Witness Statement of: Andrew Goodall

No. of Statement: 2

Exhibits: 50

Date of Statement: 20 April 2023

IN THE UK COVID-19 PUBLIC INQUIRY

Before the Right Honourable Baroness Hallett D.B.E

WITNESS STATEMENT OF ANDREW GOODALL

I, ANDREW GOODALL, WILL SAY AS FOLLOWS:

1. I give this statement on behalf of the Welsh Government's Health and Social Services Group to assist the work of the UK Covid-19 Public Inquiry. My statement is provided in order to address the topics set out in the Inquiry's Rule 9 request dated 23 November 2022 and referenced M1/NHSWALES/01. I held the position of Director General of Health and Social Services Group ("HSSG") and Chief Executive of NHS Wales from June 2014 to November 2021 after which I took up the position of Permanent Secretary; therefore, I consider myself the appropriate person to address the contents of this Rule 9 request.

2. In view of the available time, the content of this statement is not based on a full examination of the many thousands of documents that are relevant to the work of the Government over the pre-pandemic period. Furthermore, the material that I have exhibited herein is not intended to provide a complete picture, rather this material is produced to illustrate key aspects of administration and the provision of advice and information to decision makers. I have sought to provide sufficient information to enable the Inquiry to return with specific requests for more detailed evidence and documentation in due course should they choose to do so.

3. In preparing this statement I have relied on advice and information about the public health services in Wales and the related emergency planning procedures from members of the HSSG senior civil service team and Sioned Rees, Director of Health Protection, has provided overall input. I have also received input regarding the Welsh Government's emergency planning arrangements from Reg Kilpatrick, Director General Covid Recovery and Local Government. Attached is an index to this statement.

4. The unique challenges presented by the Covid-19 pandemic included its novel nature, the limited understanding of its medical science, its pattern of spread and its long duration. While many outbreaks and pandemics which occurred prior to Covid-19 did not present the same challenges, the Welsh Government was able to put in place measures and arrangements to respond to the types of pandemic it had planned for, and test these arrangements to such an extent that important lessons were learned and acted upon, which helped shape its response to Covid-19. As a result of the planning, testing and review of plans that was undertaken, Wales held in place a basis for the response which could be built upon and adapted in response to the challenges the pandemic presented, and from which the more dynamic decisions and policies could be made as more scientific data emerged.

5. However, the scale and unprecedented nature of the global pandemic did have an adverse impact on people and our communities. I wish to personally express my sympathies to those affected and to all those who lost loved ones during the pandemic.

6. This was an unprecedented period for us all, not just as members of the Welsh Government and civil service but as individuals. We all lived through this experience professionally and personally and there were impacts and consequences for family, friends, and colleagues. I am grateful to my civil service colleagues for their contribution and support in delivering the Welsh Government's functions and responsibilities. I would also wish to recognise the exceptional efforts and commitment of the health and care staff across Wales who underpinned our response throughout the course of the pandemic response, and who continue to deliver these services.

Public Health Services

Structure and Development of NHS Wales

Legislation, Duties and Powers

7. The full legislative history of the devolution of health in Wales is outside the scope of this Inquiry and statement but the governance and structures of the NHS in Wales may be traced back to the National Health Service Act 1977.

8. The current organisational and governmental structure of the NHS Wales is primarily set out in the National Health Service (Wales) Act 2006 ("the 2006 Act"). The 2006 Act consolidated in relation to Wales the provisions of the National Health Service Act 1977 associated legislation and set out in one statute the distinct structure of the Welsh NHS. In England, the National Health Service Act 2006 provides the legislative structure for its NHS. There are many differences between the structures and governance of the NHS in England and Wales, especially with regards to the health service bodies in operation in Wales. For example, there are three principal kinds of NHS bodies under the 2006 Act: Local Health Boards, Trusts and Special Health Authorities. In England, however, there are also NHS Foundation Trusts and Clinical Commissioning Groups among other bodies such as Public Health England and NHS England.

9. Health services are almost entirely devolved in Wales which means that Welsh Ministers are ultimately responsible for NHS Wales; however, this is not to say that the NHS bodies in Wales do not operate without any autonomy or independence. The Welsh Ministers set

the high-level policy framework and targets for NHS Wales, but health services are delivered by the Local Health Boards and Trusts in Wales.

10. Local Health Boards, Trust and Special Health Authorities in Wales principally form "NHS Wales", along with those who they contract with to provide a range of primary, secondary, and specialist tertiary care services and community services including district nurses, health visitors, midwives, community-based speech therapists, physiotherapists and occupational therapists. It is important to distinguish the legal status and governance of NHS Wales from that of the body referred to as "NHS England" (formally called the NHS Commissioning Board). NHS England describes itself as "leading the NHS in England". It sets the priorities and direction for the NHS, has commissioning responsibilities and shares out NHS funding annually. NHS England is not a Special Health Authority or Trust. It is a separate corporate body established by primary legislation (namely, the NHS Act 2006). It has its own board, a Chief Executive and its own budget and is operationally independent from the Secretary of State. By comparison, there is no equivalent legal entity called NHS Wales.

11. Welsh Ministers are under a general duty to promote in Wales a comprehensive health service, including securing improvement in the prevention, diagnosis and treatment of illness. They have a broad range of powers that they may exercise in relation to the NHS in Wales, this includes the power to direct Local Health Boards, Trusts and Special Health Authorities to exercise their functions in relation to the health service in Wales. The role of leading the NHS in Wales falls to the Welsh Ministers who receive policy advice from a Welsh Government senior civil servant who holds the dual role of Director General Health and Social Services Group and Chief Executive of NHS Wales. In practice, this enables a very close working relationship between the Welsh Government and NHS Wales which is facilitated by the Chief Executive NHS Wales who in that role provides strategic leadership and management to NHS Wales.

Local Health Boards in Wales

12. In Wales, healthcare services are primarily delivered by Local Health Boards who have a role as both the commissioner and provider of services in their local area, with responsibility for the health of their local population. This includes primary, community, acute and mental health services.

13. There are currently seven Local Health Boards in Wales:

    a. Aneurin Bevan University Local Health Board (covering Newport, Torfaen, Monmouthshire, Caerphilly and Blaenau Gwent local authorities).
    b. Betsi Cadwaladr University Local Health Board (covering Flintshire, Denbighshire, Gwynedd, Wrexham, Conwy and Anglesey local authorities).
    c. Cardiff and Vale University Local Health Board (covering Cardiff and Vale of Glamorgan local authorities).
    d. Cwm Taf Morgannwg University Local Health Board (covering Bridgend, Merthyr Tydfil and Rhondda Cynon Taf local authorities).
    e. Hywel Dda University Local Health Board (covering Carmarthenshire, Pembrokeshire and Ceredigion local authorities).
    f. Powys Teaching Local Health Board (covering Powys).
    g. Swansea Bay University Local Health Board (covering Neath Port Talbot and Swansea local authorities).

14. Between June 2009 and January 2020, there were several changes to the Local Health Board structure in Wales. On the 1 June 2009, the number of Local Health Boards in operation was reduced from 22 to seven. The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009[1], made in exercise of the Welsh Ministers' power under section 11 of the 2006 Act established six new Local Health Boards in Wales which became operational on 1 October 2009. Powys Teaching Local Health Board was the only one of the original Local Health Boards not to be dissolved, and it remains operational to this day.

15. Prior to the changes, the role of the Local Health Boards in Wales was effectively limited to the commissioning of health services, while the Welsh NHS Trusts had the function of providing 'front-line' medical services in Wales. However, the 2009 changes introduced an integrated healthcare system in Wales, under which Local Health Boards were

[1] SI 2009/778

effectively responsible for commissioning medical services and for the provision of front-line medical services in Welsh hospitals.

16. There have been three amendments since the 2009 Order was made. Firstly, The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019[2] changed the boundaries of Cwm Taf University Local Health Board and Abertawe Bro Morgannwg University Local Health Board. Secondly, from 1 April 2019, the principal local government area of Bridgend was transferred from Abertawe Bro Morgannwg University Local Health Board and it now forms part of the area of Cwm Taf University Local Health Board. Thirdly, the Abertawe Bro Morgannwg University Local Health Board was renamed 'Swansea Bay University Local Health Board' and Cwm Taf University Local Health Board was renamed 'Cwm Taf Morgannwg University Local Health Board'.

17. The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009[3] sets out the detailed requirements for the constitution and membership of Local Health Boards in Wales.

18. The members of a Local Health Board consist of a chair, vice-chair, officer members (who are representative of different healthcare professions and responsibilities), nine non-officer members (which must include a local authority member, a voluntary organisation member, a trade union member, and a person who holds a health-related post in a university), and any associate members[4]. The chair, vice chair and non-officer members are appointed by the Welsh Ministers. The Welsh Ministers may also appoint up to three associate members, while the Local Health Board may appoint one associate member.

19. The Local Health Board appoints the officer members. The officer members consist of the following positions in the Local Health Board:

    a. a chief officer;
    b. a medical officer;
    c. a finance officer;
    d. a nurse officer;

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[2] Order 2019 No. 6
[3] SI 2009/779
[4] Regulations 3 and 4 of SI 2009/779

e. an officer who has responsibility for provision of the following:
    i. primary care services;
    ii. community health services; and
    iii. mental health services.
f. an officer who has responsibility for workforce and organisational development;
g. an officer who has responsibility for public health;
h. an officer who has responsibility for the strategic and operational planning of the provision of health services;
i. an officer who has responsibility for therapies and health science.

20. The principal functions of Local Health Boards are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009 ("2009 Regulations"), which are effectively directions issued by the Welsh Ministers in exercise of their power under section 12 of the 2006 Act.

21. The Welsh Ministers delegated to Local Health Boards functions under the 2006 Act as well as under and six other statutes[5]. These functions include the Welsh Ministers' general duty under section 1 of the 2006 Act to continue to promote a comprehensive health service in Wales. In addition to those functions delegated by the Welsh Ministers, parts 4 to 7 of the 2006 Act impose specific duties on Local Health Boards in relation to the provision of medical and dental services.

NHS Trusts in Wales

22. As part of the reorganisation in 2009, seven NHS Trusts which previously delivered hospital services were dissolved with the exception of the Welsh Ambulance Service Trust ("WAST") and Velindre NHS Trust ("Velindre") which continued to exist.

23. Public Health Wales NHS Trust ("PHW") was established on the 1 August 2009 as a new NHS trust in Wales[6] and became operational on the 1 October 2009. The functions of PHW, as set out in statute, are to:

[5] See Schedule 1 of Local Health Boards (Directed Functions) (Wales) Regulations 2009/1511
[6] Public Health Wales National Health Service Trust (Establishment) Order 2009/2058

a. Provide and manage public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;
b. Develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters;
c. Undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and
d. Provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

24. PHW is the national public health agency in Wales. One of its roles is to protect the public from infection and to provide advice on epidemiology, and it played an important role throughout the Covid-19 pandemic in providing advice to the public, NHS Wales, and the Welsh Government. Further detail on the role of PHW is provided below.

25. WAST is the national ambulance service for Wales. It was established pre-devolution on the 1 April 1998, with NHS Direct Wales becoming part of WAST in April 2007. WAST serves the whole population of Wales providing them with emergency services, unplanned critical care support and advice, as well as Non-Emergency Patient Transport Services. The service is divided into three regions with regional offices in Swansea and Cwmbran and the headquarters in St Asaph. WAST are also the host for the 111 service, which is an amalgamation of NHS Direct Wales and the front-end call handling and clinical triage elements of the GP out-of-hours services and which operates across Wales.

26. Velindre was established on 1 April 1994[7] and at that time was a single speciality trust providing only cancer services. Over the years, the trust has significantly evolved and expanded. The main function of Velindre is to provide all-Wales and regional clinical health services to the NHS and the people of Wales. Velindre consists of two clinical divisions:

[7] Velindre National Health Service Trust (Establishment) Order 1993/2838 (as amended)

Velindre Cancer Centre and the Welsh Blood Service. The latter works with its UK counterparts both formally and informally to ensure the safety of the blood supply chain, share expertise and information and identify ways in which they can work collaboratively for the benefit of patients, donors and citizens across the UK.

27. Velindre also hosts NHS Wales Shared Services Partnership (NWSSP) which I will detail further below.

28. Both WAST and Velindre's membership and procedures are contained in the NHS Trusts (Membership and Procedure) Regulations 1990. PHW has separate provision in the Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009. The members of NHS trusts in Wales consist of:

    a. A chair;
    b. A vice-chair;
    c. No more than six non-executive directors, excluding the chair and vice chair;
    d. No more than six executive directors, which includes the roles of:
        i. The Chief Officer.
        ii. The Chief Finance Officer.

29. In the case of Velindre, the executive directors must also include a medical or dental practitioner and a nurse or midwife.

30. In the case of PHW, the non-executive directors include:

    a. A person who holds a health-related post in a university.
    b. A person with experience of local authorities in Wales.
    c. A person who is an employee or member of a voluntary sector organisation with experience of such organisations in Wales.

31. The non-executive members are appointed by the Welsh Ministers. The Chief Officer is appointed by a committee of the Chair, Vice-Chair and non-executive directors of the trust. In the case of the other executive directors, appointment is by the same committee with the addition of the Chief Officer.

Special Health Authorities in Wales

32. There are two Welsh SHAs: Health Education and Improvement Wales ("HEIW") and Digital Health and Care Wales ("DHCW").

33. HEIW was established in 2018[8] and its function relate to the planning, commissioning and delivery of education and training for the Welsh health workforce. HEIW sits alongside the Health Boards and Trusts and takes a leading role in the education, training, development and shaping of the healthcare workforce in Wales in order to ensure high-quality care for the people of Wales. This was the first Welsh SHA established by the Welsh Ministers.

34. HEIW consists of:

    a. a chair;
    b. not more than 6 other members who are not officers of HEIW in addition to the chair; and
    c. not more than 5 other members who are officers of HEIW, including the office of chief executive.

35. The Chair of HEIW is appointed by the Welsh Ministers as are up to 6 other members in addition to the Chair. The Chief Executive is appointed by the non-officer members and the other officer members by the Chief Executive and non-officer members together.

36. DHCW was established in 2020[9] but only became operational in April 2021. DHCW aimed to transform health and care delivery by providing frontline staff with modern systems, delivering digital solutions to modernise critical care units and using data to improve how services are delivered to and access by patients. DHCW has such functions as the Welsh Ministers may direct in connection with the following areas:

    a. the provision, design, management, development and delivery of digital platforms, systems and services;
    b. the collection, analysis, use and dissemination of health service data;

[8] Health Education and Improvement Wales (Establishment and Constitution) Order 2017/913
[9] Digital Health and Care Wales (Establishment and Membership) Order 2020/1451

c. the provision of advice and guidance to the Welsh Ministers about improving digital platforms, systems and services;
d. supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services;
e. any other matter so as to secure the provision or promotion of services under the 2006 Act.

37. The membership of DHCW consists of:
    a. a chair;
    b. a vice-chair;
    c. not more than 5 members who are not officers of DHCW in addition to the chair and vice-chair;
    d. not more than 5 members who are officers of DHCW which must include:
        i. a chief officer;
        ii. a finance officer;
        iii. a clinical officer;
    e. not more than 3 associate members.

38. The Chair, Vice-Chair and up to 5 other nonofficer members of DHCW are appointed by the Welsh Ministers. The Chief Officer is appointed by the non-officer members and all other officer members by the Chief Officer and non-officer members. Associate members are appointed by the Welsh Ministers or by DHCW with the Welsh Ministers consent.

39. There are also two joint Special Health Authorities operating on an England and Wales basis: the NHS Business Services Authority ("NHSBSA") and NHS Blood and Transplant ("NHSBT").

40. NHSBSA[10] and NHSBT[11] were established jointly by the Secretary of State and the Welsh Ministers. As these are joint SHAs, the Welsh Ministers may direct the NHSBSA or NHSBT to exercise any of the functions of the Welsh Ministers relating to the health service in Wales which are specified directions made under the 2006 Act.

[10] The NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Establishment and Constitution) Order 2005
[11] The NHS Blood and Transplant (Gwaed a Thrawsblaniadau'r GIG) (Establishment and Constitution) Order 2005

NHS Wales working together

41. The 2006 Act provides a number of legislative mechanisms to enable the NHS bodies to work together. In addition to the three main types of statutory NHS bodies, there are a range of committees, partnerships, associations and hosted bodies in place which also service and form part of NHS Wales. These organisations help to ensure an 'all-Wales' approach to much of what NHW Wales does and maximise opportunities for resource pooling and innovation.

NHS Wales Shared Services Partnership ("NWSSP")

42. Velindre NHS Trust has the function of managing and providing shared services to the health service in Wales. NWSSP is the operational name for the Shared Services Committee of Velindre NHS Trust. NWSSP functions include functions directed by the Welsh Ministers such as payroll services, procurement services and legal services for NHS bodies in Wales. The NHS bodies have also collectively agreed to transfer services to NWSSP such as health courier services, laundry services and student award schemes. NWSSP delivers a wide range of high quality, professional, technical and administrative services for and on behalf of NHS Wales and also work with the wider public services, including Welsh Government.

Welsh Health Specialised Services Committee ("WHSSC")

43. The Welsh Ministers made the Welsh Health Specialised Services Committee (Wales) Regulations 2009 so that the seven Local Health Boards in Wales would work via a joint committee to exercise functions relating to the planning and securing of specialised and tertiary services. WHSSC is hosted by Cwm Taf Morgannwg University Local Health Board. The role of WHSSC is akin to that of NHS England in managing a budget for the commissioning of specialist services on a national level.

Emergency Ambulance Service Committee ("EASC")

44. EASC is a Joint Committee of all Local Health Boards in NHS Wales and is hosted by Cwm Taf Morgannwg University Health Board. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Local Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven Local Health Boards in NHS Wales to make joint decisions on: the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services); the Emergency Medical Retrieval and Transfer Service; and the Non-Emergency Patient Transport Service, in accordance with their defined Delegated Functions. Although the Joint Committee acts on behalf of the seven Local Health Boards in discharging its functions, individual Local Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services; Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services. The arrangements effectively create a commissioner-provider relationship in which the seven Local Health Boards are collectively responsible for securing the provision of an effective emergency ambulance service for Wales. WAST, therefore, is responsible for supplying the urgent and emergency medical services that the Local Health Boards require, based on a robust commissioning framework.

The National Collaborative Commissioning Unit ("NCCU")

45. The NCCU sits alongside EASC and is the collaborative commissioning service of NHS Wales. Its vision is: "Leading quality assurance and improvement for NHS Wales through collaborative commissioning". The NCCU is responsible for delivering national commissioning programmes for mental health and learning disability services.

Welsh Risk Pool ("WRP")

46. The WRP is a mutual organisation which provides indemnity to all Local Health Boards and NHS Trusts in Wales for clinical and non-clinical claims for negligence. The WRP was established in 1996 when responsibility for meeting the cost of clinical negligence claims

was transferred directly to NHS Wales. The WRP arrangements are contained in various Welsh Health Circulars and Policy documents.

NHS Delivery Unit ("NHSDU")

47. The NHSDU was formerly the Deliver and Support Unit and was established in 2005. The NHSDU is a non-statutory body hosted by Swansea Bay University Local Health Board. The purpose of the NHSDU is to provide the Welsh Government and the NHS with additional capacity and operational expertise and also provide expertise and advice to the Welsh Government on policy development matters, including the development of a wider suite of performance management and improvement tools and techniques. The NHSDU is accountable to the Director of the HSSG in the Welsh Government.

NHS Finance Delivery Unit ("FDU")

48. The creation of the FDU was announced by the Cabinet Secretary for Health and Social Services in 2017. The purpose of the FDU is to enhance the capacity to monitor and manage financial risk in NHS Wales and to respond at pace where organisations are demonstrating evidence of potential financial failure; and accelerate the uptake across NHS Wales of best practice in financial management and technical and allocative efficiency. The FDU is accountable to the Director of Finance, Health and Social Services Group in the Welsh Government and the annual work programme is agreed and monitored through regular meetings with the Welsh Government. The FDU is hosted by PHW on behalf of the HSSG.

NHS Wales Health Collaborative

49. The NHS Wales Health Collaborative is a national organisation, working on behalf of the health boards, trusts and special health authorities that make up NHS Wales. Through facilitating engagement, networking and collaboration between NHS Wales partners and other stakeholders, the Collaborative works to support the improvement of NHS Wales' services across organisational boundaries and improve the quality of care for patients. The Collaborative covers a broad range of clinical networks, national programmes and projects, major conditions implementation groups, and support functions. The Collaborative is hosted by PHW, on behalf of NHS Wales.

NHS Wales Informatics Service

50. NWIS was a non-statutory organisation and part of Velindre NHS Trust. The Velindre National Health Service (Establishment) Order 1993 (as amended) sets out the Trust's functions given to them by the Welsh Ministers which includes: "to manage and provide to or in relation to the health service in Wales a range of information technology systems and associated support and consultancy services, desktop services, web development, telecommunications services, healthcare information services and services relating to prescribing and dispensing". NWIS delivered these services across NHS Wales as part of Velindre NHS Trust. NWIS functions were transferred to DHCW when it was established as a SHA in 2021.

NHS Wales Improvement Cymru

51. Improvement Cymru is the all-Wales Improvement service for NHS Wales. Its objective is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time. It is part of PHW and is made up of experts in developing, embedding, and delivering system-wide improvements across health and social care. Improvement Cymru works closely with NHS Wales to support them to continually improve what they do and how they do it to help create a healthier Wales.

Welsh NHS Confederation

52. The NHS confederation is a membership organisation with funding contributions from all health organisations. The Welsh NHS Confederation is also part of the national UK wide NHS Confederation and host NHS Wales Employers. This organisation represents the seven local health boards; three NHS trusts; Health Education and Improvement Wales; and Digital Health and Care Wales. While it is not part of Welsh Government's management structure for NHS Wales, it is part of our network and collaborative arrangements in our intimate Welsh system. The NHS Confederation acts as a driving force for positive change through strong representation, facilitating system leadership and our proactive policy, influencing, communications, events, and engagement work. The Welsh NHS Confederation is governed by a Management Committee. The Management

Committee comprises the chairs and chief executives of the seven local health boards, three NHS trusts, two special health authorities in Wales and the director of the Welsh NHS Confederation.

Regional Partnership Boards

53. In addition to the NHW Wales bodies and organisations, Regional Partnership Boards ("RPBs") established as part of the Social Services and Well-Being (Wales) Act 2014 to improve the well-being of the population and to improve how health and care services are delivered. The RPBs help to ensure integrated planning across health and social care. All RPBs must:

    a. produce regional population assessments.
    b. produce a regional area plan.
    c. provide a regional annual report.
    d. demonstrate citizen engagement and co-production.

54. There are seven RPBs linked to the Local Health Board regional footprints:

    a. Cardiff & Vale Regional Partnership Board;
    b. Cwm Taf Morgannwg Regional Partnership Board;
    c. Gwent Regional Partnership Board;
    d. West Wales Regional Partnership Board;
    e. North Wales Regional Partnership Board;
    f. West Glamorgan Regional Partnership Board;
    g. Powys Regional Partnership Board.

55. I exhibit a copy of a governance map of the NHS in Wales **[Exhibit AG01M01NHWALES01/001 – INQ000177485]**. This sets out the roles and responsibilities of the respective entities in more detail.

General Cooperation within NHS Wales

56. As noted above, the 2006 Act provides a number of legislative mechanisms to enable the NHS bodies to work together. Local Health Boards in particular have broad powers to make arrangements with any person or body to provide or assist in providing services under the Act[12]; to exercise their functions jointly with a range of bodies included other Local Health Boards, Trusts, NHS Commissioning Board or Clinical Commissioning Groups[13] and they may also be directed by the Welsh Ministers for their functions to be exercised by committees or by Special Health Authorities. It is using these powers that cooperative arrangements for NWSSP, WHSSC, EASC and NCCU were put in place.

57. Local Health Boards also work closely with local authorities and others to perform their statutory duties under the Social Services and Well-Being (Wales) Act 2014 and the Well-Being of Future Generations (Wales) Act 2015.

58. More particularly in relation to public health, the Public Health (Control of Disease) Act 1984 ("1984 Act") and secondary legislation made under that Act provides health protection powers for use where voluntary cooperation, such as advice and guidance from the NHS, to avert a health risk cannot be secured. Guidance was issued by the Welsh Government in 2010 that describes how these powers should be used.[14]

59. The health protection regime in Wales requires co-operation between Local Health Boards, PHW and local authorities. The Health Protection (Notification) (Wales) Regulations 2010[15] place obligations on various persons, such as registered medical practitioners and operators of diagnostic laboratories, to disclose information regarding notifiable diseases to local authorities and PHW for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination. If, following notification of a disease, it is deemed that some sort of intervention is required to protect against spread or contamination, the Health Protection (Part 2A Orders) (Wales) Regulations 2010 provide the mechanism for local

[12] Section 10 of the NHS (Wales) Act 2006
[13] Section 13 of the NHS (Wales) Act 2006
[14] https://gov.wales/sites/default/files/publications/2019-04/health-protection-guidance-2010.pdf
[15] SI 2010/1546

authorities to exercise their health protection powers. These powers include the power to make applications under the 1984 Act to a local Justice of the Peace ("JP") to approve interventions such as quarantining infectious individuals and prescribing the evidence that must be available to a JP before they may be satisfied the criteria for making a part 2A order are met. Such criteria can include the details of the person's signs and symptoms, diagnosis, outcome of clinical or laboratory tests, and recent contacts with, or proximity to, a source or sources of infection or contamination. Typically, Local Health Boards and local authorities would cooperate in respect of the provision of such information to the JP.

Persons and Entities with Top-level Responsibility for NHS Wales

Minister for Health and Social Services

60. The Minister for Health and Social Services (Welsh: Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol) ("the MHSS") is a Cabinet position in the Welsh Government. This position was held by the following people within the date range relevant to this Module:
    i. Edwina Hart AM, July 2008 to May 2011;
    ii. Lesley Griffiths AM, May 2011 to March 2013;
    iii. Mark Drakeford AM, March 2013 to May 2016;
    iv. Vaughan Gething MS, May 2016 to May 2021.

61. The MHSS is accountable to the Senedd, which exercises scrutiny of Ministerial decisions, policy, government bills and subordinate legislation via its plenary proceedings and through the work of its committees and sub committees established pursuant to section 28 of the Government of Wales Act 2006 and the Senedd's Standing Orders.

62. The MHSS is responsible for the NHS in Wales and all aspects of public health and health protection. During a health emergency, the MHSS would be responsible for preparedness for the NHS and Health sector, NHS initial capacity and ability to increase capacity and resilience.

Welsh Government

63. The Welsh Government, through the Minister responsible for Health, is responsible for setting policy and standards to promote high quality, safe services based on population health need. It sets out its expectations in respect of planning and performance and the assurance it seeks from NHS organisations through its planning, delivery and compliance frameworks. Performance is monitored internally through the Integrated Delivery Board, drawing on data and feedback from a number of sources.

64. The Welsh Government Health and Social Services Group ("HSSG") has a unique role within the Welsh Government in that it is responsible for exercising strategic leadership and oversight of the NHS in Wales and is responsible for the robust stewardship of NHS funds. The HSSG is also the link between the local authorities' social services directors and the MHSS and Deputy Ministers for HSS.

65. The HSSG has the following overarching responsibilities:
    a. promoting, protecting and improving the health and well-being of everyone in Wales, and leading efforts to reduce inequalities in health.
    b. making available a comprehensive, safe, effective and sustainable National Health Service.
    c. ensuring that high quality social services are available and increasingly joined up with health care and other services.
    d. ensuring that through Cafcass Cymru, children are put first in family proceedings, their voices are heard and decisions made about them by courts are in their best interests.

66. Prior to the pandemic the HSSG consisted of the following directorates/divisions:
    a. Cafcass Cymru.
    b. Delivery, Performance and Planning for health and care in Wales.
    c. Finance.
    d. Mental Health, Vulnerable Groups and NHS Governance.
    e. Nursing.
    f. Population Health (including Chief Medical Officer's Office).
    g. Primary Care and Health Science.

h. Social Services.
i. Technology, Digital and Transformation.
j. Workforce and Organisational Development.

67. The role of the HSSG is to focus on supporting the Welsh Government to deliver its priorities whilst also providing leadership to the NHS and Social Services system in Wales to ensure they can deliver the required changes in services and culture.

Director General, Health and Social Services and the Chief Executive of NHS Wales

68. I held the position of Director General of Health and Social Services ("the DG HSS") from June 2014 to November 2021 after which I took up the position of Permanent Secretary. I was succeeded as DG HSS by Judith Paget. Prior to my taking up the position, the role was held by the following individuals:
    i. Paul Williams, 2009 to April 2011.
    ii. David Sissling, May 2011 to March 2014.

69. The role of DG HSS is inward facing. In this role, I had responsibility for:
    a. Enabling intergovernmental decision making for health and social care;
    b. Oversight to how health and social care decisions were made, communicated and implemented;
    c. The availability and use of data and evidence;
    d. Preparedness, NHS capacity and ability to increase capacity and resilience;
    e. The procurement and distribution of key equipment and supplies, including PPE and antivirals.

70. The role of DG HSS includes the role of Chief Executive of NHS Wales. In this role, I was accountable to the MHSS and responsible for providing policy advice and exercising strategic leadership and management of the NHS in Wales. This role is essentially outward facing as the representative of NHS Wales. I was designated as the "Accounting Officer for the NHS in Wales" and in that role I was personally responsible for the

stewardship of funds for the NHS in Wales. The Chief Executive Officer of a NHS body would perform the role of the body's Accountable Officer and was, in turn, accountable to me as the Accounting Officer for the NHS in respect of the body's functioning and expenditure.

Governance

71. In accordance with the provisions of the HM Treasury Government Financial Reporting Manual, NHS bodies are required to produce an annual report and accounts. This includes an annual, formal statement of assurance known as the Annual Governance Statement. The statement is signed by the Chief Executive in their capacity as Accountable Officer in accordance with their responsibility to review effectiveness of the system of internal control. It is published as part of its annual report and annual accounts. The annual governance statement provides citizens and other stakeholders with a level of confidence on the way in which an organisation is led, the efficiency and effectiveness of its operations and ultimately, its ability to deliver its strategic vision, aims and objectives. Prior to 2020, Boards of NHS organisations were also required to publish a public Annual Quality Statement. This statement sets out clearly the achievements and challenges over the previous year, as well as the improvements the Board has agreed to make in the year ahead, to continuously improve the delivery of high quality and safe services.

72. In addition to Board level reports and statements, all organisations are required to participate in the annually agreed set of national clinical audits and outcome review programmes published by the Welsh Government as well as determine their own local priorities. This needs to be complemented with a broader framework of improvement activity, incorporating actions driven by programmes such as those supported by 1000 Lives Improvement (e.g. the national NHS Wales improvement resource, which is now known as Improvement Cymru) and actions to improve following reviews undertaken by bodies such as the Healthcare Inspectorate Wales. Boards should also consider what actions and learning need to be taken across the organisation from findings in one area.

73. All NHS organisations in Wales are required to have a Quality and Safety Committee to ensure sufficient focus and attention is given to such matters. This must be served by its independent members and report directly to the Board. This process needs to be underpinned by a robust quality assurance framework. Audit, Inspection and Regulation

Bodies play a key role in assessing the quality of services to ensure standards are met and resources are being used effectively. This includes bodies such as the Healthcare Inspectorate Wales, Audit Wales and also the Health & Safety Executive and Care Inspectorate Wales for matters relating to social care.

74. The Welsh Government's NHS Wales Planning Framework gives guidance to Local Health Boards on developing three-year plans, known as Integrated Medium-Term Plans ("IMTPs") setting out how they will deliver services to meet the needs of their local population. The Welsh Ministers approve the annual IMTPs for each Local Health Board. Welsh Ministers report to the Senedd before the end of any three-year accounting period on whether each Local Health Board has complied with its statutory duty to break even. The same duty applies to NHS Trusts.

75. Formal arrangements to manage NHS performance include regular meetings with individual organisations to discuss performance. The Integrated Delivery Board, **[Exhibit AG01M01NHWALES01/002 – INQ000177387]** now 'the Quality and Delivery Board', oversees performance and focuses on areas of improvement.

76. Joint Executive Team (JET) meetings for each health organisation also take place twice a year. This involves the Chief Executive and Executive teams of individual NHS Bodies meeting with the NHS Wales Chief Executive and executives of HSSG. These provide an opportunity for the Welsh Government to be assured on performance and delivery and links to assessments that are considered as part of the NHS Escalation and Intervention Arrangements published in 2014. JET meetings and Integrated Delivery Board meetings form part of the broader NHS performance management framework.

77. Alongside the more formal planning arrangements, there are informal mechanisms which support NHS performance and learning. These mechanisms enable a swifter route for contact and discussion with organisations, stakeholders and professional representatives when needed. These informal mechanisms include regular touch points across all leadership and professional levels. Before 2015, NHS Wales Chief Executives would attend monthly meetings of the NHS Wales Chief Executive Group. In June 2015, this

group was replaced by the NHS Wales Executive Board (as discussed more fully below). In July 2021, this Board was then replaced by the NHS Wales Leadership Board.

78. At times of pressure for the health and care system, for example during a challenging winter period, both the formal and informal arrangements in place can be scaled up to gather intelligence and immediate situational awareness so that action can be taken quickly when needed.

Regulation and Inspection of NHS Wales

79. Regulation and inspection of NHS in Wales is different from England where the Care Quality Commission (CQC) inspects both health and social care services, and has powers of intervention, including the ability to issue warning notices, impose fines or place providers in special measures.

80. In Wales, the Welsh Ministers hold the intervention powers set out in sections 26-28 of the 2006 Act (referred to as "special measures") which enable the Welsh Ministers to issue intervention orders where a Local Health Board is not performing to the expected standard.

Healthcare Inspectorate Wales

81. Healthcare Inspectorate Wales ("HIW") is the independent inspectorate and regulator of healthcare in Wales. Its purpose is to check people in Wales receive good quality healthcare. It aims to provide an independent view on the quality of care delivered by NHS and independent healthcare services across Wales. HIW inspects NHS services and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. The Health and Social Care (Community Health and Standards) Act 2003 ('the 2003 Act') provides the basis for the Inspectorate to undertake reviews and investigations of health care provided by and for Welsh NHS bodies. The 2003 Act provides powers for the Inspectorate to enter and inspect NHS premises, and to require information and documentation from NHS bodies. The Inspectorate is unable to take enforcement action against NHS services. The NHS Wales Escalation and Intervention Arrangements document sets out how serious issues

affecting NHS services are to be addressed **[Exhibit AG01M01NHSWALES01/003 – INQ000177495].**

82. HIW's remit covers a range of NHS settings including hospitals, GP surgeries, dental practices, mental health units and community mental health teams. In the independent sector, it regulates and inspects healthcare settings by registering a range of providers including independent hospitals and clinics, dental practices, mental health units, hospices and laser treatments at beauty salons. It monitors compliance against conditions of registration and considers the quality of care being delivered against relevant regulations and standards.

83. Alongside a mixture of onsite and offsite assurance, inspection and registration activities, HIW uses information about healthcare services to gain assurance in relation to the quality and safety of services provided to citizens in Wales. In addition, HIW is able to drive improvement through reporting and sharing of good practice. HIW produces an annual report which it publishes on its website.

Audit Wales

84. Audit Wales is the trademark of two legal entities: the Auditor General for Wales and the Wales Audit Office. Each has its own particular powers and duties: the Auditor General audits and reports on Welsh public bodies, and the Wales Audit Office provides staff and other resources for the Auditor General's work, and monitors and advises the Auditor General.

85. The aim of Audit Wales is to assure the people of Wales that public money is being managed well, explain how public money is being used and how it meets people's needs, and to inspire and empower the Welsh public sector to improve. Public bodies, including the Welsh Government, consider and respond to the recommendations made by Audit Wales and these responses are usually included in the final version of its reports.

Community Health Councils

86. In addition to the roles of Healthcare Inspectorate Wales and Audit Wales, the public views of the health service are represented by the Community Health Councils. These are independent statutory bodies representing the interests of patients and the public, and who also inspect local NHS services. There are currently seven Community Health Councils, coterminous with Local Health Board boundaries. However, from April 2023, a new all-Wales Citizen Voice Body will replace Community Health Councils in representing the interests of people across both health and social care.

Health Emergency Planning

The Health Emergency Planning Unit

87. The Health Emergency Planning Unit ("HEPU") was established within HSSG following both the 9/11 terrorist attack in 2001 and concerns that emerged in the mid-2000s of the influenza pandemic risk. HEPU developed emergency planning policy and guidance and provided advice and support on the provision of Wales NHS emergency planning arrangements aimed at securing compliance with the Civil Contingencies Act 2004 ("CCA").

88. HEPU's work was to ensure appropriate contingency arrangements were in place across NHS Wales to respond to civil contingencies effectively. Additionally, HEPU provided national WG oversight of the procurement, storage, management and distribution of health countermeasures for national level risks. HEPU also undertook a monitoring and supporting role through the Wales NHS Emergency Planning Structure which brought together emergency planning representatives from NHS Wales bodies with civil contingency duties as Category 1 Responders under the CCA. Located in the Public Health Division of the Chief Medical Officer's Directorate, HEPU was able to draw upon the wider health professional advice and support available in the then Health Protection Division.

89. Over the years, HEPU engaged internally within HSSG and MHSS and maintained an active Wales NHS Emergency Planning structure, involving a network of planning staff from the Local Health Boards and NHS Trusts including Welsh Blood Services, NHSW

Shared Services Partnership and DHCW which was established in April 2021 when it replaced the National Wales Informatics Service. HEPU has also continued to work with the UK Government Department of Health on UK-wide health emergency management arrangements.

90. Over the years, the staffing numbers of HEPU have varied between two to five members of staff. Although the HEPU staff resource was small in comparison with the staff numbers working on contingency planning in the UK's Department of Health, it had a close contingency network which enabled it to coordinate NHS Wales contingency planning. HEPU worked closely with the Welsh Government's Resilience Team on corporate contingency planning commitments.

91. Following a re-shaping of the Health and Social Services Group during 2022 that involved the learning from the response to Covid-19, the health protection structure has been strengthened with the creation of a new directorate. This includes an Emergency Planning and Response Division which incorporates the work previously undertaken by HEPU and which has strong links with the NHS planning systems that will sit under the new NHS Executive arrangements coming into force from 1 April 2023.

92. The MHSS was kept informed routinely of health emergency planning matters and resilience activities, as were the HSSG Executive Directors Team. The HSSG and NHS Wales contribute to multi-agency planning at all levels through their participation in the all-Wales planning structure and their engagement with Local Resilience Forums ("LRFs").

93. At the senior level, the Chief Executive for NHS Wales has been a member of the Joint Emergency Services Group since early 2019 and a member of the Wales Resilience Forum since 2017; these bodies are more fully discussed in my first witness statement for Module 1, with reference M1-WG-01.

94. At the operational level, HEPU was a member of the Wales Resilience Partnership Team and all relevant national sub-groups. HEPU also provided the chair for the Wales Pandemic Flu Preparedness Group.

95. At the local level, NHS Wales representation on the LRFs was provided through Local Health Boards, PHW and the WAST.

96. HSSG is represented on the two corporate Welsh Government emergency planning groups. The Chief Medical Officer and Director of Social Care are represented on the senior level Civil Contingencies Group, and HEPU and other Health Divisions are represented on the tactical level Resilience Steering Group. In this way, the health teams contribute to all internal response planning, linking into the work they conduct routinely in NHS Wales.

97. When the Emergency Co-ordination Centre (Wales) ("ECC(W)") is established in response to an emergency with implications for public health or the provision of emergency services, a dedicated Health Team is embedded in the Centre able to draw on resources and expertise not only from HSSG but also from external partners such as the Ambulance Service, PHW and the Local Health Boards. This was the case when the Covid-19 pandemic began. The role of the ECC(W) is also more fully addressed in my first statement with reference M01-WG-01.

98. Effective health resilience requires coordination and cooperation between all NHS organisations across Wales and integrated with the broader multi-agency planning and response structures at local, regional and national levels. To facilitate this, HEPU established and oversaw an NHS planning network through the Wales NHS Emergency Planning Advisory Group ("EPAG") and sub-groups to address specific requirements, which have included mass casualties, pre-hospital response requirements, health countermeasures and Wales NHS training and exercises. This national Wales NHS emergency planning structure has helped to share good practice, coordinate and support Wales NHS planning for national security risks and ensure effective and efficient NHS Wales engagement in multi-agency contingency arrangements.

NHS Wales Emergency Planning Advisory Group

99. EPAG brings together key NHS Wales emergency planning leads to discuss, develop and promote NHS emergency preparedness and response requirements across Wales, and to help ensure Wales NHS duties under the CCA are met. EPAG takes updates from the subgroups that are operating and also receives updates from individual NHS organisations and also wider civil contingency updates from WG and UK contingency meetings. If

necessary, the chair of EPAG is able to report issues to me and has access to the HSSG Executive Director Team and the NHS Wales Leadership Board (as above, previously named the NHS Wales Executive Board) which I chaired.

100. In summary, EPAG addresses strategic health emergency planning arrangements, evaluation, training, and response requirements. It also provides a forum for sharing best practice and ensures lessons identified from incidents and exercises are recorded in the NHS Wales Lessons Identified Register and acted upon for the purpose of continuous improvement. It provides a reporting point for health emergency planning subgroups and their work.

101. EPAG operated a number of subgroups taking forward NHS preparedness work on specific subject matters which are set out outline in an organogram, which I now exhibit **[Exhibit AG01M01NHSWALES01/004 – INQ000177493]**, and more fully below.

Pre-Hospital Major Incident Response Partnership Group

102. The aim of the Pre-Hospital Major Incident Response Partnership Group (previously known as the Pan-Wales MERIT Group) is to develop, maintain and coordinate collective capabilities to provide appropriate NHS support and response to a pre-hospital major incident, which includes the WAST, the Emergency Medical Retrieval and Transfer Service, Medserve Wales, the Medical Emergency Response Incident Team, PHW, Welsh Blood Service and NHS Wales Shared Services Partnership (supply chain). The Group focuses on training, exercising, capabilities, equipment and governance issues that relate to the combined and coordinated medical response to a pre-hospital incident, while demonstrating compliance with statutory and non-statutory guidance. The group is chaired by WAST and reports into EPAG.

Wales Mass Casualty Group

103. This Group brings together key health stakeholders to discuss and develop health preparedness and response arrangements for major incidents in Wales where there are

mass casualties. It addresses and promotes health preparedness for major incidents involving mass casualties that require additional measures of health coordination.

NHS Wales Training and Exercise Group

104. This group reports to EPAG and its purpose is to coordinate delivery of NHS Wales national training and exercises in support of NHS emergency plans and to address national risks. The group draws on the NHS Wales Lessons Identified register, the National Risk Assessment and Community Risk Registers across Wales, where appropriate, in order to support the validation of emergency plans. The group consists of a network of NHS Wales emergency planning professionals who assist NHS organisations in meeting civil contingency training and exercise requirements by:
    i. identifying gaps in NHS Wales emergency planning training and exercising;
    ii. setting up sub-groups to develop and deliver key training and exercise events;
    iii. identifying areas of duplication of effort and agreeing collaborative mechanism for providing mutual support in the design and delivery of local training and exercise events;
    iv. coordinating NHS Wales participation in Tier 1 exercises;
    v. considering funding opportunities to support NHS Wales training and exercises;
    vi. working with Welsh Government to address national training and exercise needs;
    vii. working with LRFs coordinators to ensure wider multi-agency collaboration;
    viii. ensuring that lessons from relevant training and exercises are shared across NHS Wales; and
    ix. providing an annual training and exercise work programme, that includes an element of flexibility in order to be proactive should the pan Wales health risks change.

Wales Pandemic Flu Preparedness Group

105. UK-level groups were established on a 'task and finish' basis to take forward specific areas of planning identified as lessons from real events or exercises. A group was established for this purpose following the publication of the Hine Review into Swine Flu and a similar group was established in the light of Exercise Cygnus in 2016. The work aligned with the

review programme led by the UK Pandemic Flu Readiness Board. Its overall objective was to enhance cross-government preparedness to an influenza pandemic including a more streamlined, coherent and easily accessible set of actions and activities to be taken by different organisations during an influenza pandemic. This supported the Welsh Government to meet its responsibilities as part of the UK Pandemic Influenza Strategy 2011 **[Exhibit AG01M01NHSWALES01/005 – INQ000177116]**. In particular, the groups focused on arrangements relating to healthcare demand, adult social care demand, sector resilience, excess deaths, communications and legislation. This work will now be aligned under new arrangements to prepare for future pandemics and support collective resilience.

106. It should be noted that all UK Government Departments and the devolved governments had to prioritize resources work relating to the EU Exit and this impacted on the work of the Pandemic Flu Readiness Board and its various workstreams, including work on developing a Pandemic Flu Bill. The Board itself met in November 2019 after an absence of a year to re-invigorate its work on pandemic flu preparedness and to consider options to prioritize and re-energize work streams **[Exhibit AG01M01NHSWALES01/006 – INQ000177378]**. DHSC chaired a meeting the day before with the devolved governments, to consider the next steps in the development of the Bill.

The Welsh Government Countermeasures Policy Group

107. This group provided oversight of the national countermeasures stockpile and deployment arrangements for pandemic influenza and Chemical, Biological, Radiation and Nuclear threats. The group ensures Wales' pharmaceutical and consumable health countermeasures are maintained in a state of readiness to be used in response to a pandemic outbreak or deliberate or accidental release of hazardous materials. Prior to Covid-19, the group met on a quarterly basis and was able to establish task and finish groups to address specific issues affecting the storage and, or, deployment of the stockpile. It provides an oversight of the procurement, storage and distribution processes in respect of national health countermeasures, consumables and equipment, and considers the implications for the Wales Stockpile arising from the UK Stockpile and Deployment Group.

108. The Group worked closely with health professionals and NHS stakeholders in establishing programmes for replenishment, pharmaceutical rotation and arrangements for the recycling of out-of-date stock, identifying and rectifying any issues relating to the Wales health countermeasures and producing relevant plans and validation arrangements.

NHS Emergency Planning at the Local Level in Wales

109. In each NHS Wales organisation, the Chief Executive is responsible for ensuring that their organisation has emergency and business continuity arrangements in place that take account of the requirements of the CCA. The Chief Executive Officer is expected to ensure that the Board receives regular emergency preparedness reports, at least annually, covering risk assessment, the resilience of emergency and business continuity plans against the risks identified, and the training and exercises undertaken to prepare staff and test response arrangements.

110. The Chief Executive is expected to have a designated Executive Director of the Board to take responsibility for emergency preparedness on behalf of the organisation, and an officer is appointed and adequately resourced to support the Executive Director and Chief Executive in the discharge of these duties. Each organisation is expected to have a designated emergency planning lead working full-time on NHS resilience matters.

111. In 2018, certain executive functions within the CCA were transferred to the Welsh Government under the Transfer of Functions Order[16] . It is important to note that this did not constitute a comprehensive devolution of powers in respect of civil contingencies. However, the Welsh Government did receive devolved powers which enabled Welsh Ministers to assume greater responsibility for leading and setting the direction of delivery of civil contingency planning and response in Wales.

[16] SI 2018/644

112. In delivering their responsibilities under the CCA, all NHS organisations are expected to engage with local multi-agency partners through the LRFs and contribute to all their multi-agency planning arrangements.

113. PHW, Local Health Boards and the WAST, by virtue of being designated Category 1 responders under the CCA, are all required to cooperate with other responders through the four LRFs in Wales and participate in their multi-agency planning and response activities at all levels.

114. The Welsh Government health emergency planning guidance to Wales NHS sets out requirements for testing their own response arrangements and undertaking testing of communications cascades, as well as the requirements for carrying out table-top exercises, setting up of control centres and carrying out live exercise every three years.

115. NHS organisations are also required to ensure they have in place robust command and control mechanisms to enable them to plan for, and respond to, major incidents and emergencies. These must be linked with health and multi-agency coordination arrangements at both LRFs and national levels. In terms of pandemic flu planning, each LRFs has a pandemic flu subgroup or infectious diseases group which are all led by NHS Wales organisations. These groups are responsible for operational response planning linking in the NHS Wales response to the multi-agency arrangements.

116. The emergency planners from each NHS organisation therefore not only lead on developing, maintaining and testing internal plans, but also engage fully in the activities of their LRFs, participating in the health emergency planning structure at the all-Wales level. They are involved also in the all-Wales groups working within the Wales Resilience Forum structure.

NHS Wales Executive Board

117. I established the NHS Wales Executive Board to replace the previous NHS Chief Executives group meetings **[Exhibit AG01M01NHSWALES01/007 – INQ000177564]**. The first meeting of the Board was held on 23 June 2015. The purpose of the Board was

for the Welsh Government to hold NHS Chief Executives collectively to account for the performance, operation, governance and functions of NHS bodies in Wales.

118. At the NHS Wales Executive Board, measures to strengthen NHS Wales coordination and resilience to respond to future threats and hazards were discussed and detailed in the papers presented. For example, in 2017, this included development of the 'Mass Casualty Incident Arrangements for NHS Wales. The NHS Wales Executive Board also received papers to discuss winter resilience and assessment plans. These assessed the preparedness of the NHS for winter and expected higher demand. This demonstrates the general approach taken and lessons learnt that would also have supported planning and response for specific national security risks such as pandemics.

119. As set out above, this Board was replaced by the NHS Wales Leadership Board in July 2021.

Health Emergency Planning Conference

120. HEPU organised annual 'Health Prepared Wales' conferences to bring together Wales NHS managers, clinicians and emergency planning staff, as well as representatives from partner agencies, to examine health and social care preparedness and response. In 2013, the conference was dedicated to planning for an influenza pandemic. The conference came in the light of publication of the revised pandemic influenza guidance for health and social care organisations, and in preparation for Exercise Cygnus (Wales) in 2014. Against that background, all Local Health Boards and NHS Trusts and other partner organisations attended and benefitted from getting an overview of health and social care planning and the challenges that the different parts of the NHS and social care would face in responding to a pandemic. **[Exhibit AG01M01NHSWALES01/008 – INQ000144624].**

NHS Emergency Preparedness: Monitoring, Audits and Review

HEPU

121. HEPU monitored NHS emergency preparedness through the structure of Wales NHS emergency planning groups, regular contacts with emergency planning leads and more formally through an annual emergency planning report that was signed off by each Chief Executive. These reports were introduced to help ensure emergency planning was visible at Chief Executive and Board-level, and to ensure that accountability for emergency planning was clear to the Chief Executives. These reports were summarised and a report provided to the Director General of HSSG and the NHS Chief Executives. HEPU also produced a comparison between the annual responses. The Annual Emergency Planning Report was circulated to Local Health Boards, Trusts' Chief Executives and the Director General of HSSG with any follow up actions managed through the Wales NHS Emergency Planning and in the year-on-year comparison process.

122. In August 2018, as part of the UK Pandemic Influenza Review Programme, HEPU wrote to NHS Wales organisations to examine the NHS Wales business continuity arrangements in relation to pandemic influenza risks **[Exhibit AG01M01NHSWALES01/009 – INQ000177419]**; the stimulus for this was the UK pandemic review that had focused on business continuity of essential services in the event of a pandemic. As part of the Annual Report process, assurance was given that all organisations had current business continuity arrangements in place, with several organisations undergoing a review process. The consideration of the plans themselves provided a higher level of scrutiny.

123. In January 2020, the Welsh Government Health Emergency Planning Adviser, in his capacity as Chair of the Wales Pandemic Flu Preparedness Group, wrote to the Chairs of the LRF Infectious Diseases or Pandemic Flu Groups asking them to submit their current Pandemic Flu Plans to Welsh Government **[Exhibit AG01M01NHSWALES01/010 – INQ000177382]**. These plans were subsequently examined and discussed by the Group, with a view to ensuring they were all up-to-date should Covid-19 become a pandemic. It was recognised that some elements of those plans could be critical in any response to Covid-19.

Review of Standards for Health Services in Wales

124. Welsh Ministers are permitted to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Government is required to keep the standards under review.[17]

125. Before 2015, the standards set were the Doing Well, Doing Better Standards for Health in Wales (2010) and the Fundamental of Care Standards (2003). Within these standards, health bodies were required to report on a specific standard for civil contingency and emergency planning arrangements ("Standard 4") **[Exhibit AG01M01NHSWALES01/011 – INQ000177191]**. The standard required NHS organisations to:

    a. Be prepared to meet the health needs and impact on services arising from any major incident or emergency. This will involve working in co-operation with other organisations locally;

    b. Have in place documented response plans that are resilient against assessed risks and co-ordinated with those of response partners, including arrangements to warn and inform the public;

    c. Have business continuity management arrangements that are aligned with ISO22301, which is the accepted international standard for Business Continuity management, used widely by organisations to demonstrate that they have adequate business resilience arrangements in place; and

    d. Ensure staff are appropriately trained and equipped for their role within emergency response and business continuity arrangements and that a programme is in place to exercise and test response plans.

[17] Section 47 of the Health and Social Care (Community Health and Standards) Act 2003

126. Health bodies were required to:

a. Have a lead executive and suitably trained and qualified designated officer/s for emergency planning and business continuity, with the support needed to discharge civil contingency responsibilities.

b. Have assurance that business continuity management arrangements were aligned with ISO22301 and the Publicly Available Specification (PAS) 2015.

c. Test emergency plans to ensure they were 'fit for purpose'.

d. Identify risks and plan to mitigate them, including risks to business continuity.

e. Ensure the workforce was trained to respond to emergency situations and staff understood their role and responsibility in the event of an emergency.

f. Have fully functioning equipment readily available for emergency situations.

127. The standards listed above were reviewed in 2015 and redesigned to align with the themes identified in the NHS Outcomes and Delivery Framework. Standard 4 was replaced within the NHS Wales Health and Social Care Standards 2015 by Theme 2, Standard 2.1: Managing Risk and Promoting Health and Safety **[Exhibit AG01M01NHSWALES01/012 – INQ000177226]**. Among other criteria, this standard required the health service in Wales to ensure that there was compliance with the requirements of the CCA and supporting guidance. This would include undertaking risk assessments, having tested and current emergency plans and business continuity arrangements developed through collaboration with partner agencies.

Internal Audits

128. An internal audit was undertaken in 2014 **[Exhibit AG01M01NHSWALES01/013 – INQ000177488]** and this gave full assurance on the effectiveness of controls in place over health emergency preparedness arrangements. It noted that there were effective processes in place to monitor NHS Wales' compliance with emergency procedures and

effective communication and monitoring of the provision to NHS Wales of up-to-date guidance on dealing with emergencies.

NHS Wales Public Health Capacity, Resources and Levels of Funding

129. The NHS in Wales is funded almost entirely from the Welsh Government's Health and Social Services Main Expenditure Group ("MEG") Budget. The table below details the health budget amounts for each financial year (as at the Second Supplementary Budget point) over the course of the date range. Social Services related budgets within the Health and Social Services MEG are excluded, but the table includes some health funding which does not go to NHS Wales organisations.

130. It should be noted that the structure of Welsh Government budgets changed between 2009 and 2020, and so the below table does not necessarily reflect a consistent picture of funding across the timeline. However, budget structures were more stable from 2011-12 onwards, and so it is likely that the first two years are not presented on a consistent basis with the rest of the table. Also, there was a technical increase in funding of £170m in 2019-20 relating to the increase in employers' contributions to the NHS pension scheme.

	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
	£000	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*	*£000*
WG Health Budget	5,902	5,923	5,868	5,941	6,082	6,289	6,527	6,838	7,057	7,288	7,938

Source: Welsh Government Second Supplementary Budgets

131. Funding is allocated from this budget to the seven Local Health Boards in Wales to enable them to meet the healthcare needs of their resident populations. Funding to Local Health Boards is allocated in the following funding streams:

a. Discretionary hospital and community health service funding: to meet the costs of acute hospital and community-based care. This funding stream also includes the funding to meet the costs of GP prescriptions.
b. Ring-fenced hospital and community health service funding: to meet the costs of designated services, including mental health services.
c. General Medical Services: ring-fenced funding to meet the costs of independent GP contractors.
d. General Dental Services: ring-fenced funding to meet the costs of independent dental contractors.
e. Community Pharmacy: funding to meet the costs of dispensing drugs in the community.

132. As part of the annual allocation to Local Health Boards, a core uplift in funding has been provided in most financial years to meet cost and demand growth. The funding uplift for each year is detailed in the table below:

	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
	£m	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*	*£m*
LHB Recurrent Funding Uplift	52	20	123	0	0	200	26	200	90	92	92

Source: Welsh Government Annual Local Health Board Revenue Allocations

133. During the period 2011-12 to 2014-15, the health budget received more limited funding increases due to the UK Government's austerity programme. Additional funding was provided in-year on a non-recurrent basis to NHS organisations during this period.

134. Since 2014-15, Local Health Boards have been required to prepare a rolling three-year IMTP setting out how they will meet their population health responsibilities within the funding allocated to them. They are also required to balance their spending over a rolling three-year period, such that their total spend over the three-year period does not exceed their budget over the same period. Between 2014-15 and 2019-20, four Local Health Boards were unable to meet this requirement and overspent against their budgets. In addition to IMTPs, the other key sources of information relied upon in the allocation of funds to Local Health Boards and NHS Trusts in Wales include planning guidance and health bodies governance statements.

135. The Welsh Government Health Budget also funds the costs of PHW, as well as the costs of pandemic influenza preparedness.

Public Health Capacity

136. I exhibit to this statement the PHW Funding Allocation breakdowns for between 2010 and 2020 **[Exhibit AG01M01NHSWALES01/014 – INQ000177494, Exhibit AG01M01NHSWALES01/015 – INQ000177496, Exhibit AG01M01NHSWALES01/016 – INQ000177497, Exhibit AG01M01NHSWALES01/017 – INQ000177498, Exhibit AG01M01NHSWALES01/018 – INQ000177490, Exhibit AG01M01NHSWALES01/019 – INQ000177500, Exhibit AG01M01NHSWALES01/020 – INQ000177501, Exhibit AG01M01NHSWALES01/021 – INQ000177502, Exhibit AG01M01NHSWALES01/022 – INQ000177503, Exhibit AG01M01NHSWALES01/023 – INQ000177504, Exhibit AG01M01NHSWALES01/024 – INQ000177505, Exhibit AG01M01NHSWALES01/025 – INQ000177507, Exhibit AG01M01NHSWALES01/026 – INQ000177508, Exhibit AG01M01NHSWALES01/027 – INQ000177509, Exhibit AG01M01NHSWALES01/028 – INQ000177510, and Exhibit AG01M01NHSWALES01/029 – INQ000177511].**

137. In 2018, 'A Healthier Wales', our Long-term Plan for Health and Social Care ("the Plan"), was published by the Welsh Government in response to the commitment under Prosperity for All, the Welsh Government's Programme for Government, building on the work of the Parliamentary Review into Health and Social Care. The Plan set out a long-term future

vision of a whole system approach to health and social care, which is focussed on health and wellbeing, and on preventing illness.

138. One of the aims of the Plan was to continue to deliver strong immunisation and public health programmes driven by a consistent national framework; this included the need to promote a better understanding of health, infection and environmental hazards. Further to this aim, the Chief medical Officer ("CMO") for Wales led on a paper in 2019 which recommended prioritising the strengthening of the National Health Protection system ("NHPS"); this paper was presented to the HSSG Executive Director Team who were asked to support the recommendation and advise the MHSS to prioritise investment in the NHPS.

139. This led to additional funding being provided and ringfenced for the NHPS, with the PHW funding allocation including funding for the Pathogen Genomics Unit. This investment provided additional capacity and capability in the system which would later be utilised during Covid-19 pandemic.

Pandemic Influenza Preparedness ("PIP") Stockpile

140. Since devolution, the Welsh Government has been working on a UK-wide basis to store and maintain health countermeasures. All four nations hold stockpiles of antivirals, antibiotics, consumables and personal protection equipment for front line health and social care staff. The different products in the stockpile are aimed to be sufficient to respond to withstand the "Reasonable worst-case" pandemic scenario, including a clinical attack rate of 50%, over a 15-week period and a single wave pandemic.

141. The four nations approach was agreed by Ministers in the UK Influenza Pandemic Preparedness Strategy 2011 **[Exhibit AG01M01NHSWALES01/005 – INQ000177116]**. It promoted mutual aid, the coordination and harmonisation of procedures and equipment and the maintenance of UK stockpiles. Since it was agreed, regular meetings have been held across the four nations for planning and response. Welsh Ministers have been consulted as part of the four nations approach to pandemics. This

involved a number of COBR meetings during exercises and real events, including Exercise Cygnus 2016.

142. The UK Department of Health and Social Care and the UK Health and Security Agency have both acted as lead purchaser of antivirals and undertook procurement exercises on behalf of the four nations to ensure UK stockpile levels were maintained to meet current requirements and also to provide value for money through economies of scale.

143. Through targeted investment, the Welsh Government aims to ensure that the full range of health countermeasures it maintains can be deployed promptly and efficiently in the event of an influenza pandemic. To enhance these measures, in 2009, at the beginning of swine flu pandemic, the Minister for Health and Social Services agreed that the range of pandemic health countermeasures available to the Welsh population should be stored in Wales, where practicable to do so. A building on the Welsh Government estate was subsequently converted into a large medicine storage facility and measures were put in place to ensure it fully complied with appropriate medicine regulations.

144. In accordance with the agreement made under the UK Pandemic Influenza Strategy 2011, the Welsh Government continues to maintain a range of medical countermeasures and consumables to deliver a defence-in-depth pandemic response. Welsh Government officials are part of a UK Health countermeasures structure that maintains these countermeasures in a state of readiness. The pandemic stock currently held in Wales is valued in excess of £20m. It maintained under a Service level Agreement with NHS Shared Services (Procurement). This ensures that the stocks can be made available quickly in the event of a pandemic. It also provides value for money benefits, not only through reduced maintenance costs, but by enabling some products to be recycled into the NHS in Wales.

145. As well as establishing a purpose-built facility to stockpile consumables, antiviral medicines and antibiotics for use in an influenza pandemic, the Welsh Government has also:

    i. maintained a stockpile of PPE for an influenza pandemic that includes facemasks, FFP3 respirators, aprons, gloves and eye protection.

ii. maintained a stockpile of consumable products such as hygiene and cleaning products, needles and syringes and vials for an influenza pandemic.

iii. worked jointly on a four nations basis to establish the National Pandemic Flu Service to protect primary care services.

iv. participated in a UK Advanced Purchase Agreement for Pandemic Flu specific vaccine.

146. The Welsh Government Countermeasure Group has provided operational oversight of the National Countermeasure Stockpiles for pandemic influenza and Chemical, Biological, Radiological and Nuclear ("CBRN") threats for Wales. As noted above, the group seeks to ensure Wales' health countermeasures are maintained in a state or readiness to be used in response to a pandemic outbreak or deliberate or accidental release of hazardous materials. To test these arrangements, Exercise Cygnus in 2016 included an NHS Wales workshop to consider the national and local arrangements for the storage and distribution of health countermeasures.

147. In planning the procurement for each product type for stockpiling, a systematic process is followed to establish the product requirements on a UK basis, for example the product type and target volume. This usually involves a scientific review by a sub-group of the New and Emerging Respiratory Virus Threats Advisory Group Committee, ("NERVTAG") alignment with the latest infection control guidance and a review of modelling assumptions, e.g. reasonable worst-case planning assumption for, inter alia, pandemic influenza, UK population and NHS hospital bed capacity.

148. The Welsh PIP stockpile includes:

i. Antiviral medicines which can be used to treat cases of pandemic influenza by reducing the length of symptoms, usually their severity and can reduce the likelihood of complications by up to 30% if taken within 48 hours of becoming symptomatic with influenza.

ii. Antibiotics and intravenous fluids for the treatment of influenza related secondary bacterial infections following on from influenza in a pandemic.

iii. A range of medical consumable products to support the current antibiotic stockpile volumes of infusion products, including IV administration sets, combined needle and syringes, IV cannulas and fixation dressings.

iv. Products to support a pandemic specific vaccination program.

149. In addition to this, the Welsh Government funded powered respiratory protection suits for the Welsh Ambulance Service Trust (Hazardous Area Response Team) to safely transport a Category 4 infected patient to specialist Category 4 facilities in England. Two specialist Epi-Shuttle pods have been provided for the WAST to move Category 4 patients safely to specialist facilities in Wales and across the UK. These arrangements are a UK-wide approach, and the services are provided in accordance with a Memorandum of Understanding (MoU) for the procurement, storage and distribution of health countermeasures, which has been in place since June 2016 **[Exhibit AG01M01NHSWALES01/030 – INQ000177454]**.

150. The experience gained during the Swine Flu pandemic meant a proportionate but precautionary approach to the replenishment of the stockpile was adopted which included a strategy to implement Just in Time ("JIT") replenishment, or top-up", at the time of a pandemic. JIT utilises stockpiling and relies upon rapid 'Just in Time' procurement of the remaining volume at the outset of a pandemic alert, to make up the full requirement.

151. The Welsh Government also contributes to a UK Advanced Purchase Agreement ("APA") for a pandemic vaccine to be produced as soon as possible in the event of a future pandemic. The UK has had APAs in place since 2006 for the supply of a Pandemic Specific Vaccine (PSV).

152. Wales' pandemic stockpiles are subject to regular review, including assessing whether the life of the product held has expired, or can be extended, subject to further testing. Stock that has expired is written off and where appropriate, new stock is purchased. This is in line with the Welsh Government's stock-piling strategy and is also the approach taken by all other UK Governments.

153. A number of the original batches of antiviral drugs purchased for Wales as part of the UK-wide pandemic flu preparedness expired prior to Covid-19. These antivirals provided cover for the previous ten years but went past their shelf life for use in the event of an influenza pandemic. Stock written off included the antiviral Zanamivir (Relenza), the antiviral Oseltamivir (Tamiflu) and antibiotics for secondary care, which all needed to be replaced. In November 2020, the Health Minister agreed to spend £5.1m on the replenishment of pandemic flu countermeasures and consumables.

154. Neither of the antivirals i.e. Relenza or Tamiflu, are widely used in the NHS for the treatment of seasonal influenza and so there is little or no opportunity for the drugs to be recycled. The antibiotic write off is in relation to the Welsh Government's secondary care pandemic stock. In keeping with good antimicrobial stewardship, for the avoidance of antimicrobial resistance, these antibiotics are reserved for a few specific indications and only used following authorisation by consultant microbiologists. Hence, in the absence of an influenza pandemic, stock is likely to go out of date and significant recycling into general use is not possible. However, at the UK-level, the primary care antibiotic stockpile is recycled.

155. Consideration has also been given to recycling medicines just before they expire. While this approach may have some benefits, it is not widely used in the UK primarily because of questions relating to safety. However, work is now being undertaken to identify where some recycling of short-dated COVID medicines by NHSW can take place before they go out of date.

Impact of the UK's Departure from the European Union on NHS Wales

156. Extensive work took place to support the Welsh health and social care system throughout the process of the UK's departure from the EU. This began after the 2016 referendum but picked up in earnest from 2018 onwards. A programme of work was developed and led from within the Welsh Government, working closely with key partners from the health and social care sector as well as the other countries of the UK. This included a particular focus on operational readiness to help ensure that any risks of disruption were minimised, as well as legislative readiness to ensure that important legal frameworks remained

operational at the point of departure. Preparations were managed through a comprehensive governance structure, fronted by an EU Exit Health and Social Care Leadership Group and supported by a series of sub-groups including a group comprising the nominated EU Exit 'Senior Responsible Officers' of NHS Wales organisations, groups focusing on specific areas including health securities and civil contingencies planning and a Ministerial Advisory Group.

157. Between 2018 and 2020, these preparations needed to take place in the context of high political uncertainty about the terms of the UK's withdrawal from the EU. Work therefore needed to focus primarily on planning for a disruptive 'no deal' exit, as this scenario posed the greatest risk of disruption. Particular emphasis was given to ensuring that robust contingency arrangements were in place for ensuring continued supply of medicines and other critical goods. A multi-layered approach was taken to maximise assurance, involving participation in UK-wide contingency programmes as well as developing a bespoke additional stock-build of medical devices and clinical consumables ("MDCCs") in Wales. Various elements of the arrangements were tested and refined ahead of the UK's departure from the EU and key mechanisms, such as the UK-wide national supply disruption arrangements and the additional stock holdings, were utilised during the Covid-19 pandemic.

158. Whilst a variety of health and social care staff needed to be involved in preparations to varying degrees, this largely involved the time of Welsh Government staff and senior leaders and managers within the sector. As such, there was no direct impact on services. The risk of a disruptive 'no deal' exit did not materialise as a Withdrawal Agreement was negotiated between the UK and EU, although this clarity was only provided at a very late stage of the process. The UK subsequently entered a transition period during which previous rules and arrangements continued to apply. Preparatory work then continued beyond January 2020, particularly in the second half of 2020 until the eventual negotiation of the UK/EU Trade and Cooperation Agreement.

Planning for a Pandemic

Emergency Plans of NHS Wales

159. I exhibit copies of the following plans relevant to emergency planning within NHS Wales:

i. UK Influenza Pandemic Preparedness Strategy 2011 [**Exhibit AG01M01NHSWALES01/006 – INQ000177116].**

ii. Framework for Major Infectious Disease Emergencies **[Exhibit AG01M01NHSWALES01/031 – INQ000116523].**

iii. Communicable Disease Outbreak Plans (2011, 2014, 2020) **[Exhibit AG01M01NHSWALES01/032 – INQ000128967, Exhibit AG01M01NHSWALES01/033 – INQ000116486 and Exhibit AG01M01NHSWALES01/034 – INQ000116458].**

iv. Wales Health and Social Care Pandemic Preparedness and Response Guidance **[Exhibit AG01M01NHSWALES01/035 – INQ000116503].**

Monitoring and Communication about Emerging Disease by NHS Wales

160. The Communicable Disease Outbreak Control Plan was published in 2011 ("the Outbreak Plan") and has been updated twice between its publication and 2020. This plan was developed by PHW in recognition that, over the years, there had been multiple plans in Wales for the investigation and control of communicable disease and that all of these had contained very similar guidance. Whilst it has been recognised that each individual plan was robust and fit for purpose, the presence of several plans for use in outbreaks has, in the past, caused confusion as to which plan should be followed. Therefore, the Welsh Assembly Government requested the development of a model plan. A multi-agency working group was convened in 2008 to draw the plans together into one generic template. This model plan was the result of that work. It was to be used as the template for managing all communicable disease outbreaks with public health implications across Wales.

161. The Communicable Disease Outbreak Control Plan sets out the roles and responsibilities of organisations and individuals in managing outbreaks. In summary, the successful management of outbreaks is dependent on good communication and collaboration between local authorities, Local Health Boards and PHW.

162. At the time of the Outbreak Plan, local authorities had a statutory responsibility for notifiable infectious disease in their locality and had an important role to play in the control of some zoonoses. Local Health Boards had a number of responsibilities in relation to the public health function and overall responsibility for the health of the population within its geographical boundaries; they would have had the services of an appropriately qualified Consultant in Communicable Disease Control ("CCDC") with executive responsibility for the surveillance, prevention and control of communicable disease within their boundaries. Within PHW, three bodies had a key role in the prevention, surveillance and control of communicable disease:

    i. the CCDC and health protection team, who support the Local Health Boards in the discharge of their duties;
    ii. the Microbiology Laboratories who were responsible for maintaining the national capability for monitoring communicable disease;
    iii. and the Communicable Disease Surveillance Centre (Wales) which provided epidemiological expertise and conducted surveillance.

163. The monitoring of communicable diseases was led by PHW who provided reports to the CMO, the Welsh Government and into NHS Wales via existing governance arrangements including regular meetings between Chief Executives and the NHS Wales Executive Board.

164. On occasions where outbreaks develop into communicable disease emergencies that overwhelm the capacity of local level infrastructures to deal with the impact on health services, the overarching arrangements that apply are found within the Wales Framework for Managing Major Infectious Disease Emergencies which was originally produced in 2005 and then updated in 2009. Under this plan, PHW were to work with NHS Wales and LRFs on planning to mobilise resources to protect public health in the event of a major infectious disease emergency. PHW would also provide specialist health advice together with operational and investigative support to the Welsh Government and NHS Wales. Local Health Boards would work with the NHS Wales and local authorities through planning groups to lead the development of integrated local planning and would also

develop and support public health planning for delivery of mass countermeasures such as vaccination and antivirals.

165. In 2013, under the Memorandum of Understanding between Public Health England, the Welsh Government and PHW **[Exhibit AG01M01NHSWALES01/036 – INQ000177512]**, the key roles and responsibilities in respect of communicable diseases were set out and the parties agreed to work closely on communicable disease control, prevention and immunisation and vaccine issues. The following was agreed:

    i. That the Welsh Government would have lead responsibility for the development of policy, guidance and advice in relation to communicable disease control and immunisation and vaccination in Wales.

    ii. PHW would protect against existing, new and emerging health threats in Wales. PHW would also contribute to UK surveillance schemes coordinated by Public Health England ("PHE") and, in the case of zoonoses, lead on the UK surveillance arrangements.

Forecasting by NHS Wales

Winter Planning

166. The NHS as part of its planning cycle and winter preparedness continually forecasts population demand and scenarios. The winter planning for 2018 involved the National Programme for Unscheduled Care sponsoring the Welsh Modelling Collaborative to hold several events intended to bring planners and operational and clinical leads together with informatics specialists to support modelling of the right capacity to manage the right demand **[Exhibit AG01M01NHSWALES01/037 – INQ000177489]**.

167. Winter planning would also involve work to understand the daily flow of patients through the system including emergency admissions and understanding where improvements could be made to enable people to leave hospital when ready. Reviewing and learning

lessons from previous winters, assessing the southern hemisphere winter experience, surveillance and working and planning with partners including summits and development of dashboards would also be key elements of preparedness. This annual experience and approach also translated and had cross-over in how the NHS system prepared for the planning and response for other emergencies and preparedness for national risks that provided a lot of learning alongside planning and technical rehearsal for future pandemics.

Emerging Diseases

168. Public Health England was the designated UK National Focal Point under the International Health Regulations 2005 and therefore was required to be the point of contact for communications to and from the World Health Organisation ("WHO"). It was also responsible for disseminating the information it received from the WHO, such as WHO alerts, to the devolved governments and consolidate the information it received from those administrations **[Exhibit AG01M01NHSWALES01/038 – INQ000177513]**. Information received from WHO about emerging diseases would be provided by PHE directly to PHW along with advice about whether PHE, as the National Focal Point, had determined that any special action was required in the UK.

169. In respect of pandemic influenza, HEPU and EPAG were both kept appraised of information on emerging disease that originated from the New and Emerging Respiratory Virus Threats Advisory Group ("NERVTAG").

170. NERVTAG was established to act as a scientific advisory group to the CMO for England across a range of new and emerging respiratory infections and related preparedness functions. As this was an expert group, devolved administrations were not invited as core participants but were only invited to observe. Output from NERVTAG was provided directly to the UK Pandemic Influenza Clinical Countermeasures Board which was established to provide governance and oversight of the necessary maintenance and management of the clinical countermeasure UK stockpiles and to ensure all procurements aligned with pandemic influenza preparedness policy. The Clinical Countermeasures Board was chaired by PHE and was required to include a representative from Welsh Government HSSG **[Exhibit AG01M01NHSWALES01/039 – INQ000177250].**

171. The Clinical Countermeasures Board's output was provided to the Four Countries Health Emergency Planning Policy Group, and, from there, it was relayed into the Wales Health countermeasure structures; firstly, it was provided to the Welsh Government's Public Health Division Health Resilience Policy Branch, which received specialist support from PHW; it was then fed down into Service Level Agreement meetings and EPAG.

172. In addition to the above, the Welsh Government was also invited to attend NERVTAG as observers.

Learning by NHS Wales from Past Simulation Exercises and Near Pandemic Events

Past events relating to key preparedness and resilience risks

The 2006 Bird Flu Outbreak

173. We were unable to find substantive information on NHS Wales involvement in the 2006 outbreak. However, in May 2007, H7N2 low pathogenic avian influenza was confirmed in a farm near Caernarfon and a 1km restriction zone was immediately put in place around the infected premises, in line with the avian influenza directive. A strict public health protocol was applied to limit the exposure of persons to possible infection. Pre-exposure prophylactic antiviral Oseltamivir was offered to those who would potentially be exposed during the outbreak investigation and control operations, and immediate treatment was provided to anyone who had been exposed to infected birds since the onset of symptoms of disease. 17 people were potentially identified with the bird flu virus because they had conjunctivitis or a flu-like illness, some of whom contracted the disease from a person-to-person transmission.

174. Although the public health response to the incident was short-lived, it resulted in both a Civil Contingencies Group being established and COBR being convened. The lessons learnt report **[Exhibit AG01M01NHSWALES01/040 – INQ000177514]** stated that, overall, the lessons from the outbreak had implications for preparation for pandemic influenza and are also to be incorporated in the National Public Health Services' own pandemic planning process.

The 2009-2010 Swine Flu Pandemic;

175. Prior to the outbreak of the swine flu (H1N1) pandemic there had been a concerted drive by Cabinet Office to ensure that LRFs had produced, validated and tested their multi-agency pandemic flu plans. The plans were a culmination of a considerable amount of activity that had taken place on flu planning across the LRFs in Wales in previous months and which increased in intensity during the first quarter of 2009 in preparation for Exercise Taliesin on 23rd April which was designed to exercise the plans simultaneously across all four LRFs.

176. It was recognised that there remained certain gaps in the plans in terms of the detailed arrangements on managing excess deaths and dealing with vulnerable people etc. This work was ongoing as part of a dynamic and continuous process. However, as they stood, the LRF flu plans provided a strategic framework within which the LRFs could respond to a flu pandemic and, as such, established a structure and foundation from which the LRFs could operate.

177. Exercise Taliesin tested the Pan-Wales Response Plan and influenza pandemic plans by live exercise across Wales (see below). As well as the specifics of the flu plans, the exercise also tested the generic command and control structures which were subsequently used to manage the outbreak of Swine Flu in Wales. In the context of outbreak, it was ironic that the period of intensified pandemic flu planning, which culminated in the largest exercise of its kind to be held in Wales on 23rd April, was followed by the first real pandemic to emerge for decades and which saw the UK response commence the following day.

178. By the winter of 2009, the Scientific Advisory Group for Emergencies (SAGE) believed that we had passed the maximum peak of the second wave for the country as a whole. Nevertheless, by March 2010, 28 people in Wales had died from swine-flu related illness with 448 people with laboratory confirmed swine flu being admitted to hospital. PHW estimated that about 10% of the population, around 300,000 people, contracted the virus over this period.

179. The response to swine flu in Wales commenced on 24th April when the Welsh Government participated in a teleconference meeting convened by Cabinet Office which involved all Whitehall Departments and devolved governments. LRF Chairs were notified of the UK response that weekend and arrangements were put in place in each LRF area the following week to establish Strategic Co-ordinating Groups to co-ordinate the local response.

180. The response at the UK level reflected the need to be fully prepared for a worst-case situation and the central government civil contingency machinery was activated accordingly. In reality, the H1N1 virus did not reach the levels of infection that are possible when any new virus emerges and the response was gradually scaled down as more information became available during the course of the pandemic.

181. Close liaison with Whitehall and the other devolved governments was a critical feature of the response. This was facilitated by the Cabinet Office Civil Contingencies Secretariat ("CCS") using the COBR response machinery and also introducing a '4 Nations' health committee at both ministerial and official levels to consider and agree health policy. The UK CMOs also had regular contact linking to UK scientific advisory committees, as did PHW with the Health Protection Agency.

182. The Welsh Government's response to swine flu was led at ministerial level by the Minister for Health and Social Services. The Minister was supported at official level by the cross-departmental Civil Contingencies Group ("CCG") which was established in, and supported by, the ECC(W). The CCG was augmented by the inclusion of partner agencies such as PHW (then National Public Health Service), Police and Welsh Local Government Association ("WLGA"). The CCG also liaised closely with partner agencies through the multi-agency Strategic Co-ordinating Groups ("SCGs") established in each police force area. When the outbreak was declared a pandemic in June, other agencies were offered the opportunity to join the CCG and reconstitute it as a Wales Civil Contingencies Committee.[18] However, under the circumstances which existed at the time the other agencies were content for the CCG to continue to operate as previously. The operation

[18] In accordance with the *Pan-Wales Response Plan*

was supported by the ECC(W) which remained operational from 24th April 2009 to 29th January 2010.

183. Health and social care responded to the swine flu challenge by adapting plans to take account of information that was gathered on the nature of the virus, its likely impact on the population and services, and the availability of health countermeasures and H1N1 vaccine. In Wales, NHS and social care organisations examined and developed their contingency plans, and arrangements were put in place to co-ordinate these services at a Wales level.

184. There was uncertainty for some time as to whether this specific swine flu virus would reach anything like the worst-case scenario envisaged in the UK pandemic planning assumption of infecting up to 50% of the population. This uncertainty prompted a decision to increase and fast track stockpiling of antivirals and other essential drugs and products such as facemasks. At the same time, contingency plans were also developed for the introduction of the National Pandemic Flu Service and the setting up of antiviral collection points, though these were never used.

185. The treatment strategy adopted in Wales was to build upon primary care services to provide antivirals to those who needed them. This targeted approach was based on treatment through GP services, with patients in high-risk groups with a clinical diagnosis of flu-like illness having access to antivirals through community pharmacies. This was supported by the development of a system to manage storage and distribution of health countermeasures and plans to increase secondary care capacity, especially critical care, to manage hospitalisations.

186. Planning at the all-Wales and local levels was enhanced during the summer months, though the focus was primarily on the health response and the continued use of the existing primary care system to contain, and then mitigate, the spread of the disease. The first wave of the pandemic peaked in July in Wales, which largely lagged behind the progress of the wave in other parts of the UK. Following the summer, the planning assumptions for the wider impact of the pandemic were reduced and planning on the non-health aspects of the response became less prominent.

187. An early decision was taken in the response to order vaccine on the understanding that it could take 6 months to get to the market. In October, Phase 1 of the Swine Flu Vaccination Programme was launched, targeting patients in identified priority groups such as pregnant women as well as front-line health and social care staff. Subsequently, the vaccination programme was extended to include children aged from 6 months to under 5 years old. Over 350,000 people had been vaccinated against swine flu in Wales by March 2010.

188. The approach taken was flexible. In learning more about the virus, and the direction being taken by the pandemic, a decision was made at the appropriate time to cease new vaccine supply and manage the surplus.

189. Whilst the impact of Swine Flu never reached anything like the reasonable worst-case scenario for pandemic flu, the response framework and processes adopted followed those previously tested under exercise conditions with Winter Willow and Taliesin. These same tried and tested structures, at both the all-Wales and LRF levels, continued to remain fit for purpose and they were consequently used as a basis for the response to Covid-19.

The 2012 MERS Outbreak

190. The Middle Eastern Respiratory Syndrome ("MERS") outbreak in 2012 posed threats to public health in Wales and the UK and continued to do so because of the fact British nationals and residents were travelling to, and returning from, certain parts of the Middle East on a regular basis. Preparedness for a MERS-type novel Coronavirus played a part in the HSS Minister's decision to invest in the National Health Protection System for Wales **[Exhibit AG01M01NHSWALES01/041 – INQ000177515]**.

191. The provision of scientific, medical and technical information during the outbreak was led by the UK Government. Clear guidance was provided to the NHS; this was reviewed and on 5 June 2015, UK CMO Professor Dame Sally Davies provided a reminder and update to that guidance due to the outbreak in South Korea **[Exhibit AG01M01NHSWALES01/042 – INQ000177217]**. The update confirmed that the risk to the UK remained low but there was a need to remain vigilant. Recommendations were

provided to staff in health care which included the importance of eliciting a travel history from patients presenting with sudden and unexpected severe febrile illness. This update was circulated to NHS Wales the same day by Dr Ruth Hussey, Chief Medical Officer for Wales **[Exhibit AG01M01NHSWALES01/043 – INQ000177219, Exhibit AG01M01NHSWALES01/044 – INQ000177220 and Exhibit AG01M01NHSWALES01/045 – INQ000177221]**.

192. PHE and the UK Government's Department of Health established a pattern of regular teleconferences with devolved governments and discussed issues such as update on spread of the virus, travel advice, alert levels and policy updates. PHW kept the Welsh Government informed of potential cases.

The 2013-2016 Western African Ebola Virus Epidemic

193. In August 2014, the WHO declared the outbreak of the Ebola virus in West Africa to be a Public Health Emergency of International Concern. It was the world's most serious outbreak with over 10,000 fatalities. Ebola is a rare haemorrhagic fever infection. The symptoms are non-specific in the early stages and can include the sudden onset of fever, intense weakness, muscle pain, headache and sore throat, similar to the symptoms of infections such as malaria.

194. Whilst the risk to the UK remained low, robust screening and monitoring arrangements were put in place to detect and isolate cases.[19] There were a handful of cases in UK citizens returning from West Africa and whilst there was no community transmission of the disease in the UK, preparations still needed to be put in place. At the same time, the UK helped drive international action to accelerate the development and testing of Ebola vaccines.

[19] Since 2016, all NHS Wales hospitals have been subject to audits of their isolation facilities to ensure fit-for-purpose isolation rooms are available. Wales had no hospital capable of receiving category 4 (the most highly infectious disease) patients for such diseases as MERC C and EBOLA up until that point but we have now developed a Wales hospital capability to take Cat 4 infected patient (UHW isolation facilities).

195. Unlike in England[20], the response to the threat of Ebola in Wales in 2015 was based around a single multi-agency Incident Management Team headed by PHW which managed the response on a national basis. As the focus of the response was health-led, the co-ordination came solely from the Incident Management Team, with the LRFs being kept informed of developments. The requirement to establish SCGs for wider multi-agency engagement was held in reserve until it was necessary, under the Pan-Wales Response Plan to manage any wider societal impact. These arrangements were seen as pragmatic and proportionate to the risk, with the full activation of the Pan Wales Response Plan being prepared and held in readiness rather than being implemented. PHW worked with Local Health Boards and Trusts in Wales to prepare guidance and train health staff in the event of a possible case.

The 2015-2016 Zika Virus Epidemic

196. During the Zika virus epidemic, PHE served as the UK's coordinating lead under international health regulations. PHW worked closely with them to ensure a coordinated response. Twice weekly teleconferences were established between the UK's four nations' health agencies. Welsh Government officials provided updates to Ministers on developments from those calls.

197. PHW established enhanced Incident Management Team arrangements, they developed web pages with content accessible for professionals and the public which provided links to appropriate travel advice. Guidance was prepared for NHS Wales, specifically for GPs, Medical Directors, Obstetrics & Gynaecology, Paediatrics and Pharmacists. PHW also agreed surveillance arrangements with obstetricians and held weekly briefings for consultants in communicable disease control in Wales. Additionally, weekly NHS Wales teleconferences brought together clinical professions, communications, the Welsh Government, local authorities, Port Authorities amongst others as appropriate.

[20] The response in England saw Strategic Co-ordinating Groups being established.

Learning in relation to past simulation exercises

198. Following extensive searches, we have been unable to find any evidence of Welsh Government or NHS Wales involvement in the following exercises referred to in the R9 request:
    a. Ebola Surge Control Exercise, 10 March 2015
    b. Ebola preparedness and review workshop – May 2015
    c. Exercise Valverde – (international exercise) – 2015
    d. Exercise Northern Light – 24 & 25 May 2016
    e. Exercise Typhon – February 2017
    f. PHE & ALPHA workshop – October 2017
    g. Exercise Broad Street – 29 January 2018
    h. Exercise Cerberus – February 2018
    i. Exercise Pica – 5 September 2018

199. We believe that these exercises were either ran in England only, or on an international basis, by PHE or the Department for Health and Social Care, and in respect of which the Welsh Government and NHS Wales were not invited to participate. For example, Exercise Valverde was commissioned for members of the Global Health Security Initiative to test the rapid sharing of laboratory samples between member countries during a health emergency; only PHE and the UK Department of Health and Social Care represented the UK. Exercise Northern Light was a PHE exercise for NHS England to test the challenges for the Newcastle Upon Tyne Hospitals NHS Foundation Trust when the Royal Victoria Infirmary became the UK's main High Level Isolation Unit facility. Exercise Cerberus was designed to test PHE's National Incident Emergency Response Plan. Exercise Pica was an NHS England funded exercise held in London to explore NHS primary care arrangements during a flu pandemic. Exercise Typhon was designed to test the effectiveness of PHE's National Incident and Emergency Response Plan. Exercise Broad Street was a PHE exercise to consider the future, definitive High Consequence Infectious Disease service in England.

200. In the same way, the Ebola preparedness surge capacity exercise in 2015 tested the arrangements of the NHS surge centres in England, responding to multiple case in England.

201. The Welsh Government was involved in the following exercises led by the UK Government:
    a. Exercise Winter Willow
    b. Exercise Cygnus
    c. Exercise Alice

202. The Welsh Government also commissioned and ran the following exercises of relevance to this module:
    a. Exercise Taliesin.
    b. Exercise Cygnus (Wales only, 2014).

UK Government Led Exercises

Exercise Winter Willow (2007)

203. The Welsh Government participated in this pandemic flu exercise in 2007. The scientific, medical and technical advice which informed the exercise was provided by the UK Government. This was a major national pandemic influenza exercise involving participation across the UK at local, regional and governmental levels. Its aim was to enhance the UK's ability to manage the effects of an influenza pandemic by practising and validating response policies and the decision-making process at, and between, these three levels. The exercise was designed to provide a realistic lead up to global pandemic influenza Phase 6 of the WHO Pandemic Preparedness Plan, 2005. The exercise was run in two parts, examining the response when the virus was isolated in the UK, to more extensive play around the phase when it became widespread.

204. The LRFs in Wales all participated in Part 2 of the exercise with each one establishing a Strategic Co-ordinating Group to consider business continuity issues, key policy responsibilities and agreed planning presumptions. At the same time, the Welsh Government tested the ECC(W) and convened a Wales Civil Contingencies Committee, linking with COBR.

205. The exercise scenario prompted many issues, such as reviews of medical countermeasures and the health response; planning presumptions such as the policy on closure of schools; policy on the management of the dead; public health advice; international issues and the Government's communications strategy.

Exercise Cygnus and Cygnet (2016)

206. Lessons learnt from exercises held prior to Swine Flu ultimately helped to prepare the Welsh Government and partner agencies for that pandemic. Some issues highlighted were the need for: more active involvement of devolved governments at an early stage; clearer guidance on excess deaths; involvement of faith communities and the voluntary sector at all levels; plans for Strategic Co-ordinating Groups and individuals to work virtually during a pandemic; and improvements relating to government advice on the policies for social gatherings and school closures, as well as antiviral distribution arrangements and the identification and treatment of the vulnerable. The Hine review into the response to Swine Flu, and later the Wales Lessons Identified Report, served to emphasise that the risk of a more severe pandemic remained and that lessons should continue to be learned and improvements made to avoid complacency.

207. Following Swine Flu, a great deal of pandemic influenza planning activity occurred and this culminated in the planning of a UK-wide exercise, Exercise Cygnus, to take place in 2014 which was intended to enhance the UK's ability to manage the effects of an influenza pandemic by practising and validating response policies and the decision-making process at national, regional and local levels. This exercise was postponed because of the threat of Ebola.

208. Exercise Cygnus took place in 2016 with full ministerial participation at COBR. In Wales, the exercise also included an NHS Wales workshop to consider the national and local arrangements for the storage and distribution of health countermeasures. During the main exercise, the Chief Medical Officer led on the COBR Officials meetings and the Cabinet Secretary for Health, Well-being and Sport, and the Minister for Social Services and Public Health, both participating in the COBR Ministerial meetings. In the absence of testing the four Nations Health Ministers meetings, these COBR meetings determined the course of

action adopted by all four nations in response to a pandemic situation, ensuring a joined-up approach in minimising the risk to the health of the UK.

209. As the response of the Welsh Government and the four Welsh Strategic Co-ordinating Groups had already been tested in 2014 (see Cygnus 2014 below), these elements of the exercise were omitted in 2016 and replaced by workshops. Only the government response and the links between Welsh Government and COBR were tested in the main exercise.

210. The LRFs pandemic planning checklist and the various injects for the exercise were used to identify issues from their perspective against the Cygnus scenario. The resulting information was used to brief the CMO and Ministers and to respond to COBR as part of the exercise. The Local Resilience Forum Workshop event also served to provide additional evidence of risk mitigation to help inform Community Risk Registers.

211. The report produced by PHE **[Exhibit AG01M01NHSWALES01/046 – INQ000177328]** into Exercise Cygnus held in 2016 identified four key learning outcomes:

    a. The development of a pandemic 'concept of operations' would assist in managing a cross-government and multi-agency response, i.e. how government works with responders;

    b. The introduction of legislative easements would assist with the implementation of measures that might be employed during a pandemic;

    c. Public reactions in response to a reasonable worst-case pandemic influenza need to be better understood; and

    d. An effective response would require capability and capacity to surge services to meet demand.

212. Within the 4 key learning outcomes there were 22 recommendations, many of which were for the UK Government to take forward and a number of which mirrored the outcome in Wales.

213. The operational debrief report for the exercise in Wales contained a further 12 recommendations. Many of these mirrored those in the UK report but also reinforced some which emerged from the Wales-only version of the exercise two years previously. This included work identified on reviewing of pandemic plans regarding health countermeasures and the use of stockpiles and distribution process. There were also suggested refinements to the Pan-Wales Response Plan, communications plans and the refining and testing of plans dealing with excess deaths. Other recommendations recognised the need for the UK Government to examine legislation which should be relaxed during a pandemic, the development of ways in which people at risk can be better identified and how resources across the public and voluntary sectors could be best used to address the risk.

214. In December 2018, the NHS Wales Executive Board was presented with a paper that I sponsored on pandemic flu and business continuity **[Exhibit AG01M01NHSWALES/047 – INQ000177436]**. This set out that Pandemic influenza remained at the top of the national risk register. NERVTAG had stated that H7N9 (China) was currently the strain with the most pandemic potential. It reported on the work on countermeasures and that the Welsh Government (HSSG) and the other UK Health Departments had stockpiled medicines and consumables to meet the reasonably worst-case scenario. It also noted work being undertaken following the lessons learnt from Exercise Cygnus (2016) and NHS business continuity plans.

215. Exercise Cygnet was a discussion-based health sector exercise for England held in central London in August 2016 as part of the build up to Exercise Cygnus. The aim of the exercise was to provide an opportunity for health and social care sectors in England to consider the national, strategic health and social care responses to a pandemic-influenza outbreak ahead of the main exercise. The searches we have carried out have not revealed any documentation which suggest that the Welsh Government or NHS Wales were involved

in this exercise. We are undertaking further investigations to ascertain the precise involvement of Wales in the discussions before and after exercise and the subsequent learning from its recommendations.

Exercise Alice

216. Exercise Alice was a MERS one-day, tabletop pandemic modelling exercise led by PHE for DHSC in February 2016. My understanding is that the Head of HEPU attended this exercise as an observer but did not participate in the exercise which was for England only.

Welsh Exercises

Exercise Taliesin (2009)

217. Held in April 2009, Exercise Taliesin tested the Pan-Wales Response Plan and local influenza pandemic plans across Wales. The exercise formed part of the Cabinet Office's work to develop resilience against an influenza pandemic. To this end, it funded a series of 'Gold Standard' exercises across the English regions and in Wales. The aim of the exercise was to test the various plans by live exercise play across Wales. In England, the exercise was run in one LRF area per region, but in Wales the exercise was run simultaneously across all 4 LRF areas plus the ECC(W) and the Wales Civil Contingencies Committee. The exercise tested both the strategic decision making of the multi-agency SCG and the operation of the supporting Strategic Co-ordination Centre. It also tested the activation arrangements of the Pan-Wales Response Plan through Exercise Taliesin Telegram held in advance of the main exercise. A number of smaller, more local, satellite exercises were also run at the same time using the central scenario. This was the largest exercise of its kind at the time to be held in Wales.

218. The phased approach taken by the exercise enabled the SCGs to test five different levels of alert, ranging from low to critical level. The exercise engaged many Category 1 and Category 2 responders, and led to some useful recommendations for major incident management for the Welsh Government and Category One responders.

219. Within a week of the exercise being held, the WHO raised the level of influenza pandemic alert from Phase 4 to 5 as a consequence of the spread of the Swine Flu virus, and the plans and structures used during the exercise were established for real. This adversely impacted upon the de-briefing process for the exercise at the Wales level, with much of the learning being swept up into the Swine Flu review.

Exercise Cygnus (2014)

220. As a result of the ongoing high risk of an influenza pandemic, it was agreed that a Tier 1 UK exercise would be held in 2014 to assess preparedness at both a national and local level. There were initially 11 LRFs scheduled to participate at the local level in England whilst in Wales, all four LRFs agreed to take part.

221. Phase 1 of the exercise in May focused on the assessment and detection phase of a pandemic and involved principally Welsh Government health officials, PHW and the NHS. A multi-agency workshop was also held in Wales in early June to explore issues and raise awareness of what would be happening in these phases.

222. The main cross-government element of Exercise Cygnus scheduled for week commencing 13th October was postponed following a request from the Prime Minister that the Department of Health urgently run a live exercise to ensure robust processes were in place to manage any cases of the Ebola virus disease in the UK.

223. Although the UK level exercise was postponed, we proceeded with the local level play in Wales, with meetings of the four SCGs and the Wales Civil Contingencies Committee. These meetings also took the opportunity to consider the response in Wales to Ebola with PHW attending to provide a briefing on the risk and to give public health advice.

Biosecurity Issues for NHS Wales

224. The UK Government leads on the Biological Security Strategy for the UK. The 2018 Biological Security Strategy brought together, for the first time, all the UK Government

work on biological security including naturally occurring, accidental and deliberate biological threats. In Wales, we work closely across sectors on biosecurity issues under the One Health approach that includes the public health, veterinary and environmental specialists. The biological security landscape has shifted significantly since 2018 and Covid-19 has demonstrated that the interconnected world is increasingly vulnerable to pathogens with catastrophic impacts. The UK Government is currently reviewing the UK's biological security strategy.

Planning for Future Pandemics

Reviews into NHS Wales' response to the Covid-19 pandemic

225. I exhibit **[Exhibit AG01M01NHSWALES01/048 – INQ000066464]** a table which sets out the reports, reviews and lessons learned exercises which have taken place in response to the Covid-19 pandemic. The table has been manually compiled and will be reviewed in due course. However, some of the reviews which might assist the Inquiry in its considerations of the NHS' response to the Covid-19 pandemic are as follows:

a. A Review of the Health and Social Services Group Response Structure to Covid-19 [LL016/1], dated 25th September 2020;
b. Second Review of the Health and Social Services Group Response Structure to COVID-19 [LL033/1], dated 11th October 2021;
c. Health, Social Care & Sport Committee – Inquiry into the impact of Covid-19 outbreak and its management on health and social care in Wales: Report 1, dated July 2020;
d. Welsh Government response letter to Health, Social Care & Sport Committee – Inquiry into the impact of Covid-19 outbreak and its management on health and social care in Wales: Report 1, dated 19th August 2020;
e. Health, Social Care & Sport Committee – Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: report 2 - Impact on mental health and wellbeing, dated December 2020;

f. Health, Social Care & Sport Committee: Inquiry into the impact of COVID-19 outbreak and its management on health and social care in Wales: Report 3 - Impact on the social care sector and unpaid carers, dated March 2021;
g. Health & Social Care Committee report – Waiting well? The impact of the waiting times backlog on people in Wales, dated April 2022;
h. Welsh Government response to Health & Social Care Committee report – Waiting well? The impact of the waiting times backlog on people in Wales, dated 30th May 2022;
i. Picture of Public Services 2021, dated 14th September 2021;
j. Taking Care of the Carers?, dated 25th October 2021;
k. HIW - COVID-19 National Review - How Healthcare services across Wales met the needs of people and maintained their safety during the pandemic, dated 30th June 2021.
l. 388: NHS Workforce during Covid 19, dated October 2021.

Measures by NHS to improve its state of planning, preparedness and readiness for future pandemics

226. The NHS is learning and continuing to improve its readiness for future pandemics and threats from the Covid-19 response experience. This has included the HSSG strengthening its health protection function with the creation of a new directorate that encompasses the existing health protection division with the capacity and capability developed during the Covid-19 response including Technical Advisory Group/Technical Advisory Cell, Test, Trace and Protect and vaccination.

227. An independent review of the Health Protection system in Wales was undertaken during the autumn of 2022 **[Exhibit AG01M01NHSWALES01/049 – INQ 000177516]**. Included within scope were the functions of:

i. Health Emergency preparedness, resilience and response (including CBRN).
ii. Communicable disease control, including microbiology services.
iii. Environmental hazards, climate risks and public health risk management.

iv. Risk communication, risk assessment, and risk management, including behavioural informed approaches.
v. Monitoring and surveillance of communicable and environmental and climate related threats.
vi. Infection prevention and control.

228. The review concluded the Welsh Health Protection System meets international best practice standards by providing:

i. timely political and technical guidance for routine and more equitable control of infectious diseases, as well as rapid guidance during all-hazard incidents and emergencies;
ii. regular and up-to-date information about risks and hazards, and potential future risks; and
iii. effective and sustainable actions at the national and local level to prevent, mitigate, control and communicate about risks that threaten the public health and economic stability of Wales.

229. Key overarching recommendation were made where gaps were identified and where improvements could be made. These included the following:

i. Ensure that backlogs in health services and public protection services are cleared and remain manageable, and do not lead to deterioration in the public's health and wellbeing, so ensuring more healthy people who are less vulnerable to infectious disease threats.

ii. Maximise the health and therefore resilience of the population through health and wellbeing initiatives and the recovery of NHS and Public Protection services which have been impacted by Covid-19.

iii. Accountability frameworks should be developed so that for any population data, inequalities can be routinely monitored, and actions can be designed to tackle them.

iv. Ensure that Local Health Board Public Health teams and local government Environmental Health teams have clarity on their respective core roles and responsibilities. We strengthen the system including use of behaviour science, risk communication and infection prevention and control.

v. Local resilience for all-hazard health protection needs to be retained following recovery from the Covid-19 pandemic. For a local disease control or response team to be effective it needs support from both health protection specialists, public health laboratories and field epidemiologists. This multiagency relationship can be strengthened through joint training.

vi. The voluntary sector should be engaged nationally and locally to explore what contribution volunteers may make in endemic disease control and future significant events.

vii. Continue to bring the wider system, from the local to the regional and national levels, together in routine disease control activities, and in exercising and training for emergencies so that it works as one system and does not become fragmented. Health protection and civil contingency plans should be tested through exercises, with staff from all levels of the organisations taking part.

viii. Discussions should be initiated with universities and other tertiary education providers to explore mechanisms to engage students on health-related courses to support health protection and participate in present and future all-hazard exercises and responses.

ix. Ensure communication systems can operate in all directions, not just one way, to provide feedback and allow recipients to engage fully.

x. Review all data systems currently operating and explore how they can operate to agreed, shared standards and be combined, within the confines of Data

Protection safeguards, to aid data capture and to increase their value in national and local surveillance.

xi. Continue and strengthen four nation and international links and academia, for stronger horizon scanning, anticipation of emergency events, and identification of needs for better routine control.

230. The recommendations have been accepted and an implementation plan agreed with partners.

231. In light of the fact that clinical countermeasures had only been held for pandemic influenza and not for forms of pandemic caused by other pathogens or emerging diseases, a review has also been undertaken into Emergency Preparedness Clinical Countermeasures. This had the aim of developing recommendations on countermeasures for future pandemics, infectious disease outbreaks and CBRN incidents. I exhibit a draft report of that review which is subject to change as further comments are being sought. **[Exhibit AG01M01NHSWALES01/050 – INQ000177517].**

232. Other work has included the development of pandemic preparedness planning working alongside the other nations of the UK and the planned refresh of the Communicable Disease Outbreak Control Plan during 2023.

Conclusion

233. Over the last 20 years, the Welsh Government has invested to ensure that the Welsh public is protected from the public health impact of pandemic influenza. The focus of these preparations has been specifically on the experience of pandemics of influenza, with the stockpiling of antivirals, antibiotics and consumables, together with replenishment and capacity plans in place to deal specifically with the risk. The availability of medicines and consumables have been supported by emergency response plans within the NHS, within the Welsh Government, and with all partner agencies, together with NHS-specific plans on distribution and vaccination. While the structures, plans and the available medical supplies and consumables helped lay the foundation of the response to Covid-19, and so

helped protect the public, they were geared primarily towards a different form of pandemic, and all plans had to be adapted or scaled to meet the specific challenges.

234. Over the years, the approach taken towards preparing for a flu pandemic has been based on, and part of, a UK-wide approach. This was the basis of the UK Strategy established in 2011 and all guidance, plans and exercises to test preparedness were based on this approach. While evidence from Swine Flu showed that the UK Government and the Devolved Governments could vary their policy on how the response in their areas was conducted, this variation of approach was never tested to the extent demanded by the response to Covid-19. The four nations approach, as planned and tested, was applied to the early stages of the pandemic but, partly due to the differences in policy and political approaches, along with varying risk, this approach then transitioned more towards an individual nations' approach as the pandemic progressed. Future planning will now need to take this into account, not only in relation to flu pandemics, but wide-area emergencies of all kinds. The principle of the four nations joint approach to assessing the risk, procuring and storing health countermeasures, and preparedness in general, remains sound, but how the individual nations can take different approaches to the response needs to recognised and tested in future planning.

235. Our experience of the COVID pandemic has shown that no nation is exempt from its impacts and that is why we are pro-actively working with the other UK nations to revisit our pandemic planning in order to learn from the different challenges that COVID brought to all of our nations. To that end we are fully participating in the current UK pandemic Diseases Capabilities Review and Countermeasures Reviews and look at our we bring that learning into Wales pandemic planning and response arrangements

236. Another consequence of the learning from the experience of Covid-19 is that the NHS Wales structures, plans and measures are already being examined with a view to developing them to meet a broader range of pandemic risks, while not taking anything away from the arrangements required for an influenza pandemic. While the generic response structures established under the PWRP remain fit for purpose for managing the response to all emergencies, how these structures adapt to a public health emergency in future, and particularly pandemics, will need to be examined in greater detail.

237. A number of NHS groups were established early on in the Covid-19 response which were never considered in earlier planning. Some remain in place and others could be resurrected quickly in future to stand up in future pandemics. These include the Welsh Government Technical Advisory Cell, the HSSG Covid-19 Planning and Response Group, the Test, Trace and Protect structure and a national vaccination programme. Other groups were scaled up and structured differently to provide the required focus on key issues including the NHS Wales Executive Board.

238. Alongside these groups are the generic response groups such as the Wales CCG and the multi-agency Strategic Co-ordinating Groups in the four LRF areas which form the basis of the reporting and communications structure under the Pan Wales Response Plan. These are all underpinned by an established networks across the civil contingencies community which bring agencies together to support each other in building capacity to tackle some of the response requirements. Clinical networks and mutual aid arrangements are also in place between Wales NHS and other NHS organisations in the UK, and there is collaborative working between public health agencies to ensure that specialist advice, services and support is available. These were all built upon in the response to Covid-19 and demonstrated the flexibility required to deal with emerging infectious diseases for which there was no previous experience and no specific plans. Future planning will need to take this into consideration.

239. The Welsh Government continues to maintain supplies of countermeasures to help NHS Wales meet the undoubted challenge of a flu pandemic. How this stockpile is maintained in future, and how operational plans to manage their use and distribution are modified, will need to be considered, as will the other supporting programmes of vaccination and treatment. Building upon the lessons learnt from the Covid-19 response, these arrangements will need to be more agile and flexible to deal with a range of pandemics from emerging infectious diseases, and not just influenza. The UK Department for Health and Social Care is already undertaking an evidence-led review of current UK policies for the stockpiling of countermeasures for pandemics and other emergencies. The review has been established to learn lessons from Covid-19 and recommend a policy package on

countermeasures for future pandemics, infectious disease outbreaks, CBRN incidents, and other emergencies. The Welsh Government is fully engaged in this work.

Statement of Truth

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

Full name: Andrew Goodall

Position or office held: Permanent Secretary

Signed: **Personal Data**

Date: 20/04/2023