

Monday, 3 July 2023

1
2 (2.00 pm)
3 MR KEITH: Good afternoon, my Lady.
4 LADY HALLETT: Good afternoon.
5 MR KEITH: The first witness today is Sir Frank Atherton,
6 currently the Chief Medical Officer for Wales.
7 SIR FRANK ATHERTON (sworn)
8 Questions from LEAD COUNSEL TO THE INQUIRY
9 MR KEITH: Could you commence, please, by giving your full
10 name.
11 A. Yeah, I'm Dr Sir Frank Atherton, and I'm the Chief
12 Medical Officer for Wales.
13 Q. Sir Frank, thank you very much for your assistance to
14 the Inquiry. As you give evidence, could you please
15 remember to keep your voice up so that we may hear you
16 clearly, and also so that your evidence may be recorded
17 by the stenographer.
18 You have provided a witness statement dated
19 20 April 2023; is that correct?
20 A. That's correct, yeah.
21 Q. There we have it on the screen, and it's a statement to
22 which you've appended your signature, thereby agreeing
23 to the statement of truth. There we are.
24 You are currently the Chief Medical Officer for
25 Wales, but before that were you Deputy Chief Medical

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1 Q. We're hearing from the Permanent Secretary to the Welsh
2 Government, Dr Goodall, next.
3 As the Chief Medical Officer, are you essentially
4 the core or the central adviser to the Welsh ministers
5 and the Welsh Government in relation to public health
6 matters, as part of which are you also the medical
7 director to the NHS in Wales?
8 A. Yes. I often think of my role as CMO in three domains,
9 actually, rather than two, but the first one, as you
10 rightly say, is to provide advice to the Welsh ministers
11 and the Welsh Assembly. The second one, I'm the medical
12 director of the NHS, so I work closely with the medical
13 directors on their efforts to deliver high quality
14 health services. The third element, which I take as
15 a public health specialist, is to be an advocate on
16 behalf of the health of the population. So three roles,
17 really.
18 Q. If we look at the box, we can see that the box into
19 which your post falls, as Chief Medical Officer,
20 includes also "Population Health Directorate". Is that
21 a nod to the fact that one of the important aspects of
22 the Chief Medical Officer's role is to be concerned with
23 the health of the Welsh population?
24 A. So in Wales, the CMO role has not been purely advisory,
25 it also has a directorate function, so a policy

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1 Officer for Health in Nova Scotia and before that
2 president of the Association of Directors of Public
3 Health? So you have a long and distinguished career in
4 the field of public health and medicine.
5 I'd like to start, please, by asking you some
6 questions about the position of the Chief Medical
7 Officer, and the officials who assist you within the
8 government of Wales.
9 May we please have up the organogram INQ000204014 at
10 page 10.
11 It's a diagram, Sir Frank, which is difficult to
12 take stock of at first, but you will see your position,
13 Chief Medical Officer, halfway down the left-hand side
14 of the large blue box in the middle: "Population Health
15 Directorate Chief Medical Officer".
16 Just above that box and to the right, there is:
17 "Director General, Health and Social Services and
18 the Chief Executive of [the] NHS ..."
19 Is that the post, the Director General of Health and
20 Social Services Group, to whom or to which you report as
21 Chief Medical Officer?
22 A. Yes, it is.
23 Q. That post, Director General, reports, does he not, to
24 the Permanent Secretary of the Welsh Government?
25 A. That's correct, yes.

2

1 function, within the Health and Social Service Group
2 which is chaired by the Director General, Health and
3 Social Services.
4 So the population health directorate delivers on
5 health policy and that's health policy in terms of
6 public health, as you rightly say, but formerly it also
7 included primary care, and of course it includes health
8 protection. So public health, health protection.
9 It also encompasses the function of research and
10 development within health. So there are a number of
11 functions within the directorate.
12 Q. Is that directorate, population health, what was
13 formerly known as the health policy directorate until
14 2018?
15 A. Correct.
16 Q. To which there are multiple references in the paperwork?
17 A. Correct, yes.
18 Q. So as part of your function, then, you are concerned, as
19 the director of that part of the Welsh Government, the
20 health policy directorate or the population health
21 directorate, concerned with primary care, healthcare
22 quality, major health conditions, public health, and
23 research and development in that field?
24 A. Indeed.
25 Q. All right.

4

1 To what extent are you responsible also for health
2 emergency planning?

3 **A.** So within the directorate, there is a Health Emergency
4 Preparedness Unit, and I am the lead director for the
5 Health and Social Service Group in terms of emergency
6 preparedness, so I report, I -- the Health Emergency
7 Preparedness Unit reports to me and I report to the
8 Director General.

9 **Q.** So just pausing for a moment then on that, within your
10 directorate or, rather, within the directorate of
11 population health, of which you are the director, there
12 is a unit called Health Emergency Preparedness Unit,
13 HEPU?

14 **A.** Yes.

15 **Q.** We will see a lot of that later. And through you, that
16 unit reports up to the Director General of Health and
17 Social Services?

18 **A.** Indeed, yes.

19 **Q.** All right. Which is the box above you in the chart.

20 Are you or to what extent does the role of being the
21 Chief Medical Officer in Wales differ from being a civil
22 servant?

23 **A.** Well, I am a civil servant, so I subscribe and follow
24 the Civil Service code. I'm also a doctor, so I have
25 a medical code that I follow. But the role of the CMO

5

1 concerned with being -- well, they're particularly
2 concerned with the functions of the Chief Medical
3 Officer.

4 Do you have such a body around you?

5 **A.** Well, I do now. Going into the pandemic and before the
6 pandemic, I would say I had, you know, some support
7 around me, but it was really quite -- quite a small
8 resource. That really is quite different now. So
9 really it was an administrative support that was wrapped
10 around me in the first instance. I now have an Office
11 of the Chief Medical Officer which provides me with
12 quite considerable support in the work I do.

13 **Q.** Now we're going to look at the specialist groups or
14 entities that sit within the Welsh Government.

15 Could we have INQ000180757 up, please, at page 1.
16 I don't know whether it's possible to do this, but
17 perhaps have it alongside the organogram INQ000214014 at
18 page 10.

19 I should say that I haven't alerted our colleague
20 who does this to that. If it's not possible, it's not
21 possible.

22 There we have a planning group structure as at
23 September 2018 which sets out the main bodies in the
24 Health and Social Services Group.

25 The Health and Social Services Group, in the top

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1 is slightly different from that of any other civil
2 servant in that we have, by custom and practice,
3 a degree of independence, and so I am expected to
4 independently give advice to ministers. That's not
5 enshrined, I don't think, in law anywhere, but it's
6 a custom and practice that -- and an expectation that
7 I will give my advice freely and impartially.

8 **Q.** So, by virtue of being the CMO, although nominally
9 a civil servant, you are in fact in practice afforded
10 a high degree of independence when you come to report to
11 the Welsh Government and a high degree of separation
12 from their day-to-day concerns?

13 **A.** Exactly so.

14 **Q.** All right. And in your experience, have ministers in
15 the Welsh Government generally been receptive to the
16 advice which you have provided from time to time?

17 **A.** I would say they've always been receptive, they haven't
18 always followed it diligently or entirely, but they've
19 always listened very carefully to what I've had to say.

20 **Q.** Is there a Chief Medical Officer Directorate or unit
21 around you? We've heard evidence that, for example, in
22 England there is an Office of the Chief Medical Officer
23 which has a number of staff, and in Scotland within the
24 director generalate(sic) in which the CMO sits in
25 Scotland there are also a number of staff particularly

6

1 line of this document, is that the group in the blue box
2 that we were looking at a few moments ago within the
3 Welsh Government?

4 **A.** I don't believe so.

5 **Q.** It was just to the left, in fact, and above the
6 directorate of --

7 **A.** The Emergency Planning Advisory Group, as I understand
8 it, it's a group chaired by the Welsh Government health
9 emergency planning adviser, as it says, but that brings
10 together the emergency planning leads from across all
11 the NHS bodies in Wales. So it's --

12 **Q.** All right.

13 **A.** -- not within the health and social care structure,
14 it's -- it sits between health and social care and the
15 NHS.

16 **Q.** Yes, indeed. In fact, my question wasn't about the
17 Emergency Planning Advisory Group, it was about the
18 wording at the top:

19 "Welsh Government Health & Social Services
20 Group ..."

21 That is the body that we were looking at a few
22 moments ago on the --

23 **A.** It is indeed, yes.

24 **Q.** Right -- on the other chart.

25 So this is the Emergency Planning Advisory Group,

8

1 which is an independent group which nominally sits
2 within the Welsh Government, but it includes a number of
3 different groups. Will you take it from me that the
4 Major Incident Response Partnership, on the left, and
5 then the Wales Mass Casualty Group, the Wales T&E Group
6 and the Pan Flu Preparedness Group are all bodies which
7 are on our main organogram, along with the Health
8 Countermeasures Group, although that's in another part
9 of the chart.

10 **LADY HALLETT:** Where does HEPU fit in?

11 **A.** The HEPU, Health Emergency Planning Unit, co-ordinates
12 the activities of the EPAG, the -- as I said, the EPAG
13 sits between the Welsh Government and the local health
14 boards, and the -- HEPU is the co-ordinating body of
15 that.

16 **MR KEITH:** If I may assist, HEPU is formally within the
17 Health and Social Services Group, which is itself part
18 of the Welsh Government, whereas this structure is
19 a semi-independent structure that reports in to the
20 Welsh Government.

21 One of the reasons, my Lady, for producing this
22 document is that it is a remarkably complex labyrinthine
23 system.

24 We will come back to HEPU in more detail later, but
25 essentially was HEPU -- is HEPU the body with primary

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1 other chart, and you can see on the far right-hand side
2 of the page, the names: Wales Mass Casualty Group,
3 Training And Exercise Group and Pre-Hospital Major
4 Incident Response Partnership Group. They're three of
5 the bodies that we saw in the other chart.

6 If you look on the very far left-hand side, you will
7 see the Welsh Government Countermeasures Policy Group,
8 that was one of the other bodies we saw on the chart,
9 and then finally HEPU is on this chart under the blue
10 box on the left-hand side:

11 "Health Emergency [Preparedness] Unit."

12 But the line goes generally to the blue box, but it
13 actually should go directly through the Chief Medical
14 Officer, through you, to the Health and Social Services
15 Group at the top of the box. Is that all correct?

16 **A.** I can't disagree with anything you say.

17 **Q.** All right. Well, I'm very pleased to hear that,
18 Sir Frank, because I simply couldn't do that again.

19 There is on this chart, you will see, on the top
20 right-hand corner of the right-hand large blue box in
21 the middle, Chief Scientific Adviser. What relationship
22 do you have within the Welsh Government with the Chief
23 Scientific Adviser?

24 **A.** So the Chief Scientific Adviser sits alongside me.

25 He -- he provides science advice into the health and

11

1 oversight over pandemic preparedness for the purposes of
2 the health bodies in Wales?

3 **A.** It certainly co-ordinates the health components of
4 preparedness, yes.

5 **Q.** All right. What relationship did you have or do you
6 have as CMO with HEPU?

7 **A.** Really my relationship is with the health emergency
8 planning adviser, so David Goulding reports to me and
9 he's the -- he leads the HEPU.

10 **Q.** All right. So HEPU is within the Welsh Government, it's
11 part of the Health and Social Services Group, that
12 directorate which we looked at earlier, but its lead
13 planner, David Goulding, reports to you as the CMO
14 because one of your hats is a Welsh Government hat, as
15 Chief Medical Officer to the Welsh Government?

16 **A.** Yes. Yes.

17 **Q.** All right.

18 Could we have INQ000204014, the organogram, at
19 page 10, please.

20 So that we can get our bearings, if you go to the
21 large blue box in the middle and the left-hand side, you
22 will see "Health and Social Services and the Chief
23 Executive of NHS Wales", I think at one stage
24 Dr Goodall, but above that it says "Health and Social
25 Services Group". That is the group that we saw on the

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1 social care system. I was involved in supporting the
2 recruitment of that post. I think that post originally
3 reported through me to the Director General, but now
4 reports directly to the Director General.

5 Oh, I do beg your pardon, that's -- I'm talking
6 about the Chief Science Officer for Health, this is the
7 Chief Scientific Adviser for the Welsh Government?

8 **Q.** Yes.

9 **A.** I do beg your pardon. So that's a completely separate
10 post, which is employed by the Welsh Government and
11 would be on a similar level to the CMO, expected to
12 provide scientific advice to the Welsh Government,
13 impartial scientific advice.

14 **Q.** You're quite right, and underneath "Chief Scientific
15 Adviser" you can see, within the box, "NHS Wales",
16 "Chief Scientific Officer".

17 **A.** Yeah.

18 **Q.** Is that a post which is concerned, self-evidently, with
19 health, because it's an NHS Wales post, and the
20 scientific angle of health?

21 **A.** That's exactly the post I was just --

22 **Q.** Describing?

23 **A.** -- describing, exactly so.

24 **Q.** Thirdly, if you go to the left and down a bit, we can
25 see "Chief Scientific Adviser, Health". Is that

12

1 a different post altogether or have we mistakenly
 2 duplicated the Chief Scientific Officer within
 3 NHS Wales?
 4 **A.** Yeah, I believe you've mistakenly -- or it has been
 5 mistakenly duplicated, I believe.
 6 **Q.** That's very good, because we can then cross that through
 7 and simplify, marginally, the chart. All right.
 8 There are a number of other bodies with which the
 9 CMO works which I'd just like you identify, please.
 10 On the top left-hand corner of the organogram, is
 11 there the "UK Chief Medical Officers Group"? Are you
 12 one of the UK Chief Medical Officers?
 13 **A.** I am.
 14 **Q.** Therefore, do you have regular meetings with and
 15 a fairly close working relationship with the other Chief
 16 Medical Officers in the United Kingdom through that
 17 group?
 18 **A.** Yes, we do. Prior to the pandemic -- of course I've
 19 worked with two UK Chief Medical Officers, Dame Sally
 20 and, more recently, Professor Chris Whitty, and with
 21 both those individuals we've -- as Chief Medical
 22 Officers across the four nations, we've always met on
 23 a quarterly basis in -- usually in person, and then more
 24 frequently on an informal basis as needed.
 25 **Q.** To the right of the UK Chief Medical Officers group we

13

1 fact that there are devolved competencies and
 2 non-devolved competencies. I suppose a good example
 3 would be in international development work, where it's
 4 quite clear that, because it's a non-devolved function,
 5 the UK Chief Medical Officer sits on the WHO board and
 6 has primacy in the international development agenda, but
 7 that doesn't preclude the other CMOs from having
 8 international relations with other countries,
 9 for example. So it's never been a particular problem
 10 for me. It's one that we clearly understand the
 11 respective roles, yeah.

12 **Q.** So maybe an issue more of form than substance?

13 **A.** I would think.

14 **Q.** All right.

15 **A.** Yeah.

16 **Q.** SAGE is another important body to which much evidence
 17 has been devoted. We can see it towards the top of the
 18 page, the Scientific Advisory Group for Emergencies.

19 Over time, and bearing in mind that you have been
 20 the CMO since August 2016, have you much involvement
 21 with SAGE yourself?

22 **A.** I haven't had engagement with SAGE. When SAGE has been
 23 active, and it becomes active during emergencies
 24 of course, the CSA Health, Chief Scientific Adviser for
 25 Health, has been our representative on SAGE.

15

1 have NERVTAG, about which we've heard a great deal. Is
 2 that a body which liaises with the CMO in Wales as with
 3 the other CMOs across the United Kingdom, in relation to
 4 specifically the threats from respiratory viruses?

5 **A.** Well, it is as you say. I don't believe that Wales has
 6 a role or a person on NERVTAG, but it is supposed to be
 7 a UK advisory body, yeah.

8 **Q.** All right.

9 In the witness statement of Mr Vaughan Gething --
 10 and he, of course, is a senior Welsh minister, and he
 11 was at one stage, I think, I believe, Minister for
 12 Health and Social Services -- he says the relationship
 13 with the other Chief Medical Officers insofar as Wales
 14 was concerned was complicated by the fact that the CMO
 15 in England is not just a UK CMO but he or she advises
 16 the United Kingdom Government particularly in relation
 17 to areas in which there are UK-wide ramifications.

18 So to some extent he or she may wear two hats:
 19 English CMO and UK adviser.

20 Have you encountered at any stage any difficulties
 21 in the relationship with the English CMO by virtue of
 22 that complicating feature of the need to discharge UK
 23 responsibilities?

24 **A.** Personally I haven't, no. The two CMOs I've worked with
 25 have always been very astute to the fact -- alert to the

14

1 **Q.** All right. We'll come back to this issue a little
 2 later, for reasons that will become plain.

3 Did it become apparent when the pandemic struck that
 4 because the SAGE arrangement is a UK arrangement, there
 5 was a need within the Welsh Government for tailored
 6 scientific advice to be given to Welsh ministers, and
 7 therefore the Welsh Government set up a different
 8 body -- I don't believe we've got it on the screen --
 9 called the Technical Advisory Group, TAG, along with
 10 an advisory committee called TAC, Technical Advisory
 11 Committee(sic). Were you instrumental in the setting up
 12 of those two bodies? Was that something with which you
 13 were concerned?

14 **A.** So, yes, it was. I discussed that with our Chief
 15 Scientific Adviser for Health, and the reason for
 16 setting up TAC, which I think is a Technical Advisory
 17 Cell rather than committee, and TAG, which is the
 18 broader network of advisers, the reason for setting
 19 those up was that we felt that, although it was very
 20 useful to have a position on SAGE, we needed to have
 21 a scientific forum where we could ask our own questions
 22 and where we could get detailed -- at that time,
 23 modelling of course was quite important to us and we
 24 needed more specific detailed modelling with regard to
 25 Wales. So for those two reasons we set up the TAC and

16

1 the TAG.

2 **Q.** All right. Those, therefore, are two bodies that we
3 should really have or should be deemed to be on this
4 chart, going forward? This --

5 **A.** Indeed.

6 **Q.** -- attempts to represent the position at 2019?

7 **A.** It didn't exist in --

8 **Q.** Didn't exist then but, going forward, they are important
9 committees -- or at least one is a cell, one is a group,
10 because they provide for a Welsh perspective on matters
11 that may otherwise be dealt with by SAGE?

12 **A.** Well, in fact, going forwards, they will continue, they
13 are continuing, but they've been renamed as Science and
14 Evidence Group -- Science Evidence Advisory Group --

15 **Q.** I was about to come to that.

16 The third body to which it should make reference is
17 STAC. Is that a further body which represents perhaps
18 a tweak, if you like, on TAC and TAG?

19 **A.** I'm sorry to get lost in the acronyms, but I don't
20 recognise STAC, I recognise SEA, Scientific Evidence and
21 Advisory group. So we might need to provide further
22 clarity on that.

23 **Q.** Thank you.

24 My Lady has heard a great deal of evidence about the
25 risk assessment process, by which risks are identified,

17

1 correct?

2 **A.** Well, it is correct that the risk assessments are
3 exactly as you describe, whether there is an overall
4 risk -- what was the other term you used? Risk ...

5 **LADY HALLETT:** Register.

6 **A.** The analogous one to the Scottish one.

7 **MR KEITH:** Scottish Risk Assessment.

8 **A.** I couldn't tell you. You'd probably be better asking
9 that of our civil contingencies colleagues perhaps
10 later.

11 **Q.** All right. Could we have INQ000215556, please, the
12 corporate risk register. I believe this is the
13 governmental corporate risk register, so not the Welsh
14 risk assessment, but the government's own corporate risk
15 register, which in this form, January 2016, was about
16 six months before you were appointed as the CMO. We can
17 see in the second column "Resilience (Major
18 Emergencies):

19 "If we fail to provide effective leadership and
20 co-ordination in ensuring that Wales is prepared for and
21 resilient to the full range of national hazards and
22 threats which it faces then there is a risk to the
23 health and well-being of its citizens."

24 There are then a number of mitigating actions in the
25 large column in the middle, "Controls in place",

19

1 owned, managed, and addressed and planned for in
2 Westminster, of course in relation to the
3 United Kingdom, and in Edinburgh in relation to
4 Scotland.

5 As the CMO, did you have a hand in the drawing up of
6 Welsh-centric risk assessment plans or commenting at any
7 rate on the United Kingdom risk assessment process?

8 **A.** So within the Health and Social Service Group there was
9 a risk register that we contributed to, and the -- HEPU
10 would have provided the input into the overall HSSG risk
11 register. Then the HSSG risk register would be -- would
12 form a part or would merge into the overall
13 Welsh Government risk register.

14 As regards the UK risk register, I don't recall ever
15 having any personal input into the National Risk
16 Register, if that's your question.

17 **Q.** Can we just break that down a bit, please? So in
18 Scotland, there is a Scottish Risk Assessment, which is
19 a separate document. It's a variant, perhaps, of the
20 United Kingdom risk assessment policy or document.
21 There is no analogous document for Wales, is there?
22 There is no Welsh risk assessment. But what there is is
23 a governmental risk register, to which we'll look in
24 a moment, and also a risk assessment within the Health
25 and Social Services Group, the HSSG body; is that

18

1 referring to governance structures, co-ordination role
2 of the Welsh Government under the Pan Wales Response
3 Plan, physical infrastructure, corporate
4 Welsh Government response, multi-agency training
5 programmes and so on, and, importantly, what lessons may
6 be learned from incidents and development of internal
7 planning.

8 As the CMO, were you aware of this report corporate
9 risk register for the Welsh Government? Was this
10 something which, when you were appointed, you were made
11 aware of or to which you contributed in later variants?

12 **A.** It's certainly something I would have been aware of.
13 I would probably have had more input to the Health and
14 Social Service risk register, which obviously fed into
15 this, so --

16 **Q.** Yes.

17 **A.** -- that would be my main route of input, I would say.

18 **Q.** On its face, Sir Frank, there appears to be very little
19 detail concerning the risk of pandemic influenza or of
20 mitigating actions specifically directed towards the
21 risk of pandemic influenza.

22 Can you recall, going back to 2016, the extent to
23 which that was a risk which was specifically thought
24 about and addressed in the policy guidance and the
25 registers with which you were familiar?

20

1 A. Well, I can't recall, obviously I wasn't here in
2 January 2016, but in subsequent iterations, certainly
3 within the Health and Social Service risk register,
4 I would expect there to be more detail, and as,
5 of course, you go up through the Welsh Government then
6 the detail perhaps gets lost. But certainly within the
7 Health and Social Services Group, pandemic influenza was
8 recognised as a material risk.

9 Q. Would you give me one moment, please, Sir Frank?

10 (Pause)

11 My Lady, that health and social services risk
12 register is a specific document that we've sought but
13 we've yet to be provided with it.

14 The statement from Mr Vaughan Gething to which
15 I referred earlier also says that, in a general sense,
16 over the last five years, and particularly until he
17 personally was briefed in Exercise Cygnus, there had
18 been a lack of focus or interest upon preparedness in
19 the Welsh Government. He says:

20 "... preparedness was not a particular focus of
21 interest or concern in the government ... and I do not
22 remember any significant questioning on the topic either
23 in the government, the Senedd, the media or elsewhere."

24 Was it your experience that there was
25 an insufficient focus or attention paid to preparedness

21

1 major infection framework.

2 Q. Infectious diseases emergency framework?

3 A. Yes. It's quite the mouthful, isn't it?

4 Q. Yes, indeed.

5 A. That really sprang from the fact that we had -- we have
6 in Wales had, for a long time, an outbreak control plan,
7 which is the thing that we use as the kind of bread and
8 butter to manage any outbreak of infectious disease at
9 local level.

10 Going beyond that, when you get bigger outbreaks,
11 which affect more than one region or which are not
12 manageable through the outbreak control plan, the
13 control framework that you just described is an attempt
14 to describe how the system would respond to those kinds
15 of emergencies.

16 The 2011 pandemic flu plan was a UK-wide document,
17 which we agreed to in Wales, it informed our planning as
18 well in Wales, but I would say that sits alongside
19 rather than hierarchically around the framework.

20 Q. The same strategic approach, however, was adopted in the
21 major infectious disease emergencies framework, and in
22 the influenza pandemic preparedness and response
23 guidance, as formed the basis for the 2011 UK document;
24 correct?

25 A. I think the responses would have been consistent, yes.

23

1 as a single issue?

2 A. No, I would have -- the way I would articulate that
3 would be that, certainly at official level, there was
4 quite a lot of work going on around preparedness. As
5 ever, you know, you can say, "Well, could more have been
6 done?" And that may be a valid question. But there
7 was, certainly at official level, quite significant work
8 going on around preparedness, but it wasn't escalated to
9 ministers, perhaps suggests that -- you know, things get
10 elevated to ministers when there's a decision to be made
11 or when there's a problem or an intergovernmental
12 problem. So it may not have come to the ministers'
13 attention for that reason, but certainly at official
14 level there was activity going on, through the HEPFU,
15 through the Emergency Planning Advisory Group, through
16 the local resilience fora, all of those structures were
17 working on emergency preparedness.

18 Q. You have made reference to the United Kingdom pandemic
19 influenza preparedness strategy of 2011. Was that the
20 strategy which formed the genesis for the
21 Welsh Government's own strategies or frameworks for
22 managing major infectious disease emergencies and also
23 health and social care influenza pandemic preparedness?

24 A. Well, partly. There are two different kind of things
25 you mentioned there. First of all, the major -- the

22

1 Q. Yes. So the first one, the first document to which I've
2 made reference, let's have that up, it's INQ000183456,
3 the Wales Framework for Managing Major Infectious
4 Disease Emergencies.

5 It's dated October 2014. If we could just scroll
6 forward through, thank you, to the contents page, we can
7 see that it deals with a major infectious disease
8 emergency, it provides for a number of planning
9 assumptions, the management of initial cases, isolation
10 and treatment facilities, treatment in the community,
11 data collection, and countermeasures.

12 To the extent that it did address the possible
13 outcomes of a major infectious disease emergency, or of
14 a pandemic influenza, was the approach of this framework
15 the assumption that the greatest risk was a pandemic
16 influenza, the risk of a new and -- of
17 a high-consequence infectious disease was less, and the
18 most likely catastrophic consequences would ensue from
19 a pandemic influenza, so the broad approach from the
20 2011 strategy?

21 A. Well, I don't think the framework was predicated on
22 pandemic influenza, because we already had the 2011
23 pandemic flu plan. The framework that we're looking at
24 was really designed to cover a range of infectious
25 diseases which would not be manageable through the

24

1 normal application of the outbreak control plan. So
 2 I don't think they're quite the same thing. I mean,
 3 certainly flu would fall within the scope of this
 4 framework, I would agree with that, and certainly
 5 pandemic flu -- you know, in terms of pandemics, flu was
 6 seen as the most likely infectious agent to cause
 7 a pandemic.

8 **Q.** Indeed, and if you look at countermeasures, 14, on
 9 page 15 -- I'm not suggesting we go to it -- but you can
 10 see in the index:

11 "Infection Control and PPE
 12 "Vaccination
 13 "Antibiotics/Antivirals"

14 The presumption, the working presumption was, wasn't
 15 it, that the countermeasures would be those usually
 16 associated with dealing with an influenza outbreak,
 17 namely the existence of antivirals, Tamiflu,
 18 vaccination, because there is a flu vaccine, of course,
 19 and the infectious control and PPE would be hand washing
 20 and sensible personal hygiene methods, as well as the
 21 PPE required for the treatment of flu. That was how the
 22 document approached it; would you agree?

23 **A.** Well, I would say it's true but you could equally apply
 24 those to cholera or measles or a wide range of other
 25 infectious diseases. I don't think it was specific to

25

1 "National Pandemic Flu Service
 2 "Antibiotics
 3 "Facemasks and respirators
 4 "Consumables
 5 "Vaccination
 6 "Specialist respiratory support ..."
 7 So, self-evidently and sensibly, given that this is
 8 an influenza pandemic document, those are the sorts of
 9 countermeasures that are associated with an influenza
 10 pandemic.

11 A third important document to which you've already
 12 made reference is the pan-Wales response plan of 2019.
 13 What was that?

14 **A.** Well, the pan-Wales response plan is an overarching --
 15 as I understand it, it's an overarching plan for dealing
 16 with any civil emergency in Wales, and it's the part of
 17 the civil contingencies approach of working with
 18 partners across Wales to respond to anything, whether it
 19 be an infectious disease, flooding, fires, any threat to
 20 the public's health, the public.

21 **Q.** All right. That was a document which, as you say, deals
 22 generally with civil contingencies, it's concerned with
 23 emergency response and recovery; is that correct?

24 **A.** Mm.

25 **Q.** So if we may put that to one side on the basis it wasn't

27

1 flu, the framework we're looking at.

2 **Q.** There was no debate, was there, Sir Frank, or any
 3 discussion of the sort of countermeasures that might be
 4 suitable for dealing with a high-consequence infectious
 5 disease with catastrophic consequences that was not
 6 pandemic influenza, for example, mass diagnostic
 7 testing, mass contact tracing, how to deal with an HCID
 8 that had no antiviral and no vaccine?

9 **A.** No, you're correct, and those countermeasures were not
 10 considered within this framework or indeed within the
 11 2011 plan, yeah.

12 **Q.** Precisely. Could we have --

13 **A.** I say they were not -- may I, my Lady?

14 **MR KEITH:** Of course.

15 **LADY HALLETT:** Of course.

16 **A.** I say they were not dealt with. I mean, they had been
 17 considered, of course, but discounted for various
 18 reasons, and, with the benefit of hindsight, discounted
 19 without sufficient consideration.

20 **MR KEITH:** Thank you.

21 INQ000116503 is the response guidance of 2014. It
 22 itself avowedly refers, of course, to "Influenza
 23 Pandemic Preparedness". If we look at page 3, please,
 24 we can see "Pandemic Countermeasures" in box 4:
 25 "Antivirals

26

1 concerned with pandemic influenza or high-consequence
 2 infectious disease, the two main guidance documents
 3 remain those two documents to which you've referred us,
 4 the Wales framework of October 2014 and the guidance
 5 document of February 2014.

6 Do you know whether either of those two documents
 7 was updated after 2014, or the subject of consideration
 8 for the purposes of being updated or rewritten?

9 **A.** I don't recall them being updated. I think when we
 10 updated the outbreak control plan, there was a question
 11 raised by Public Health Wales as to whether -- what the
 12 status of the framework for infectious disease major
 13 emergencies would be, and at that time it was not
 14 updated, but ... so I don't believe that there has been
 15 a process to update them.

16 **Q.** Now, in the history of United Kingdom emergency
 17 preparedness, the swine flu of 2009 was crucial, wasn't
 18 it, because of course, as a result of that swine flu
 19 outbreak, there were a number of reports, outcome
 20 documents as they're called, both in Westminster but
 21 also in the devolved administrations?

22 There was one in Wales, a report produced after the
 23 event by Mr Goulding, who was, I think, the head or
 24 maybe now is the head of HEPU, to which you've referred.

25 Could we have that, please, INQ000089599, page 4,

28

1 paragraph 5.2.
 2 So as part of the morning session, a presentation
 3 was made by Dr John Watkins on the risks and effects of
 4 pandemic influenza:
 5 "Current threats were described as --
 6 "Genetic reassortment ..."
 7 And then over the page, please.
 8 "Novel virus
 9 "... natural reservoir[s] ...
 10 "Return of old enemies ...
 11 "Planning assumptions to consider:-
 12 "Virus will arise somewhere else
 13 "Novel virus with little background immunity
 14 "Traditional groups for seasonal vaccine [not
 15 applying]."
 16 Issues about:
 17 "Virulence and transmissibility ...
 18 "Vaccine not [being] immediately available"
 19 And:
 20 "Antivirals [having] some role but not major impact
 21 "Role of - Masks, social distancing, school closure,
 22 banning mass gatherings etc -- little evidence of
 23 effectiveness"
 24 So this document in October 2013, after the
 25 swine flu pandemic, shows that at this presentation or
 29

1 was the understanding at the time, that, you know,
 2 different viruses could emerge and could cause
 3 a pandemic. I think it was clear -- that was clear in
 4 the 2011 -- the assumptions of the 2011 pandemic flu.
 5 Although it was largely based on pandemic flu, it was
 6 stated I think in the 2011 strategy that other viruses
 7 could cause -- other respiratory pathogens could cause
 8 pandemics as well.
 9 But the understanding at the time was that those
 10 final assumptions, you know, the mass social distancing,
 11 there was a predisposition against those, which I think
 12 is being reflected in this document.
 13 **Q.** So to draw the threads together, the two frameworks, the
 14 Wales Framework for Managing Major Infectious Disease
 15 and the Wales Health and Social care Influenza Pandemic
 16 Preparedness and Response Guidance, both of 2014 were
 17 never updated, they were based upon or at least
 18 consistent with the UK 2011 strategy?
 19 **A.** Mm.
 20 **Q.** Whilst there was some debate at some levels of the
 21 Welsh Government about these planning assumptions and
 22 the possibility that they might require being
 23 challenged, that they might not necessarily hold true,
 24 neither the guidance nor the challenge to those planning
 25 assumptions were ever taken forward in a significant

31

1 workshop there was some debate revolving around the
 2 inherent unpredictability of a respiratory virus, of the
 3 possibility that there would be an outbreak for which
 4 there would be no vaccine immediately available, for
 5 which antivirals would have no major impact, and in
 6 which there would have to be consideration of some of
 7 the additional countermeasures not normally associated
 8 with pandemic influenza: social distancing, school
 9 closure, banning mass gatherings.
 10 I wanted to ask you, Sir Frank, to what extent when
 11 you took office in -- or you took your post in 2016, do
 12 you recall there being any general debate about these
 13 topics in the Welsh Government?
 14 **A.** No, I don't recall there being any. I think this
 15 document is a summary from a workshop that was held, the
 16 health emergency planning advisory group that we talked
 17 about earlier, which is the NHS bodies coming together
 18 with Welsh Government, Health and social care, has
 19 an annual conference, and I think in 2013 their annual
 20 conference was focused on pandemic flu, and I think this
 21 is probably a record from that, from that meeting.
 22 But -- and this clearly, the lines you're showing
 23 here clearly are part of a presentation given at that
 24 thing.
 25 I suppose, you know, what to me it says is that that
 30

1 sense prior to the pandemic hitting Wales; that's the
 2 position, is it not?
 3 **A.** Well, as I read what's in front of me, it's not
 4 a challenge to the -- it's stating that the role had
 5 very little -- the role of these countermeasures had
 6 very little evidence.
 7 You know, with the benefit of hindsight I think we
 8 could and should have paid more attention to the
 9 "what if" questions. You know, what if the virus was so
 10 different that we needed to go down some of these. But
 11 at the time I think it's fair to say that those measures
 12 had been considered and somewhat prematurely dismissed.
 13 **Q.** There was, as it turned out, a distinct and important
 14 role for face masks, for mass diagnostic testing, for
 15 mass contact tracing and, as we all discovered to our
 16 cost, mandatory quarantines. So it wasn't just
 17 a question of these measures having no efficacy, the
 18 thinking was never developed, there were no papers or
 19 policies drawn up to examine any of them in detail, and
 20 it was just assumed that there was nothing here to be
 21 seen or to be further thought about?
 22 **A.** That was --
 23 **Q.** The thinking went into the ground?
 24 **A.** I accept your point, that was the assumption in the 2011
 25 strategy and it was the assumption in the Hine report

32

1 before that, so yes, that is true.

2 **Q.** And the overarching guidance documents for pandemic
3 influenza and HCIDs were never updated alongside this?

4 **A.** Yeah, exactly, and they were based on the 2011 flu --

5 **Q.** And they themselves were based on --

6 **A.** Yes.

7 **Q.** -- the thinking from 2011?

8 **A.** I'd agree with that.

9 **Q.** All right.

10 Exercises and institutional learning. Before your
11 tenure as Chief Medical Officer of Wales commenced in
12 August 2016, an exercise had taken place in Wales, had
13 it not, in October 2014, namely the Welsh part of
14 Exercise Cygnus. Was it the Welsh part because
15 Exercise Cygnus for the United Kingdom was planned for
16 2014 but, for a variety of reasons, never took place
17 other than in Wales?

18 **A.** That's my understanding, that it was planned as
19 a UK-wide exercise, but I think Ebola got in the way in
20 terms of UK participation, but there was a decision
21 taken, as you say before my time, to run it in Wales
22 just to test the local arrangements.

23 **Q.** Could we have, please, INQ000107136.

24 These are the recommendations from the Welsh part of
25 Exercise Cygnus, the part that took place in 2014.

33

1 Pausing there, as you understood it, was the
2 position this: that because it was only the Welsh part
3 of Exercise Cygnus that took place in 2014, the exercise
4 focused on the local level, the local resilience forum,
5 the strategic co-ordinating group level, rather than
6 being a test of the entirety of Welsh civil contingency
7 structures?

8 **A.** Well, it's my understanding, but it was two years before
9 I took up post, so I can't really comment a huge amount
10 on that.

11 **Q.** No.

12 Sir Frank, you're plainly aware of that from the
13 face of the document, because it is only concerned with
14 local resilience forums and --

15 **A.** Yes.

16 **Q.** -- strategic co-ordinating groups, and presumably once
17 you became Chief Medical Officer you were briefed about
18 Exercise Cygnus in 2014 and the extent to which the
19 recommendations to which we're about to return were
20 being implemented, were you not?

21 **A.** I don't remember a specific briefing about it, but
22 I would have been aware of it as we went into 2016,
23 a Cygnus exercise, yes.

24 **Q.** Because that was the delayed United Kingdom exercise to
25 which the Welsh Government was a participant?

35

1 WRPT, the acronym at the top right of the page, is,
2 I think, in reference to the Wales resilience ...

3 **A.** Partnership team.

4 **Q.** Thank you, Sir Frank, I knew you'd get there ahead of
5 me.

6 "Exercise Cygnus -- Recommendations
7 "Background
8 "As a result of the ongoing high risk of
9 an influenza pandemic, it was agreed that a Tier 1 UK
10 exercise should be held in October 2014 --
11 Exercise Cygnus -- to assess preparedness at both
12 a national and local level."
13 But, as you say, the UK exercise never took place.
14 "There were initially 11 Local Resilience Forums ...
15 scheduled to participate at the local level in England
16 whilst Wales, all 4 [local resilience forums] agreed to
17 take place.
18 If we could just scroll back out we could see the
19 strategic objectives there set out, and further down the
20 page the reference to the postponement of the UK
21 Exercise Cygnus.
22 Then over the page, page 2, issues raised:
23 "The following are the issues and recommendations to
24 emerge from the Strategic Co-ordinating Groups and the
25 Wales Civil Contingencies Committee."

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1 **A.** Yeah.

2 **Q.** You were no doubt informed, and you probably asked, to
3 what extent had the recommendations from the first part
4 of Cygnus been put in place by now?

5 **A.** Yeah. I can't remember the discussion about that, but
6 yes.

7 **Q.** On this page we can see the issues being raised: excess
8 deaths, just the practical problems associated with
9 dealing with large numbers of fatalities; communication;
10 regulation, the reduction -- and there is an example,
11 the need for two signatures on a death certificate;
12 resources, a reference to a national stockpile of
13 resources; school closures; demands for data collection;
14 and concern being expressed by one strategic
15 co-ordinating group about the national pandemic flu
16 service.
17 Then, over the page, if you could scroll back out,
18 please, "Vulnerable People".
19 So those were the list of concerns raised. Then
20 scrolling back out, please, again, the recommendations
21 that are made towards the bottom of that page, you can
22 see recommendations 1 through to 9,
23 concerning: antiviral collection points; the legal
24 position of staff movement in health board needs;
25 a reference to the need for decisions at a national

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1 level to be made by the Welsh Government in respect of
 2 the NHS rather than at local level; criteria -- I'm so
 3 sorry, when it moves it's quite difficult to follow
 4 it -- for declaring a flu pandemic; 5, Welsh Government
 5 Department for Education and Skills to update
 6 guidelines; 6, LRF co-ordinators group; 7, working
 7 arrangements for the Wales Pandemic Flu Group and Wales
 8 Warning and Informing Group; 8 and 9, Welsh Government
 9 Social Services and Wales Mass Fatalities Group.

10 To what extent do you recall, Sir Frank, those
 11 recommendations being implemented by the
 12 Welsh Government by the time that you took office
 13 in 2016?

14 **A.** Well, there's quite a complex range of them. We'd have
 15 to go down perhaps individually. But I ... the way in
 16 which, from exercises, the various exercises that we
 17 had, and this was one of several, of course, before my
 18 time and during my time, the way in which those
 19 recommendations were being managed was that there was
 20 a database, a spreadsheet, which was maintained by the
 21 HEPU and that did log the recommendations and regularly
 22 track the progress against them. So somewhere in the
 23 system there will be a document which says at that point
 24 in time, in 2016, when I took up post, to what extent
 25 they were met and then subsequently they would have been

37

1 reasons I think why it is what it is, why the
 2 recommendations are what they are.

3 **Q.** Right, that's very clear.

4 Then moving forward to the main United Kingdom
 5 Exercise Cygnus in 2016, it was in October, so you would
 6 have been in post, you were appointed in August. Was
 7 the Welsh Government a full participant in the exercise,
 8 do you recall?

9 **A.** Well, it was a participant, and ministers were involved,
 10 officials were involved, and so, yes, we were
 11 a participant in that.

12 **Q.** In terms of which parts of the Welsh civil contingencies
 13 structure came under examination, and were called upon
 14 to take part in the exercise, was the Welsh
 15 participation more limited than the Scottish
 16 participation because it had had its own, albeit quite
 17 local, Exercise Cygnus in 2014 already?

18 **A.** That may well be the case. I don't recall the details,
 19 but I don't recall that we tested the LRF structures in
 20 the -- quite the same way, and probably because we had
 21 done that in 2014.

22 **Q.** Or the strategic co-ordinating groups, one presumes,
 23 because they had also been the subject of examination
 24 in 2014?

25 **A.** I can't recall them being tested.

39

1 updated.

2 **Q.** Can you recall in a general sense whether all the
 3 recommendations from the first part of Cygnus were
 4 implemented?

5 **A.** I can't.

6 **Q.** All right. The recommendations did not cover or
 7 consider some of the areas which have turned out to be
 8 vital to the response, of course, to the Covid pandemic.
 9 For example, surge capacity or any need to stockpile or
 10 provide for PPE in the sorts of quantities which proved
 11 to be necessary, or any of those other areas of
 12 countermeasures to which you were referred.

13 Was that because the first part of Exercise Cygnus
 14 was only concerned with relatively quite a low level in
 15 the civil contingencies order down that tree of civil
 16 contingencies?

17 **A.** I think it's partly that.

18 **Q.** Right.

19 **A.** And partly that it's back to the point that it was
 20 predicated on what had happened in 2009 and the pandemic
 21 that we'd been through, so there's a lot of
 22 consideration in there about the distribution system for
 23 antivirals. In 2009 we had to set that up from zero, as
 24 indeed subsequently we had to set up a lot of structures
 25 for Covid from zero. But that -- those are the two

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1 **Q.** All right.

2 Can you recall the extent to which those two
 3 documents, the Wales Framework for Managing Infectious
 4 Disease Emergencies or the Wales Health and Social Care
 5 Influenza Pandemic Preparedness and Response Guidance,
 6 were tested in the course of the 2016 Exercise Cygnus?

7 **A.** I think they would have been background documents, but
 8 really my role in Cygnus was at the officials level,
 9 meeting with the CMOs, and supporting the ministers. So
 10 that was the kind of level I was working at. There may
 11 well have been further consideration, you know, further
 12 into the system. There were officials' groups meeting
 13 in Wales, as I recall, and they would have certainly had
 14 access to all of those documents.

15 **Q.** After Exercise Cygnus, my Lady's heard evidence that the
 16 NSC(THRC), a ministerial committee in London, in 2017
 17 ordered the setting up of a Pandemic Flu Readiness Board
 18 in London, and also one followed in Scotland. Are you
 19 aware of the extent to which or how the Welsh Government
 20 responded to that direction from the NSC(THRC) in Wales?
 21 What body was set up by way of a pandemic flu
 22 preparedness group in Wales to deal with the aftermath
 23 of Exercise Cygnus?

24 **A.** So the pandemic flu readiness group at UK level was set
 25 up, and Wales had an input into that, again through the

40

1 HEPU, it was the prime relationship with Wales, and then
2 in 2017 an influenza pandemic preparedness group was
3 established, again by the HEPU, to tie in to the
4 recommended -- to the workstreams, let's say, that were
5 being run through the UK group.

6 **Q.** So the same Wales Pandemic Flu Preparedness Group to
7 which I referred, that is the body that responded in
8 Wales?

9 **A.** It is, yes.

10 **Q.** Could we have INQ000107112, please. These are the
11 minutes from the first meeting of the Wales Pandemic Flu
12 Preparedness Group in September of 2017.

13 We can see that there are a number of attendees from
14 the Welsh Government and Public Health Wales, and there
15 is HEPU at the top, Health Emergency Planning Unit.

16 Although I believe that HEPU formally is known as
17 the "Preparedness Unit", but in any event maybe that's
18 an earlier emanation.

19 But we can see a number of officials from the Health
20 and Social Services Group (HSS), Public Health Wales and
21 apologies from three further officials.

22 Further down the page, paragraph 1.4, an official --
23 and the official, for your information, Sir Frank, is
24 a senior member of HEPU:

25 "... said that he had called this Group together to

41

1 **Q.** Yes.

2 **A.** -- was being updated through the group we just talked
3 about. There was an expectation or a hope, I think,
4 that the LRF pandemic flu guidance, which I think was
5 2013, was going to be led by Wales, and the others
6 I don't think have been updated since then, no.

7 **Q.** If you could turn, please, to page 4 and paragraph 7.1.

8 We can see that the group decided that:

9 "... future meetings ... would be convened as and
10 when substantial progress had been made at a Board or
11 Workstream level."

12 Is that a reference to the point that you've already
13 made, which is -- or you've made a few moments ago --
14 that this committee or group decided that it couldn't
15 progress the updating of the Welsh plans in these
16 various areas unless and until the United Kingdom group
17 had updated the United Kingdom plan, the 2011 strategy?
18 Was that the roadblock?

19 **A.** Well, that's my understanding. This group essentially
20 was shadowing the UK preparedness group, yeah.

21 **Q.** But this group, Sir Frank, was convened in order to be
22 able to progress civil contingency emergency
23 preparedness planning in Wales. What was the point of
24 it convening at all if it was only ever going to do
25 something once the United Kingdom had acted first?

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1 co-ordinate any outputs from the UK review structure and
2 consider what may need to be undertaken in Wales to
3 implement the review outcomes."

4 So that is what you said a few moments ago, the
5 group was formed in order to consider what should be
6 done in Wales.

7 1.5, the same official:

8 "... added that he thought there were a number of
9 strategic documents that may need to be changed,
10 following the review, including the UK Pan Flu Framework
11 2011 [that's our old friend from 2011], the [local
12 resilience forum] Pandemic Flu Guidance, the Wales
13 Response Plan, the Wales [Health and Social Service]
14 Pandemic Preparedness and Response Plan [and] the
15 UK/Wales Pan Flu Communications Strategy and [the]
16 operational pandemic flu guidance [relating] to ... NHS
17 and social care.

18 Do you know the extent, Sir Frank, to which any or
19 all of those documents did get updated in the fullness
20 of time?

21 **A.** Yeah, I don't think any of them were finally updated.

22 I think that the whole process was to -- of the UK
23 process was to update the suite of guidance. So the
24 pandemic flu framework was being -- and that was the
25 pandemic flu plan, wasn't it, 2011?

42

1 **A.** Well, it was to provide input as well into that -- into
2 the UK process. So the meeting of the group, you know,
3 I think further up the minute there, talks about which
4 members of the Welsh Government were to be linked in to
5 the various strands of UK preparedness. So it wasn't
6 just waiting, it was actually looking to how we in Wales
7 could support the overall development of pandemic
8 preparedness.

9 **Q.** If you go up to 6.1, please, there's a reference to
10 a strategic approach being applied:

11 "... members of the group should take the
12 opportunity to look at the operational guidance
13 currently in place and review whether revisions or new
14 pieces of guidance would be needed following proposals
15 from the Readiness Board. He added that he was taking
16 a strategic approach to the task and that any concept of
17 operations developed would need to be reflected in Wales
18 and at a local level."

19 What do you understand that reference to "taking
20 a strategic approach" to mean?

21 **A.** I don't really understand that at all, no.

22 **Q.** This was the position, wasn't it: that although that
23 group was convened in order to progress Welsh civil
24 contingencies work, none of the pieces of work that were
25 identified as requiring updating, refreshment, whatever

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1 you call it, was done, even though some of it plainly
2 included guidance that was Welsh only, so not just
3 United Kingdom documents or policy but Welsh documents,
4 none of it was done because the view appears to have
5 been taken that nothing should be done until the
6 United Kingdom Pandemic Flu Readiness Board had acted
7 first in relation to its own 2011 strategy?

8 **A.** I think it's fair to say that a lot of the subsequent
9 actions were predicated on hanging off the revision of
10 the 2011 plan strategy, yeah.

11 **Q.** So the board, this group, decided it wouldn't convene
12 again until further progress had been made at the UK
13 level. Those are minutes from a meeting in
14 September 2017. In January 2018, were you contacted by
15 the United Kingdom Pandemic Flu Readiness Board and
16 asked to agree to a meeting to see what progress was
17 being made?

18 **A.** Yes.

19 **Q.** Did that meeting not take place for a further
20 six months, until June of 2018?

21 **A.** I think that's correct.

22 **Q.** Could we have INQ000180482, please.

23 "... Senior Officials Meeting with Welsh Government,
24 DHSC and Cabinet Office -- Cardiff, 14 June ..."

25 We can see that you are named as the first attendee
45

1 field of pandemic planning? There was no document that
2 could be worked on and improved or updated because of
3 this strategic approach?

4 **A.** I think the master document was the -- was seen and was
5 always seen as the 2011 strategy, really. So I think --
6 this is just my recollection -- I think that everything
7 else was seen to be hinging on that.

8 Having said that, you know, there were groups
9 through the Emergency Planning Advisory Group, that we
10 talked about earlier, which were trying to progress the
11 work on excess mortality, et cetera, so some of the work
12 was continuing, but there was no updating of the overall
13 strategy documents, that was -- all hinged on the 2011
14 strategy update.

15 **Q.** And the 2011 strategy itself hinged on whether or not
16 the UK Pandemic Flu Readiness Board would have the
17 resources or the inclination to do that first step of
18 updating itself, didn't it?

19 **A.** I can't disagree with that.

20 **Q.** If you look at the second bullet point under "Products":

21 "The 2011 Strategy refresh is a scheduled year 2
22 [Pandemic Flu Readiness Board] product."

23 I think "product" there is a piece of jargon meaning
24 work.

25 "While a refresh of the 2013 [local resilience
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1 from the Welsh Government.

2 **A.** Mm.

3 **Q.** Mr Kilpatrick, about whom we've heard and about whom
4 we'll hear a little bit more in a moment, director for
5 local government, and David Goulding, to whom you've
6 referred, emergency planning adviser, a major
7 constituent part of HEPU. And Ms Hammond, from whom
8 my Lady has heard, director of Civil Contingencies
9 Secretariat.

10 Page 2, please:

11 "[An official] asked whether any vulnerability
12 mapping had been conducted as part of the sector
13 resilience work."

14 There was some discussion about "challenge panels".

15 "DG [Mr Goulding] noted that in the Welsh Government
16 ... a group [had been established] to consider the
17 outcomes of the UK review and [to] co-ordinate Wales
18 actions to implement any necessary changes in Welsh
19 planning."

20 So Mr Goulding makes reference to the point you've
21 made, which is that nothing was going to be done until
22 the United Kingdom had acted first.

23 But what about documents which were only Welsh
24 documents as opposed to United Kingdom documents? Did
25 that approach affect guidance across the board in the
46

1 forum] guidance is needed, this is not currently
2 scheduled in year 2 of the programme primarily due to
3 resource availability. In terms of timing, there would
4 be limited benefit in refreshing it ahead of the
5 strategy given the cross-references needed between the
6 two documents."

7 So the UK Pandemic Flu Readiness Board was unable to
8 get on with its own refresh of the 2011 strategy because
9 it was, for different reasons, tied to another document
10 which wasn't even going to be addressed until the
11 following year because of resource problems.

12 So following that meeting, what concern did you have
13 that the entire process of bringing these important HCID
14 and pandemic influenza pan-Wales documents up to date
15 was being frustrated?

16 **A.** Well, I think there was an exchange, a subsequent
17 exchange between the HEPU and the Civil Contingencies
18 Group, and a note went to the minister to advise that,
19 although progress was being made, it wasn't as fast as
20 we had anticipated and that there was a likely ask for
21 additional resources, not least around the refresh of
22 the 2013 LRF guidance which, as I say, I think there
23 was -- my recollection of the meeting was that there was
24 an expectation that Wales was going to provide some
25 leadership and some resource into that particular piece
48

1 of work. So the note went up to the minister about
 2 that, yeah.
 3 **Q.** But that expectation was never realised, was it?
 4 **A.** What expectation?
 5 **Q.** The expectation that you've just referred to, which is
 6 that there would be local resilience forum guidance
 7 updated nevertheless?
 8 **A.** No, I think events kind of overtook things, yes.
 9 **Q.** So that never happened either?
 10 **A.** It did not.
 11 **Q.** Right. Could we have, please, INQ000180484. This is
 12 the email string to which you've referred, Sir Frank.
 13 It's an email string from July 2018.
 14 It's going to be a bit difficult to find the
 15 relevant emails, because it's all on a single page, but
 16 if our excellent technician can find his way down to
 17 6 July 2018, which is probably two or three screenshots
 18 lower.

19 (Pause)

20 6 July, and then 04.13, so 13 minutes past 4 in the
 21 afternoon -- it will be two or three emails down. There
 22 we are.

23 From Reg Kilpatrick to Frank Atherton, yourself, and
 24 David Goulding, copying in Andrew Goodall, who was then
 25 the NHS Wales Chief Executive but is now the

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1 **Q.** So this email correspondence was at official level,
 2 where you were debating your concerns about the fact
 3 that there had been no progress, and that there was
 4 an issue about resources, and a risk administratively or
 5 politically --

6 **A.** Yes.

7 **Q.** -- which needed to be brought to the attention of
 8 Mr Gething? Is that a fair summary?

9 **A.** That is a fair summary, yes.

10 **Q.** The email string ends on 10 July, if we go back to the
 11 top of the page, where you wrote this, after there had
 12 been quite a difficult debate between the three of you,
 13 Sir Frank, about what should be done. I don't think we
 14 need to go into the detail of what became quite
 15 a personal debate further down the email chain, but you
 16 said:

17 "Signal that we have reached a compromise; There is
 18 considerable work remaining and we need to deepen
 19 liaison with the [local resilience forum] mechanism but
 20 I am assured that we have good engagement with
 21 [Department of Health] on this."

22 So your position was: why don't we tell the minister
 23 that a compromise has been reached in terms of the
 24 extent to which the United Kingdom can call upon the
 25 Welsh official structure for assistance, but there is

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1 Permanent Secretary.

2 Was this an email in which between you all, because
 3 you were all concerned with this issue, concern was
 4 being expressed about the fact that the review and the
 5 guidance was simply not being processed?

6 If you look down at the third paragraph,
 7 Mr Kilpatrick said to you:

8 "Given that this is a UK review, they [that's
 9 the United Kingdom Government] asked specifically for
 10 some resources to help in that task which seems
 11 a reasonable request. In view of the total emergency
 12 planning capacity across the NHS Wales, I would expect
 13 us to be more co-operative than we currently are. The
 14 pace of development of the review and guidance is
 15 therefore at risk, so this needs to be exposed to
 16 ministers along with the resource issues."

17 It was brought to ministers, was it not?

18 **A.** It was. It was indeed, yeah. So that was the -- this
 19 all refers to a minute of that meeting which was being
 20 sent up to -- being prepared to be sent up to the
 21 minister, yeah, and --

22 **Q.** Mr Vaughan Gething, to whom we have referred earlier,
 23 who was then the Cabinet Secretary for Health and Social
 24 Services?

25 **A.** Indeed, yes, yes.

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1 considerable work remaining on the Welsh side, we need
 2 to deepen liaison, but we've got good engagement; is
 3 that a fair summary of what you were saying?

4 **A.** Well, it partly is. The compromise was, dare I say,
 5 you know, between members of our team really within
 6 Welsh Government, because there was a -- something of
 7 a disagreement about the advice that we were giving to
 8 the minister, so there was a feeling from the civil
 9 contingencies side, Reg Kilpatrick, that the view we
 10 were giving to the minister in David Goulding's original
 11 email -- message to the minister was unduly optimistic
 12 and that we weren't signalling sufficiently the need for
 13 additional resource or the request that was coming from
 14 the United Kingdom Government for additional Welsh
 15 resource and where that resource would come from.

16 So the compromise was to change the advice that was
 17 going up to make it much clearer to the Health Minister
 18 that those were salient issues.

19 **Q.** So presumably some advice or a message was sent to the
 20 Minister for Health. In the event, Sir Frank, is this
 21 the position, though: that no further resources were, as
 22 far as you understood it --

23 **A.** Yes.

24 **Q.** -- committed to pandemic planning; the risk that you'd
 25 identified remained, which is that the Welsh Government

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1 would be exposed to the accusation that no further
 2 resources were being devoted to this issue; no further
 3 work was done in relation to any aspects of the Welsh
 4 pandemic planning guidance because of the roadblock in,
 5 as you saw it, in London; and this particular body,
 6 which had been set up in order to progress work, the
 7 Wales Pandemic Flu Preparedness Group, met for the last
 8 time in September 2018 and didn't sit again?

9 **A.** I agree with all of those points, and of course the
 10 reasoning behind that was that -- the reason for that
 11 and for progress then to stall was that resources were
 12 moved to other issues.

13 **Q.** Yes. Is that a euphemistic reference to the impact of
 14 the necessary preparations for a no-deal EU exit?

15 **A.** Or Operation Yellowhammer, if you like, yes.

16 **Q.** Yes. So not only were no resources developed, not only
 17 did no work continue on the guidance, not only did the
 18 main committee dealing with this issue not sit again,
 19 but whatever workstreams were being pursued were then
 20 interfered with by Operation Yellowhammer; is that
 21 a fair summary?

22 **A.** The work all stalled.

23 **Q.** So it stalled for additional reasons?

24 **A.** Yes.

25 **LADY HALLETT:** Mr Keith, it looks like we're not going to

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1 **A.** Yeah. So there had been a committee, a Health
 2 Protection Committee, previous to my taking up the role
 3 of CMO, and that was disestablished for reasons I don't
 4 really understand, but my desire with it was really to
 5 have a forum where we could look at the broad sweep of
 6 health protection issues which affected a range of
 7 organisations. The reasoning for that was that health
 8 emergencies, health issues, health -- threats to health,
 9 are so wide-ranging that you need to have a lot of
 10 different organisations involved and engaged. So
 11 although I had very good contact with health
 12 counterparts in social care to some degree, I didn't
 13 feel we had a strong enough input to local authorities,
 14 to Natural Resources Wales, to the Health and Safety
 15 Executive, to the Food Standards Agency. So I set the
 16 committee -- the group up to bring together those
 17 groups. It was really a stakeholder group to help to
 18 understand the threats, and so that they could bring to
 19 the table and to my attention any threats from their
 20 particular domains as well.

21 **Q.** Does it follow, Sir Frank, that the need for that
 22 committee was born from the recognition that there was
 23 no other pre-existing committee which was convened, was
 24 being convened, to address such threats or to look at
 25 those health protection issues?

55

1 finish Sir Frank before the break?

2 **MR KEITH:** My Lady, if that's a convenient -- that may very
 3 well be a very convenient moment, but yes, I'm afraid
 4 that may well be the reality.

5 **LADY HALLETT:** Sorry to break off your evidence, Sir Frank.
 6 I shall return at 3.30.

7 **(3.15 pm)**

8 **(A short break)**

9 **(3.30 pm)**

10 **MR KEITH:** Sir Frank, in May 2018, according to your witness
 11 statement, you re-established a body known as the Health
 12 Protection Advisory Committee.

13 **A.** I did.

14 **Q.** And it had representatives from the Welsh Government,
 15 local health boards, Welsh local authorities, the Food
 16 Standards Agency, Public Health Wales, Natural Resources
 17 Wales and a couple of other entities.

18 It plainly covered a range of public health matters
 19 or was designed to cover a range of public health
 20 matters and not just influenza pandemic preparedness or
 21 even HCID preparedness. But why did you do that? What
 22 need did you perceive was not being met in the absence
 23 of such a committee, or what concerns did you have, if
 24 any, that led you to want to re-establish that
 25 committee?

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1 **A.** There was nothing looking across the broad sweep that
 2 I've just described, yes.

3 **Q.** In the course of the 18 months from May 2018 to the
 4 onset of the pandemic, did that health protection
 5 advisory group look at a number of threats or issues or
 6 matters of concern?

7 **A.** It did, yes.

8 **Q.** One of the ones that we've noted was the areas in which
 9 hospital isolation facilities may have been deficient,
 10 I'm not going to ask you questions about that, but there
 11 was an issue about the improvement in compliance and
 12 what the substantive provision of facilities amounted
 13 to.

14 But another important area which followed on from
 15 that was the issue of high-consequence infectious
 16 disease outbreak control.

17 Did you have a concern that the position in Wales,
 18 the structure, the personnel and the people and the
 19 systems for dealing with HCID, high-consequence
 20 infectious disease, outbreak was deficient?

21 **A.** So they are, as you rightly say, two different things.
 22 An isolation rooms issue had gone back quite a long time
 23 and I had tried to make sure that in Wales we had
 24 sufficient isolation room availability in all of our
 25 hospital stock so that we could deal with significant

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1 infections and to help to control communicable diseases
 2 within hospitals.
 3 The HCID issue, high-consequence infectious disease
 4 issue, came to my attention particularly when we had
 5 cases of monkeypox, now Mpox, and Ebola occurring in
 6 the UK, and it was clear to me that having
 7 high-consequence infection units only in London and
 8 Newcastle, as I think existed at the time, we had a gap
 9 in Wales, and I felt that we ought to have some
 10 provision in Wales, and so we embarked on a process to
 11 develop that provision as part of the UK network.

12 **Q.** What provision, the provision for dealing with
 13 high-consequence infectious disease?

14 **A.** Yes, exactly, yes.

15 **Q.** So there was no or at least no adequate provision for
 16 the management of a high-consequence infectious disease
 17 in Wales until you directed the committee which you
 18 re-established to look at that issue?

19 **A.** No, there was provision, the provision was predicated
 20 though on the use of hospital beds in London or in
 21 Newcastle, so any high-consequence infectious disease in
 22 Wales would have had to have been transported to those
 23 places, and so in fact --

24 **Q.** Sorry, just pause there. There was in Wales,
 25 territorially, no provision for the management of

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1 **Q.** So it's no answer to say, "Well, it's all right, there
 2 were perfectly adequate arrangements in England for
 3 dealing with HCID", the committee became aware that "we
 4 [in Wales] were not adequately prepared for such
 5 an incident", and that was a reference to two Welsh
 6 residents from west Wales who had been low risk contacts
 7 of, I suppose, a sort of ground zero, the zero monkeypox
 8 case?

9 **A.** Yeah, so --

10 **Q.** So the Welsh system was unable even to deal with a case
 11 involving just two contacts from a monkeypox infection?

12 **A.** Well, I accept your point that it was the case that any
 13 high-consequence infectious disease that was identified
 14 in Wales or indeed large swathes of England would have
 15 had to be treated in either London or Newcastle, those
 16 were the only two sites, and I felt it was important to
 17 establish that.

18 That's not to say that the arrangements were not
 19 there. There were arrangements. But I wanted to
 20 strengthen those arrangements.

21 **Q.** But the email thread between you and some of the
 22 officials on the committee, including Mr Goulding, of
 23 31 December 2019 says:

24 "... it became clear that we were not adequately
 25 prepared for such an incident."

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1 high-consequence infectious disease? If you became
 2 infected in Wales with a high-consequence infectious
 3 disease, your management, the treatment and the public
 4 health consequences would all be transferred across the
 5 border?

6 **A.** Just to be clear, we're talking about very unusual
 7 infections, Ebola infections, for example, where highly
 8 specialised contained facilities are required at a level
 9 that we did not have in Wales. We had and have the
 10 ability to treat most infectious disease, most
 11 outbreaks, et cetera, but HCIDs is a separate -- it's
 12 a higher tier provision of service which currently
 13 exists only in those two places I've mentioned.

14 What we had done of course in Wales is to make sure
 15 that if we did have such a case, if we had a case of
 16 Ebola, that we were able to identify it, isolate it --
 17 the person who was affected, and transport them safely
 18 to one of those units. And we'd actually invested,
 19 through the Welsh Ambulance Service in the arrangements
 20 to make that happen.

21 **Q.** But the arrangements were not adequate, were they? That
 22 was the concern that was expressed at the committee that
 23 you set up?

24 **A.** That's why I was concerned that we should have such
 25 an establishment in Wales, exactly.

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1 So it wasn't a question of the committee saying, "We
 2 are adequately prepared because we can make arrangements
 3 for contacts to be traced in England or for somebody
 4 infected with monkeypox to be treated or managed in
 5 England", the Welsh response was not adequate; isn't
 6 that the reality?

7 **A.** Well, it was adequate in that if we had somebody we
 8 would -- we had the arrangements to get them to an HCID
 9 facility. That was -- that would have solved the issue,
 10 that would have provided the support to that person.
 11 But it would be a better system -- perhaps
 12 a strengthened system might be a better way of putting
 13 it than an inadequate system -- we were trying to
 14 strengthen our system.

15 **Q.** Well, could we have, please, INQ000177379 up, please, on
 16 page 1.

17 You can see that the email is addressed to David, so
 18 David Goulding.

19 If you could just cast your eyes down, please, the
 20 page, Sir Frank, to the reference to monkeypox case.

21 **A.** Yes.

22 **Q.** So in the context of how the system had been tested by
 23 recent events where two Welsh residents from west Wales
 24 who were low risk contacts had come to the attention of
 25 the NHS:

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1 "... at the planning meeting ... to confirm how we
2 would respond to one or both residents becoming unwell
3 it became clear that we were not adequately prepared for
4 such an incident."

5 So this debate was not phrased in terms of "Well,
6 we're doing fine but we can do even better", it was
7 "We are not adequately prepared"; that's not the same,
8 is it?

9 **A.** Well, I accept your point, but you know, I -- perhaps it
10 was an inelegant wording on my part. We could certainly
11 have responded to those patients, because we had robust
12 plans to get them to an HCID unit. What I perhaps
13 should have said is "adequately resourced to manage such
14 an incident in Wales", which is what we were trying to
15 set up.

16 **Q.** Well, let's have a look at the minutes, INQ000177380,
17 please.

18 At page 3, at paragraph 4.2, there is a reference to
19 an issue relating to care homes.

20 **A.** Yes. Which paragraph, please?

21 **Q.** 4.2:

22 "CMO ..."

23 Is that you?

24 **A.** That's me, yes.

25 **Q.** "... expressed concerns [about] the preparedness of

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1 In relation to infections, page 4, paragraph 5.2,
2 please, "High Consequence Infections (Presentation)":

3 "CMO ..."

4 Is that you?

5 **A.** I think we've established that.

6 **Q.** "... acknowledged there were significant questions
7 around the preparedness of NHS Wales to deal with
8 a similar situation ..."

9 One monkeypox case and two contacts.

10 "... and to be able to manage an infected case at
11 one of our acute hospitals for at least 24 hours."

12 So you weren't saying there, "It's all fine, may we
13 please have more robust plans", which is the phrase you
14 used a few moments ago, you acknowledged there were
15 significant questions about the preparedness of
16 NHS Wales, of the Welsh NHS, to deal with this limited
17 case of a monkeypox infection?

18 **A.** Purely -- yeah, I accept the point absolutely, but it
19 was because monkeypox was defined as a high-consequence
20 infectious disease and we were not geared up to provide
21 all the facilities needed, all the staffing, all the
22 arrangements to provide treatment for an HCID in Wales,
23 and I felt that was a gap in our armour which we should
24 improve.

25 **Q.** So by contrast to the catastrophic consequences of

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1 care homes and in particular the arrangements for
2 antivirals."

3 This was in the context of seasonal flu, was it not?

4 **A.** It was, yes.

5 **Q.** So in relation to seasonal flu, for which there is
6 necessarily antiviral in existence and vaccines and
7 a national flu service, you were expressing concerns
8 about the ability of care homes and the arrangements for
9 antivirals in that limited context?

10 **A.** Yes. Can I expand on that, my Lady? Would that help?

11 **Q.** Please.

12 **A.** So, in Wales, we do have arrangements for provision of
13 antivirals into care homes when we have seasonal flu.
14 It's rather a laborious process, in that it involves
15 getting general practitioners involved and that is
16 a real draw on their time. I had come across from
17 Canada where I'd been working in similar environments,
18 but in Canada we had a much more robust system, I felt,
19 where care homes had pre-authorisation to distribute
20 antivirals on the say-so of a CMO or a medical officer,
21 and it was a much, much more streamlined process, and
22 I had discussed with ML, the -- bringing that process
23 into Wales. So that was the nature of the discussion at
24 the HPAG meeting. Thank you.

25 **Q.** All right. That's care homes.

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1 Covid, which in essence is a highly infectious disease,
2 just not, terminologically, a high consequence one, with
3 catastrophic consequences, there wasn't just a gap,
4 there was a yawning chasm in terms of preparedness; the
5 Welsh NHS couldn't even deal with a single limited
6 contact HCID case?

7 **A.** Well, I think they're very different things, the -- if
8 you remember, to go back, at the start of the pandemic,
9 because we knew very little about coronavirus, the novel
10 coronavirus, it was managed initially as
11 a high-consequence infectious disease and patients were
12 transferred to London or Newcastle, the first few
13 patients. Beyond that, of course, it became downgraded
14 from a high-consequence infectious disease to a disease
15 which should be able to be managed and could be managed
16 within hospitals that had adequate infection control
17 procedures and normal hospital secondary and tertiary
18 care facilities.

19 So there is a very significant difference between
20 the one case of Ebola or monkeypox and a large number of
21 flu cases, which we were absolutely geared up to deal
22 with, or indeed, subsequently, the coronavirus cases.

23 So I accept your point that we were not adequately
24 prepared for high-consequence infectious diseases, which
25 is why I raised it with the HPAG and tried to move that

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1 to -- and in fact we've made some investment through the
 2 national health protection system to actually start to
 3 address that.

4 **Q.** What general concerns did the committee express about
 5 the absence of testing capacity in Wales and its current
 6 microbiology estate, that is to say the structural, the
 7 system for dealing with new testing technologies and
 8 testing diagnoses and frontline support?

9 **A.** Well, I don't think the committee commented specifically
 10 on that. Remember the committee was to give advice to
 11 me. But I had had discussions with Public Health Wales
 12 colleagues about our adequacy in those regards, and we'd
 13 sought some additional investment to try to strengthen
 14 again those processes in Wales. I think we sought extra
 15 resources from the minister in 2019 and then
 16 subsequently in 2020 when the pandemic hit.

17 **Q.** Could we have INQ000177362, please.

18 This was a paper prepared for the committee in
 19 July 2019, six months before the pandemic struck.
 20 Page 1, at paragraph 4:
 21 "The current microbiology/infection services in
 22 Wales are fragile and are struggling to deliver on a day
 23 to day basis the prevention, early diagnosis and
 24 frontline support that professionals and the public
 25 require."

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1 we can see here, did it not?

2 **A.** There was a fragility that we had to address, and that's
 3 why in 2019 we tried to start to address it.

4 **Q.** Final questions, please.

5 In relation to inequalities and appreciating,
 6 of course, that as the Chief Medical Officer Wales you
 7 are not the minister for health and social services, can
 8 you recall any focus being paid at any time, either in
 9 terms of the guidance or the policy documentation or the
 10 procedures which came before you, upon -- the impact on
 11 those who suffer from societal or ethnic inequality of
 12 all this planning, other than in relation to the obvious
 13 point that there will always be clinical risk involved,
 14 and obviously pandemics and disease outbreaks affect
 15 everybody differently, clinically?

16 Can you recall any debate at all about a wider
 17 consideration of societal or ethnic inequality?

18 **A.** So the one I can recall there being quite a bit of
 19 discussion about was about how we -- and this is not
 20 specific to pandemics, but how we in any civil
 21 contingencies issue, whether it's flooding or flu or
 22 anything, how we kind of identify vulnerable people and
 23 target resources towards those vulnerabilities.

24 So there had been quite a bit of work in Wales about
 25 how we map vulnerabilities and how we -- and in fact

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1 Is that not a major concern?

2 **A.** It was a major concern. That's why I was raising it so
 3 that we could get extra, additional investment to
 4 address it.

5 **Q.** Was additional investment provided within the six months
 6 following this paper?

7 **A.** I believe it was. We provided -- we put advice to the
 8 minister and the minister provided some additional
 9 resources. We also moved some resources within Public
 10 Health Wales. So I think an additional 1.5 to
 11 £2 million was invested in our laboratory capacity and
 12 in the workforce capacity needed to deal with major
 13 outbreaks and incidents.

14 **Q.** Sir Frank, that money may well have been attributed --
 15 directed towards the fragile microbiology infection
 16 services in Wales; were any additional testing processes
 17 or personnel for testing made available by the end of
 18 December 2019?

19 **A.** Well, I don't know about the recruitment process that
 20 went through, but certainly the funding was -- in 2019
 21 was put in -- was intended to improve the testing
 22 specifically around genomic testing of pathogens.

23 **Q.** By the onset of the pandemic, the entire testing
 24 provision, the microbiological, the genomic, the
 25 diagnostic testing system in Wales remained fragile, as

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1 what transpired, as I recall from the discussions, is
 2 that every different organisation had different methods
 3 of doing it. And where I think we landed was that there
 4 was a need for a common approach to vulnerability
 5 mapping of vulnerable individuals and vulnerable groups
 6 in society who might need additional support on top of
 7 the support you give through any major incident.

8 **MR KEITH:** All right, thank you.

9 My Lady, those are all my questions. You have
 10 granted permission for a number of areas to be explored
 11 by the legal representative for Covid-19 Bereaved
 12 Families for Justice Cymru.

13 **LADY HALLETT:** Thank you. Ms Heaven.

14 **Questions from MS HEAVEN**

15 **MS HEAVEN:** Thank you, my Lady.

16 Sir Frank, I'm just over here, right of the pillar.
 17 My name is Kirsten Heaven and I represent the Covid-19
 18 Bereaved Families for Justice Cymru.

19 I just want to explore two topics with you, the
 20 first one is a bit more, please, in relation to
 21 infection control. Obviously you'll understand that
 22 this is a matter close to the heart of many of those
 23 whom I represent, particularly in the context of those
 24 who contracted Covid-19 and went on to die in the
 25 context of hospital-acquired infection.

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1 I first want to ask you in particular about
2 a document, so can we bring up, please, INQ000145726.

3 So if we just scroll down, we can see this is
4 a document entitled "Healthcare Associated Infections --
5 A Strategy for Hospitals in Wales", and we can see it's
6 a Welsh Assembly government document.

7 Now, just to give you a bit of background, we know
8 that this is a document from 2004, so clearly it's
9 a very long time before you come into post in 2016. But
10 if we just look, if we just turn to the first page,
11 please.

12 (Pause)

13 **LADY HALLETT:** We've got it on our screen.

14 **MS HEAVEN:** Have you? Sorry, it's not showing on my screen.
15 Okay.

16 So we can see that there is a foreword here and it's
17 explaining that there is a healthcare-associated
18 infection, some patients will become infected as a major
19 consequence of another illness, and it's talking about
20 a strategy being developed by the Welsh Healthcare
21 Associated Infection sub-group of the Committee for the
22 Control of Communicable disease, and essentially it's
23 setting out a strategy to be applied in local NHS trusts
24 in Wales, to essentially improve infection control in
25 Welsh hospitals.

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1 **Q.** Okay. So what this document essentially is saying is
2 that some lessons needed to be learnt as a result of the
3 SARS outbreak in 2004, and I'm not going to read it all
4 out because the Inquiry has it there before them, but
5 what it makes clear is:

6 "The SARS outbreak has thus provided us with
7 a timely reminder that not only should sound and
8 evidence-based infection control policies be in place
9 but considerable attention must be paid to ensuring that
10 they are rigorously and consistently applied. This
11 requires a sound understanding and commitment to
12 effective infection prevention and control practice
13 among staff [in] the healthcare system. This strategy
14 focuses on the development of systems to achieve this
15 objective."

16 So that was the clear recommendation coming out in
17 2004, that there needed to be systemic policies
18 developed within infection control.

19 Now, just fast forwarding then to 2014, you have
20 been taken to the Wales Framework for Managing Major
21 Infectious Disease Emergencies, so just to complete the
22 picture if we could get that document up, please.

23 It's INQ000184289, and it's page 13.

24 So it's internal page 13. Now, you have been asked
25 in detail about this document. I want to focus on the

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1 First question: did that subgroup on -- the
2 Committee for the Control of Communicable disease, did
3 that exist in 2016, do you know?

4 **A.** I don't recall it. I don't recall a group of that name,
5 but we did have various groups look at
6 healthcare-associated infections, yes.

7 **Q.** If we just scroll down then briefly to internal page 4,
8 do you have that there?

9 **A.** Okay.

10 **Q.** So we can see there that in the basic introduction:

11 "Healthcare associated infections continue to cause
12 substantial patient morbidity and cost to the health
13 service."

14 It's explained in the second paragraph that there is
15 a reference there to an *Improving Health in Wales*
16 document from 2000, which is essentially the inspiration
17 for this document in order -- setting out clinical tools
18 for the management of infection control.

19 So if we can turn then internally to page 25, do you
20 have that there?

21 **A.** I have a page, I can't tell what number it is, but yes.

22 **Q.** So page 25, this is what I want to ask you about, is
23 "Some lessons from the Severe Acute Respiratory Syndrome
24 (SARS) outbreak", paragraph 1.5. Do you see that there?

25 **A.** Yeah.

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1 very last bullet point, which says this:

2 "All hospitals need to establish ways of caring for
3 large numbers of infectious patients on a scale outside
4 their normal experience, including those requiring high
5 dependency care."

6 Can you see that there?

7 **A.** Yes, yes.

8 **Q.** So you have been asked about the adequacy of Wales'
9 ability to respond to one or two cases of an HCID, but
10 in 2014, following on from the SARS recommendations, it
11 was recognised, wasn't it, that there was a need for
12 hospitals to deal with large numbers of infectious
13 patients, not just one or two?

14 **A.** That's certainly the case, and of course we see that
15 every year with pandemic -- with seasonal flu outbreaks,
16 indeed.

17 **Q.** So when you came into your post in 2016, can you just
18 assist the Inquiry with what personal steps, if any, did
19 you take to ascertain the state of infection control
20 generally in Welsh hospitals?

21 **A.** So when I arrived quite early on I actually chaired
22 a group which was looking at antimicrobial resistance,
23 and also healthcare-associated infections. I co-chaired
24 that with one of the medical directors from one of the
25 local health boards, and that group was subsequently

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1 taken over by the Deputy Chief Medical Officer, who was
2 reporting to me.

3 So we did have, through all of the time that I've
4 been the Chief Medical Officer, and continue to have,
5 a very strong focus, I would say, on HCAs,
6 healthcare-associated infections. We have the
7 structures in place, we have the guidance in place to
8 hospitals as to what they should be doing around HCAs
9 and infection prevention. We monitor that as
10 Welsh Government, the Health and Social Services Group
11 monitored it very carefully through the monthly returns
12 from health boards and from -- through a process called
13 the JET, that's the joint executive team meetings, where
14 we meet with the executive of each health board twice
15 a year and we look at -- well, a range of issues but
16 including infection control issues.

17 And it's why I in 2016, when I saw the lack of total
18 provision of infection control isolation rooms across
19 Wales, why I personally put so much time and effort into
20 trying to get the resources to be able to make sure that
21 every hospital and every health facility had the ability
22 to deal with those.

23 But more fundamentally, I was regularly in contact
24 with -- in common with my colleague, the Chief Nursing
25 Officer, at the time, and we wrote repeatedly I think to

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1 HCIDs to be safely transferred to English facilities for
2 treatment.

3 **Q.** Just one final point in relation to NERVTAG, please.
4 You've just explained a moment ago that Wales didn't
5 have a role in NERVTAG. I think we understand from the
6 evidence that we're likely to hear from Andrew Goodall
7 that Wales played an observer status.

8 We can see in documents in 2016 NERVTAG are making
9 recommendations about the need for FFP3 masks, and more
10 general masks, to be available in all hospitals,
11 communities and ambulance and social care staff
12 services.

13 In 2016 and onwards, were you personally aware,
14 then, of the recommendations that were being made by
15 NERVTAG in particular in relation to masks that I've
16 just described?

17 **A.** Well, I don't recall seeing that recommendation. I'd
18 have to have a look at it.

19 **Q.** But don't you need to know, in your role as CMO, if
20 NERVTAG are making recommendations? Isn't that
21 something you need to know?

22 **A.** I would expect to have been informed of that, and
23 I would expect that the systems in Wales would have
24 picked that up and would know about that. As to whether
25 we were a member or had observer status, I can't recall.

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1 chief nurses, to medical directors, reminding them of
2 their responsibilities, and we actually established --
3 I think it was in 20 -- I can't remember which year, but
4 we established a workshop, probably it was early 2019
5 actually, to look at the issue of HCAI and our health
6 protection system, and that's what led to the investment
7 that we've just been talking about with Mr Keith.

8 So, you know, you ask what personally I've done,
9 I think I've tried very hard to make sure that HCAI
10 remains an important consideration within the health
11 system and that we have the ability to deal with it.

12 **Q.** But we've seen that the recommendation in 2004 was in
13 relation to SARS, that was an HCID, wasn't it?

14 **A.** It would have been an HCID, yes.

15 **Q.** Yet it was only in 2019 that you were raising concerns
16 in relation to monkeypox and other HCIDs?

17 **A.** Yeah, so --

18 **Q.** Quite a delay, wasn't it?

19 **A.** Well, I'm talking about the generality of infection
20 control in hospitals and that's a really important
21 issue, and I thought that's what you were referring to.
22 But if your point is that we didn't have an HCID
23 facility in Wales until, you know, up until 2019, that
24 is correct. Correct. But we did have, of course, as
25 I've previously outlined, arrangements for patients with

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1 Some of the groups in the UK we had observer status, and
2 it may well be the case that we did have observer status
3 in NERVTAG, in which case, my Lady, I apologise for my
4 earlier statement, but we can check that.

5 **Q.** But, to be clear, you never attended a NERVTAG meeting
6 directly yourself?

7 **A.** I did not, no.

8 **MS HEAVEN:** Thank you very much, my Lady.

9 Questions from THE CHAIR

10 **LADY HALLETT:** Thank you, Ms Heaven.

11 One question from me, Sir Frank. You described
12 almost at the very beginning of your evidence that the
13 Office of the Chief Medical Officer when you first
14 started sounded like it was pretty under-resourced.

15 **A.** Yes.

16 **LADY HALLETT:** It got the resources when we went into the
17 pandemic, so what did it go from to?

18 **A.** Well, essentially, my Lady, I had secretarial support
19 and personal administration support, you know, but what
20 transpired at the start of the pandemic is things moved
21 very, very quickly and we very rapidly realised that we
22 were drowning under the sea of information, we couldn't
23 manage the information flows, couldn't even manage
24 emails. So that led to a process, over a period of
25 time, with me working with the Director General, who

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1 you're about to speak to, to try to get some additional
2 resource. So that was the process we went through.
3 **LADY HALLETT:** So basically the getting the additional
4 resource was an acknowledgement you were under-resourced
5 in the first place?

6 **A.** I would agree with that, thank you.

7 **LADY HALLETT:** Thank you.

8 **MR KEITH:** My Lady, may I just correct one matter, which
9 that I put to Sir Frank that we had not received the
10 Health and Social Services Group risk register. The
11 Welsh Government has kindly informed us that they did
12 provide it, in fact, last Thursday, but I regret to say
13 that it didn't pop out the far end of the material
14 provider disclosure process in time for my learned
15 friend, Mr Sharma, and myself to be aware of it.

16 **LADY HALLETT:** Thank you very much.

17 Thank you, Sir Frank.

18 **MR KEITH:** I should have said my learned friend Ms Spector,
19 not Mr Sharma.

20 **(The witness withdrew)**

21 **MR KEITH:** My Lady, the next witness is Dr Andrew Goodall,
22 the Permanent Secretary to the Welsh Government.

23 **DR ANDREW GOODALL (sworn)**

24 **Questions from LEAD COUNSEL TO THE INQUIRY**

25 **MR KEITH:** Good afternoon. Could you give the Inquiry,

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1 **Q.** Before that, were you Director General of Health and
2 Social Services, and therefore also the Chief Executive
3 of NHS Wales, posts which you held between June 2014 and
4 November 2021?

5 **A.** Yes, that's correct, and I was discharging that role
6 during this particular period, yes.

7 **Q.** Which is why, of course, the previous witness,
8 Sir Frank Atherton, referred to you in the run-up to the
9 pandemic as being the Director General of Health and
10 Social Services.

11 **A.** Indeed, that's correct.

12 **Q.** Could we start, please, with a crash course in Welsh
13 constitutional matters, and the role of the
14 Welsh Parliament, formerly the National Assembly for
15 Wales, the role of the Welsh Government, formerly the
16 Assembly Government, and where health, public health and
17 civil contingencies come in the devolved nature of
18 things.

19 So, there was, under the Government of Wales Act
20 1998, a National Assembly for Wales established; is that
21 correct?

22 **A.** Yes, that's correct.

23 **Q.** Within that National Assembly, was there an executive
24 known as a cabinet or an executive committee which
25 comprised members of the Assembly?

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1 please, your full name.

2 **A.** My name is Andrew Goodall.

3 **Q.** Dr Goodall, could you remember to keep your voice up as
4 you give evidence, please, for our purposes and also for
5 our hard-working stenographer. I believe, my Lady,
6 we'll be sitting until shortly before 5 o'clock, so
7 there won't be a break this afternoon of which you can
8 take advantage but there may be tomorrow. You will,
9 I'm afraid, be giving evidence tomorrow morning as well.
10 It's impossible to conclude your evidence tonight.

11 You have provided three witness statements, have you
12 not, variously dated 14 March 2023, 20 April 2023 and
13 20 April 2023?

14 **A.** Yes, I have.

15 **Q.** I think it's fair to say, Dr Goodall, you have strained
16 every sinew to provide us with as much information as
17 you can about the workings of the Welsh Government.
18 Each of those statements is true, is it not, and you
19 have appended your signature to each of them?

20 **A.** It is true, and I've appended my signature.

21 **Q.** Thank you.

22 You are currently the Permanent Secretary, the sole
23 Permanent Secretary to the Welsh Government, are you
24 not?

25 **A.** I am. I took up that post in November 2021.

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1 **A.** Yes, that's correct.

2 **Q.** In 1999, a broad range of functions previously exercised
3 by ministers of the Crown for the United Kingdom in
4 London, were transferred by way of a series of Orders in
5 Council to the executive, the cabinet or the executive
6 committee in Wales; is that correct?

7 **A.** Yes.

8 **Q.** And were they the (Transfer of Functions) Order -- or
9 orders -- of 1999 and following?

10 **A.** Yes, they were.

11 **Q.** In 2014, under the Wales Act, did the name of the
12 Welsh Assembly government become changed or get changed
13 to the Welsh Government?

14 **A.** Yes, it did, it changed to Welsh Government.

15 **Q.** In 2020, did the name of the National Assembly for Wales
16 change to the Senedd or Welsh Parliament?

17 **A.** Yes, those changes happened in 2020.

18 **Q.** So, over the course of time, the nomenclature as well as
19 the functions of the cabinet or the executive committee,
20 in essence the Welsh Government, have changed quite
21 considerably, have they not?

22 **A.** Yes, indeed, they have changed significantly, in
23 particular when the opportunity to be able to make its
24 own legislation came through.

25 **Q.** Was that because until the Government of Wales Act 2006,

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1 the National Assembly for Wales was unable to make its
 2 own primary legislation?
 3 **A.** Yes, that's correct.
 4 **Q.** So the current position is this: that in the
 5 Welsh Government there is a First Minister who leads the
 6 Welsh Government; is that correct?
 7 **A.** Yes, that's correct.
 8 **Q.** There are a number of Welsh ministers equivalent to what
 9 one might call senior ministers in the United Kingdom
 10 Government in London and deputy Welsh ministers
 11 equivalent to junior ministers in the United Kingdom
 12 Government?
 13 **A.** Yes, that's correct. Their names have changed over the
 14 years but broadly it will be the same, yes.
 15 **Q.** There is at the apex of the administration of the
 16 Welsh Government a permanent secretary, and that is you?
 17 **A.** Yes, I lead and manage the civil service, yes.
 18 **Q.** So you're, I suppose, one might call the equivalent
 19 amalgamation, perhaps, of head of the civil service in
 20 Wales, the Cabinet Secretary, the administrative chief
 21 executive, you are the permanent secretary who is
 22 subject only to ministerial control?
 23 **A.** Yes, that would be true of my successors, myself from
 24 2021 of course and, yes, my role would include acting as
 25 the principal accounting officer for the organisation,

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1 for a closer contact amongst both officials and also
 2 amongst ministers. It means that irrespective of
 3 working in an individual portfolio, for example in
 4 health, you have an awareness of the broader workings of
 5 government, including on other policy matters. I think
 6 it does create a network of confidence and trust,
 7 colleagues get to know each other. It also extends out
 8 beyond just the workings within Welsh government,
 9 because it translates into the way in which we work
 10 across other agencies and other networks in Wales as
 11 well. So there is an intimacy about that system
 12 internally for Welsh government, as well as outside.
 13 **Q.** Dr Goodall, you speak very fast, and I didn't in fact
 14 ask you at the beginning to speak more slowly or to
 15 ensure that you speak slowly. Could you please do so,
 16 however.
 17 **A.** Of course.
 18 **Q.** It's very difficult for the very skilled stenographer to
 19 keep up with that level of speech.
 20 Just to identify the major moving parts at the
 21 highest level of the Welsh Government, is there
 22 a Welsh Government board which provides strategic advice
 23 and assurance to you, the permanent secretary?
 24 **A.** Yes, I would distinguish its role, aside of course from
 25 the cabinet and the political oversight, which also will

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1 and also acting as the first adviser to the
 2 First Minister and the cabinet as well.
 3 **Q.** We've seen from the relevant paperwork that Wales does
 4 not have ministries. It has, for the purposes of
 5 carrying out its functions, a number of departments
 6 known as directorates?
 7 **A.** Yes.
 8 **Q.** Is that why we've seen, of course, from the context of
 9 health emergencies, repeated references to the Health
 10 and Social Services directorate?
 11 **A.** Indeed, the Health and Social Services Group, and I was
 12 the Director General of that group.
 13 **Q.** Indeed, until you became the permanent secretary.
 14 In your witness statement, one of your witness
 15 statements, you say this:
 16 "Despite the range of responsibilities, the
 17 Welsh Government is, and in my experience always has
 18 been, a compact administration. Welsh Ministers and
 19 senior officials are 'under one roof' and frequently in
 20 the same room together."
 21 What consequences have flowed from that, Dr Goodall,
 22 in terms of the way in which the Welsh Government has
 23 been able historically to make decisions?
 24 **A.** As I've experienced it, through this particular period
 25 but of course subsequently as well, I think it allows

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1 oversee the delivery of civil service priorities in
 2 Wales, but the Welsh Government board has a role to help
 3 me discharge my principal accounting officer role. It
 4 provides assurance, it helps us with the outlook and the
 5 strategic direction of the organisation. In simple
 6 terms, it allows me to lead and manage the organisation.
 7 **Q.** Do you also have the benefit of an executive committee,
 8 which is both an operational and strategic
 9 decision-making body within the civil service in Wales,
 10 no doubt staffed by heads of the directorates, and other
 11 officials, and chaired by you?
 12 **A.** Yes, we have an executive committee, I chair it, and
 13 that really acts as the decision-making mechanism for
 14 the civil service.
 15 **Q.** Finally, is there -- and this will become relevant
 16 later -- something called ARAC, the Audit and Risk
 17 Assurance Committee, which assists you to discharge the
 18 functions to which you made reference a moment or two
 19 ago as the principal accounting officer to the Senedd.
 20 You are responsible to the Senedd as the principal
 21 accounting officer for the entirety of the Welsh
 22 non-ministerial administration?
 23 **A.** Yes, the audit and risk committee supports the, again,
 24 discharge of the risk areas in the organisation, the
 25 annual accounts process, and brings together

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1 non-executive members alongside directors and officials
2 in the organisation.

3 **Q.** Devolution.

4 The Inquiry is now very familiar with the
5 distinction between devolved and reserved matters. Are
6 health services in Wales almost entirely devolved, which
7 means that they are within the responsibility of the
8 Welsh ministers and the Welsh civil service?

9 **A.** Yeah, yes, they are almost entirely devolved, I would
10 describe them as devolved. There are some exceptions
11 around some specialist areas which will occur on a UK
12 basis but, yes, they are devolved responsibilities.

13 **Q.** By contrast at the beginning civil contingencies were
14 not all devolved, were they?

15 **A.** No, they weren't all devolved. Clearly there were Welsh
16 responses from first responders through to government,
17 but they weren't all devolved responsibilities at the
18 time back in 2004.

19 **Q.** That is a reference, isn't it, to the Civil
20 Contingencies Act of 2004 of that year, because that was
21 a single legislative framework or provided for a single
22 legislative framework for both England and Wales along
23 with the statute itself, the provisions in the statute,
24 and also the statutory and non-statutory guidance which
25 was produced alongside the Act?

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1 was the government on the ground, so to speak, dealing
2 with public health, dealing with local emergencies --
3 because of course they arose locally -- it had to take
4 up the role of acting **de facto** as a responder under the
5 Civil Contingencies Act, even though that was a piece of
6 UK legislation and even though it wasn't formally
7 a devolved matter?

8 **A.** Yes, it would have a co-ordination and support role, but
9 because of its discharge of devolved responsibilities
10 through ministers, it needed to have clarity on its
11 involvement. In many respects, a lot of that leadership
12 had been discharged in the Wales resilience fora from at
13 least 2003, so Welsh Government was trying to ensure
14 that it was able to give that co-ordination role, but
15 again we needed to make sure that the powers were much
16 clearer, which is what happened in 2018.

17 **Q.** Could we look, please, just at one of those reports to
18 which I have referred, the reports on civil
19 contingencies which preceded the Transfer of Functions
20 Order. It's a report dated 6 December 2012,
21 INQ000107113. Perhaps we could pick it up at page 4,
22 please.

23 Dr Goodall, I'm putting this page to you because,
24 although this is dated 6 December 2012, over ten years
25 ago, I'm going to suggest in due course that some of the

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1 **A.** Yes, that's correct, and it also gave us equivalence
2 around support arrangements like local resilience fora.

3 **Q.** Historically under that Act were a number of regulations
4 made, by way of secondary legislation, which applied to
5 both England and Wales?

6 **A.** Yes, they were.

7 **Q.** In the fullness of time, however, and following a number
8 of reports into civil contingencies in Wales and notably
9 a commission on devolution in Wales, the Silk Commission
10 in 2014, was there a major change in 2018, primarily
11 through the Welsh Ministers (Transfer of Functions)
12 Order which gave -- at least for the purposes of the
13 first part of the Civil Contingencies Act, part 1, the
14 2004 Act -- powers exclusively by way of devolved
15 matters to the Welsh Government?

16 **A.** Yes, whilst it left part 2 arrangements still at the UK
17 level, those were the arrangements that came over for
18 part 1 in 2018, and reflected a lot of support to want
19 to be able to transfer over those functions very clearly
20 into Wales, because the previous arrangements probably
21 had Welsh Government acting in a **de facto** leadership
22 function and role, but actually the legislation was able
23 to make that very clear.

24 **Q.** By that, do you mean that from 2010 onwards and until
25 2018 the Welsh Government appreciated that, because it

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1 problems and concerns identified back then are still
2 relevant to this Inquiry's consideration of the run-up
3 to the pandemic, even though this report was prepared at
4 a time when the Welsh Government had, pre-transfer of
5 devolved functions, a very different role.

6 The recommendations were these:

7 "Many of the arrangements to deliver the Civil
8 Contingencies Act 2004 work well but the role of the
9 Welsh Government is unclear and there are opportunities
10 for increased efficiency in local delivery.

11 "Complex leadership arrangements have not prevented
12 the Welsh Government from providing effective support
13 for the partners delivering the Civil Contingencies Act
14 2004."

15 Is that the **de facto** role to which you've referred?

16 **A.** Yes, that's what I would have been describing.

17 **Q.** But:

18 "Too many emergency planning groups and unclear
19 accountabilities add inefficiency to the already complex
20 Resilience Framework."

21 Could I perhaps go straight to the heart of the line
22 of questioning, which I'll develop over the next two or
23 three hours, and ask you this, which is: do you believe,
24 looking back, that that problem identified in 2012 was
25 adequately addressed? By 2020 had that inefficiency and

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1 overcomplexity been rooted out of the Welsh civil
 2 contingencies structures, or do you think they remained?
 3 **A.** I think we had addressed that in part in terms of
 4 allowing the Welsh Government role to be much clearer,
 5 particularly where ministers would have expectations to
 6 oversee public services and discharge their
 7 responsibilities. I think that there is an inevitable
 8 complexity about bringing agencies around the table who
 9 have a series of different reporting arrangements up and
 10 through to UK departments -- there are non-devolved
 11 responsibilities, for example the police -- and I don't
 12 feel that any of that has got in the way of creating
 13 partnerships and relationships in Wales.

14 But, in simple terms, we rely on an emergency
 15 response that is driven from a Wales Resilience Forum
 16 structure and is supported by for local resilience fora
 17 areas. I think the complexity, of course, is every
 18 first responder having their own statutory
 19 responsibility -- which means 22 local authorities, four
 20 police forces, ten health organisations -- and I think
 21 that probably does start to steer some other
 22 difficulties. But I think we were at least able to
 23 address an understanding of Welsh Government's role, but
 24 I do think that some of the supporting arrangements in
 25 place up through local resilience fora arrangements

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1 become an embedded part of our machinery.

2 I think the interrelationship between the use of
 3 different frameworks and plans at different times for me
 4 would be an issue. We actually had tidied up some of
 5 those arrangements, even back I think in around 2012 --
 6 because the infectious disease framework, as an example,
 7 was an amalgam of four previous plans -- but
 8 nevertheless I think that the interrelationship between
 9 pandemic health and social services responsiveness and
 10 preparedness guidance alongside the infectious disease
 11 plan, alongside the pan-Wales response plan, we still
 12 I think need to make very clear about what parts of
 13 those are working at which moments, and certainly -- in
 14 my own understanding, just to help with the clarity of
 15 the issue -- it's the pan-Wales response plan which is
 16 the overall co-ordinating and guiding hand, if you like,
 17 on the arrangements in Wales.

18 **Q.** Dr Goodall, the paperwork demonstrates that there are
 19 a plethora of different bodies from the Wales Resilience
 20 Forum, the Wales Resilience Partnership Team, the civil
 21 contingencies group, the Welsh Civil Contingencies
 22 Committee, the resilience steering group, STAC, the
 23 tactical(sic) advisory cell, the tactical(sic) advisory
 24 group, the Emergency Coordination Centre, the civil
 25 contingencies and incident response room, the Joint

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1 would still need to have been worked through.

2 **Q.** Your answer appears to address primarily the
 3 arrangements at local level, the local resilience forums
 4 and the strategic co-ordinating groups and the
 5 resilience partnerships and so on, but is that -- isn't
 6 that conclusion on that page of more general
 7 application, that there are too many emergency planning
 8 groups and unclear accountabilities in the resilience
 9 framework, so across the board, so not just at local
 10 forum and strategic co-ordinating group level but within
 11 what has now become a more crystallised part of the
 12 Welsh Government?

13 **A.** I think there are arrangements that work differently
 14 when planning and preparing, which turn into something
 15 different in a response mode. So I would say that we
 16 need to have an understanding of the difference between
 17 those two areas.

18 I think that some of the individual points of
 19 working arrangements that take place and some of the
 20 detailed level of work has inevitably needed a level of
 21 expertise and experience to be applied.

22 So I would have some concerns about the range of
 23 sub-groups that can appear, that can be used
 24 constructively, but we would have needed to have made
 25 sure they had a task and finish focus rather than just

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1 Emergency Services Group, HEPU -- to which we've just
 2 had some evidence directed -- you have the pan-Wales
 3 response plan, there are a multitude of guidance
 4 documents. There was a swine flu, a Wales pandemic
 5 influenza response arrangement, swine flu task and
 6 finish group, a Wales pandemic flu task and finish
 7 group, Wales Pandemic Flu Preparedness Group. I haven't
 8 covered them all.

9 For an administration which prides itself on its
 10 efficiency of movement because of the relative lack of
 11 scale and an administration that operates effectively
 12 under one roof, are there not in fact a plethora of
 13 bodies in this labyrinthine system?

14 **A.** There are many bodies. I think some of those
 15 relationships are probably clearer to me about how they
 16 would work. I think some of them would feel as though
 17 that they were duplicating some of the tasks and
 18 activities, and certainly the balance of what is
 19 discharged nationally as opposed to what is discharged
 20 within those sort of local responders and in the
 21 regional arrangements or the local resilience fora would
 22 also be an issue.

23 But, yes, that's a very significant list of areas,
 24 and looking forward in our "safe and secure Wales"
 25 of course we need to make sure that that is very

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1 explicitly set out, that it is clear and it is also
 2 efficient.
 3 What I also don't want to lose within our
 4 assessment, though, is the times when we do need to,
 5 of course, deal with issues that are a matter of detail.
 6 But again, as I said earlier, I think that needs to be
 7 a philosophy of task and finish rather than ongoing
 8 arrangements.
 9 **LADY HALLETT:** Sorry, I don't follow -- task and finish.
 10 I think I do.
 11 **A.** Yeah, task and finish groups really just to make sure
 12 that they quickly handle an issue. They may have
 13 a cycle of two or three meetings with experience and
 14 expertise around the table, and then come out with
 15 a solution which can be implemented, rather than
 16 an ongoing set of meetings.
 17 **LADY HALLETT:** So it's a response?
 18 **A.** A response, so as an example, if one is working through
 19 a response about excess deaths in the context of
 20 pandemic flu, to ensure that there is a timescale that
 21 is given in order to achieve those and deliver them, and
 22 not just be an ongoing contact point between those
 23 experts.
 24 **MR KEITH:** Task and finish. Following swine flu, the Wales
 25 Resilience Partnership Team agreed that a Wales pandemic

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1 have they?
 2 **A.** They haven't been able to discharge the outcomes on all
 3 of those areas, and we need to understand how, if we
 4 have got to a better place, that we need to be able to
 5 update the guidance at that point rather than try to
 6 keep searching.
 7 **Q.** Please may we not have a terminological debate. They
 8 have not done very well, have they?
 9 **A.** The task and finish groups did not deliver all of the
 10 objectives, they didn't achieve them, no, I agree.
 11 **LADY HALLETT:** They were given the task but they didn't
 12 finish.
 13 **A.** They didn't achieve all of the tasks, my Lady, yes.
 14 **MR KEITH:** Rather defeats the purpose of a task and finish
 15 group, does it not?
 16 **A. (Witness nods)**
 17 **Q.** Could we go back to INQ000107113, please, page 9,
 18 paragraph 13. This is the paragraph which underpins
 19 that conclusion, which is in red at the top of the page,
 20 which I read out from the index page, that the role of
 21 the Welsh Government was unclear and there were
 22 opportunities for increased efficiency in local
 23 delivery.
 24 So in 2012, one of the concerns expressed in this
 25 Welsh Audit Office report concerning civil emergencies

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1 flu task and finish group be established; correct?
 2 **A.** Yes.
 3 **Q.** Following Exercise Cygnus, the Wales Resilience
 4 Partnership Team delegated overall responsibility to the
 5 Wales Pandemic Flu Preparedness Group, and following
 6 Exercise Cygnus the Pandemic Flu Readiness Board was
 7 promulgated, instituted for the purposes of making sure
 8 that that, those recommendations were identified and
 9 finished.
 10 But would you agree that, despite those three
 11 instances of task and finish functions being identified,
 12 not all the recommendations from any of those reviews or
 13 exercises were, in the event, implemented?
 14 **A.** Not all of those were implemented, so --
 15 **Q.** And those committees, those task and finish bodies, took
 16 in some cases a very long time to attempt to ensure that
 17 the relevant recommendations were implemented, did they
 18 not?
 19 **A.** In my view, they took too long to make sure that the
 20 recommendations were implemented, even if there had been
 21 progress on some of those activities and matters and
 22 they were completed.
 23 **Q.** So despite your recourse to the benefit of task and
 24 finish bodies, history and the reality has shown that
 25 they themselves have not really performed terribly well,

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1 in Wales was that there was a distinct need for
 2 increased efficiency in local delivery, that is to say
 3 in the practical application of civil contingencies
 4 arrangements, and that there was a confusion about the
 5 role of the Welsh Government.
 6 I asked you what your view was on this a little
 7 earlier, but we've now had the debate about the task and
 8 finish committees. Would you now perhaps reassess that
 9 some of the problems identified in this report from 2012
 10 continued right up until the onset of the pandemic
 11 because the committee process, the group process, the
 12 structures in the Welsh Government, continued to be in
 13 significant respect inefficient?
 14 **A.** Yes, I would agree with you that there were too many
 15 arrangements in place at that time that may have changed
 16 our focus and what was needed. As I said earlier, I do
 17 think that some of those mechanisms occur because of
 18 preparedness as opposed to the response itself. But,
 19 yes, I would agree that there is an ongoing need to make
 20 sure that we can have a less complex system, yes.
 21 **Q.** Thank you.
 22 Page 10, paragraphs 17 and 18:
 23 "Too many emergency planning groups and unclear
 24 accountabilities add inefficiency to the already complex
 25 resilience framework."

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1 That's the summary I read out earlier.
 2 Paragraph 17 generally says the current structures
 3 lead to inefficiencies at a local level, unnecessary
 4 complexity and unclear accountabilities; and at 18:
 5 "Complex reporting arrangements are leading to
 6 confusion about the roles and responsibilities of the
 7 numerous emergency planning groups and organisations.
 8 The complexity risks fragmentation of resilience
 9 activity with potential overlaps or gaps in the
 10 arrangements for resilience."
 11 That is an astute and precise summary, is it not, of
 12 the Welsh Government's civil contingencies arrangements
 13 between 2012 up to the time of the pandemic?
 14 **A.** I believe we had addressed some of that complexity but,
 15 to take your point, I do agree that we have had too many
 16 examples of duplication and activities happening. Even
 17 as we adopted the Welsh Government responsibilities in
 18 2018, we have probably still not worked our way through
 19 the implications of that transfer of responsibilities by
 20 the time we'd hit the pandemic as well.
 21 **Q.** In essence the Welsh Government was faced with a very
 22 complex strategic conundrum, which was: having been
 23 given a multitude of what had, up to then, been reserved
 24 functions by virtue of the Transfer of Functions Order
 25 in 2018, somehow those new responsibilities had to be

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1 The first body to which you refer, or the first part
 2 of the Welsh Government to which you refer in your
 3 statement is the Welsh Government resilience team.
 4 Could we have, please, the organogram at page 10.
 5 Somewhere -- ah, yes, on the far left of the page,
 6 please, of the diagram, halfway down, Welsh Government
 7 resilience team. Although on this representative
 8 diagram the Welsh Government resilience team is shown as
 9 being outside the Welsh Government box -- the
 10 First Minister's box in the middle of the page, and the
 11 directorate for health and social services, the
 12 Welsh Government resilience team is, we presume, within
 13 the Welsh Government?
 14 **A.** It is within the Welsh Government and it helps the Wales
 15 Resilience Forum to co-ordinate its role, and works with
 16 the other agencies in Wales.
 17 **Q.** Is it within a directorate within the Welsh Government,
 18 or is it a self-standing separate entity?
 19 **A.** It's not self-standing, it's within one of our
 20 directorate structures.
 21 **Q.** Was it originally located within the community safety
 22 division in the human resources group and then
 23 transferred to the community safety division in local
 24 government, then moved to education and public services?
 25 **A.** Yes, that's correct, it stayed in consistent

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1 discharged, and that of course required a great deal of
 2 thought to be given to the best way of setting up the
 3 system, the committees, the groups, the entities, the
 4 responders and so on, to be able to do those new
 5 functions?
 6 **A.** Indeed that's correct, and we had just in 2018 started
 7 to do some of the resilience assurance within the system
 8 in Wales at that point, but were unable to continue with
 9 that as a cycle as we had originally intended, but that
 10 was very early on in the transfer of responsibilities.
 11 **Q.** As a result of, inevitably with all governments,
 12 resource issues, as a result of the diversion of
 13 attention away from civil contingencies planning to the
 14 consequences of a no-deal EU exit, and of course the
 15 impact of the catastrophic pandemic, work was never
 16 allowed to get very far?
 17 **A.** Yes, we haven't yet passed regulations that would
 18 discharge those part 1 responsibilities, as an example,
 19 but certainly, as you say, the EU exit arrangements
 20 ended up being a priority over and above some of the
 21 underlying resilience activities. That's correct.
 22 **Q.** May we now then look at some of the bodies, and see to
 23 what extent that proposition in that paragraph was
 24 justified in terms of unnecessary overlap and at the
 25 same time gaps.

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1 arrangements linked to the local government roles in
 2 particular, yeah.
 3 **Q.** Is it going to stay where it is now or might it move
 4 again, Dr Goodall?
 5 **A.** That team, including an expansion of that team as well,
 6 is still currently located within the same Director
 7 General arrangements, and is still associated around
 8 those public services and local government areas.
 9 **Q.** Do you think it likely that it will remain in the
 10 education and public services group and then within the
 11 sub, community safety division, or is it going to move
 12 again?
 13 **A.** It will be staying within those group arrangements.
 14 **Q.** All right.
 15 There is evidence before my Lady that that
 16 resilience team attempted to procure, or at least the
 17 Welsh Government attempted to procure additional
 18 resources and funding from the United Kingdom Government
 19 in order to better enable the Welsh Government to
 20 discharge those functions, which were transferred --
 21 formerly being reserved functions -- to the
 22 Welsh Government under the (Transfer of Functions) Order
 23 2018.
 24 Are you aware of whether or not those requests for
 25 further resources and funding to deal with these

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1 additional issues were successful?

2 **A.** The transfer of responsibilities happened, but there was
3 no funding that came across with those responsibilities
4 from UK Government, so we had to review those
5 arrangements ourselves at the time.

6 **Q.** I believe there's a witness statement before my Lady
7 from Mr Kilpatrick, who's a senior official in the
8 Welsh Government, in which he compares unfavourably the
9 amount of funding and the staffing levels for the
10 Welsh Government resilience team to the analogous
11 organisation in the Scottish Government.

12 Does the Welsh Government acknowledge that that
13 resilience team is, even by the standards of
14 pre-pandemic and post pandemic civil contingencies
15 planning, under-resourced and undermanned?

16 **A.** It was under-resourced at the time, and it expanded and
17 it has continued to expand, but there are lots of
18 examples in our discharge of our responsibilities in
19 Welsh Government where, irrespective of having a wide
20 range of responsibilities, we still however remain
21 a compact organisation. So I know at the time we did
22 expand the resources for that team. They have
23 subsequently been expanded on the back of experiences
24 including, of course, during the pandemic itself.

25 **Q.** I believe that in 2022 a new directorate was formed

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1 **A.** Yes, we line manage the NHS in Wales and it would form
2 part of those responsibilities, but of course there
3 would need to be, you know, very close liaison and
4 co-ordination in the Welsh Government context.

5 **Q.** There is in Wales a Wales Resilience Forum, which was
6 created in 2003, and I think at least at some stage
7 chaired by the First Minister and made up of senior
8 leaders or partners in the civil contingencies field in
9 Wales, similar to what we've heard is the Scottish
10 Resilience Partnership.

11 Does that Wales Resilience Forum, which is obviously
12 a wider body, still function?

13 **A.** It does still function. Whilst there may on occasion be
14 deputising arrangements for the First Minister, in my
15 experience the First Minister has been the lead minister
16 for that arrangement and has been a routine mechanism
17 for meetings and discussions in Wales, in preparedness
18 and planning mode.

19 **Q.** Our genius technician has flagged up Wales Resilience
20 Forum on the screen. Does that body give direction to
21 another body called the Wales Resilience Forum -- sorry,
22 does the Wales Resilience Forum give strategic direction
23 to what is known as the Wales Resilience Partnership
24 Team?

25 **A.** The Wales Resilience Partnership Team are there to

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1 within the Welsh Government called the Risk, Resilience
2 and Community Safety Directorate; is that correct?

3 **A.** Yes, that's correct.

4 **Q.** Are all resilience functions in the Welsh Government now
5 within that single directorate, for the better purposes
6 of transparency and accountability, or are they still
7 diffusely arranged across the broad spectrum of the
8 government?

9 **A.** They are mainly located there but it doesn't remove the
10 individual responsibilities that are held by ministers
11 and also by directors general for other sectors across
12 Wales. But, as an example, the Health Emergency
13 Planning Unit would still be sat within the health
14 structures as part of supporting the co-ordination of
15 those responses, but that unit has expanded to include
16 areas like cyber security, response, and does act now as
17 the sort of expert facility within the organisation.

18 **Q.** So there is now a primary risk and resilience
19 directorate within the Welsh Government -- so that
20 everybody may know, that is the directorate in charge
21 generally of civil contingencies -- but in the context
22 of health emergencies and civil contingencies, plainly
23 there needs to be another body dealing with health
24 resilience and emergency planning and that is elsewhere
25 in the Welsh Government?

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1 support the function of the Wales resilience fora, so
2 it's where the civil servants are located who will act
3 as the secretariat and who will oversee the arrangements
4 by linking out with the wider system in Wales.

5 **Q.** Can't it just be a single body, Dr Goodall?

6 **A.** The Wales Resilience Forum --

7 **Q.** Forum and the Wales Resilience Partnership Team; if that
8 is simply the operational mirror of the strategic forum,
9 do there have to be two separate bodies?

10 **A.** The Wales Resilience Forum is a meeting which is
11 supported by the team, so it discharges a range of
12 responsibilities, but that is just the supporting team.
13 But they do have a role beyond the secretariat: they
14 of course act to link out to partners and agencies in
15 Wales as well.

16 **Q.** What, then, is the Wales Civil Contingencies Committee
17 on the top right?

18 **A.** The civil contingencies committee will actually meet in
19 the early phase of an emergency response. Rather than
20 being chaired by the First Minister or a designated
21 minister, it will be chaired by a senior official, and
22 that allows it to understand its responsibilities within
23 a response phase of a major incident or an emergency
24 planning issue.

25 **Q.** So what's the difference between the Civil Contingencies

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1 Group, which is the box in the middle of the yellow box
2 in the middle, and the Wales Civil Contingencies
3 Committee?

4 **A.** The Civil Contingencies Group establishes itself in the
5 early stages of an emergency response. The Wales Civil
6 Contingencies Committee is when the triggers have been
7 identified and when we are moving into a proper
8 emergency response, and it acts as a liaison point with
9 Cabinet Office and the UK government arrangements,
10 including, where needed, to give advice up to the COBR
11 arrangements of course.

12 **Q.** What, then, is the resilience steering group, which we
13 may or may not have on the chart?

14 **A.** The resilience steering group is just a smaller subset
15 of colleagues. Because the Wales Civil Contingencies
16 Committee inevitably involves a range of agencies and
17 other colleagues around the table, it's just a small
18 interface that allows the activities from that group
19 just to be taken up to support some of the liaison as
20 well. So the Wales Civil Contingencies Committee is
21 a wider group of colleagues who act to give advice when
22 we are in response mode.

23 **Q.** Coming back to what you said earlier about, I don't
24 know, the doctrinal or theoretical difference between
25 preparedness and response, is this duplication of bodies

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1 context. That wouldn't necessarily happen in every
2 arrangement, but on the basis of the emergency that was
3 under consideration, there may be the need to draw in
4 some more specialist advice at that time, which is when
5 those arrangements came into play.

6 **Q.** But, Dr Goodall, we've heard evidence already this
7 afternoon from Sir Frank Atherton, the CMO, who pointed
8 out to my Lady that there is already a Chief Scientific
9 Adviser for Wales, a Chief Scientific Officer in
10 NHS Wales, a Chief Scientific Adviser, Health, within
11 the Health and Social Services Group, Wales has the
12 benefit of NERVTAG, any learning that comes from SAGE.
13 Why was there a need for yet another body?

14 **A.** To make sure that those experiences could be brought to
15 bear and it would also allow us to use those science
16 experts within Welsh Government as well. So it was just
17 a connecting point, not on every occasion or for every
18 emergency, but when needed.

19 **Q.** But it has a secretariat, it requires funding, it
20 requires people to fill the posts on that cell, and has
21 it not in fact also transmogrified over time because
22 there is now a tactical advice cell and a tactical
23 advice group, both born from and having their genesis in
24 the Scientific and Technical Advice Cell; is that
25 correct?

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1 in part the result of a need to be seen to be having
2 a separate committee that deals with preparedness than
3 that which deals with response?

4 **A.** I mean, generally the approach is --

5 **Q.** My Lady, this is the point that you'll recall Mr Mann
6 and Professor Alexander addressed, what now seems some
7 time ago.

8 **A.** Yes, indeed. For example, the Wales Resilience Forum
9 didn't have a role to discharge within the pandemic
10 response because it was there to prepare and to bring
11 agencies together under the auspices of the
12 First Minister, but, yes, it's to separate out the
13 preparedness from the response arrangements that are
14 operationally occurring at the time.

15 **Q.** There is, in the bottom left-hand corner, a body known
16 as Scientific and Technical Advice Cell, STAC. Are you
17 familiar with that body?

18 **A.** Yes.

19 **Q.** We believe that was set up or at least radically changed
20 in July 2019. Why was that?

21 **A.** Just to try and ensure that, whilst needing to rely on
22 of course advice, science and advice and use the
23 networks at the UK level, that there may well be areas
24 and there were experiences that showed that there was
25 a need to translate advice directly into the Welsh

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1 **A.** Yes, the technical advice cell that was introduced
2 basically is in line with that particular mechanism and
3 was able to discharge advice and support for the areas
4 that were under consideration in Wales during the
5 pandemic response and, yes, it did bring to bear that
6 sort of closer understanding of modelling data and
7 evidence in the Welsh context and in the context of
8 discharging devolved responsibilities.

9 **Q.** But Wales attends SAGE, so why wasn't SAGE and NERVTAG
10 together sufficient? And, if it wasn't, why wasn't STAC
11 sufficient? Why was there a need to have yet a third
12 level of new bodies, the Technical Advisory Cell, TAC,
13 and the Technical Advisory Group, in order to provide
14 a forum for scientific and technical advice which was
15 already being provided by Welsh Government advisers and
16 available from UK entities?

17 **A.** So Welsh Government had an observer status on SAGE,
18 I know that changed over time and during the pandemic,
19 which was helpful in clarifying some of the
20 responsibilities. We did end up converting this
21 arrangement into the technical advice arrangements in
22 Wales through the pandemic response, and I do believe
23 that that allowed us to understand the discharge of
24 responsibilities in the Welsh context, not to recreate
25 all of the SAGE mechanisms but to allow us to just

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1 simply translate the implications of that into the Welsh
 2 context, including the data and the evidence.
 3 **Q.** Finally, what is the difference between the Emergency
 4 Coordination Centre, which we understand is
 5 a Welsh Government -- well, as it says on the tin --
 6 emergency co-ordination centre, and the Civil
 7 Contingencies and Incident Response Team?
 8 **A.** The emergency co-ordinating centre is a physical
 9 response which involves the co-ordination activities and
 10 is located within Welsh Government, and that can be set
 11 up fully or in part on a 24-hour basis if needed during
 12 any emergency response. But it is a physical entity.
 13 In our local resilience fora arrangements across Wales
 14 there are also physical locations where colleagues and
 15 staff do come together to actually oversee and
 16 co-ordinate the different activities.
 17 **Q.** But isn't that what the Civil Contingencies and Incident
 18 Response Team does? It comes together as an incident
 19 response team, and I read from your statement, to "[lead
 20 and facilitate] the Welsh Government's response to civil
 21 emergencies". Well, what's the difference?
 22 **A.** The ECC(W) is the physical establishment of the
 23 centre --
 24 **Q.** It's the building?
 25 **A.** It's the building --

1 **Q.** Ah.
 2 **A.** -- plus where the desks and individuals will be sat, and
 3 discharges that co-ordinating focus within the building.
 4 So it's a physical establishment and was physical during
 5 the pandemic, irrespective of course of other virtual
 6 arrangements.
 7 **Q.** So is the short answer that the Civil Contingencies and
 8 Incident Response Team work in the Emergency
 9 Coordination Centre?
 10 **A.** Indeed.
 11 **LADY HALLETT:** I think that's plenty for today.
 12 **MR KEITH:** My Lady, that's, I think, about as far as I think
 13 any of us can go today. Is that a convenient moment?
 14 **LADY HALLETT:** That's plenty.
 15 I'm sorry we have to break off, Dr Goodall, but
 16 I think you're prepared for it.
 17 **THE WITNESS:** No, my Lady, I understand.
 18 **LADY HALLETT:** I shall return at 10 o'clock tomorrow,
 19 please.
 20 **(4.53 pm)**
 21 **(The hearing adjourned until 10 am**
 22 **on Tuesday, 4 July 2023)**
 23
 24
 25

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