

processes were less well developed earlier in the pandemic and then the group widened and was more formal when formulating questions and commissioning.

25. The diversity was sometimes challenging from a surveillance and epidemiology point of view, as experts in other areas could comment on the likely and actual spread of infection in ways that sometimes went beyond their area of expertise. However, as stated above, the availability of other viewpoints on the wider questions and particularly on societal controls, was very helpful in moving beyond a strictly infection-focused assessment of harms and benefits. I was not party to the organisation of the groups but it appeared to be well-coordinated and resourced, with much helpful technical work also ongoing within the Welsh Government.
26. The other difficulty with advising TAG and other colleagues in Welsh Government was that there were many groups and individuals requesting data, information and advice. These information requests came infrequently from TAG itself, more often being from Welsh Government members of TAG and other Welsh Government departments. This multiplicity of requests sometimes led to duplication and was difficult to manage.
27. I cannot comment on whether the TAG approach led to delays in communicating advice to the Welsh ministers nor can I comment on the relationships between TAG/its subgroups and the Welsh ministers as I wasn't involved in these elements.
28. I was initially the main CDSC contributor to TAG. My colleagues Name Redacted (initially a senior scientist and then consultant epidemiologist) and Simon Cottrell (Senior principal epidemiologist, acute respiratory /vaccine preventable disease) also provided input, the former on some ethnicity analysis in 2020 and the latter mainly on surveillance and vaccination coverage. I don't recall contributing to assessments of global COVID-19 transmission risk and control measures, other than possibly verbally as part of meeting discussions.