does not represent the average annual salary because 88 per cent of those recruited were on fixed term contracts, many for less than one year.

Table 3.3: NHS Staff Numbers Hired Through ESF Funding by Contract Type (Source: NWSSP)

Contract Type	Number of Employees	Percentage of the total
Fixed Term Temp	3,491	88%
Permanent	474	12%
Grand Total	3,965	

3.69 Table 3.4 shows that 57 per cent of all those recruited were on part-time contracts. This type of contract would have suited many workers who had either retired, or who had caring responsibilities.

Table 3.4: NHS Staff Numbers Hired Through ESF Funding by Full/Part-time (Source: NWSSP)

Full/Part time	Number of Employees	Percentage of the total
Full Time	1,715	43%
Part Time	2,250	57%
Grand Total	3,965	

3.70 Table 3.5 shows that 83 per cent of roles recruited to were directly linked to the Covid-19 response, and the remaining 17 per cent were indirectly linked to it through backfilling posts made vacant as a result of repurposing staff. It should be remembered that at any point in time there will be significant numbers of vacancies and jobs advertised in the NHS. Therefore, a number of vacancies would require filling that were not directly related to the pandemic.

Table 3.5: NHS Staff Numbers Hired Through ESF Funding by Covid related/Not Covid related role (Source: NWSSP)

Covid related/Not Covid related role	Number of Employees	Percentage of the total
Covid related role	3,276	83%
Not Covid related role	689	17%
Grand Total	3,965	

3.71 ESF monies were distributed to all health boards across Wales, with a small number of employees also being recruited to the central Public Health Wales. Table 3.6 shows that Hywel Dda, Cardiff & Vale, and Cwm Taf Health Boards recruited the most employees through ESF funding. The recruitment was disproportionately focused upon Hywel Dda, which employees around 11 per cent of the NHS staff in Wales, and Cardiff and Vale who employ around 15 per cent of NHS staff. The

largest health board in Wales is Betsi Cadwaladr which employs around 19 per cent of NHS staff[41].

Table 3.6: NHS Staff Numbers Hired Through ESF Funding by Health Board (Source: NWSSP)

Health Board	Number of Employees	Percentage of the total
Aneurin Bevan	379	10%
Betsi Cadwaladr	394	10%
Cardiff & Vale	854	22%
Cwm Taf	654	16%
Hywel Dda	1,029	26%
NWSSP	140	4%
Powys	145	4%
Public Health Wales	7	0%
Swansea Bay	347	9%
Velindre	16	0%
Grand Total	3,965	

3.72 Table 3.7 shows the types of positions recruited through ESF funding. Around half of the positions filled were within clinical, medical, and dental services. However, many of the other positions were within administration and estates services. Many of these employees would not have been involved in the direct Covid-19 response but would have supported the medical staff in their work. It is also noteworthy that 544 students were employed. These were predominantly medical and nursing students who were recruited earlier in their studies than is typical and given more frontline positions.

[41] Due to staff absence numbers within health boards only being reported since December 2022, and difficulties recruiting health board representatives for depth interviews, we are unable to provide an explanation at this stage for the recruitment being disproportionately focused on Hywel Dda Health Board.

Table 3.7: NHS Staff Numbers Hired Through ESF Funding by Job Type (Source: NWSSP)

Job Type	Number of Employees	Percentage of the total
Additional Professional, Scientific and Technical	12	0%
Additional Clinical Services	1,190	30%
Administrative and Clerical	746	19%
Allied Health Professionals	29	1%
Estates and Ancillary	448	11%
Healthcare Scientists	10	0%
Medical and Dental	619	16%
Nursing and Midwifery Registered	367	9%
Students	544	14%
Grand Total	3,965	

3.73 Table 3.8 overleaf shows that 30 per cent of all the ESF funding was allocated to employees who began work in April 2020. This was clearly a time when the most pressing need for NHS staff was becoming evident. A further significant batch of recruitment occurred in January and February 2021 when the second wave of Covid-19 was at its peak.

Table 3.8: NHS Staff Numbers Hired Through ESF Funding by Contract Start Date (Source: NWSSP)

Contract Start Date	Number of Employees	Percentage of the total
April 2020	1,189	30%
May 2020	253	6%
June 2020	386	10%
July 2020	84	2%
August 2020	32	1%
September 2020	63	2%
October 2020	67	2%
November 2020	94	2%
December 2020	131	3%
January 2021	346	9%
February 2021	218	5%
March 2021	261	7%
April 2021	85	2%
May 2021	50	1%
June 2021	89	2%
July 2021	58	1%
August 2021	54	1%
September 2021	62	2%
October 2021	81	2%
November 2021	111	3%
December 2021	85	2%
January 2022	127	3%
February 2022	39	1%
Grand Total	3965	

3.74 Table 3.9 shows that 47 per cent of the staff recruited were still employed in August 2022. This is one of the most important of the outcomes of the recruitment exercise. As noted above, the NHS always has a high number of vacancies advertised and being able to recruit and retain additional staff through the Covid-19 response can be seen as a significant long-term gain from this funding.

Table 3.9: NHS Staff Numbers Hired Through ESF Funding by Contract End Date (Source: NWSSP)

Still employed/Contract End Date	Number of Employees	Percentage of the total

Still employed August 2022	1,866	47%
Contract ended between April and December 2020	1,118	28%
Contract ended between January and December 2021	693	18%
Contract ended between January and August 2022	288	7%
Grand Total	3,965	100%

3.75 Table 3.10 overleaf shows that of the staff who did leave their positions, nearly 1,000 left at the end of their fixed term contract. Therefore, these staff were recruited through ESF funding, undertook the work they were contracted to do, and then left their roles. Approximately another 1,000 left as a result of voluntary resignation, but this included some who went back into education, or who were promoted. It is always the case that some employees will leave jobs and in the case of the Covid-19 response, those leaving are likely to include staff coming out of retirement and students returning to education. Very few employees were dismissed, indicating little of the money was spent on staff who did not deliver the expected level of work.

Table 3.10: NHS Staff Numbers Hired Through ESF Funding by Reason Contract Ended (Source: NWSSP)

Reason Contract Ended	Number of Employees	Percentage of the total
Bank Staff not fulfilled minimum work requirement	14	1%
Dismissals/Transfer	18	1%
End of Fixed Term Contract	809	39%
End of Fixed Term Contract - Completion of Training Scheme	12	1%
End of Fixed Term Contract - End of Work Requirement	91	4%
End of Fixed Term Contract - Other	52	2%
Has Not Worked	7	0%
Retirement Age	9	0%
Voluntary Resignation - Better Reward Package	16	1%
Voluntary Resignation - Child Dependants	13	1%
Voluntary Resignation - Health	27	1%
Voluntary Resignation - Lack of Opportunities	10	0%
Voluntary Resignation - Other/Not Known	699	33%
Voluntary Resignation - Promotion	40	2%
Voluntary Resignation - Relocation	81	4%
Voluntary Resignation - To undertake further education or training	131	6%
Voluntary Resignation - Work Life Balance	70	3%
Sub Total	2099	

3.76 Table 3.11 shows 27 per cent of those hired through ESF funding left their job after less than three months of employment. However, as noted above, one of the main reasons for employees leaving their position was that their contract had ended. It is also likely that those who voluntarily resigned will be overrepresented in the shorter periods of employment as they would have decided that the employment was not something they wished to continue.

Table 3.11: NHS Staff Numbers Hired Through ESF Funding by Length of Employment (Source: NWSSP)

Length of Employment	Number of Employees	Percentage of the total who were recruited	Percentage of the total with contract end dates
< = 3 months	1,074	27%	51%
>3-and <6 months	527	13%	25%
>6-and <9 months	204	5%	10%
>9-and <12 months	108	3%	5%
>12-and <18 months	72	2%	3%
>18-and <21 months	51	1%	2%
>21-and <24 months	40	1%	2%
>24-and <27 months	14	0%*	1%
>27 months and < 30 months	8	0%*	0%*
>30 months	1	0%*	0%*
Blanks (no contract end date)	1,866	47%	-
Totals	**3,965**	**100%**	

*this table does not include decimal points.

Stakeholders' experiences of recruiting staff during the pandemic

3.77 Some participating stakeholders shared their experiences of recruiting staff during the pandemic.

3.78 One stated that a team was pulled together from within their health board's directorate workforce, and training and development was suspended to allow this to happen. Some were tasked with redeploying internally, while others focussed on the external recruitment drive. They also relied "heavily" on NWSSP for support, although processes had to be streamlined to meet time demands.

> *'At the beginning it was a mixture of the two internal and Shared Services. We didn't wholly throw everything out but there's a perception that the shared service process can be slow and we needed to recruit staff at pace, so initially we used a more direct approach, but as it went on, we went more to the Shared Services approach.'* (Health board stakeholder)

3.79 This echoes the experience of another health board, whose gold command[42] agreed that staff could be recruited 'at risk' initially and followed up with 'key checks' once in post to ensure safety. However, there was screening in place from the outset to ensure there was no recruitment of anyone with significant health issues and / or over the age of 70 – which was the policy of this specific Health Board.

3.80 Medical school stakeholders talked of working with existing placement providers to create a route into the workforce for students. Some were already on placements in clinical settings like GP surgeries and were already embedded in teams. This made the transition easier for the student, the university, and the employer.

3.81 Several challenges were encountered during recruitment, including managing and responding to the significant interest from members of the public when a health board announced across its social media platforms that roles were available. Other health boards also mentioned using local press, radio and print advertising as part of their campaign.

3.82 Other challenges identified came from strategic avenues, with a variety of offers of support often confusing the process, as opposed to facilitating it. For example, one stakeholder felt that NWSSP contacts were offering what they perceived as solutions to issues that were not present, as opposed to providing more tailored support.

> *'There were lots of different parts of NHS Wales that were trying to help, but in doing so it also complicated things… People would say, 'We can give you this platform to recruit staff' but we already had a platform… It would have been better if those staff existed just to embed staff into organisations… That was a bit of a challenge.'* (Health board stakeholder)

3.83 Another key challenge was said to be managing the differing recruitment streams in place. There was standalone recruitment of members of the public, many of whom were furloughed from other jobs; bringing retired healthcare staff back into the workplace; as well as onboarding students. The added complexity was that some were brought in as additional student support but then became employees. Each of

[42] During the Covid-19 Pandemic, NHS Wales established a temporary hierarchy of command to progress actions and decisions. Gold level encompassed strategic partners: UK Government, Welsh Government, Local Resilience Forum members, and the Covid-19 Strategic group. This was replicated by health boards where gold level indicated the highest level of their command-and-control structure, and 'gold command instructions' were mobilised at pace.

these groups had to be onboarded using a slightly different approach which added to the resource needs of health boards.

3.84 For the most part it was not felt that these challenges could have been mitigated due to the fact they were part of an emergency response. One stakeholder felt that central NHS staff could have asked health board colleagues what kind of support they would find helpful, as opposed to finding solutions that were not required at the time. Ultimately, the complex recruitment process was considered unavoidable, but was managed as best as possible under the circumstances.

> *'It was just complicated, and we had to do the best we could. I suppose what we did do was we allocated people to those certain pipelines – 'you guys focus on the students, you focus on retirees, and you focus on the general recruitment'.'* (Health board stakeholder)

Cross-cutting themes

3.85 The General Regulations governing the Structural Fund Programmes stipulate that all operations must integrate the CCTs. The aim of the CCTs is to improve the quality and the legacy from each operation supported by the Structural Funds and to add value to the programmes as a whole. They require action in multiple fields and are thus embedded within the design and delivery of all operations. For the 2014-2020 programmes there were three CCTs:

- Equal Opportunities and Gender Mainstreaming and Welsh language. This cross-cutting theme aims to reduce injustice and promote social cohesion, while providing the opportunity for all eligible beneficiaries to participate and use their skills and abilities to raise the levels of GDP in Wales and address the imbalance in earning for women and men and others with protected characteristics. It also seeks to challenge occupational segregation by increasing the numbers of women and men training or retraining in non-traditional areas (e.g., childcare, social care), focusing on areas where there are skills shortages.
- Welsh language. All operations, relevant to their activity, need to contribute to the Welsh Government's strategic aims for the Welsh language laid out in 'Cymraeg 2050 – A million Welsh speakers', the National Action Plan for a Bilingual Wales, and its Welsh Language Scheme to mainstream the Welsh Language across policy areas.

- Sustainable Development. The Welsh Government has a wider definition of sustainable development to that of the EC. The Programme of Government sets out the Welsh account of sustainable development, namely "an emphasis on social, economic and environmental well-being for people and communities; embodying our values of fairness and social justice." The EC definition alongside that of the Welsh Government's wider vision of sustainable development is combined to fully contribute to the integration of the sustainable development CCT.
- Tackling Poverty and Social Exclusion. This is an EC and Welsh Government commitment to create employment and progression opportunities and help people to access those opportunities. The programme also aims to increase the mobility of those that are unemployed, work ready or underemployed.

3.86 The first two of these CCTs are mandatory under EU regulations. Tackling Poverty and Social Exclusion has been included as an additional CCT in line with the key commitment of the Welsh Government to tackle poverty.

Cross-cutting themes: staff recruitment

3.87 Due to the crisis nature of the Covid-19 pandemic and the emergency response which was necessary to protect public health, normal policy development and implementation routes were not followed, in the same way that normal procurement rules were suspended. As the focus of the project was to recruit as many staff as possible, there was little or no opportunity to prioritise groups of individuals to increase their representation in the workforce. The recruitment focus was limited to the cohort of students already working in the NHS and retired staff population who came forward to be part of the response to the pandemic. Due to the emergency nature of the response, there was no capacity to develop an Integrated Impact Assessment.

3.88 In the section below, the six strands of equality have been considered in the context of staff recruitment during Covid-19.

Age

3.89 Table 3.12 shows that over half the staff recruited were aged 30 years or younger; a far higher proportion of workers within this age bracket across NHS Wales as a

whole[43]. As noted in Table 3.7 544 students were added to the workforce, and they would have mostly been drawn from those aged 30 or under. 280 people aged over 60 years were also recruited. Many of these would have been recently retired and returned to assist with the pandemic response.

3.90 Around 8 per cent of those recruited were aged 60 years or above, representing 280 people. Many of these would have been recently retired and returned to assist with the pandemic response. They would have clearly been at a greater risk from Covid than the younger members of the workforce. However, many of the older recruits were placed in supporting roles to ensure that they had limited exposure to the virus.

[43] Percent of NHS staff by organisation, staff group and age band (gov.wales)

Table 3.12: NHS Staff Numbers Hired Through ESF Funding by Age (Source: NWSSP)

Age Band	Number of Employees	Percentage of the total who were recruited
20 years or less	105	3%
21-25 years	1,017	26%
26 - 30 years	992	25%
31-35 years	409	10%
36-40 years	289	7%
41-45 years	222	6%
46-50 years	182	5%
51-55 years	212	5%
56-60 years	257	6%
61-65 years	194	5%
66-70 years	64	2%
71 years or more	22	1%
Grand Total	3,965	100%

Disability

3.91 The recruitment data did not include any record of whether the person had a disability or long-term illness, so we cannot report fully on this element. Across the NHS as a whole, 3.7 per cent of staff have a recorded disability[44], but even this figure includes a further 25.2 per cent of staff whose disability status is unknown.

3.92 Clearly those with existing conditions would have been at more risk due to Covid. It is also the case the PPE may not have been suitable for some with disabilities. For example, anyone with hearing issues who relied on lip reading may have struggled with communicating with those wearing a face mask. Transparent masks were developed later in the pandemic response.

Ethnicity

[44] Percent of NHS staff by organisation, staff group, and disability (gov.wales)

3.93 For 42 per cent of the staff recruited no ethnic group was recorded; and 94 per cent of the 58 per cent who did record an ethnic group were from a White background. However, given that 8 per cent of NHS employees[45] are from an ethnic minority background with another 12 per cent not having their ethnicity recorded, it is reasonable to assume that more than 6 per cent would have been from an ethnic minority background.

3.94 With particular regard to ethnicity, as the pandemic progressed, the disproportionate effects of COVID-19 on ethnic minority communities across the UK became evident and many health and social care workers who sadly died from coronavirus were from an ethnic minority background. ONS data[46] shows that the risk of deaths involving COVID-19 among some ethnic groups is significantly higher than that of those of White ethnicity and is not entirely explained by other factors such as socio-economic circumstances, and location.

3.95 The Welsh Government's Black, Asian and Minority Ethnic COVID-19 Advisory Group was set up to look at the reasons why people from ethnic minority communities were disproportionately impacted by coronavirus, as well as the wider underpinning health inequalities affecting such communities. This led to the development and introduction of the self-assessment Welsh Workforce Risk Assessment Tool. In October 2021, an advisory sub-group produced a report[47] on the Risk Assessment Tool, evidencing its development, introduction, reception, and monitoring. This report highlights that since its development, the tool kept pace with emerging evidence with only minor modifications and proved to be robust and fit for purpose. It provided confidence to the public sector workers to manage their risks and continue working, helping to sustain the NHS and public services during the second wave of the pandemic. More than 71,000 NHS/Social care employees and over 74,000 public sector employees used the online version of the tool, with an estimated 45,000 additional paper versions downloaded and used.[48]

Gender

[45] Staff directly employed by the NHS: as at 30 September 2022 | GOV.WALES
[46] Updating ethnic and religious contrasts in deaths involving the coronavirus (COVID-19), England - Office for National Statistics (ons.gov.uk)
[47] First Minister's BAME COVID-19 Advisory Group - Report of the Scientific Risk Assessment Subgroup (gov.wales)
[48] First Minister's BAME COVID-19 Advisory Group - Report of the Scientific Risk Assessment Subgroup (gov.wales), Paragraph 10.

3.96 NWSSP data shows that 73 per cent of those recruited were female, which is unsurprising given that around 77 per cent of all NHS staff in Wales are female[49]. Therefore, the recruitment process mirrored the existing gender split in the workforce.

Religious Belief

3.97 A similar pattern to ethnicity is shown for the religion of those recruited. No record was made for 41 per cent of recruits, and a further 8 per cent did not disclose their religion. A surprisingly low number of those recruited where Hindus (14 employees), Muslims (36 employees), or Sikhs (3 employees) compared to the total numbers from these religions working in the NHS, but they may have been among those whose religious belief had not been recorded.

Sexuality

3.98 In terms of sexuality, a total of 126 recruits (two per cent) were gay, lesbian, bisexual, or of other sexual orientations. However, 43 per cent of recruits did not have their sexuality recorded. The 2021 Census shows that three per cent of the population of Wales identifies as gay, lesbian, bisexual, or other sexual orientations.

Cross-cutting themes: PPE

3.99 The procurement process for PPE during the pandemic, operated in a global market which had overheated and demand was vastly outstripping supply. The competition for product was intense and the source of manufacturing was limited, predominantly to the Far East. The normal suppliers of PPE were unable to supply product and as a consequence NWSSP had to source product directly from manufacturers across the market. The key priority was to ensure that Wales did not run out of PPE and that frontline staff and patients would be protected. This translated into the procurement priority being availability of supply in volume and for these products to be technically and legally certified/accredited for use within NHS and Social Care. The ability or opportunity to address ethical and wider sustainability issues was limited by the need to ensure Wales did not run out of PPE.

3.100 Furthermore, due to the competitive market for PPE the equipment purchased was a standard design, primarily suitable for generic male physiques. This was quickly recognised as a problem for staff and guides were developed and shared with

[49] Percent of NHS staff by organisation, staff group and gender (gov.wales)

health boards / trusts so staff were able to address any issues with fit. For example, early in the pandemic, an issue was identified with the fit of a particular type of mask. Cardiff and Vale University Health Board identified a method to improve the fit and reduce fit-test failures. It shared a video across NHS Wales to help improve the fit of the masks for a wider range of healthcare staff. The use of fit test machines also lowered failure rates[50].

3.101 The latter issue is corroborated by some UK-wide research. For example, the BMJ, in its rapid qualitative appraisal of frontline healthcare workers' experiences with PPE during the COVID-19 pandemic in the UK[51], found that many healthcare workers reported failing their respirator fit-test and a lack of alternatives meant that they proceeded caring for patients with COVID-19 with these masks or used a lower level of protection. This was especially the case for females who experienced a lack of small sized masks and scrubs. The BMJ also reports media analysis of greater PPE supply problems for ethnic minority healthcare workers. Powered air purifying respirator hoods (an alternative for healthcare workers with beards unable to shave for religious reasons) were especially lacking.

3.102 A BMC article[52] reports survey findings showing that those from Asian ethnic groups were less likely to report adequate PPE access compared to White groups. This article also cites a smaller UK survey study which found that healthcare workers from ethnic minority groups were more likely to report a lack of access to PPE than their White colleagues[53].

3.103 The Royal College of Nursing (RCN) found that, in a UK-wide survey of members working in high-risk environments, less than half (43 per cent) of respondents from an ethnic minority background said they had enough eye and face protection. In contrast, 66 per cent of white British nursing staff who responded said they had sufficient amounts of the same types of PPE. There was a similar disparity in the numbers of fluid-repellent gowns to which RCN members said they had access.

---

[50] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)

[51] Martin, C.A., Pan, D., Nazareth, J. et al. Access to personal protective equipment in healthcare workers during the COVID-19 pandemic in the United Kingdom: results from a nationwide cohort study (UK-REACH). BMC Health Serv Res 22, 867 (2022)

[52] Access to personal protective equipment in healthcare workers during the COVID-19 pandemic in the United Kingdom: results from a nationwide cohort study (UK-REACH) (biomedcentral.com)

[53] Robbins T, Kyrou I, Vankad M, et al. Differential perceptions regarding personal protective equipment use during the COVID-19 pandemic by NHS healthcare professionals based on ethnicity, sex, and professional experience. Infect Prev Pract. 2021;3(3):100141

While 19 per cent of White British staff reported they did not have enough gowns to see them through a shift, that percentage increased to 37 per cent of ethnic minority respondents.

3.104 In terms of sustainability, PPE products are single use and disposable therefore there are no products yet available on the market that have met the required technical and clinical standards for re-use. As such PPE procurement was not able to contribute to the Welsh Government targets for waste and recycling in its 'Towards Zero Waste Policy'.

3.105 Shared Services have subsequently gone to market to establish a Framework Contract for any future requirements which may come through, which should ensure that issues such as Modern Slavery and Carbon Footprint along with opportunities for local suppliers are addressed.

Stakeholders' views on consideration of cross-cutting themes

3.106 ESF programmes usually have monitoring indicators around CCTs. Stakeholders mentioned that this operation would likely have indicators related to positive impact measures supporting women; ethnic minority people; and older workers. There would also be considerations around supporting students; around the fit of PPE; workplace programmes dealing with stress; local supply chains; and peer support.

3.107 However, as this was an emergency response to the pandemic, and funds were awarded retrospectively, the decision was made not to include 'formal' indicators for CCT in the business plan, and an equality impact assessment, which is usually undertaken in programme planning, was not possible either. However, stakeholders mentioned that equalities and CCT were considered within the business plan, despite not being formalised in indicators – the CCT Team were engaged in appraisals of the plan from the outset.

> *'My point to colleagues was don't put those [indicators] in the business plan now because they have no way of delivering them, we must be honest and upfront and say, "that's what we would have wanted to have seen but couldn't build them in".'* (WEFO interviewee)

3.108 When planning the operation, in the context of the ongoing pandemic, there were a number of key concerns relating to cross-cutting themes identified by participating stakeholders.

3.109 The first was around the welfare of staff - particularly those working on the front line. A key part of the operation involved providing funding for retired workers to return to the workforce. Given that older people can be particularly vulnerable to the impacts of Covid-19, there were concerns around the impact on this group as they returned to work.

3.110 There were also concerns around the high rates of individuals from ethnic minority backgrounds in the workforce, with this diversity also reflected in returning staff and students being brought into the workforce. Statistically, these groups were appearing to be more vulnerable to the impacts of Covid-19.

3.111 Linked to this was the suitability of the PPE procured at speed – the fit of masks and gloves was said to be largely designed for 'European men', and therefore did not reflect the diversity or gender profile of the NHS workforce at the time. There were also concerns around the accessibility of PPE – masks can act as a barrier to communication for people who are neurodivergent or those with hearing impairments.

3.112 However, the key concern related to PPE was its sustainability, as much of the equipment was made of single use plastic, even if it was of good quality. There were also practical concerns around its disposal, particularly as some items needed to be left alone for 72 hours before being handled.

> *'The visors, a lot of them were really robust and good quality but were marked as single use so we had lots of debates about can you clean them? What would you clean them with? Would it be better because of the plastic and sustainability to try and clean it?... but then if somebody catches the virus, who is accountable?'* (WLGA Stakeholder)

3.113 Also linked to the sustainability concerns were concerns around how ethical the PPE supply chains being used were.

> *'I guess there are also concerns about modern slavery and some of the standards in the factories we're using overseas.'* (Welsh Government stakeholder)

3.114 In response to this, there was an effort to quickly review supply chains and use more local suppliers for the sourcing of PPE. These efforts were seen as a positive step in such a fast-paced situation and given the scale of the purchasing. In terms of future ambition, any work done on making supply chains more ethical and

environmentally sustainable and having them within Wales would, it was felt, be helpful.

'…Bringing that supply chain back into Wales. So, looking for Welsh manufacturers, looking to have that PPE produced closer to where it was needed. And I guess that has economic benefits, so that fits. It supports economic activity in Wales, it's more sustainable because it's got a lower carbon footprint since its traveling less distance. It's more sustainable because if it's all within Wales then you're much more in control of where it is and how it gets to you.' (Welsh Government stakeholder)

'I think that's something that can be looked at. Can Wales become a producer of this kind of equipment for itself in the future and other kinds of equipment.' (WEFO interviewee)

3.115 One stakeholder also mentioned some work done on developing transparent face masks to ensure they were more suitable for people with hearing impairments and people who are neurodivergent.

3.116 It was felt that there had been a response in Wales to the impact of the pandemic on ethnic minority staff with a Welsh Government task force established, leading to a report on the impact of Covid on ethnic minorities and staff assessment tool. At a later stage, the Race Disparity Evidence Unit was established. It is, however, important to note that these developments were in motion before the funding was paid retrospectively.

'I think in terms of understanding the diversity of the workforce and the various different kind of individual needs and circumstances, there was a lot that was done there.' (WLGA Stakeholder)

3.117 Stakeholders were aware of the self-assessment tool for staff and said it was used within health boards during recruitment processes. Feedback on its usefulness was mixed. One stakeholder felt it was generally helpful and gave a level of assurance to some. However, they felt that some ethnic minority staff may have felt it was a "hindrance", since it could potentially stop them from contributing to the provision of health services in the way that they wished to do at the time.

'People are different, they're all different. Some just want to crack on and do the best job for the patients and anything that gets in the way of that they see as a hindrance…but at the end of the day we were trying to do right by the information

we were given that Covid was affecting Black, Asian and minority ethnic people more than others.’ (HB stakeholder)

3.118 From a higher education perspective, a stakeholder did not feel the tool was helpful enough. Some students had particular health needs and the assessment complicated the process of allowing them to work. They also felt there were differing interpretations of how to use the results of the assessment in differing clinical settings. However, another felt it was helpful in preparing students for placement or employment in that they were being assessed in the same way any other individual entering the workforce would be.

‘It helped, but I think it wasn’t as helpful as it could’ve been. We still had some really difficult decision making to do around some of our students.’ (Higher education stakeholder)

3.119 While some stakeholders felt that the emergency response meant that considerations around the Welsh language were not made, a few mentioned that they had. One higher education provider felt that they were able to offer the same Welsh language opportunities to students as pre-pandemic, including in clinical settings, as the infrastructure was in place.

3.120 For another stakeholder representing a Health Board, it was important to retain their usual bilingual status, even when recruiting at speed. Neither of these participants felt the Welsh language was treated less favourably during the pandemic.

‘Our advertising and attraction campaign was bilingual with Welsh essential and Welsh desirable vacancies being advertised for all positions. The quality of the candidates who responded was high.’ (Health board stakeholder)

Short-term[54] and long-term[55] outcomes

3.121 Fully evaluating the outcomes and long-term socio-economic impact of this operation would be very complex and beyond the scope of this evaluation. The aim is to review the logic of the theory of change that links the achievement of the outputs to the short- and long-term outcomes, consider within the broader contexts of the outcomes of the Covid-19 measures and the European Structural Funds, and consider any unintended consequences.

[54] Increased capacity of the health and social care sector; increased number of entities supported in combatting or counteracting the effects of Covid-19; safe and sufficient delivery of services; lives saved.
[55] Reduced the long-term negative health, economic, and social impacts of the pandemic.

3.122 In the in-depth interviews, despite the feeling among stakeholders that the scope and rationale for this operation was purposefully narrow, largely due to its retrospective nature, several stated that they felt it was impactful and formed an important part of the overall response to Covid-19 in Wales.

> *'…it was to save lives; it was a scary time. Although it was retrospective, you felt you were doing your bit because even though we were in a pandemic, we were still trying to work this through and … get it through and you were conscious you were doing your bit.'* (WEFO interviewee)

3.123 Furthermore, although it is important to recognise that the operation covered only a proportion of the NHS's overall spend in Wales, health board stakeholders recognised that the knowledge that there would be funding available from 'somewhere' to source PPE and staff gave some reassurance during the early days of the pandemic that they would be better able to cope with the pressures to come.

3.124 This was corroborated by Welsh Government stakeholders, who were able to offer some assurance to health boards that there would be funding available at some point to support their Covid-19 spend. This was said by several operational stakeholders to have allowed them to plan funding decisions more effectively. This is one area where the operation can be said to have offered 'added value'.

3.125 Indeed, all operational stakeholders were in agreement that although money was spent on staff and PPE without as much of the usual consideration of affordability at the beginning of the pandemic, receiving ESF funds retrospectively as well as other sources of funding has helped cover these unexpected costs. They felt they would have to make difficult decisions about what compromises would have to be taken now, to cover the costs of the pandemic.

> *'Undoubtedly if we hadn't had that money coming in, we'd have to make decisions about how we could continue to operate certain services and whether the would've been a reduction in services we can provide. It would have had a detrimental effect on patient care.'* (Health board Stakeholder)

3.126 Strategic stakeholders also felt that the operation's intended outcomes, although narrow due to the retrospective nature, were achieved.

> *'It did what is said on the tin, addressing that the urgent need for finance with COVID and the crisis could be planned, then going on and doing what it said on*

the tin, which some of our projects don't, and becoming a useful part of a very successful programme.' (WEFO interviewee)

3.127 One health board stakeholder stated that although loss of life as a result of Covid-19 was inevitable, they felt more lives would have been lost without this funding and other financial sources, which allowed them to increase capacity and provision of PPE.

Unintended consequences

3.128 In considering staffing specifically, a higher education stakeholder felt that although it had been a risk to send students into the workforce, it had been what many of them had wanted at that time. As an unintended impact, they felt that these students were better prepared for employment as a graduate having been exposed to those situations while still training. This was said to be backed up by evidence from the General Medical Council's (GMC) trainee survey[56]. This stakeholder also felt that it has improved the extent to which students are valued, which could have an impact in future crisis situations.

> *'I think if we had another pandemic, I don't think students would be kept away from placement so much… I think it said something about how we value our student doctors, that we didn't value them enough and what they could offer.'* (Higher education stakeholder)

3.129 A wider range of research has also been developed across Wales. For example, Public Health Wales[57], looked at the wellbeing of the Nursing and Midwifery workforce during the pandemic. This was undertaken through a survey of the workforce between June and August 2021 and received 2,910 responses. Key findings included:

- 71 per cent of respondents reported worsening mental health since the start of the pandemic and this was higher amongst those early in their nursing careers.
- Half of our respondents had mental wellbeing scores indicative of either probable clinical depression or possible mild depression.
- 51 per cent of respondents reported that their physical health worsened since the start of the pandemic.

---

[56] GMC Survey

[57] Health and Wellbeing of the Nursing and Midwifery Workforce in Wales during the Covid-19 Pandemic (phw.nhs.wales)

- 29.4 per cent had had Covid-19, and of these, half reported experiencing ill-effects of the virus up to 16 months post infection.
- 8 in 10 respondents had attended work at least once in the past year when unwell.

3.130 Meanwhile, a separate review by the Royal College of Nursing[58] in 2023 found that staffing levels affect patient outcomes, while also impacting upon the wellbeing and retention of existing staff. Therefore, if the NWSSP pandemic response helped to alleviate staff shortages it would not only have helped patients, but also improved conditions for existing staff.

3.131 A study of student nurses who were fast tracked to clinical placement as health care assistants in their second or final years of study[59], found that many considered the experience as useful preparation for their future careers. However, it did highlight a need for greater support for new staff moving into a developing and stressful situation with little support available.

3.132 As for PPE, one stakeholder highlighted the fact that the data they had seen suggests that Wales did not run out of PPE - a sign for them that the procurement channels and partnerships built around them at speed worked effectively.

> *'From what I could see, we really understood what PPE was needed, we made arrangements to make sure PPE was purchased, we then made arrangements around making sure that PPE was made available to the health and social care workforce. I believe that the objective was met - keeping the workforce safe.'* (Welsh Government Stakeholder)

3.133 More generally, the operations, although high risk in nature, were said to have provided a useful tool in managing the ESF programmes as a whole. This was important as while there were other options for maintaining commitment and expenditure levels, the unfolding pandemic was creating many delivery uncertainties, so the risks around expenditure in particular were increasing.

3.134 Finally, the use of ESF funds for health purposes was not something that had been envisaged before the pandemic and the 'newly formed' relationship this forged between Welsh Government/WEFO and health boards is something that is hoped to open doors in future. A Welsh Government stakeholder felt that this kind of

---

[58] Impact of staffing levels | Publications | Royal College of Nursing (rcn.org.uk)
[59] The experiences of student nurses in a pandemic: A qualitative study - PMC (nih.gov)

operation will change the way organisations think about contingency plans for future pandemics.

'We will perhaps look differently because we saw what worked and didn't work this time.' (Welsh Government stakeholder)

3.135 Ultimately, this project supported the NHS and Social Care through providing additional capacity for PPE and staff, which helped contain the spread of the virus, ensure the delivery of safe and sufficient services, and save lives. This met an immediate need to address the risk to NHS staff and ensured that service delivery could be maintained at a time of crisis. In so doing, it helped reduce the long-term negative health, economic and social impacts of the pandemic (please see the Theory of Change in Annex B for a visual representation of this). The wider Welsh economy reopened in summer 2020, resulting in economic growth in Wales in Q3 & Q4 of 2020[60] [61].

Value for money

3.136 This was an emergency response to a crisis situation, therefore usual cost benefit analysis was not completed for this work as there was not time. While value for money is always a concern the fact that elements of the work were subject to market forces meant that the project was often competing for PPE against other nations from across the world. This resulted in an overheated global market with the price of products increasing as it became a 'sellers' market'. However, the Wales Audit Office report[62] on the PPE procurement noted "In collaboration with other public services, Shared Services overcame early challenges to provide health and care bodies with the PPE required by guidance without running out of stock at a national level … The Welsh Government and Shared Services put in place good arrangements overall to procure PPE that helped manage risk and avoid some of the issues reported in England", including PPE not meeting requirements "wasting hundreds of millions of pounds" [63].

3.137 The staff appointed via the project would have been subject to the same agreed pay scales and terms and conditions as existing NHS staff. Any decisions on staffing levels needed and how extra work would be covered would have been a decision

---

[60]Gross Domestic Product Bulletin (ons.gov.uk)
[61] Impact of Covid-19 Protections in Wales (gov.wales)
[62] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)
[63] The supply of personal protective equipment (PPE) during the COVID-19 pandemic (nao.org.uk)

for Local Health Boards, but they would have acted within existing protocols, e.g., overtime payments, bank staff, agency staff etc.

Lessons learned

3.138 For the WEFO team, key lessons learned included confirmation that there can be flexibility in longer-term funding programmes, even as they are drawing to a close, which can be used to respond to crisis situations. The importance of having a pool of experienced programme managers and thematic experts to draw on has also been crystalised.

3.139 Although the retrospective nature of the programme was thought to have worked well for most stakeholders interviewed, a Welsh Government stakeholder suggested that in another pandemic situation, it would be better to have funds available to be distributed from the outset, with a strong governance process built around it. It was felt that this would demonstrate that lessons have been learned from the Covid-19 pandemic.

3.140 From a practical perspective, the experience has emphasised the importance of constantly reviewing progress as proposals such as this develop, and the importance of having a good working group in place to aid this. The process that led to this operation is seen as a positive example of joined up working across organisations.

> *'My recollection is a really good group of people who are trying to make this happen using their experience, their knowledge and the guidance that was out there.'* (WEFO interviewee)

3.141 From an equality perspective, stakeholders again highlighted the need to be realistic in what could have been achieved around CCTs due to the retrospective nature of the programme. However, in a wider sense, there are positives to be taken from Wales's response to the pandemic, as reported in the earlier section on the CCTs. These include efforts to localise supply chains to ensure they are more reliable, ethical, and environmentally sustainable; and the ways in which the emergency response attempted to recognise the impacts of the pandemic on ethnic minority people.

3.142 For many stakeholders, there have been key lessons learned around the importance of effective collaboration and co-production. One stakeholder, from the WLGA, felt that the Covid-19 response was a microcosm of the way the whole

system operates and felt it highlighted the need for better understanding of how policy and operations work, from both perspectives. However, they felt there had been more effort to co-produce support efforts than had previously been seen.

3.143 The importance of utilising and leaning on well established relationships within the sector was identified by a higher education sector stakeholder. They felt that as a front-line practitioner, relying on peers had been key to managing the stress of the pandemic and had made them encourage students to establish those relationships.

3.144 A health board stakeholder also felt that the Covid-19 response effort had highlighted a need for better central co-ordination and fewer financial restrictions, as this can halt progress.

> *'Sometimes we can focus too much on money so a lesson learned would be focus less on the money and think more on the outcome… Focus on the quality and patient outcome rather than money, because money or savings will fall out of that ultimately.'* (Health board stakeholder)

3.145 This stakeholder also felt that a key lesson learned was the ability to make decisions at speed when required. For example, they said that changes to their use of digital technology for recruitment purposes, as well as for clinical use, had been escalated during the pandemic and are now commonplace. These had been 'on the backburner' for some time, and their introduction has led to system improvements.

3.146 This echoed the view of another stakeholder from a higher education provider, who felt that the speed of response had been positive and something to learn from.

> *'I think really, it's the ability to respond quickly and make sure there is an open door, so they will listen to the needs, they are prepared to act, they're prepared to rally around. I think that's something people did a lot during Covid.'* (Higher education stakeholder)

Good practice

3.147 As a result of the work undertaken associated with these operations, there has been best practice identified and implemented. The Welsh Workforce Risk Assessment Tool has been developed and rolled out across all Health Boards in Wales. Other good practice identified came around the speed of procurement of PPE. Audit

Wales, as part of its report, prepared a case study to highlight the work to procure and have delivery of surgical gowns from Cambodia early in the pandemic[64].

3.148 There are also some excellent examples of innovative ways in which Welsh manufacturers responded to the pandemic, which can be built upon in the establishment of more local supply chains. These include:

- A Gin distillery (In The Welsh Wind) from Ceredigion, making World Health Organisation-approved hand sanitiser from its base.
- Margam-based Rototherm Group producing face shields for use by healthcare staff.
- The Royal Mint adapting its operations to produce protective visors.
- Alexandra (Clothing Company) moving production of scrubs for the Welsh and UK NHS from Pakistan to Wales.
- BCB International in Llanelli repurposing its manufacturing facility to support the manufacture of hand sanitiser, increasing workforce from 60 staff to 90. It also produced face masks for non-surgical use and developed a Police Protection pack.

Long-term sustainability

3.149 The EU recognised the need for a priority axis as an emergency response to the Covid-19 pandemic. These operations, developed under that priority axis, were designed as an emergency measure and so the ongoing sustainability of the operations are not the aim. With the development of several successful vaccines and tablets to treat the condition at home, and the move from pandemic to an endemic disease which we learn to live with, the long-term sustainability of these operations is not envisaged as there will be a need for the Welsh NHS to adapt to this additional disease.

3.150 The ongoing legacy of the operations will come from the lessons learned and incorporated into the wider NHS service. This links to the Welsh Workforce Risk Assessment Tool[65] and the guides produced to help staff with PPE fit. However, it should be noted that these are not direct results of this specific operation, more results of the overall response which this operation formed part of.

[64] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)
[65] Covid-19 Workforce Risk Assessment Tool (gov.wales)

3.151 In the same vein, another long-term benefit has been the delivery of a stockpile of PPE which will ensure that the NHS in Wales is not as subject to the market forces which typified the PPE purchases at the start of the pandemic. In addition, where there has been best practice identified it has been implemented, including around procurement and new guidance, which has been shared across all health teams. The other benefit in the response to the Covid-19 pandemic has been the partnership working which has transpired across Health and Social care, and with wider partners including Welsh Government, Local Authorities, Police, and Public Health etc. The response to the pandemic has accelerated partnership working in Wales in a way that wouldn't have happened had it not occurred.

The Wellbeing of Future Generations Act

3.152 Finally, a key objective of the evaluation was to assess the contribution the operation has made to the Well Being of Future Generations Act (Wales)[66] goals. These are:

- A prosperous Wales: an innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
- A resilient Wales: a nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example, climate change).
- A healthier Wales: a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- A more equal Wales: a society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).
- A Wales of cohesive communities: attractive, viable, safe and well-connected communities.

[66] Wellbeing of Future Generations Act (gov.wales)

- A Wales of vibrant culture and thriving Welsh language: a society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
- A globally responsible Wales: a nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

3.153 The support provided by the ESF has contributed to some of these goals in the following ways:

- A prosperous Wales: shortened, more local PPE supply chains offered (and continue to offer) opportunities for Welsh businesses; waste was reduced by ensuring PPE was fit for purpose; employment opportunities were offered to retired healthcare workers, final year medical students, and members of the public (the latter assisting with, for example, hospital discharge and the vaccination programme).
- A resilient Wales: shortened PPE supply chains have made the Welsh NHS more resilient to change, including future pandemics. Improved processes have also been introduced in response to the pandemic.
- A healthier Wales: the supply of PPE and staffing helped address the health challenges caused by the pandemic. Greater consideration was also given to the differential impact of the pandemic on different demographic groups.
- A globally responsible Wales: establishing more local PPE supply chains and more effective waste removal decreased carbon footprints.

3.154 Ultimately, while the ESF support was an emergency response and it is not realistic to expect it to have met all the above goals, it is a good example of employing the Act's Five Ways of Working, which are:

- Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.
- Taking an integrated approach so that public bodies look at all the well-being goals in deciding on their well-being objectives
- Involving a diversity of the population in the decisions that affect them.
- Working with others in a collaborative way to find shared sustainable solutions.
- Understanding the root causes of issues to prevent them from occurring.

3.155 Some examples shared by participants that relate to the five ways of working include positive collaboration across organisations, looking to local suppliers to supply PPE in a more sustainable way, and considering how staffing arrangements and the provision of PPE impact those from ethnic minority groups in different ways.

4. Conclusions

4.1 Ultimately, it is difficult, if not impossible, to fully evaluate the outcomes of the operation in terms of lives saved and long-term health, economic and social impacts for two main reasons. Firstly, it is still too early to do so; and secondly, there are methodological challenges to assessing impact and how far this can be directly attributed to the operation, particularly given that ESF funding was only one part of the financial response to Covid-19 and did not have its own separate operation delivery.

4.2 However, in considering what can be examined, given that this operation was undertaken retrospectively and not under the 'normal' circumstances of deploying ESF funding, the evaluation findings show that this was a carefully planned and executed operation, with a well-thought-out rationale. Care was given to ensuring its scope was appropriate and that the targets set were realistic. The flexibility of the EC and the clarity it provided on what was within and outside the remit of ESF funding was said to be part of the reason the WEFO team could be so targeted in its planning and were able to support the development of a business plan that would be approved.

4.3 There is also evidence of positive working relationships between WEFO, Welsh Government, NWSSP, and other strategic partners being utilised to provide impetus to the operation and ensure programme targets were met. Other, more operational, working relationships were also said to be an enabling factor in ensuring the right PPE was sourced and enough staff recruited.

4.4 The most unique aspect of the operation was the emergency nature of the response, which necessitated speedy operational decision making. This was aided by retrospectivity, another important factor in considering the operation's success. While this brought some challenges, most interviewed stakeholders agreed that this did not put health boards at a disadvantage, as the funding would have had to be found regardless. Rather, the knowledge that financial support would come in some form was reassuring and negated the need for some difficult decisions on funding service provision at a later date, albeit in the context of the impact of wider austerity on health services.

4.5 It should be noted that the retrospective nature of the operation has made evaluating it more challenging. As many identified stakeholders had little knowledge

of the source of funding received, they were reticent to take part in fieldwork, as they felt they had nothing to contribute. Moreover, the national Covid-19 enquiry, ongoing at the same time as the fieldwork for this evaluation, has seemingly led to caution about engaging among some stakeholders.

4.6 The nature of the operations meant that awareness that funds were awarded through the ESF was limited among operational stakeholders, as is perhaps to be expected. The general view of operational stakeholders was that as long as the money was paid, the source was not as important. From a strategic perspective, the ability to pay the funds retrospectively allowed for the careful planning and consideration of the business plan, which stakeholders felt was key to its success.

4.7 Although it was not possible to include formal targets on meeting the CCTs, there was some consideration of equality impacts made in the business plan. The operation also highlighted some of the issues that procuring PPE and recruiting staff during the pandemic had brought to the fore. These included the importance of using ethical and more local supply chains, the sustainability of the PPE used in the system, and how the diversity of the NHS workforce in Wales should influence decision-making.

4.8 Although specific objective targets and outcomes were purposefully narrow, stakeholders felt they had been met: enough PPE was available for the health sector; and staff capacity had been sufficiently boosted. The data supports this and shows that this operation made a significant contribution to the overall PPE procurement effort in Wales; financing the purchase of around half of all items of PPE procured in Wales, and accounting for around a third of the spend. In meeting its planned outcomes of increasing the number of PPE items purchased and staff recruited, we can say with some confidence that the retrospective nature of the award did not limit its success.

4.9 The data also shows that the recruitment of around 4,000 staff was funded by this operation, many of whom are still in post. Indeed, the biggest long-term gain from the funding is likely to be that many recruited staff have been retained, therefore reducing some of the wider vacancies in the NHS in Wales.

4.10 Finally, a number of key lessons have been observed by stakeholders, which relate to Wales's response to the pandemic more widely. As an overview:

- There is a renewed appreciation of how flexibility within long-term funding programmes can be used to respond to a crisis.
- Effective cross-organisational working has been a key enabler for driving this kind of operation forward as part of an emergency response.
- Developing relationships is also key to successfully navigating crises at an operational level.
- There are areas to explore and progress in terms of manufacturing PPE within Wales.
- The Covid-19 response has highlighted the need to further support staff from an ethnic minority background and with other protected characteristics in the healthcare workforce [67].
- Improvements are needed in the availability and quality of data in the NHS and in social care around protected characteristics including ethnicity, disability, and long-term health. This would lead to better identification of socio-economic factors impacting health inequality and help address them more effectively[68].
- When financial limits are relaxed, change can happen at pace, and it is likely that the changes made will lead to financial efficiency at a later date.
- Capitalising on technological advances to improve health systems and care models is important, including a shift toward online recruitment practices.

[67] This issue is being considered and addressed through the introduction of the workforce race equality standard - Workforce Race Equality Standard - NHS Wales

[68] This issue is being considered and addressed through the introduction of the workforce race equality standard - Workforce Race Equality Standard - NHS Wales

Annex A: Interview Topic Guides

Supporting the NHS through Covid Evaluation

Interviews with key stakeholders (outside health boards)

Introduction

Opinion Research Services (ORS) has been commissioned by Welsh Government to undertake an evaluation of the 'Supporting the NHS and Social Care through COVID' operation. You may already be aware of some or all of this information but I'll show you some overview slides for context.

SHOW SLIDES

The evaluation is designed to assess the delivery of, and outcomes achieved by, the operation. It is hoped the research will inform the Welsh Government of the strengths and any weaknesses of the operation, and to draw out lessons learned.

As part of the evaluation, ORS is undertaking these scoping interviews as a starting point and will then proceed to explore the operation's monitoring data and interview a range of stakeholders involved in the operations or with an awareness of them. The interview should take around 30-40 minutes, depending on your answers.

Seek permission to record interview stressing that Welsh Government will not hear any of the recordings and that they will be for the purpose of writing up only.

When we have finished the research, we will write a report for Welsh Government on the findings. The report will be completely anonymised. We will not name you or use any direct quotes that could identify you in the report.

We may contact you at a later data to ask if you'd be happy for the information, you provide today to be included in a case-study. You will be given the opportunity to review the case-study before it is published and can withdraw your consent at any point in the process.

Any information that you provide will be processed by ORS in accordance with the UK Data Protection Act 2018 and the European Union General Data Protection Regulation (GDPR). ORS will not retain any information that identifies you as an individual beyond December 2023 at the latest. For more information, please see our privacy notice at *https://www.ors.org.uk/privacy_policy.php*

SECTION 1: Introduction / About you

Questions
1. Can you give me a brief overview of your current role and the organisation you work within?
2. Can you give me an overview of your role during the pandemic? a) What were your responsibilities in relation to Covid-19 during the pandemic? b) Did you have any involvement with Welsh Government on the Covid-19 response? If yes, what?

SECTION 2: Rationale for the operation

Questions
3. [Depending on involvement] What's your opinion / how did you understand the overarching rationale for the operation to be (i.e., focus on increasing the number of temporary operational staff/provision of PPE)? a) Do you think that this rationale was right? Why/why not?
4. What are your thoughts on the objectives set out for the operation? a) Were these objectives, correct? Please explain your response. b) Are there any other priorities that should have been considered? If so, what are they? c) What impact did these objectives have on your organisation? [probe for examples on how they contributed to them]

SECTION 3: Difficulties and opportunities encountered during the pandemic

Questions
5. Did you encounter any significant challenges during the pandemic? *[Probe for examples relating to staffing and PPE]* a) What were the reasons for these challenges? b) How might these challenges have been avoided?
6. When and how were you made aware that EU funding was being made available to cover the cost of PPE purchase and newly recruited staff during the pandemic? a) How suitable was this communication/timing? Why do you say this?
7. What impact, if at all, did the availability of this funding have on your organisation? *[probe for impacts on their ability to support health boards and/or others during the pandemic]*

8. The EU agreed Cross Cutting Themes are:
- **Equal Opportunities, Gender Mainstreaming, and the Welsh Language**
- **Sustainable Development**
- **Tackling Poverty and Social Exclusion**

9. Do you think your existing organisational policies and processes were able to contribute to the CCTs in relation to PPE procurement and staff recruitment? ***[Probe for examples]***
Do you feel objectives like the CCTs should be built into future crisis responses from Welsh Government? Please explain your response

SECTION 4: Impacts and lessons learned

Questions
10. [ask if relevant] Reflecting on the slides you saw at the beginning, to what extent do you think the funding has achieved its aims and objectives? ***[Show slide 3 again if necessary]***   **a) Why do you say this?**
11. Have there been any unintended impacts? If so, what were they? ***[prompts if required: change in the way PPE is procured, longer term changes to staffing processes, further consideration to CCT…]***
12. If the funding had not been made available, what impact (if any) would this have had on your organisation's response to Covid-19? ***[probe around whether other it meant that other resources could be used elsewhere or for additional benefit...if so, what/where?]***
13. What, for you, are the key lessons to learn from this experience?
14. Do you have any other thoughts / opinions that you would like to make known?

Interviews with health board staff / educational organisations

Introduction

Opinion Research Services (ORS) has been commissioned by Welsh Government to undertake an evaluation of the 'Supporting the NHS and Social Care through COVID' operation. I appreciate that you may not know much or anything about the operation, so before we begin the interview, I'll show you a few slides giving an overview of it.

SHOW SLIDES

The evaluation we are undertaking is designed to explore stakeholder perceptions of the impact of the operation and its retrospective funding, and to help the Welsh Government and the Welsh European Funding Office (WEFO) draw out lessons learned.

As such, ORS is undertaking interviews with individuals working in organisations that needed to purchase additional PPE or recruit staff in the health sector during the pandemic to discuss their experiences of doing so. We're going to talk about that time, how your organisation fulfilled its PPE or staffing needs, and any awareness you had of funding that was to be made available to support the additional expenditure.

[or, **for educational organisations**: ORS is undertaking interviews with individuals working in organisations that supported the effort to recruit staff to the health sector during the pandemic to discuss their experiences of doing so. We're going to talk about that time, how your organisation fulfilled staffing needs, and any awareness you had of funding that was to be made available to support the additional expenditure.]

The interview should take around 30 minutes, depending on your answers.

Seek permission to record interview stressing that Welsh Government will not hear any of the recordings and that they will be for the purpose of writing up only.

When we have finished the research, we will write a report for Welsh Government on the findings. The report will be completely anonymised. We will not name you or use any direct quotes that could identify you in the report.

We may contact you at a later data to ask if you'd be happy for the information you provide today to be included in a case-study. You will be given the opportunity to review the case-study before it is published and can withdraw your consent at any point in the process.

Any information that you provide will be processed by ORS in accordance with the UK Data Protection Act 2018 and the European Union General Data Protection Regulation (GDPR). ORS will not retain any information that identifies you as an individual beyond December 2023 at the latest. For more information, please see our privacy notice at https://www.ors.org.uk/privacy_policy.php

SECTION 1: Introduction / About you

Questions

1. Can you give me a brief overview of your current role and the organisation you work within?
2. Can you give me an overview of your role during the pandemic? **a) [If not mentioned] Does/did your role involve sourcing PPE or recruiting staff?** **b) What other colleagues/stakeholders were also involved in sourcing PPE or recruiting staff?** **i. How did you work together to do so?**
3. Thinking back to the onset of the pandemic, what were the key needs of your organisation relating to either PPE or staffing at that time? **a) Did these change as the pandemic progressed? If so, how?**
4. The primary priority of the operation was to purchase PPE, with a secondary element of recruiting temporary staff. Do you think these were the right priorities? Why/why not? **a) What other priorities should have been considered?**

SECTION 2: PPE Purchase [ask only of those involved in the purchase of PPE]

Questions
5. How did your organisation go about sourcing additional PPE during the pandemic? ***[Probe for involvement of NHS Wales Shared Services Partnership (NWSSP)]*** **a) Did you face any challenges in doing so? If so, what were the reasons for these?** **i. How, if at all, might these challenges have been avoided?** **ii. How, if at all, were they overcome?** **b) What, if anything, enabled the process to happen more effectively?** **6. What was the scale of the purchasing like?** ***[Probe for roughly how much more PPE was purchased over and above non-pandemic purchase levels]*** **a) Were you able to source enough PPE to meet needs at the time?** **b) If no, why not – and what was the impact of this? *[probe around how they coped or filled gaps in what was available]*** **How much of what was sourced was eventually used? *[explore how much was wasted, if any]***

7. When sourcing PPE, how much consideration did you/were you able to give to …? Why? **a) Sustainability/environmental issues** **b) Its suitability for different members of staff** **c) Its quality *[probe whether they were happy with the external quality checking managed by NHSSSP]***
8. Overall, what impact did the additional PPE have on your organisation? ***[Probe for short-term outcomes/impacts: increased capacity to deal with COVID pandemic; safe/sufficient delivery of services; lives saved]*** ***[Probe for long-term outcomes/impacts: reduce the long-term negative health, economic, and social impacts of the pandemic]***

SECTION 3: Staff recruitment [ask only of those involved in staff recruitment]

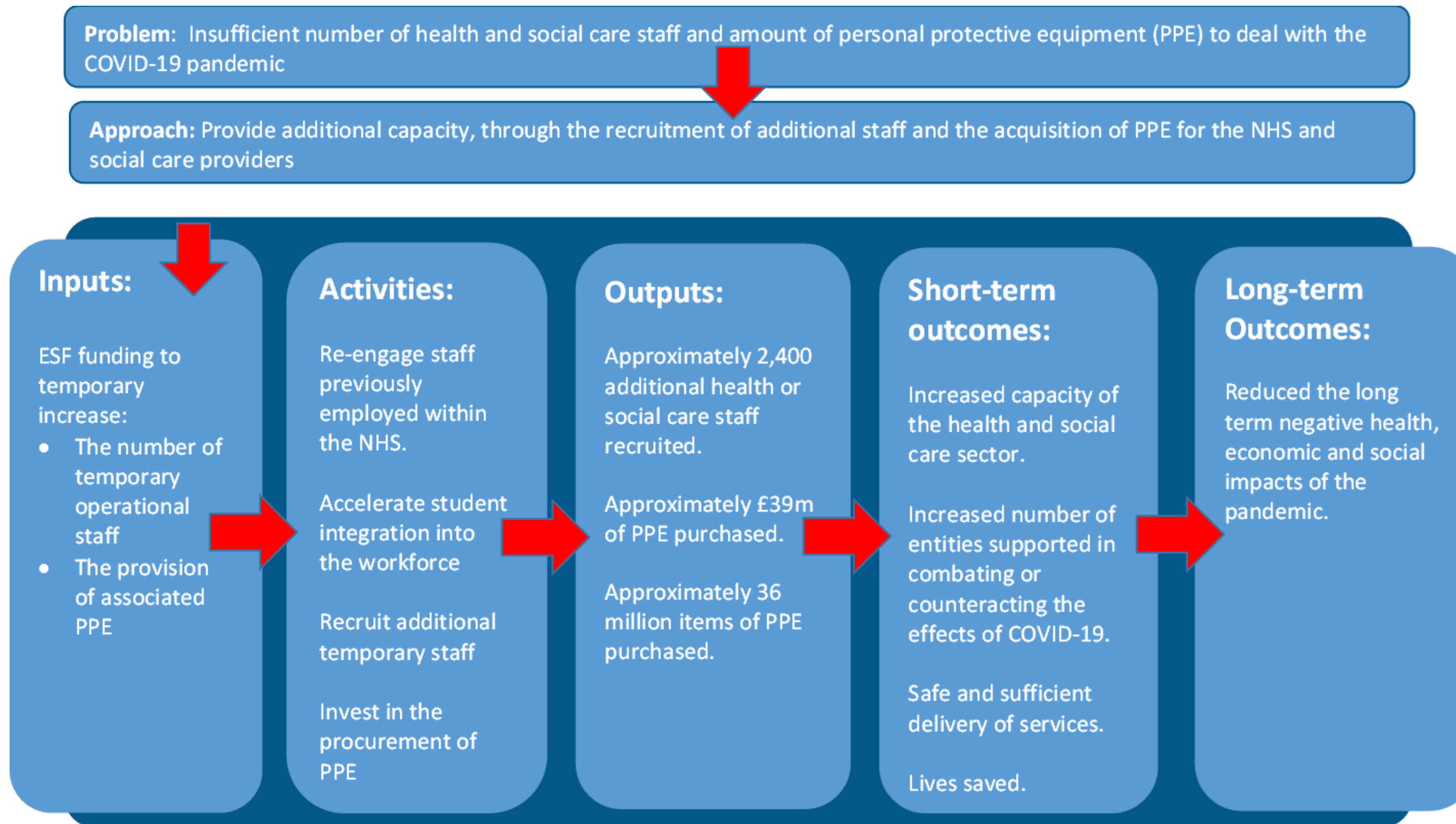
Questions
9. How did your organisation go about recruiting additional staff during the pandemic? [for those working in organisations e.g., universities supplying staff: How did your organisation support the recruiting of additional staff during the pandemic? Frame subsequent questions accordingly] **a) Did you face any challenges in doing so? If so, what were the reasons for these?** **i. How, if at all, might these challenges have been avoided?** **ii. How, if at all, were they overcome?** **b) What, if anything, enabled the process to run smoothly? *[Probe for examples]***
10. Where did the additional staff your organisation recruited come from? ***[Probe for retirees, students, or elsewhere]*** **a) What was the balance between the groups you've mentioned (e.g., roughly how many were students on an accelerated course of learning vs retired staff or others)** **b) What impact did recruiting from those specific groups have on the organisation at the time?**
11. When sourcing [or supplying] staff, how much consideration did you/were you able to give to …? Why? **a) Equality and diversity** **b) Ensuring Welsh language provision**
12. Did you use the risk assessment tool to assess staff Covid-19 risks? [show slide on tool] **a) If so, how helpful was this?**

13. Overall, what impact did [providing] the additional staff have on your organisation? ***[Probe for short-term outcomes/impacts: increased capacity to deal with COVID pandemic; safe/sufficient delivery of services; lives saved]*** ***[Probe for long-term outcomes/impacts: reduce the long-term negative health, economic, and social impacts of the pandemic]***

SECTION 4: Impacts and lessons learned [ask all]

Questions
14. During the pandemic, when, if at all, did you become aware that the European Social Fund would provide funds to pay for additional PPE and staff? **a) Did you have any engagement directly with Welsh Government on the planning or rollout of the funds? If so, what was this like?** **b) What was the messaging and communication like around this? E.g., how did you hear about any updates?** **c) What, if anything, was particularly good about the messaging and communication?** **d) What, if anything, could have been improved about the messaging and communication?**
15. [If aware that funding would be available] How, if at all, did knowing there would be funding available from the European Social Fund impact your decision-making around sourcing PPE and/or staff recruitment at the time?
16. What impact, if any, did receiving funding retrospectively have on your organisation? **a) What difference, if any, would having the funding sooner have made?** **b) Do you feel there were any unintended impacts? If so, what were they?**
17. If the funding had not been made available, what impact (if any) would this have had on your organisation's operations and budget going forward? ***[Probe around whether other it meant that other resources could be used elsewhere or for additional benefit...if so, what/where?]***
18. Reflecting on the slides you saw at the beginning, to what extent do you think the funding has achieved its aims and objectives? *[Show slides again if necessary]* **a) Why do you say this?**
19. What, for you, are the key lessons to learn from this experience?
20. Are there any other thoughts / opinions that you would like to make known?

Annex B: Operation Theory of Change



Welsh European Funding Office (WEFO)

This case study provides an overview of ESF Operations to Support the NHS through Covid-19 from the perspective of the WEFO team responsible for delivery.

Introduction

At the outset of the Covid-19 pandemic in early 2020, the scale and seriousness of the situation was rapidly becoming clear.

"The coronavirus is the biggest threat this country has faced for decades – and this country is not alone…

... Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope; because there won't be enough ventilators, enough intensive care beds, enough doctors and nurses…

… To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it - meaning more people are likely to die, not just from Coronavirus but from other illnesses as well." Ex-Prime Minister Boris Johnson, 23rd March 2020.

The extreme urgency of the situation and uncertainty over finance and capacity in the NHS led the Welsh Government and WEFO to examine whether the European Social Fund (ESF), which had not previously been used to any significant extent in the health area for regulatory reasons, could be used to alleviate pressure on health boards.

"… The pandemic happened so quickly, and nobody has got any experience of that. It became evident very early on that the NHS wasn't equipped to deal with the lack of PPE and staffing issues ... It was a scary time" WEFO Stakeholder.

ESF Priority Axis 6

The European Commission (EC) notified Managing Authorities that Structural Funds money could be used to respond to the Covid-19 Pandemic. WEFO then reviewed the available options set out by the EC and proposed a new Priority Axis - 'Containing Covid through Capacity' - which was proposed to and cleared by the Welsh Government Programme Monitoring Committee[69]. The proposal was then sent to the EC, which approved it in January 2021.

[69] The body responsible for the oversight of ESF programmes.

The key objectives of Priority Axis 6: 'Containing Covid through Capacity' were to:

- Increase access to health and social care by increasing the capacity of the health and care sector in the face of COVID-19.
- Protect the NHS from becoming overwhelmed.
- Support entities to constrain the impact of the pandemic, in order to save lives and reduce the long-term negative health, economic and social impacts of COVID-19.
- Provide a safe and sufficient service to patients during the pandemic.
- Provide staff working in health and social care services with appropriate PPE to protect them from catching and transmitting the disease.

The key priority was to purchase PPE for the sector, with a secondary element of recruiting temporary staff to boost workforce capacity. This secondary element was subject to the availability of funding and was realised as delivery progressed. During the evaluation of the operation, these priorities, as well as the operation's underlying rationale and objectives of the operation, were universally considered to be the correct ones.

PPE and staffing were effective ways of bringing EU funding in to increase capacity, thereby releasing domestic funds to support other pandemic-related pressures. While regulations were relaxed to broaden the scope of what could be supported, there was no change to the requirements in respect of financial control. It was therefore imperative to focus on things that could be audited quickly.

As this was an emergency response to the pandemic, decisions were taken quickly and, with the agreement of the EC, adopted using a streamlined process. Funds were used retrospectively, paid in early 2023, to support pre-existing delivery mechanisms for the provision of PPE and additional staff.

Operation Delivery, Challenges, and Enablers

Naturally, there were some challenges related to delivering the operation.

The first was deciding how to redirect funds that had already been designated to a particular objective, and at a relatively late stage of the programming period. There was also a need to develop a business plan that met EC scrutiny and audit requirements. Preparing this would have an impact on workload, and with Welsh Government health colleagues already dedicating a lot of time to pandemic-related issues, finding time for setting up the operation was difficult.

Given there would be a reliance on individual health boards to provide data to support the funding claim, there was a risk this would take an inconsistent format. Linked to this were discussions around whether the funding should also support the social care sector. However, there were concerns around the variety of providers in the sector, the complexity this could cause, and potential inconsistencies in data collection and provision. Led by social sector stakeholders, a decision was made to provide funding to health boards only.

There was also a shared financial risk between WEFO and Welsh Government of over or under-committing ESF funds, which needed to be carefully managed.

"Ultimately, it was going to be a Welsh Government financial risk as well [as WEFO] because… we can only draw so much down from the European

Commission… and we have to keep giving money to existing projects… If we get it wrong and we spend more than we have on this operation… That's Welsh Government that has to foot that bill. So … when it came down to it, that was our ultimate red line." WEFO Stakeholder.

Despite the challenges, planning and careful deliberation created a series of enabling factors that facilitated the delivery of the operation.

The WEFO team conducted careful scoping of the financial possibilities and limitations of the operation in the planning stages. They also ensured that the business case built for the new Priority Axis was as comprehensive as possible, and considered impacts on equality groups, before sharing it with the EC, to give the best possible chance of being approved.

Key to this success was twofold from a planning perspective: having a good, 'tight' working group in place; and capitalising on the existing effective strategic partnership between WEFO and Welsh Government health colleagues. In addition, the flexibility and clarity offered by the EC when explaining what costs would be eligible and how this should happen was essential.

"The role of the Commission … Clarity and guidance and flexibility and the speed; stakeholders going with us and not getting all territorial and then the teams within the Government working in a clear and constructive way, but also challenging each other..." WEFO Stakeholder.

From an operational perspective, keeping the operation 'simple' with clear aims and objectives was considered important in ensuring its success, as was having the right staff resources and skillsets in place. It was also essential that WEFO took the lead in managing and delivering the operation given the intense pressure on NHS staff, and the need to manage potential financial and operational risks.

The retrospective nature of the provision of funding meant that health board staff were not required to provide numerical data on PPE and staff at the most challenging period of the pandemic. This meant that more consistent and accurate data could be collected after the procurement or recruitment had occurred. It was also essential in allowing WEFO the time to properly plan the operation

"Retrospection allowed us to take the concept forward with appropriate caution … If we had been pushed … We would have repented at leisure because we would've either hit the buffers at the claim stage … or picked up at a later stage by audit … It really gave us the time to work it through step-by-step and make sure none of us were setting ourselves up for a massive, massive fall …" WEFO Stakeholder.

Outputs, impacts and lessons learned

"… The urgent need for finance to deal with the Covid crisis could be planned for. Then, the operation going on and doing what it said on the tin, which some of our projects don't. It became a useful part of a very successful programme…

… There was a crisis, there were two key things we needed to do … And the story is we've done them." WEFO Stakeholder.

In essence, the operation was successful in meeting its key aims and objectives: more PPE was purchased and staff capacity within the health sector increased, as per the numeric targets shown below.

Output Targets and Operation Forecasts (WEFO, 31/10/2022)

Objective	Outputs	Targets	Project Forecast
To enhance access to health and social services (SO6.1)	Number of additional health and social care staff recruited	2,400 WWV* 1,800 EW**	2,584 WWV 1,391 EW
	Value of personal protective equipment purchased (total public cost)	€39.0m WWV €30.0m EW	€71.4m WWV €57.6m EW
	Personal Protective Equipment (PPE) (including disposable masks, eye protection, coveralls etc) (items)	36m WWV 27m EW	165m WWV 134m EW
	Number of entities supported in combatting or counteracting the effects of the Covid-19 pandemic.	7 WWV 6 EW	8 WWV 7 EW

*West Wales and the Valleys **East Wales

In addition, as an added value element, Welsh Government (through WEFO) was able to assure health boards that funding would be available to support their Covid-19 spend. In doing so Welsh Government gave Health Boards more flexibility in their delivery planning and funding decisions.

The operation, although high risk in nature, also provided a useful tool for managing the ESF programmes. There were other options for maintaining commitment and expenditure levels but the unfolding pandemic was creating many delivery uncertainties, so the risks around expenditure in particular were increasing. The use of ESF funds for health purposes was not something that had been envisaged before the pandemic and it is hoped that the 'newly formed' relationship this forged with the health boards is something that will facilitate greater collaboration in the future and provide key lessons for planning post-Brexit regional funding.

For the WEFO team, there is scope and the necessary expertise in WEFO to reply promptly to crises, even as programmes are drawing to a close. The importance of having a pool of experienced programme managers and thematic experts to draw on has also been crystalised.

From a practical perspective, the experience has emphasised the importance of constantly reviewing progress as proposals such as this develop. In this case, it ensured that the operations (and Priority) worked for everyone in the unusual circumstances. Again, having a good working group in place aids this, and the process that led to this operation is seen as a positive example of joined up working across organisations.

“My recollection is a really good group of people who are trying to make this happen using their experience, their knowledge and the guidance that was out there.” WEFO Stakeholder.

Summary

- The newly created Priority Axis 6 - ‘Containing Covid through Capacity’ – achieved its key aims and objectives through the purchase of PPE for the health sector; and recruiting temporary staff to boost workforce capacity.
- The potential challenges of delivering the operation were overcome through meticulous planning and careful deliberation on the part of Welsh Government and WEFO; a ‘tight’ working group; existing effective strategic partnerships; and keeping the operation ‘simple’ given the intense pressure on NHS staff.
- The retrospective nature of the provision of funding was essential in allowing WEFO staff time to properly plan the operation, and not burdening health board staff to provide numerical data on PPE at a very challenging time.
- The operation has demonstrated the importance of effective partnership working and collaboration within and across organisations; of reviewing progress as new operations develop to ensure they are working for everyone; and of having a pool of experienced programme managers and thematic experts to draw on.

Cross-cutting Themes (CCTs)

This case study provides an overview of the consideration of cross-cutting themes in the ESF Operations to Support the NHS through Covid-19.

Introduction

At the onset of the Covid-19 pandemic, the European Commission (EC), announced that Covid-19 related healthcare costs would be eligible for the European Social Fund (ESF), which is a strand of the EU Structural Funds. It approved a new Priority Axis for Wales - 'Containing Covid through Capacity' - in January 2021, with the key priority of purchasing PPE for the sector, and a secondary element of recruiting temporary staff to boost workforce capacity with a particular focus on Higher Education (HE) students and recently retired healthcare workers. Funds were used retrospectively, paid in early 2023, to support pre-existing delivery mechanisms for the provision of PPE and additional staff.

The General Regulations governing the Structural Fund Programmes stipulate that all operations must integrate Cross Cutting Themes (CCTs). For Wales, these are:

- Equal Opportunities and Gender Mainstreaming (which includes the Welsh language).
- Sustainable Development.
- Tackling Poverty and Social Exclusion.

The first two of these CCTs are mandatory under EU regulations. Tackling Poverty and Social Exclusion has been included as an additional theme in line with the key commitment of the Welsh Government to tackle poverty.

Ordinarily, the business plan for an operation like this would be subject to a full CCT assessment and would include indicators relating to positive action measures supporting female, older, and Black, Asian and minority ethnic workers. There would also be considerations around the Welsh language, the sustainability of equipment, ethical supply chains, employee support systems, and social inclusion impacts.

However, as this was an emergency response to the pandemic and the need to protect public health, decisions were taken quickly and without all the usual procedures, with the permission of the EC. As the focus of the project was to recruit as many staff as possible, there was little or no opportunity to prioritise groups of individuals to increase their representation in the workforce.

In this context, the decision was made not to include 'formal' indicators for CCTs in the business plan, and an equality impact assessment, which is usually undertaken in programme planning, was not possible. However, equalities and CCTs were considered within the business plan, despite not being formalised through indicators, and the WEFO CCT team was engaged in appraisals of the plan from the outset.

"My point to colleagues was, 'Don't put those [indicators] in the business plan now' because they have no way of delivering them. We must be honest and upfront and say, 'That's what we would have wanted to have

seen but couldn't build them in' because it was a retrospective project"
WEFO Stakeholder

Consideration of cross-cutting themes

When planning the operation, in the context of the ongoing pandemic, there were a number of key concerns relating to the CCTs.

Recruitment of Staff

The first was around the welfare of staff, particularly those working on the front line. A key part of the operation involved providing funding for retired healthcare workers to return to the workforce. Given that older people can be particularly vulnerable to the impacts of Covid-19, there were concerns around the impact on this group as they returned to work. There were also worries around the high rates of Black, Asian and minority ethnic employees within the NHS, with this diversity also reflected in returning staff and students being brought into the workforce. It was becoming clear early in the pandemic that these groups were more vulnerable to the impacts of Covid-19.

Purchase of PPE

Linked to this was the suitability of the PPE procured at speed. The key priority throughout the pandemic was to ensure that Wales did not run out of PPE. The ability or opportunity to address ethical and wider sustainability issues was limited by the need to ensure Wales met this priority. Furthermore, due to the competitive market for PPE, the equipment purchased was a standard design, primarily suitable for generic male physiques. The goods procured therefore did not reflect the diversity or gender profile of the NHS workforce at the time (an issue reflected in the findings of a number of research studies undertaken at the time[70] [71] [72]). There were also concerns around the accessibility issues of PPE: masks can act as a barrier to communication for people who are neurodivergent or those with hearing impairments.

However, processes were put in place to ensure the PPE was of sufficient quality to be clinically effective - Life Sciences Hub Wales (LSHW)[73] were commissioned by Welsh Government to collate and review submissions from suppliers wanting to sell PPE and other products and services. These reviews included ensuring conformity with quality requirements and some standard business checks. Qualified offers of products were forwarded to NHSWSSP to progress offers into the procurement process. NWSSP's Procurement Services also worked closely with the Surgical Materials Testing Laboratory (SMTL) in Bridgend to test the quality of PPE and identify fraudulent certification.

---

[70] BMJ: Frontline Healthcare Workers' experiences with personal protective equipment during the COVID-19 pandemic in the UK (January 2021)
[71] Martin, C.A., Pan, D., Nazareth, J. et al. Access to personal protective equipment in healthcare workers during the COVID-19 pandemic in the United Kingdom: results from a nationwide cohort study (UK-REACH). BMC Health Serv Res 22, 867 (2022)
[72] Robbins T, Kyrou I, Vankad M, et al. Differential perceptions regarding personal protective equipment use during the COVID-19 pandemic by NHS healthcare professionals based on ethnicity, sex, and professional experience. Infect Prev Pract. 2021;3(3):100141
[73] An arm's length body of Welsh Government that supports innovation and collaboration between industry, health, social care, and academia.

A further key issue around PPE was its sustainability: much of the equipment was made of single use plastic, even if it was of good quality. There were also practical concerns around its disposal, particularly as some items needed to be left alone for 72 hours before being handled. Linked to sustainability issues were concerns around how ethical the PPE supply chains being used were.

"I guess there are also concerns about modern slavery and some of the standards in the factories we're using overseas." Welsh Government stakeholder

Outputs, impacts and lessons learnt

There was a need for realism in terms of what could be achieved by the operation from a CCT perspective due to its retrospective nature. However, in a wider sense, there are some positives to take from Wales's response to the pandemic, not least the efforts to enhance sustainability and develop ethical supply chains by finding more local PPE suppliers. Work was also done on developing transparent face masks to ensure their suitability for people with hearing impairments and others. These were seen as positive steps in such a fast-paced situation and given the scale of the purchasing.

"… Bringing that supply chain back into Wales. So, looking for Welsh manufacturers, looking to have that PPE produced closer to where it was needed. And I guess that has economic benefits, so that fits. It supports economic activity in Wales, it's more sustainable because it's got a lower carbon footprint since its traveling less distance. It's more sustainable because if it's all within Wales then you're much more in control of where it is and how it gets to you." Welsh Government Stakeholder

In the context of PPE fit, the standard design of most of that procured was quickly recognised as a problem for staff, and guides were developed and shared with health boards / trusts so staff were able to address any issues with fit. For example, early in the pandemic, an issue was identified with the fit of a particular type of mask. Cardiff and Vale University Health Board identified a method to improve the fit and reduce fit-test failures. It shared a video across NHS Wales to help improve the fit of the masks for a wider range of healthcare staff. The use of fit test machines also lowered failure rates[74].

In terms of future ambition, work is required to make supply chains more ethical and environmentally sustainable on a long-term basis, again by relying more on local suppliers. This is especially important in the context of the Welsh Government's 'Toward Zero Waste' policy, and there is now a framework contract in place that looks at the carbon footprint of where PPE is sourced from in future (as well as issues like modern slavery). Considering ways of ensuring PPE is fit for purpose and suitable for a diverse workforce is also essential in addressing some of the issues highlighted by experiences during Covid-19.

[74] Procuring and Supplying PPE for the COVID-19 Pandemic | Audit Wales (wao.gov.uk)

Ultimately, the pandemic highlighted that the NHS was vulnerable to disruptions in its supply chain. Relocating this supply chain to make it more local would shorten it to ensure prompter delivery; provide greater surety of supply; bring it under direct UK legislative control (important for quality control); and mitigate against shipping delays and hostile competitive bidding for essential products.

"I think that's something that can be looked at. Can Wales become a producer of this kind of equipment for itself in the future and other kinds of equipment" WEFO Stakeholder

---

Although not all of the usual equalities considerations were able to be factored into the recruitment processes used to quickly bring people into the workforce, there are also lessons to be learned from how the emergency response in Wales attempted to recognise the impacts of the pandemic on Black, Asian and minority ethnic staff. The disproportionate impacts of Covid-19 on certain ethnicities was quickly recognised, and the Welsh Government Black, Asian and Minority Ethnic Covid-19 Advisory Group was set up to look at the reasons why people from minority communities were disproportionately impacted by Covid-19, as well as the wider underpinning health inequalities affecting such communities. This led to the Advisory Group's report on the impact of Covid-19 on ethnic minorities[75] and a self-assessment Welsh Workforce Risk Assessment Tool[76] that was, and is still, used across the NHS and within social care.

At a later stage, the Race Disparity Evidence Unit[77] was established, which continues to look at a range of analysis across Wales around the impacts of various socio-economic factors on Black, Asian and minority ethnic people, and ways to improve equality.

"I think in terms of understanding the diversity of the workforce and the various different kind of individual needs and circumstances, there was a lot that was done there." Welsh Local Government Association Stakeholder

"… It's arguable whether we would have had a Race Disparity unit if we'd not have the Covid pandemic and the impact on Black, Asian and minority ethnic people." WEFO Stakeholder

---

It is important to note that these developments were in motion before the funding was paid retrospectively, and so should be seen as consequences of the overall response to Covid-19 in Wales, rather than direct results of this operation. However, Covid-19 has demonstrated the practical nature and direct benefits of implementing the CCTs, and the need to think about how a one-size fits all approach can be dangerous, especially in a health context. Future pandemic response planning should incorporate CCT considerations

[75] First Minister's BAME COVID-19 Advisory Group - Report of the Scientific Risk Assessment Subgroup (gov.wales)

[76] COVID-19 Workforce Risk Assessment Tool (gov.wales)

[77] Equality, Race and Disability Evidence Units Strategy (gov.wales)

when designing responses, especially with regard to what is needed to be more resilient and to minimise impact.

Summary

- The key concerns relating to the CCTs were around the health implications of working on the ‘front-line’ for older and Black, Asian, and minority ethnic employees; the un-suitability of a ‘one size fits all’ PPE approach given the diversity of the workforce, the sustainability of PPE procured at speed; and the ethicality of PPE supply chains.
- However, given the retrospective nature of the operation, it was not possible to consider the CCTs in the usual way, or to include ‘formal’ CCT indicators in the business plan. Welsh Government and WEFO were, though, mindful of equalities and the CCTs throughout.
- In the context of the CCTs, the key positives to take from Wales’s response to the pandemic are:
    - The efforts made to enhance PPE accessibility and sustainability, and develop ethical supply chains by finding more local PPE suppliers,
    - The creation of the Welsh Government Black, Asian and Minority Ethnic Covid-19 Advisory Group; the development of the self-assessment Welsh Workforce Risk Assessment Tool; and the establishment of the Race Disparity Evidence Unit.
- In terms of lessons learned, Covid-19 has highlighted the danger of a one-size fits all approach to a crisis, and the need to consider the CCTs in designing effective responses. In addition, the pandemic has illustrated the importance of local supply chains to ensure quality, sustainability, and ethical approaches; and minimise PPE distribution delays and disruption.

Comparing Wales's approach to Personal Protective Equipment (PPE) procurement and supply with the other UK nations

This case study compares key aspects of Wales's approach to PPE procurement and supply during the COVID19 pandemic to those of the other UK nations. It draws mainly on the reports of Audit Wales[78], the National Audit Office (NAO)[79], Audit Scotland[80], the Northern Ireland Audit Office[81], and the UK Parliament's Public Accounts Committee's report on Government procurement and supply of PPE[82], and highlights the key lessons learnt.

Introduction

Given the extreme urgency of the need to increase PPE supplies in March 2020, the UK Cabinet Office's Procurement Policy Note 01/2010, which permitted the procurement of goods, services, and works without competition or advertising so long as there were genuine reasons for extreme urgency, was adopted. This meant UK public services were able to procure PPE without going through the usual competitive processes.

The Audit Wales report provides a very detailed review of the PPE procurement process in Wales during the pandemic. The PPE purchased through the ESF operations to support the NHS through Covid-19 represent a sub-component of this overall spending on PPE. Due to the urgency of the situation ESF operations worked through the already established NWSSP structures for the purchase of PPE and provided funding retrospectively. ESF funding purchased over 350 million items of PPE, which represents more than half of the total purchased across Wales, and accounted for a spend of over £110 million, or over a third of the total spend.

Developing robust emergency PPE procurement arrangements

Public services across Wales responded in an increasingly collaborative way to address the urgent need for PPE, with the NHS Wales Shared Services Partnership (NWSSP)[83] taking on an expanded role in supplying PPE to the wider NHS, including independent contractors in primary care. It then worked with local government to understand demand in social care and took on an increased role supplying PPE in that area.

Audit Wales found that, at this stage, the Welsh Government and NWSSP put in place good arrangements to procure PPE rapidly, balancing the urgent need to get supplies for frontline staff with the need to manage significant financial governance risks, including dealing with new suppliers, making large advance payments, and fraudulent and poor-quality equipment being offered. This was helped by already having a single public body responsible for

[78] Procuring and Supplying PPE for the COVID-19 Pandemic
[79] Investigation into Government Procurement during the COVID-19 Pandemic
[80] Covid-19: Personal Protective Equipment
[81] The COVID-19 Pandemic: Supply and Procurement of PPE to Local Healthcare Providers
[82] COVID-19: Government Procurement and Supply of Personal Protective Equipment
[83] The organisation responsible for procuring and supplying PPE to hospitals across Wales

supplying PPE to much of the NHS in Wales, existing networks and relationships between the Welsh Government, NHS bodies and local government.

In contrast, the National Audit Office (NAO) reported that prior to the pandemic many more organisations were involved in this process in England, and there was more distance between the government and the agencies responsible for procurement, supply and stock management.

"We recognise the huge individual and collective effort involved in the work to source and supply PPE to frontline staff"

Audit Wales

Identifying and assessing suitable suppliers

The arrangements put in place also helped Wales avoid other issues highlighted by the NAO in its report on PPE procurement in England, particularly those associated with the high-priority (or 'VIP') lane, which was established alongside an ordinary lane to assess and process potential PPE leads from government officials, ministers' offices, MPs and members of the House of Lords, senior NHS staff and other health professionals. Leads from these sources were considered more credible or needing to be treated with more urgency, and the Cabinet Office and the Department of Health and Social Care (DHSC) accepted that they were handled better than those processed via the ordinary lane.

Although both lanes used the same process to assess and process offers, about one in ten suppliers processed through the VIP lane obtained contracts compared to less than one in a hundred suppliers that came through the ordinary lane. Recent evidence also shows that PPE bought via the VIP lane was on average 80% more expensive than that sourced from elsewhere[84]. Moreover, the sources of the referrals to the VIP lane were not always recorded on the DHSC team's case management system.

NWSSP and the Welsh Government did not have an equivalent to this twin-track VIP lane approach to identifying potential suppliers; and Audit Wales saw no evidence of priority being given to potential suppliers depending on who referred them. Similarly, Audit Scotland found no evidence of priority referrals in its review of the processes put in place by NHS National Services Scotland (NHS NSS)[85], and neither did the Northern Ireland Audit Office in a review of Business Services Organisation Procurement and Logistics Service (BSO PaLS)[86].

Ensuring due diligence

Audit Wales recognised that due diligence could not always be carried out to the level it would outside of a pandemic in a normal competitive tendering process, due to the extreme urgency of the situation. However, for each contract it reviewed, in all cases there was a documented evidence trail, picking out the key issues and risks and how they would be

---

[84] PPE bought via 'VIP lane' was on average 80% more expensive, documents reveal | Coronavirus | The Guardian

[85] Provides services and advice to the NHS and wider public sector in Scotland

[86] Provider of professional procurement and logistics services to all public Health and Social Care organisations in Northern Ireland (NI)

managed, and undertaking background checks on potential suppliers. Audit Wales notes that its findings confirm those of an October 2020 internal audit review of NWSSP's financial governance, which found that the procedures around background checks, approvals, and recording of PPE-related decisions were complied with in all cases.

This contrasts with the other UK nations, where audits of sampled contracts uncovered several issues.

- In England, although an eight-stage process was established to assess and process offers of support to supply PPE, not all processes were in place during early procurements; inconsistencies were found in the sufficiency of documentation on key procurement decisions such as why particular suppliers were chosen, why some suppliers with low due diligence ratings were awarded contracts, and how risks like perceived or actual conflicts of interest were identified or managed; and some contracts were awarded retrospectively after some work had been carried out, increasing the risk of under- or non-performance. This is all supported in a report by the Committee of Public Accounts[87], which found that the DHSC had insufficient due diligence checks in place at the outset of the pandemic to prevent potential profiteering and to identify conflicts of interest.
- In Scotland, contract approval documents were not completed to a consistent level of detail; a few contracts were found to have been signed after the contract start date (and one not signed at all); and there was inconsistent use of contract award letters. Moreover, NHS NSS spent £98 million with 24 suppliers that it had no previous relationship with, and while Scottish Enterprise[88] was engaged to provide further information about these suppliers, there was no clear guidance for due diligence nor a formal agreement between Scottish Enterprise and NHS NSS on the nature of work required.
- In Northern Ireland, the urgent need for equipment meant that BSO PaLS placed orders with six `high risk' suppliers but did so without requiring any additional internal approval. A further issue was raised around a lack of additional safeguards to prevent conflicts of interest for untendered contracts.

Publication of contract award notices

In terms of lessons learned for Wales, Audit Wales noted that NWSSP did not meet the requirements under emergency procurement rules to publish contract award notices within 30 days, mainly due to staff needing to prioritise sourcing PPE and not being able to prioritise publishing contract award notices. Similar issues were experienced in England (where there is a 90-day requirement), Scotland and, to a lesser extent, Northern Ireland, again due to unprecedented demands on procurement teams.

Ensuring quality

In the early days of the pandemic, many organisations came forward with offers to supply PPE. The Welsh Government appointed Life Sciences Hub Wales (LSHW)[89] to collate and review submissions from suppliers wanting to sell PPE and other products and services. These reviews included ensuring conformity with quality requirements and some standard

---

[87] Management of PPE contracts - Committee of Public Accounts (parliament.uk)
[88] Scotland's national economic development agency
[89] An arm's length body of Welsh Government that supports innovation and collaboration between industry, health, social care, and academia

business checks. Qualified offers of products were forwarded to NWSSP to progress offers into the procurement process.

Within NWSSP the Procurement Services also worked closely with the Surgical Materials Testing Laboratory (SMTL) in Bridgend to test the quality of PPE and identify fraudulent certification. Other than an isolated example of mislabelled gloves, Audit Wales saw no evidence of examples, like those described by the NAO in England, where centrally purchased PPE was not deemed fit for purpose, *“wasting hundreds of millions of pounds”*.

Issues were also identified in a review by the Northern Ireland Department of Health (DoH), which acknowledged that users had reported the *“poor and unacceptable quality of some PPE supplies”*. Despite this, the DoH highlighted that equipment only had to be withdrawn due to safety concerns in a relatively small number of instances in the earlier stages of the pandemic, and that these early concerns were largely resolved via innovative and collaborative quality assurance processes.

It is important to note that staff and representative groups across the UK raised the issue of feeling inadequately protected due to PPE generally being designed for generic male physiques (an issue identified long before the start of the pandemic). For example, 49% Black, Asian and minority ethnic nurses responding to a Royal College of Nursing survey in May 2020 reported that they had been adequately ‘fit tested’[90] for a respirator, compared to 74% for white British nurses.

In Wales, attempts were made to address some issues early in the pandemic; for example, when an issue was identified with the fit of a particular type of mask, Cardiff and Vale University Health Board identified a method to improve fit and reduce fit-test failures, sharing a video across NHS Wales. The use of fit test machines also lowered failure rates. Furthermore, at the time of the Audit Wales report, several manufacturers, including a manufacturer in Wales, were developing products with potential to offer a more bespoke fit for different face and body types.

Elsewhere, the Scottish Government’s PPE Strategy and Governance Board included an action to improve evidence about the fit and comfort of PPE for different groups, including women and ethnic minorities. In Northern Ireland, a lack of local fit-testing of FFP3 masks[91] was a particular issue, and a Serious Adverse Incident[92] investigation on the early quality of fit-testing was ongoing at the time of the Audit.

Ensuring value for money

Given the financial risks of urgently procuring PPE in a fragmented and highly competitive market, NWSSP set up a cross-profession Finance Governance Group (FGG) in early April 2020 to manage these risks while enabling rapid decision making. Of note, the FGG monitored orders that involved advance payments to ensure products were received. Nine orders had advance payments made through an ‘escrow’ account, an approach used for large volume contracts or new higher risk suppliers which meant they could see the funding was in place but could not draw on it until the goods were received and checked. Furthermore, while costs were generally higher than before the pandemic, Audit Wales saw

[90] A test to verify that a respirator is comfortable and provides the wearer with the expected protection
[91] Respirator masks that offer maximum protection from breathing air pollution
[92] Any event or circumstance that led or could have led to unintended or unexpected harm, loss or damage.

evidence of NWSSP negotiating prices down and avoiding costs by negotiating transport of PPE freight by sea and not air for some orders.

There is no mention of escrow arrangements in England, nor in Scotland where, up to March 2021, NHS NSS had paid almost £135 million in advance payments, with £6.6 million of orders remaining outstanding by July 2021. NHS NSS managed this risk through normal procurement processes and reported to a national procurement governance and programme board.

In Northern Ireland, the urgent need for equipment meant that BSO PaLS placed orders with six `high risk' suppliers but did so without requiring any additional internal approval. Audits also identified other risks around multiple prepayments to the same suppliers and inadequate risk assessments on suppliers requesting prepayments. Advance payments resulted in one supplier (who had been identified as high risk prior to contract signature) receiving a £0.88 million prepayment and failing to deliver an order for 2.5 million Type IIR masks[93].

PPE Stock Levels

NWSSP data shows that, in Wales, PPE stocks did not run out although the availability of some items got very low. Pressures were particularly acute in April, as they were in other areas of the UK: there was less than a week's supply of Type IIR masks, face visors and fluid-resistant gowns in NWSSP's stock for much of the month. At this time, Wales had to rely partly on mutual aid arrangements with England and Scotland to ensure sufficient supplies, although it ultimately gave out significantly more than it received.

The situation gradually improved to the point that by July 2020 there were more than 14 days' of supply for each PPE item and all categories were classified as 'green' on NWSSP risk rating system. This is reflected in the results of surveys undertaken by the Royal College of Nursing (RCN)[94] and British Medical Association (BMA)[95] suggesting that confidence in the supply of PPE grew shortly after the start of the pandemic. Concerns remained, however, with some frontline staff reporting ongoing shortages of FFP3 respirators and long-sleeved disposable gowns. Audit Wales reflects that, given the adequate national stock levels from May 2020 onwards, staff perceptions of PPE may have reflected their experiences of distribution within local sites rather than the national picture.

Systems for monitoring Welsh stock also improved over time, particularly through the establishment of a 'StockWatch' system for local stores to report weekly on their stock holdings. Despite NWSSP reporting that local authorities did not always report information on a timely basis, the system was considered useful.

Similarly, in Scotland, NHS NSS developed 12-week oversight dashboards to help inform procurement and distribution decisions and improve reporting. It used this data to provide daily PPE stock bulletins to a range of stakeholders. It also established a PPE Single Point of Contact Group to enable NHS boards to raise and discuss issues with PPE at NHS board level, as well as an online PPE portal to allow procurement teams within NHS boards to advise of any PPE shortages.

---

[93] Medical face masks made up of a four-ply construction that prevents large particles from reaching the patient or working surfaces

[94] Second PPE survey summary | Publications | Royal College of Nursing (rcn.org.uk)

[95] COVID-19: The impact of the pandemic on the medical profession (bma.org.uk)

In England, processes were developed to better inform distributions based on information from NHS regions, local resilience forums and the National Supply Disruption Response team (a helpline for providing emergency deliveries of PPE to organisations close to running out).

In terms of developing more resilient supplies of PPE:

- In Wales, the Critical Equipment Requirement Engineering Team (CERET), established by the Welsh Government in March 2020 to respond to urgent need on medical devices, worked closely with Welsh manufacturers who indicated that they could potentially expand into manufacturing PPE with some support. Over 30 companies repurposed their production lines to provide hand sanitiser; 25 companies repurposed their production lines to make face visors; and nine companies invested in machinery to produce clinical grade face masks and face coverings.
- The Scottish Government, NHS NSS and partners worked together to set up new Scottish supply chains. By June 2021, the percentage of PPE manufactured in Scotland (excluding gloves) had increased to 88 per cent by value of PPE.
- In Northern Ireland, local businesses were encouraged to begin manufacturing PPE or increase existing operations. This resulted in seven direct award contracts with a total estimated value of £165.8 million being approved. To support more flexible and longer-term competitive procurements, BSO PaLS established a Dynamic Purchasing System under which it awarded two competitive contracts, totalling £38.3 million.

Summary of the lessons learnt

In comparing the approaches of the four UK nations to purchasing PPE to protect against Covid-19, the key lessons to be learnt for future pandemics include:

- Ensure robust emergency procurement arrangements are place at the outset, and that they balance the need for urgency with the need to manage financial and other risks.
- Avoid a twin track approach to procurement that gives greater credibility and priority to some procurement leads. .
- Ensure due diligence is undertaken to the highest level possible, to avoid issues around conflict of interest, profiteering, and insufficient audit trails.
- Publish contract award notices within 30 days to comply with emergency procurement rules and ensure maximum transparency.
- Implement early processes to collate and review offers to supply PPE, test product quality, and identify fraudulent certification.
- Where possible, avoid retrospective contract awards to reduce the risk of under-or non-performance.
- Employ ‘escrow’ arrangements to manage the risks associated with advance payments.
- Ensure PPE supply reflects the diversity of the NHS Wales workforce, and that processes for fit testing are in place.
- Use a system like ‘StockWatch’ or similar to maintain adequate stock levels, streamline the PPE distribution process and ensure organisations receive the supplies they need; and host a reporting portal/helpline at allow organisations to advise of shortages.

- Continue to work with local organisations to develop more resilient supply chains.

Funding Staff Recruitment in the Swansea Bay Area

This case-study gives an overview of staff recruitment efforts in the Swansea Bay area at the outset of the pandemic from a health board perspective, and from the perspective of deliverers of clinical education programmes at Swansea University, from which staff were recruited.

Introduction

£1,513,547 of the European Social Fund (ESF) funding was retrospectively awarded to the Welsh Government in early 2023 to reimburse them for funding they provided to Swansea Bay University Health Board (SBUHB) to cover the staff recruitment costs incurred during the Covid-19 pandemic. This accounts for 347 new staff brought into the Health Board in 2020.

Early recruitment needs and priorities

In early 2020, as the scale of the pandemic became clear, SBUHB urgently needed to increase its staff capacity, particularly nurses, health care support workers and medics. This became a key focus for the Health Board due to concerns about a large influx of patients, and the need for sufficient staff to care for them.

> *"We were initially preparing for worst-case scenario which at the time was looking pretty grim, hence it was very much that we needed to recruit as many staff as we can."*
> *Health Board Stakeholder*

At the same time, the UK healthcare professional regulators introduced emergency changes to education standards to enable the deployment of healthcare students to support the response to the pandemic. In addition, the regulatory bodies wrote to lapsed registrants as part of a drive to encourage staff who had left or retired in the past three years back to work (provided there was no fitness to practice proceedings against them).

In Swansea Bay, student recruitment in particular was aided by the pre-existing relationship between SBUHB and the Faculty of Medicine, Health and Life Science at Swansea University. In early 2020, there were approximately 1,400 students on pre-registration nursing programmes at Swansea University, as well as many others on post-graduate and entry medicine courses. The emergency changes to education standards enabled 700 of these nursing students, among others, to be deployed to work for health boards across south and west Wales, including SBUHB.

To maximise benefit for SBUHB (and other health boards in the region), an early priority for the Faculty of Medicine, Health and Life Science was preparing students to enter the workforce. This included ensuring they had access to the same personal protective equipment (PPE) as Health Board staff in their clinical skills lectures, to ensure they were familiar with its use.

“We don’t want them to be using unfamiliar equipment here and going into practice where it really matters from an infection control perspective and being unfamiliar with what they’ve got.”
University Stakeholder

Recruitment challenges and processes

Staff at SBUHB described the Covid-19 recruitment campaign as ‘relentless’. In addition to its existing facilities, the Health Board was also under intense pressure to staff field hospitals that would meet minimum care standards to cope with the influx of patients.

To ensure recruitment happened at pace, the Health Board quickly assembled a team tasked with establishing a temporary workforce from retired health care professionals, students in their final years of study, and members of the public who had been furloughed from other roles and could assist with, for example, hospital discharge and, later in the pandemic, the vaccination programme.

Prior to the creation of this team, the Health Board did not have an internal recruitment department, with NHS Wales Shared Services Partnership[96] (NWSSP) being responsible for this. The small team was made up of staff redeployed from other roles within the Health Board’s directorate workforce, which meant that some aspects of their usual work, including training and development, had to be put on hold.

The level of response to the team’s recruitment campaign was high and proved challenging to deal with. There was also several streams of recruitment to manage concurrently.

“We were doing our own recruitment appealing to the public, we were also trying to encourage people who had retired to come back into the organisation, we were also onboarding students.”
Health Board Stakeholder

In the case of medical and nursing students, there was a transition to be made between being on placement at the Health Board to being paid staff, which brought unique challenges and resource implications. However, existing links between the Health Board and the university helped streamline the onboarding process.

“Essentially they become almost like Health Board employees as well as being university students… The qualified nurses and other health professions, they were working alongside them and getting paid for it. That

[96] NHS Wales Shared Services Partnership is an independent organisation, owned and directed by NHS Wales. The organisation supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

was a big game changer."
University Stakeholder

Most onboarded staff were either students or members of the general public. A health board stakeholder said that the number of retired healthcare professionals that returned was low, although do not have access to the Health Board's statistics on this[97].

Impact of funding

The ability to recruit additional staff whose costs would be covered by the Welsh Government and then retrospectively from ESF funding gave the Health Board assurance that it could meet this challenge.

"From a very simple point of view that positive impact was there… We wouldn't be totally overrun and unable to cope."
Health Board Stakeholder

Reassurance that they were able to plan ahead was the biggest impact on the organisation. Although there was no immediate awareness that the funding would be delivered through ESF, the awareness that it would come from 'somewhere' allowed SBUHB to make decisions quickly and streamline recruitment process to enhance staffing levels.

The retrospective award of the funding has also meant that fewer compromises have subsequently had to be made in other aspects of service delivery.

"Undoubtedly, if we hadn't have had that money coming in, we'd have to make decisions about how we could continue to operate certain services and whether that would have been a reduction in services we can provide. It would have had a detrimental effect on patient care."
Health Board Stakeholder

Some unexpected impacts were also seen within SBUHB. By refocussing how things were planned - desired outcome followed by finances, as opposed to the other way around - decisions could be made quickly and there has been a subsequent more general 'shift' in ways of thinking. This is particularly clear in the case of digital expansion where innovations have been seen in recruitment, patient appointments, and meetings. These were borne of necessity during the pandemic, but now remain part of the Health Board's work.

For the university, the experience of supporting staff recruitment solidified its relationship with the Health Board and made the process of handing students over easier. For students, although working in often difficult situations and compromising on learning time proved

[97] Across Wales retired healthcare professionals (i.e. recruits aged over 60 years) accounted for only 8% of all staff recruited.

challenging, the experience of working within the NHS before graduating was thought to prepare them for their future roles.

"I think the fact that we've got a strong close-working relationship with local health care providers because we've sent students on placement and they've invested in our nurses training… We do work very closely with them and I think that ability to work closely and meet regularly to discuss issues was helpful."
University Stakeholder

Essentially, the promise of available funding acted as a safety blanket in Swansea Bay, allowing the Health Board to mobilise its recruitment campaign at speed to meet the urgent requirements of the Covid-19 pandemic and save lives.

"We couldn't save everybody's life, that wasn't possible, but without doing what we did there would have been a lot more lives lost undoubtedly. I think we hit those objectives."
Health Board Stakeholder

Summary

- The successful and safe deployment of healthcare students to support the Covid-19 response within SBUHB was aided by the pre-existing relationship between the Health Board and the Faculty of Medicine, Health and Life Science at Swansea University. This relationship has strengthened as a result of experiences during the pandemic.
- Although the Covid-19 recruitment campaign was 'relentless' and 'challenging', the ability to recruit additional staff while knowing that the costs of doing so would be covered assured the Health Board that it could plan ahead to meet its challenges.
- The promise of available funding also allowed the Health Board to make speedy recruitment decisions to meet the urgent requirements of the pandemic. This has resulted in a lasting shift in ways of thinking and working.