Module 1

Statement of Vaughan Gething M.S.

1st statement

Exhibits:14

21 March 2023

IN THE UK COVID-19 INQUIRY

Before the Right Honourable Baroness Hallett D.B.E

STATEMENT OF VAUGHAN GETHING

I, VAUGHAN GETHING M.S., will say as follows:

Introduction

1. I have to start my evidence by expressing my deepest sympathy to all those who were bereaved as a result of the pandemic and to those who suffered emotional or physical harm. I recognise that for many the pandemic continues have a real and continuing impact upon their physical and emotional health and well-being.

2. The pandemic affected the lives of all of us who live in Wales. My own family, my colleagues at work, the communities that we live in and, above all, the families who lost loved ones. The numbers do not tell the story of loss that is always deeply personal. I am sorry that so many people are no longer with us.

3. The people of Wales made the biggest sacrifices and the biggest difference in keeping Wales safe. People chose overwhelmingly to follow guidance and comply with

unprecedented restrictions on our daily lives. I am grateful for, and proud of, the way that people in public and wider essential services responded. As the Minister for Health and Social Services at the time, I particularly wish to record my gratitude to NHS staff in Wales who served with dedication throughout the pandemic. I would also like to record my thanks to the volunteers who provided support to NHS staff in Wales. I am immensely proud of them. Without their commitment to keep us safe and to keep essential services and businesses running, the harm could have been so much worse. The effort and commitment was more than any of us had a right to expect. I should also make clear that the civil servants who worked in the Welsh Government were an essential component of our national effort. They worked alongside other services and businesses as well as advising ministers on extraordinary choices.

4. The Welsh Ministers have never had to take such extraordinary choices, ones that disrupted the lives and livelihoods of all of our citizens. The consequences of the pandemic on health, social care, the economy and the future of our children and young people are still not wholly clear. We made choices to try and protect people in the present and the future. No choice was easy or free from difficult consequences.

5. I never set out to make or persuade ministerial colleagues to make choices that were different for the sake of being different to other parts of the UK. I agonised over choices and the balance of decisions that we had to make as other ministers did too. Where we made different choices, we did so for the simple reason that we thought they were the right choices for Wales and that they would keep people safe.

6. Far too many families have lost loved ones. I cannot overstate how sorry I am for all of the lives lost. I know that many people still have questions that they want answers for, and an understanding of what we have learned for the future. I am committed to helping the Inquiry to do just that, and to help contribute to learning from our experiences to shape a future response.

The Rule 9 request

7. I understand that a number of requests for information, under rule. 9 of the Inquiries Rules 2006, have been made by the Inquiry in relation to Module 1. I also understand that the

substance of the Welsh Government's preparedness arrangements has been set out in statements, provided by senior officials, in response to those requests.

8. This statement is prepared in response to a request (dated 10 February 2023) (the request) that wishes to draw upon my experience as Minister for Health and Social Services in the period between 2018 and 2020. I have drawn on support from my office in preparing this statement.

Background

9. I have been the Member of the Senedd for Cardiff South and Penarth since 6 May 2011 before which I practised as a solicitor in Cardiff where I was a partner in the firm of Thompsons LLP. I am a member of the GMB, UNISON and Unite unions, and I was the President of the Wales TUC Cymru in 2008. I have previously served as a county councillor, a school governor and a community service volunteer.

10. I first entered the Welsh Government on 26 June 2013 when I was appointed the Deputy Minister for Tackling Poverty. On 11 September 2014 I was appointed Deputy Minister for Health, a position which I held until 19 May 2016 when I became the Cabinet Secretary for Health, Well-being and Sport. In 2018, the name of that portfolio was changed to the Minister for Health and Social Services, but for the purposes of this Inquiry, there was no relevant change in my responsibilities. For ease of reference, I shall use the latter term to describe the post in which I served between 2016 and 2021. I held that office until 13 May 2021 when I was appointed Minister for the Economy.

11. The Minister for Health and Social Services holds a broad range of responsibilities. Although this is not an exhaustive list, my responsibilities included public health; NHS delivery and performance; escalation procedures; receipt of, response to, and direction of reports from Healthcare Inspectorate Wales; oversight of the Welsh Government's relationship with Audit Wales regarding activities relating to the NHS; subject to certain exceptions, medical workforce training and development; research and development in health and social care; mental health services; patient experience and involvement; policy and oversight of the provision of all social service activities of Welsh local authorities; oversight of Social Care Wales; Inspection of, and reporting on, the provision of social

services by Local Authorities (by Care Inspectorate Wales), including joint reviews of social services and responding to reports.

12. Before I became the Minister for Health and Social Services in May 2016, I had no responsibility for, or detailed knowledge of, the Welsh Government's preparedness for a pandemic or a significant public health event. I was not a Member of the Senedd at the time of the Exercise Winter Willow in 2007 or the swine flu pandemic in 2009 and, during my time holding a health portfolio, there had been no significant public health event in Wales before Covid-19 struck in early 2020.

13. Before October 2016 and Exercise Cygnus (which I deal with below), preparedness for a significant health event or even a pandemic was not a risk that was presented to me as a priority challenge that needed to be addressed either when I became a Deputy Minister (in September 2014) or Minister (in May 2016). I do not recall being briefed on preparedness when I was appointed to either of these positions. My memory is that, at the time, preparedness was not a particular focus of interest or concern in government, the Senedd or outside, and I do not remember any significant questioning on the topic either in government, the Senedd, in the media or elsewhere.

14. At this point, it is also worth reflecting on the reality of life as a minister whether in a highly contested portfolio or not. Inevitably, as a new minister in a new department there is a huge amount to learn quickly as well as the work involved in identifying and implementing policy. Even after you have gained some experience in office, you continue to be heavily reliant on the advice from officials across a range of technical areas (including preparedness and resilience).

15. The public-facing political concerns will inevitably demand attention because, if they are not addressed swiftly and effectively, they can divert considerable time and resources and divert ministers and officials from other important matters that may not grab headlines. For example, as the Minister for Health and Social Services I spent a lot of time addressing waiting times for headline treatment and recruitment of staff in media interviews and questions in the Senedd, but those exchanges were less concerned with other practically important questions such as delayed transfers of care. I spent time on that question with

local health boards ("LHBs") and Welsh local authorities because it was a pressing, practical problem that needed addressing.

The request

16. The request asks six questions which I shall answer in turn.

Systems, processes and structures for pandemic preparedness in Wales

17. I have been asked for my general views on the systems, processes and structures for pandemic preparedness in Wales. I have also been asked to what extent, and how, it was integrated with the UK's systems, processes and structures for pandemic preparedness and how, in my view, they could be improved.

18. My views on preparedness in Wales are largely informed by Exercise Cygnus in October 2016 and which I discuss in more detail below. From memory, Exercise Cygnus was the first time I remember being properly briefed on the level of risk that a flu-type pandemic posed to the UK, the rationale for having a considered pandemic response plan and for running an exercise such as Cygnus which involved all governments in the UK and both ministers and officials. I remember that it was not straight-forward to organise for practical reasons such as the pressures of other work.

19. At the time Jeremy Hunt was the UK Government Health Secretary. Although he was, I think, present for the opening of the ministerial engagement element of the exercise, he was absent for the second day. A junior UK Health Minister then took the 'chair' role. My impression was that UK Ministers did not take ministers and officials from the devolved governments seriously.

20. The impression was very much given that ministerial-led discussion in London would largely determine the issue with commentary or affirmation from other governments. It certainly was not an open discussion that treated other governments as equals - whether that was intended or not. The second day made that even plainer where the ministerial call was a conversation in a room in London with observers. It seemed clear to me that officials took relationships between governments much more seriously than UK ministers did.

21. Our pandemic response structures were by necessity integrated with UK-wide systems and processes. Because a pandemic does not recognise borders (whether inside or outside the UK), UK-wide planning is a basic requirement. The sharing of information and advice by scientific and medical advisers was and is also an obvious requirement. Because of the disparity of resources between the UK Government and the Welsh Government, we are to some extent dependent upon scientific and other advice from UK bodies.

22. The relationship between officials is of course also a personal one. The willingness of the four Chief Medical Officers ("CMOs") to share information and trust with each other was important, but it was complicated by the fact that the CMO (England) advises the UK Government on areas where there are UK-wide responsibilities. Before (and, indeed, during) the pandemic I would describe the relationship as constructive and professional between CMOs and Chief Scientific Advisers on Health ("CSAHs"). There was no relationship between the CSAHs and their UK counterparts before the pandemic.

23. The relationship between the very senior level was complicated by our different organisation of the NHS and social care in Wales and England in particular. The Director General for Health and Social Care in the Welsh Government is also the Chief Executive of NHS Wales. At the time it was Dr Andrew Goodall. The Director General of the UK Government department and the Chief Executive of NHS England are different people with the latter – Simon Stevens at the time – being head of an arm's length body. It did not seem to me that either Simon Stevens or the Director General of the UK Health department regarded Andrew Goodall as an equal. No doubt Dr Goodall will have his own reflections. By contrast, we had much more collaborative relationships with Scotland and Northern Ireland.

24. Relationships with UK Government Health ministers were conducted at a junior level. This was an active choice made by the UK Government. I wrote to Jeremy Hunt on a number of occasions over two years when I was the Minister for Health and Social Services and he held the UK Government role. Correspondence was not always answered and was regularly late – as in months - when a reply was provided. I did not meet him on any formal occasion despite requesting to do so. I met him informally by accident when I literally bumped into him at an NHS Confederation event.

25. That pattern was repeated pre-pandemic when Matt Hancock became UK Government Health Secretary. I did not meet him before the pandemic and the timeliness of responses to correspondence did not improve. During these periods there was of course plenty to discuss especially around the prospect of a "No Deal Brexit".

26. Preparations for a potential No Deal Brexit consumed a huge amount of energy and capacity of the Welsh Government. The potentially catastrophic nature of leaving without a deal was a major concern. Medicines' supply, staff recruitment, recognition of qualifications and the legal basis for a range of essential services were all in question. I spent hours reading and signing off new legislation to continue existing provisions of EU law. This is a very practical example of where a minister is essential for decision-making, but you have to rely upon and trust much of the advice provided by officials and the explanation of often very technical legislative terms.

27. Despite the urgency and importance of the issues at stake, there was no co-ordinated meeting between cabinet health ministers across the UK and devolved national governments. I did meet three different Ministers of State – namely, Stephen Hammond in person and Ed Argar and Chris Skidmore remotely. The choice not to meet at cabinet minister level was made by the UK Government. The choice not to talk with us as equals was plain and obvious.

28. The Welsh Government has carried out a number of "lessons learned" exercises which have, as I understand it, been shared with the Inquiry. Of those exercises, my knowledge and involvement were limited to Exercise Cygnus in 2016. Drawing on that knowledge and involvement, I will now set out my views on how arrangements could be improved.

29. Our pandemic preparedness assumed an approach based on civil contingency legislation where the UK Government is the lead decision-maker and the consequences fall, to a great extent, on the devolved governments in their countries. In the event, the civil contingencies legislation was not used as a basis of the response to the pandemic and public health powers, which are devolved, were relied upon instead. Future UK Government and devolved governments need to recognise the need to plan on a relationship of decision-making equals albeit the capacity and financial levers are in UK Government's hands.

30. The relationships between Ministers in different governments should not descend into the same level of pre-pandemic disengagement. Regardless of the parties in government, the practical relationships had an important bearing on decision-making. This, of course, is easier said than done given the intense nature of political competition. However, it is necessary.

31. During the pandemic, the armed forces resource was of even greater value than envisaged. This was an area where the UK Government response was much more pragmatic and should be recognised as such. The armed forces were seen as honest brokers by all stakeholders; they had a strong "can do" attitude as well as a particular expertise in complex logistical exercises.

32. Policing is a reserved matter, but the police services are an essential part of the emergency response in Wales (and elsewhere in the UK). They have a positive attitude towards collaboration and towards building close working relationships with their partner agencies. They also show leadership in the way they chair each Local Resilience Forum ("LRF"). However, to make the most effective use of the practical role they play, there needs to be clarity around their interface with Welsh Ministers and the avoidance of contrasting directives from the Home Office.

33. For example, during the pandemic the four Welsh Police Forces had regular discussion with Welsh Government officials and ministers. As we were changing the law at various points it was important that there was a practical relationship and understanding of the enforcement approach. They took an engage, explain then enforce if needed approach. A directive from the Home Office could have cut across the approach being taken in Wales. That would have had a direct and unhelpful impact on other public service stakeholders who had to respond to the pandemic – including all other blue light services – as well as the public.

34. Taking the public with us and persuading them of the merits of a particular course is of understated importance. Clarity in messaging and the sharing of information through trusted channels cannot be understated. Conversely, there is a need to focus on combatting disinformation by using trusted sources of evidence and communication.

35. We have learned a great deal about the importance of PPE supplies, the adequacy of our stockpile, the importance of secure supply chains and the trade-offs between price and security of supply. We had of course spent material sums on creating a pandemic stockpile to prepare for the possibility of a flu pandemic; I exhibit a relevant Ministerial Advice at **[VGM01GETHING01/01 - INQ000177473]**. We do now have greater assurance about our pandemic stockpile. A key feature of the pandemic in Wales was the response from different businesses to adapt and manufacture PPE when worldwide supply chains collapsed, and contracts were not honoured. I am very grateful to all those businesses who helped Wales to get PPE supplies and the procurement teams who secured supplies for Health and Social Care.

The Pan-Wales Response Plan

36. I have been asked for my general views on the Pan-Wales Response Plan ("the Plan").

37. My impression of the Plan, as a lay man and someone without any previous experience or knowledge of pandemic preparedness, was that it was considered and reasonable. I do not think I saw it first until January 2020. When I discussed its contents with officials, its provisions struck me as plausible. However, a plan and reality do not always match or match exactly. The main structure of the Plan, including the use of the Emergency Co-ordination Centre Wales ("ECCW") to provide strategic coordination and reporting lines, were followed initially. The Plan envisaged lots of normal other government activity taking place when in practice that was overwhelmed and the pandemic with all its consequences became the central issue for the Welsh Government. One important consideration, based on my experience, was that the Plan did not anticipate the human pressures on decision-making. In particular, an exercise such as Cygnus is carried out in a much calmer and less fraught way than reality where decisions have to be made at speed and in circumstances where, because of the developing nature of our knowledge about the virus, information may not always be complete or certain.

38. The Plan could not anticipate how inter-government relationships would progress or how communicating effectively with the public was a regular feature. A lack of clarity in messaging and conflict between the UK and devolved governments' messages caused real tensions that the Plan could not address. I also do not think the Plan really anticipated

my earlier point about disinformation which may seem obvious now, but it was not obvious at the time.

39. As I mentioned earlier, the Plan anticipated a different legislative basis for action and how the interaction between devolved and UK Government would work.

40. The Plan did anticipate the need for regular scientific advice which became an even more important part of our practical response than I would have expected. As envisaged, scientific advice was important for advice to both Ministers and the CMO. However, the role of scientific advice in helping to secure wide range of insights and the anticipatory advice like the modelling evidence that we used was greater than I had anticipated. The advice did not resolve all dilemmas, but it synthesised a range of evidence and became a highly valuable resource to ministerial colleagues as well as my own role as Minister for Health and Social Services. The link to the UK Scientific Advisory Group for Emergencies ("SAGE") was important for all of us making decisions for Wales. At the outset of the pandemic, our CSAH (Dr Rob Orford) was an observer on SAGE, so we had a line of sight into that gathering of evidence and expertise. Within a few months, he became a full contributor and participant at SAGE. We took seriously the advice and insights that this provided. It would, in my view, have been more helpful for there to have been a clearer joint stake in SAGE for devolved governments given that we were relying upon and using their evidence and advice.

41. The Technical Advisory Group ("TAG") advice was also an important part of our engagement with the wider public, elected representatives and wider stakeholders. One of my early decisions was to publish a summary of TAG advice within a few weeks of it being provided. I think it helped to underpin the evidence base and dilemmas we were dealing with in a transparent manner. In my view, that contributed to maintaining trust with stakeholders and the public.

Key policy decisions and the structure of public services

42. I have next been asked whether there are any key policy decisions, for example, on the funding and structure of public services, which should have been taken differently to better prepare Wales for a whole-system civil emergency such as a pandemic. If so, which ones and how?

43. I have given this question careful thought both during the pandemic and when preparing this statement. I do not think that the structure of public services in Wales was a problem for effective preparedness. My view is that, faced with a very significant public health event, the system and, importantly, the people within the system, were ready, willing and able to adapt and that really mattered. Another important practical factor was that, on the whole, and in very difficult circumstances, the relationships between the Welsh Government, the NHS and other organisations in Wales worked well (and, crucially, the people within those bodies worked well together).

44. We have a philosophical difference with the Conservative UK Government on how to organise public services. That should not be surprising as it expresses our different values. We did not take on the Lansley reforms and the significant injection of private ownership and profit dynamic into the NHS in Wales. Wider arguments about that will continue, but it meant that in England the NHS is organised competitively, the relationship between primary and secondary care is very different and public health is a local government-led function. Those points do not apply in Wales.

45. Our population health boards bring primary and secondary care together in one organisation and the specialist Trusts (like Public Health Wales and the Welsh Ambulance Trust) are part of a smaller system. We expect them to work together, and they have a closer relationship with Welsh Ministers than their counterparts do with UK Ministers in England. In the pandemic the size and structure did make it easier to secure buy-in and join-up to the choices that needed to be made.

46. Our pre-pandemic work to secure greater integration and joint delivery between public health bodies and local government made some progress as a result of the Parliamentary review of Health and Social Care led by former Welsh CMO Ruth Hussey and the review's recommendations. The report is titled '*A Revolution from Within – Transforming Health and Social Care in Wales*' ("the Hussey review") and membership was agreed on a cross-party basis. The main preoccupation was how to deliver reform and improvement with a backdrop of a population that is aging. It is of course a success story that many of us can expect to live longer compared to previous generations. The review did not address pandemic preparations. The Welsh Government strategy for health and social care, called "Building a Healthier Wales", came after consideration of the Hussey review.

47. The Hussey review did lead to some renewed impetus on joint work. For example, joint budgets were expanded with partners needing to agree how and why to spend the funds to secure access. That joint work did make progress before 2020, but the pandemic forced a much greater pace in doing so. Trust, rather than significant structural change, helped to deliver that. If NHS Wales had been organised in a similar way to England the picture would have been much more complicated and that would have affected delivery.

48. Funding is, obviously, fundamentally important. Improving preparedness would require the Welsh Government to maintain more capacity and resources. It is probably not productive to run through all the well-advertised differences between the Welsh Government and the UK Government on public spending choices. I do not ever recall being questioned in scrutiny committee or the Senedd chamber about pandemic preparation. We certainly did have regular questions on funding for a large number of different health and care priorities.

49. The practical point is that, during a significant period of austerity, the Welsh Government increased funding for NHS Wales. The benefit of that policy was that there was greater recruitment, and we had more staff training. I made choices, as did Mark Drakeford as my predecessor as Health Minister, to train the maximum number of staff across healthcare professions. If we had not done so and to the extent that we did, Wales would have been less resilient when faced with the pandemic.

50. I mentioned earlier the impact of "No Deal Brexit" preparations and the lack of cabinet-level engagement from the UK Government and its impact on Welsh Government resources and capacity. "No Deal" preparations did make us consider the very real prospect of needing to make rapid change and how we would adapt. In that sense, it was a practical exercise with real life pressures. I also had to face the very real prospect of having to make some appallingly difficult choices if, for example, we had to ration medication or wider treatment options. Of course, the UK avoided a "No Deal Brexit", but we could not avoid the pandemic.

51. Each year we prepare for a seasonal flu vaccination programme. Whilst not an emergency response, some of the lessons on what is more or less effective were relevant. We have a clear rationale and evidence base for groups in the population at greatest risk of harm – albeit with Covid 19 young children were at much reduced risk of harm. We also have uncertainty each year about how bad the flu season is going to be and what it will mean

for the rest of our Health and Social Care system. Infection prevention and control measures become even more important in flu season. However well prepared we may be, we still have to be prepared to adapt.

52. Each year we understand that a number of our citizens – normally quite a large number – will not survive the flu or its complications. However, we have come to largely accept it and life at large in the country does not stop. The flu vaccine campaign is largely supported across political parties and largely fails – pre-pandemic at least – to reach the people we most want to take up access. The flu vaccine was not taken up in large enough numbers by staff or vulnerable groups and we regularly look at access to make it as easy as possible for people to get it. We also have a number of myths about the flu vaccine that prevent normally rational, evidence-driven people from taking it up. All that learning and frustration was relevant to the Covid vaccination programme when it became available. Being able to read across from those groups who were vulnerable to flu to those who were vulnerable to Covid made communication easier. Conversely, people who were eligible for a flu vaccine, but not in the vaccine priority groups for Covid 19, understandably questioned why.

53. For the avoidance of doubt, as the Minister for Health and Social Services I was used to being jabbed in front of a camera as part of the seasonal campaign. I am in group 6 for the Covid vaccine programme, so I was vaccinated out of turn to my age group.

Economic policy (including public service funding) decisions

54. I have been asked which important decisions on economic policy and the funding of public services, taken during my tenure in office, had a material effect on Wales's pandemic readiness and what effect did they have?

55. As the Minister for Health and Social Services I was always interested in our prospects for economic improvement and not simply the direct impact of health spend in construction, maintenance, wages or life sciences. Our least well-off communities have the greatest share of ill health – both physical and mental health. The pandemic reinforced that economic and healthcare inequalities map over each other with appalling and persistent accuracy. The greatest population harm was done by Covid 19 in our least advantaged communities.

56. The Welsh Government's focus on improving economic wellbeing, securing access to better employment, improved productivity and supporting people to enter the labour market were, and still are, of huge interest to the NHS in Wales. The focus on using the devolved levers we have to achieve this including skills policy and our employability work – including partnership work we have done with DWP – are well advertised. I do not think it would be productive for the Inquiry for me to set out areas of my disagreement with UK Government's choices on our economic prospects. It would be wrong to say that we took pandemic preparedness into account when making economic policy choices.

What was done correctly?

57. The penultimate question was what, in general terms, do you consider was done correctly by the Welsh Government in relation to pandemic planning, preparedness and resilience during my tenure in office and the reasons for my view?

58. In terms of what was done correctly, I have taken the Inquiry to be asking "what was done well and effectively?" As with other aspects of the Welsh (and UK's) Government's response, I have thought a lot about this question both during and after the pandemic.

59. In terms of structures, as I said above, the structural arrangements worked well and provided the framework in which the Welsh Government could lead the pandemic response, collaborate with Welsh NHS stakeholders and other Welsh public authorities. An important feature of the NHS in Wales is that there are only 12 statutory bodies (which includes the LHBs which provide healthcare services in their local areas. The small size of the country, coupled with the small number of LHBs, has allowed effective working relationships to develop in the years before the pandemic. My experience was that these close working relationships allowed everyone to adapt and to do so quickly to the pandemic. I cannot over-emphasise the importance of professional and effective working relationships in ensuring an effective and co-ordinated response.

60. Previous experience of civil contingencies in Wales did help and support our response to the pandemic. Our broader emergency planning relationships informed our appreciation of whom we needed to discuss and with whom to make decisions. Those relationships had been practically tested by flooding events that obviously reach across local

government, police, fire and rescue as well as relationships with NHS Wales. Although the previous experiences were not public health emergencies or ones that had a national economic consequence, they undoubtedly helped our understanding of what, in practical terms, we needed to do and with whom.

61. As I have indicated above, the Welsh Government's decisions to invest in increased staff recruitment and training provided, in my view, greater capacity to respond to the pandemic.

The effect of exercises and simulations

62. Finally, I have been asked what I consider was the effect of exercises and simulations, in particular Winter Willow (in 2007) and Cygnus (in 2016), on Wales's pandemic planning, preparedness and resilience. I cannot assist the Inquiry about the effect of Winter Willow as it happened in 2007 which was before I was elected to the Senedd in 2011 and my appointment as Minister for Health in 2016. I was, however, involved in Exercise Cygnus and I deal with that and its effects below.

63. In brief, between 18 and 20 October 2016 Exercise Cygnus was carried out. It was a three-day simulation exercise, led by Public Health England, which aimed to assess the impact of a hypothetical H2N2 influenza pandemic in the UK. Its broad objective was to identify the strengths and weaknesses within the UK's healthcare system when placed under the significant strains and pressures caused by a pandemic. The Welsh Government, other devolved governments and UK Government departments were involved as well as LRFs.

64. Exercise Cygnus had, from the perspective of Wales, three aims: first, to implement the Plan to test the strategic decision-making processes at both local and national levels; secondly, to test the operation of the ECCW in such a scenario and the links and interdependencies required between the local level in Wales and the UK structures; and, thirdly, to test the four LRF pandemic influenza plans which had recently been revised.

65. Although preparedness had not featured prominently before in my work, that changed when I had a part in Exercise Cygnus. In advance of the exercise's start, I remember receiving a briefing on an influenza-style style pandemic being one of the top five risks on the UK's national risk register (or words to that effect). I also received a briefing, now exhibited as **[VGM01GETHING01/02- INQ000177531]** which explained that, in the event

of an influenza-style pandemic, specific guidance for health included the "Wales NHS Pan Flu Planning and Response Guidance". That detailed planning and response actions to be taken in the planning stage and the three phases of the pandemic (detection and assessment; treatment and escalation; recovery).

66. As part of the exercise itself and as the minister responsible for the health of the Welsh population, I agreed to participate in two COBR meetings that were held on 19 and 20 October 2016. The aim of those meetings was to determine the course of action adopted by the Four Nations of the UK in response to a pandemic and to make sure that the approach was "joined-up" and one which minimised the risk to health in the UK. I now exhibit, as **[VGM01GETHING01/03 - INQ000177532, VGM01GETHING01/04 - INQ000177528, VGM01GETHING01/05 - INQ000177527, VGM01GETHING01/06 - INQ000177529, VGM01GETHING01/07 - INQ000177530, VGM01GETHING01/02 - INQ000177531 and VGM01GETHING01/08 - INQ000177533]**, the briefing that was provided to me for Exercise Cygnus.

67. Following the end of Exercise Cygnus, officials considered the exercise within the Welsh Government and with colleagues in other governments across the UK. I was advised that learning points had been identified and would be implemented. I do not remember any advice from officials that they had not been implemented either in whole or in part, or that there was a delay in implementation. For that reason, I assumed, absent any advice to the contrary or questions in the Senedd, that the lessons of Exercise Cygnus had been applied.

After Exercise Cygnus

68. On 5 December 2017, my office was advised by e-mail (which I now exhibit as **[VGM01GETHING01/09 - INQ000177329]**) that, following Exercise Cygnus, the then Prime Minister had asked for a review of the UK Pandemic Influenza preparedness to be carried out. My office was advised that Welsh Government officials were involved in the review and were represented on the UK Pandemic Influenza Readiness Board that was jointly chaired by the Cabinet Office and the UK Department of Health.

69. On 6 April 2018, my office received an update on the UK Pandemic Influenza Review which I now exhibit, as **[VGM01GETHING01/09 - INQ000177329]** In broad terms, my office was told that work on a draft Pandemic Influenza Bill was underway following a

recommendation to that effect following Exercise Cygnus. My office was advised that Welsh Government officials were involved and participating in the drafting process particularly as it affected devolved responsibilities. In October 2019, I received a Ministerial Advice seeking clearance from officials to proceed with drafting provisions relating to Wales for inclusion within the Bill, which I exhibit as **[VGM01GETHING01/10 - INQ000087051]**.

70. On 11 June 2018, my office received an update by e-mail, which is now exhibit as **[VGM01GETHING01/11 - INQ000177332]**, which attached a letter from the Health Secretary and Minister for the Cabinet Office which set out various strands of post-Exercise Cygnus work **[VGM01GETHING01/12 - INQ000177333]**.

71. On 9 July 2018, in response to my request for an update following a meeting between Welsh Government officials and the UK Joint Pandemic Review chairs, my office received an e-mail (now exhibited as **[VGM01GETHING01/13 - INQ000177334]**) which made a number of points including the following:

    (a) An influenza pandemic remained the "top risk". At the time, the New and Emerging Respiratory Virus Threats Advisory Group ("NEVTAG") had stated that H7N9 (China) was the strain then causing most concern as it had the "most pandemic potential".
    (b) Work to address a surge in NHS and social care was identified as being especially challenging and requiring possible changes in working/treatment practices. It was noted that a UK Moral and Ethics Group is being established to consider some of the issues.
    (c) Some aspects of the pandemic planning assumptions are set to change arising from the increase in population (resulting in more excess deaths and illnesses); increases in absenteeism (through illness and caring commitments) and possibly a planning assumption to focus on mental health planning for a pandemic.
    (d) There was a consensus on a need to review and, if necessary, revise the 2011 UK Pandemic Flu Strategy and the Cabinet Office's 2013 LRF Pandemic Flu Guidance.
    (e) Consideration of the procedural steps to introduce a draft Pandemic Influenza Bill into Parliament.
    (f) The importance of a broader UK pandemic communications strategy was identified.

(g) The implications of a pandemic on the UK and the devolved governments, emergency and essential services were "considered to be a concern and the need to raise the profile of the risks and encourage resilience planning was considered to be a priority area to address".

72. As I understand it, work on the UK Pandemic Influenza Review was paused during in 2018 by the UK Government because of the weight of demands caused by the preparation for the UK's departure from the European Union. On 20 June 2019, my office received an update, now exhibited to me as **[VGM01GETHING01/14 - INQ000087053]** which provided an update, following the pause, on pandemic-related work. In summary, the apparent focus was on making sure that the draft Bill provided public authorities with the necessary powers to regulate schools if a pandemic broke out and the procedure to be adopted to bring the Bill before Parliament.

73. Thereafter, I do not remember receiving any further briefings about the UK Pandemic Influenza Review or being required to make any decisions or to give instructions to officials about preparedness.

74. From my perspective as a Minister, I would highlight the following aspects of preparedness that struck me when I was involved in Exercise Cygnus:

(a) The potential consequences were considered by public authorities, but you cannot replicate real life pressures. The points in paragraph 71 above did feature in the real pandemic emergency so the exercise did have some value.

(b) The engagement between officials in different governments was professional, but it is always affected by the positions adopted by the elected representatives. You cannot scenario plan how that relationship affects decision-making, but the tone during the two days in which I was involved in Exercise Cygnus differed inevitably when a junior UK Minister, not a UK Cabinet minister, took the chair.

(c) We did not visibly involve Ministers in scenarios with other stakeholders – for example, the police or local government. It was hard for me to understand how our LRFs had been tested and how effectively they had responded. In reality, those relationships were tested after Cygnus with other emergency planning and action events (such as the significant flooding that took place between Cygnus and the Covid 19 pandemic).

(d) We could not credibly understand public behaviour in response to the choices that we considered. We had no previous experience of a significant whole-system emergency. Equally, it is hard to fully anticipate how changing facts – in either the virus and its ability to cause harm or increase transmissibility or public behaviour – would have changed responses in the exercise. In real time the evidence that we provided to the public, the manner of doing so, the credibility and public trust in the message and the messenger were significant factors in the public response that we could not replicate in the exercise. We could not replicate disinformation and its impact in the exercise either.

(e) Our engagement with UK Ministers did not inspire confidence. On the one hand, I recognise that we all had the immediate reality of the ministerial role to attend to. On the other hand, I did expect that in a real scenario we should expect much better and sustained engagement between Welsh Ministers and their UK counterparts.

(f) There was little public awareness of, or concern about, the scale of risk from a pandemic. That may be because, before 2020, the risk of a pandemic was one which was viewed as unlikely or because, faced with more immediate challenges that needed to be addressed, it struggled to gain sufficient prominence even if the worst-case scenario would be disastrous in terms of the direct loss of life and healthcare systems being overwhelmed.

(g) Since the pandemic started, I have considered whether previous threats – like Swine Flu and SARS – had left a lasting mark on governments in the sense of diminishing an appreciation of the scale of the problem if the worst-case scenario was realised. I do not think that was the case in Wales. Participation in Exercise Cygnus, preparation of the Plan and my briefings from officials indicated that the threat of a flu-type pandemic was being taken seriously. As indicated above, we also invested in countermeasures to deal with an influenza-type pandemic.

(h) Among many, a particular concern was the prospect that, if rationing of treatment was required, or other difficult choices had to be made, there may well be reasonable disagreements between the governments of the Four Nations. This was part of the discussion that took place in Cygnus, and it did highlight points of difference.

(i) For obvious reasons, although Ministers in all governments in the UK were reliant on their officials working with each other to work on plans for a joint response and how

information would be shared, decisions would be made by Ministers. At the time I was concerned about competing priorities. That, in itself, shows how scenario planning can only go so far in preparedness. In reality, Covid 19 rapidly overwhelmed all other more normal ministerial choices.

Conclusion

75. There has been no greater test in my life as a minister than responding to the pandemic. I hope that remains the case. I recognise that trying to do the right thing does not mean that mistakes cannot be made or learning taken from what happened. I will continue to assist the Inquiry in any way I can.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand the proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth.

Signed: **Personal Data**

Dated: 19/04/2023