

Witness Name: Dr Tracey Cooper

Position: Chief Executive - Public Health Wales

Statement No.: First

Exhibits: [TC1 - TC227]

Dated: 1 August 2023

**UK COVID 19 INQUIRY
MODULE 2B**

FIRST CORPORATE WITNESS STATEMENT OF DR TRACEY COOPER

I, Dr Tracey Cooper, care of Public Health Wales, 2 Capital Quarter, Tyndall Street,
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Will state:

1. This Corporate Witness Statement is provided by me in my capacity of Chief Executive of Public Health Wales in response to a request for evidence made by the Inquiry Team to Public Health Wales dated 1st November 2022.
2. Public Health Wales has been appointed as a Core Participant for Module 2B.

The Role of Public Health Wales

3. Public Health Wales was established in 2009 by bringing together four distinct pre-existing entities:
 - a. the National Public Health Service for Wales,
 - b. the Wales Centre for Health,
 - c. the Welsh Cancer Intelligence and Surveillance Unit and,
 - d. Screening Services.

4. This meant that, for the first time, an independent NHS body was created in Wales with a clear and specific public health remit to provide professionally independent public health advice and services.
5. Since 2009, Public Health Wales has grown considerably and the organisation has taken on, and internally developed, additional and new functions. This has included developments in the areas of:
 - a. policy, research and international collaboration (reflected in our designation as a World Health Organization Collaborating Centre in Investment for Health and Well-being)
 - b. data, knowledge and research with the establishment of a directorate specifically focused on maximising the use of digital, data, research and evidence to improve public health
 - c. our core public health services, particularly microbiology and health protection, along with adopting new diagnostic methods such as molecular diagnostics and whole genome sequencing, through our Pathogen Genomics Unit.
6. An overview of our latest organisational structure can be found at **[EXHIBIT TC1 INQ000056268]**
7. Public Health Wales protects and improves health and well-being and reduces health inequalities for the people of Wales. It is an NHS Trust, established for the purpose specified in section 18(1) of the NHS (Wales) Act 2006 and has four statutory functions set out in Part 3 of its Establishment Order. These are to:
 - a. provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases
 - b. develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales; to undertake and commission research into such matters

and to contribute to the provision and development of training in such matters

- c. undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival, and prevalence of congenital anomalies
 - d. provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.
8. In addition, Public Health Wales is a Category 1 responder as defined by the Civil Contingencies Act (2004), and therefore plays a key role in relation to the preparation for, and response to, any emergency and major incident. This requires us to meet a range of civil protection duties as set out by the Act.
9. Over the years, we have expanded the core public health functions of the organisation in order to ensure that we are best designed to deliver our statutory functions and the strategy of the organisation, which is informed by the challenges and opportunities facing the nation, the policy and legislative environment and international developments.
10. The Public Health Wales Board is a unitary Board and functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all decisions. It comprises a Chairperson, seven Non-Executive Directors (also known as Independent members), all of whom are appointed by the Minister for Health and Social Services in the Welsh Government, and six Executive Directors, including the Chief Executive.
11. The Board has responsibility for:
- a. Setting the strategic direction of the organisation
 - b. Setting the governance framework
 - c. Setting organisational culture and development
 - d. Steering the risk appetite and overseeing strategic risks
 - e. Developing strong relationships with key stakeholders and partners

- f. Ensuring the successful delivery of the Strategic and Operational plans of the organisation.
- 12. In addition to their role as Board Members, Executive Directors also have responsibility for discharging Public Health Wales' corporate and public health functions.
- 13. Public Health Wales has five Board Committees:
 - a. Audit and Corporate Governance
 - b. Quality, Safety and Improvement
 - c. People and Organisational Development
 - d. Knowledge, Research and Information
 - e. Remuneration and Terms of Service.
- 14. The Chief Executive (and Accountable Officer) of the organisation has responsibility for maintaining appropriate governance structures and procedures. The Chief Executive has established an Executive Team for the collective execution of delegated responsibilities (in addition to the delegated individual accountabilities and responsibilities that each Director in the Executive Team has with their respective portfolios).
- 15. In terms of the role of Public Health Wales in preparation for a public health emergency, Public Health Wales is a Category 1 responder as defined by the Civil Contingencies Act (2004). This places a number of legal duties on the organisation, including:
 - a. assessment of risk to inform planning
 - b. developing a Public Health Wales Emergency Response Plan
 - c. putting in place business continuity management arrangements for Public Health Wales
 - d. putting in place arrangements to make information available to the public about civil protection matters and maintaining arrangements to warn, inform and advise the public in the event of an emergency
 - e. sharing information and co-operating with other local responders to enhance co-ordination.
- 16. Our Emergency Response Plan **[EXHIBIT TC2 INQ000056283]** was formally approved by the Public Health Wales Board in September 2018. The Plan was

updated, as an Interim Working Draft, in February 2022 **[EXHIBIT TC3 INQ000056295]**.

17. The Public Health Wales Emergency Response Plan arose iteratively out of the learning from the experience of preparing for the NATO Summit held in Newport, Gwent in 2014, responding to the Ebola virus disease in 2014-15, an exercise to test preparedness for Middle East Respiratory Syndrome held in 2015, and planning and exercising for the 2017 UEFA Champions League Cup Finals held in Cardiff. The Emergency Response Plan was further exercised in March 2020 in the knowledge of the emerging threat from Covid-19.
18. Exercise reports were prepared for the exercises which took place in 2015 **[EXHIBIT TC4 INQ000056308]**, 2017 **[EXHIBIT TC5 INQ000056320]** and 2020 **[EXHIBIT TC6 INQ000056332]**.
19. Public Health Wales is funded by the Welsh Government. We have a statutory duty to ensure that our financial plan is break-even over a 3 year rolling period as set out in our Standing Orders and Standing Financial Instructions.
20. Our planning cycle involves a process whereby a financial strategy and budget plan is submitted to the Welsh Government as part of our Integrated Medium-Term Plan (three-year organisational plan). This includes, not exclusively, details of:
 - a. Revenue funding confirmed as part of our core allocation from the Welsh Government
 - b. Income assumptions for in-year funding from the Welsh Government
 - c. Non-core funding due in relation to specific programmes or projects
 - d. Depreciation
 - e. Capital Strategic and Discretionary allocations.
21. On the approval of our Integrated Medium-Term Plan, budgets are set by the Executive, and approved by the Board at the outset of the year and each Executive Team Director receives a breakdown of the budget that they will be responsible for. The financial reporting of the position follows a monthly cycle, set by the Welsh Government, through a Monthly Monitoring Return. This includes details of funding received and due from the Welsh Government.

22. The financial costs of Covid-19 started to hit our financial ledger in quarter four of 2019/20 and were therefore not part of our approved Integrated Medium-Term Plan in that year. We ensured that all costs were captured separately and engaged with the Welsh Government on the financial impact for 2019/20. This engagement and dialogue continued into 2020/21 and throughout 2021/22 as part of the financial planning cycle and monitoring mechanisms in place with the Welsh Government.
23. The NHS in Wales underwent major change in 2009, in light of the Welsh Government's One Wales Strategy. This determined that the delivery of the NHS in Wales needed to be redesigned in order to improve health outcomes and to ensure the NHS delivered care effectively with its partners.
24. As a result, seven health boards and three NHS trusts were established at that time. Each body is a body corporate, having a distinct legal identity. Health boards are for specific geographical areas and their responsibilities include:
- a. improving physical and mental health outcomes
 - b. promoting well-being
 - c. reducing health inequalities across their population
 - d. commissioning services from other organisations to meet the needs of their residents.
25. The three NHS Trusts operate on an All-Wales basis and are responsible for public health (Public Health Wales), ambulance services (Welsh Ambulance Service) and cancer and blood services (Velindre). In addition, there are also two Special Health Authorities that have been subsequently established (Digital Health and Care Wales and Health Education and Improvement Wales) and a number of support organisations hosted by local health boards and NHS Trusts, such as the NHS Wales Shared Services Partnership.

The Role of Public Health Wales in Response to Covid-19

26. From January 2020, Public Health Wales mounted an unprecedented response to the Coronavirus (Covid-19) pandemic. This was part of a Welsh system-wide effort to respond effectively to the challenges faced as the pandemic progressed.

27. During this time, we prioritised the need to deliver an effective health protection and microbiology response (which included significant upscaling of our microbiology services), while utilising our expertise in relation to behavioural insights and change, evidence and research, prevention and national/international horizon scanning. This has supported policy development, advice, guidance and resources, in tackling both the communicable disease elements of the pandemic and the broader direct and indirect population health harms.
28. During the pandemic, we made several changes to our governance arrangements to ensure that we were able to effectively perform our role. These changes included, but were not limited to:
- a. the appointment of an internal lead Strategic Director (fulfilled by the then Executive Director of Public Health Services/Executive Medical Director and subsequently, since June 2021, the National Director of Health Protection and Screening Services/Executive Medical Director following the retirement of the former post holder. The title of the directorate changed although the functions have remained the same). Two additional Strategic Directors were also appointed in the early weeks of the pandemic
 - b. the appointment of four internal Incident Directors to manage the day-to-day response to the pandemic
 - c. the implementation of our emergency response plan, which includes the standing up of Gold and Silver groups and an Incident Management Team, terms of reference for which are at **[EXHIBIT TC7 INQ000056345, EXHIBIT TC8 INQ000056343, EXHIBIT TC9 INQ000056344]**.
 - d. the establishment of a Population Health Group to focus on the broader indirect health harms resulting from Covid-19, the first meeting was held on 25 August 2020
 - e. a change to the internal Executive meeting structure from the period of April 2020 to June 2020
 - f. a change in frequency and focus of our Board meetings to ensure the whole Board was sufficiently briefed and fulfilled its strategic direction and assurance role.
29. Externally, we held a number of different meetings with stakeholders and others to provide information, engage, work together, support and guide the NHS and other partners but these did not form part of our formal governance arrangements.

30. In terms of the roles and responsibilities Public Health Wales had during the pandemic, Public Health Wales played a key role in supporting the public, the Welsh Government and partners including the NHS, social care, local authorities, education, businesses and the third sector during our response to Covid-19. We provided system leadership across a number of key areas through the provision of specialist and expert public health advice, information, intelligence and support.
31. This involved working with a range of partners within the UK and internationally, along with providing information to the public through a range of communication channels. This has included:
- a. Providing public health advice to the Welsh Government to support the development of policy (e.g. Public Health Protection Response Plan and Advice Notes)
 - b. Developing and disseminating surveillance and intelligence for the public and to the wider system (e.g. Covid-19 Surveillance Reports)
 - c. Delivering key public health functions and services (e.g. health protection including outbreak response and management, and microbiology services including pathogen genomics)
 - d. Undertaking research, evaluation and international evidence analysis to inform policy and support Wales's ongoing response to the communicable disease nature of Covid-19 and also the broader direct and indirect harms resulting from the pandemic (e.g. National Public Engagement Survey, international horizon scanning, health impact assessments).
32. Further detail on our role as part of the Welsh Government's Test Trace Protect Strategy (published on the 13 May 2020) is provided within the Public Health Protection Response Plan **[EXHIBIT TC10]**, which was prepared by Public Health Wales for the Welsh Government. The Plan responded to a request from the Chief Medical Officer for Wales **[EXHIBIT TC11 INQ000056351]** which was received on the 22 April 2020 and the Plan was submitted to the Chief Medical Officer for Wales on the 4 May 2020.
33. Since its establishment in October 2009, Public Health Wales has been, and continues to be, a provider of public health related specialist advice to the Welsh Government and its Ministers. The role is implicit within the four statutory functions (as set out in The Public Health Wales National Health Service Trust (Establishment) Order 2009).

Exhibit TC10
INQ00056350

34. Advice is provided in a range of public health areas including health protection, microbiology, screening services and health improvement and includes the provision of data/health intelligence and its interpretation, research, evidence and expert professional advice.
35. In the context of Covid-19, the requests for advice to the Welsh Government increased significantly. Advice was primarily requested by Welsh Government officials including, but not limited to, the Chief Medical Officer for Wales and the Chief Scientific Adviser for Health. Advice was provided in a variety of forms including formal Advice Notes, formal reports, for example, the Public Health Protection Response Plan, contributions from staff during meetings between Public Health Wales and the Welsh Government and/or Ministers, and in meetings with the Welsh Government and other stakeholders. We did not take part in, or hold any informal records or evidence of, informal or private communications (e.g. WhatsApp groups) with Ministers or senior civil servants that informed significant decision-making.
36. On 12 October 2020, Public Health Wales submitted its first 'Advice Note' to the Welsh Government. Prior to this (January 2020 – October 2020), Public Health Wales had given advice to the Welsh Government through a range of routes. In the main, such requests were reported through the Public Health Wales's Incident Management Team/Gold Group. However, Public Health Wales does not have a single co-ordinated record of all such engagement and response, during these initial months, given that it covered a wide range of interactions across this period, including multiple contacts from across the Welsh Government, on many topics/risks and often with short deadlines for response. The establishment of Advice Notes was in part applying lessons learnt, to seek to co-ordinate the receipt of formal Welsh Government requests for advice and provide a single point for provision of formal advice to the Chief Medical Officer for Wales. Examples of the ways that advice was requested and provided include:
- a. Formal structured meetings with the Chief Medical Officer for Wales and other Welsh Government officials.
 - b. Specific written email requests for advice from the Welsh Government and Public Health Wales response (for example, to Public Health Wales's Chief Executive and lead Strategic Director).

- c. Questions raised by email and considered by Incident Directors and/or the Public Health Wales Incident Management Team.
- d. Specific advice offered proactively into the Welsh Government (to e.g. Chief Medical Officer for Wales, Deputy Chief Medical Officer for Wales, Chief Nursing Officer for Wales) in relation to specific topics/developments.
- e. Sharing of lessons learnt in relation to aspects of the response.

37. A range of examples have been provided below to illustrate how advice was requested by, and provided to, the Welsh Government.

a. Formal structured meetings with the Chief Medical Officer for Wales / Welsh Government officials:

- i. On 24 February 2020, Public Health Wales' senior staff met with the Chief Medical Officer for Wales to take stock of the Covid-19 situation in Wales and share information and advice. Minutes of the meeting were shared with the Welsh Government [EXHIBIT TC12, EXHIBIT TC13].

Exhibit TC12INQ000191668
Exhibit TC13INQ000191681

b. Specific requests (e.g. email/letter/ verbal) for advice from the Chief Medical Officer for Wales or other Welsh Government officials e.g. to Public Health Wales Chief Executive Officer or lead Strategic Director:

- i. On 22 April 2020, the Chief Medical Officer for Wales asked Public Health Wales to develop a public health protection response plan. The plan we developed was submitted to the Welsh Government on the 4 May 2020 [EXHIBIT TC10 as above]. This is described in paragraph 245 of the corporate witness statement.
- ii. On 12 May 2020, Public Health Wales' Chief Executive received a letter from the Chief Medical Officer for Wales requesting advice and intelligence on the impact of Covid-19 on Care Homes in Wales. The request had a short deadline of 24 hours for response. Detailed advice was provided on the 13 May 2020 [EXHIBIT TC14, EXHIBIT TC15, EXHIBIT TC16, EXHIBIT TC17, EXHIBIT TC18].
- iii. On 20 and 21 July 2020, during routine meetings with the Chief Medical Officer for Wales and Welsh Government officials, Public Health Wales was advised verbally that the Welsh Government would be publishing a national Coronavirus Control Plan. The Welsh Government also advised that they intended to ask health boards

Exhibit TC10 INQ00056350

Exhibit TC14INQ000191692
Exhibit TC15INQ000191703
Exhibit TC16INQ000191719
Exhibit TC17INQ000191732
Exhibit TC18INQ000191744

(through Directors of Public Health) to produce Local Prevention and Control Plans to describe local response at Health Board level – with Local Authorities feeding in. The Welsh Government requested Public Health Wales to develop and provide the guidance on what should be contained in such a local plan, with a very short time scale for turnaround. Public Health Wales shared a draft of this guidance with Welsh Government officials on the morning of 29 July 2020. A response was received on the afternoon of 29 July 2020, confirming that the draft had been considered by officials, including the Chief Medical Officer for Wales, and requesting minor revisions only. The guidance [EXHIBIT TC19] was subsequently shared with health boards, in support of a Welsh Government letter on 29 July 2020. A report to Public Health Wales Gold Group summarised the process, products and communications [EXHIBIT TC20, EXHIBIT TC21, EXHIBIT TC22].

Exhibit TC19INQ000191755
Exhibit TC20INQ000191778
Exhibit TC21INQ000191782
Exhibit TC22INQ000191793

c. Questions raised by Welsh Government officials and considered by Incident Directors and/or the Public Health Wales Incident Management Team:

- i. On 4 March 2020, a question was raised by a Welsh Government official by email in relation to proposed amendments to the Health Protection (Notification) Regulations 2010. The Public Health Wales Incident Management Team considered the request for advice and a response was sent by email the same day, with confirmation of receipt communicated by the Welsh Government official to the Public Health Wales lead Strategic Director [EXHIBIT TC23, EXHIBIT TC24].
- ii. On 10 July 2020, the Public Health Wales Executive Director/ lead Strategic Director responded with advice to a specific enquiry in relation to 'slurry spreading' Public Health Risk of farmers spreading slurry during Covid 19 outbreak [EXHIBIT TC25].

Exhibit TC23INQ000191804
Exhibit TC24INQ000191805

Exhibit TC25INQ000191806

d. Specific advice offered into the Welsh Government in relation to specific topics/developments:

- i. Public Health Wales proactively provided advice to senior Welsh Government officials (including the Chief Medical Officer for Wales, Deputy Chief Medical Officer for Wales and the Chief Nursing Officer for Wales) on a range of issues, without request. Examples include:

Exhibit TC26INQ000191807
Exhibit TC27INQ000191808

- On 20 February 2020, the Chief Executive Officer for Public Health Wales sent advice to the Welsh Government on the Health Protection Coronavirus Regulations 2020. **[EXHIBIT TC26, EXHIBIT TC27]**.

Exhibit TC28INQ000191810
Exhibit TC29INQ000191811

- ii. On the 12 March 2020, Public Health Wales, through an Incident Director, provided advice to the Welsh Government on 'Covid-19 as a 'major (health) incident': Points to consider'. **[EXHIBIT TC28, EXHIBIT TC29]**.

Exhibit TC30INQ000191814

- iii. On 17 March 2020, advice was shared with the Welsh Government in relation to the 'Recommendation on the feasibility of maintaining delivery of population based screening programmes in light of government advice in response to COVID-19' **[EXHIBIT TC30]**.

Exhibit TC31INQ000191815

- iv. On 21 April 2020, Public Health Wales Executive Director/ lead Strategic Director sent email advice to the Chief Medical Officer for Wales on a 'Recovery Strategy' **[EXHIBIT TC31]**.

Exhibit TC32INQ000191816

- v. On 14 May 2020, the Public Health Wales lead Strategic Director sent email advice to the Chief Medical Officer for Wales on the clinical governance aspects of the proposed contact tracing **[EXHIBIT TC32]**.

Exhibit TC33 INQ000191817
Exhibit TC34 INQ000191818
Exhibit TC35 INQ000191819
Exhibit TC36 INQ000191820
Exhibit TC37 INQ000191821
Exhibit TC38 INQ000191822

- vi. On 16 July 2020, a Public Health Wales Incident Director sent email advice to the Chief Nursing Officer in Wales relating to 'Face Coverings in Healthcare Settings' **[EXHIBIT TC33, EXHIBIT TC34, EXHIBIT TC35, EXHIBIT TC36, EXHIBIT TC37, EXHIBIT TC38]**.

Exhibit TC39INQ000191829

- vii. On 31 July 2020, the Public Health Wales Executive Director/ lead Strategic Director exchanged emails with the Chief Medical Officer Wales in relation to the development of Covid-19 Vaccine Development and Public Health Wales participation **[EXHIBIT TC39]**.

Exhibit TC40INQ000191831

- viii. On 12 August 2020, the Communicable Disease Surveillance Centre team provided an advice briefing to the Chief Medical Officer for Wales on the reporting of Covid-19 mortality **[EXHIBIT TC40]**.

e. Sharing of lessons learnt in relation to aspects of response

Exhibit TC41INQ000191832
Exhibit TC42INQ000191834

- i. On 14 July, Public Health Wales's Executive Director/lead Strategic Director shared advice with the Chief Medical Officer for Wales relating to Public Health Wales' process to learn lessons, with partners, from the response to initial outbreaks of Covid-19 in Food premises across Wales **[EXHIBIT TC41, EXHIBIT TC42]**.

38. Public Health Wales communications team cannot recall any significant incidents or disagreement over communications handling. Responsibilities for responding to media enquiries were generally understood and were articulated in various iterations of the Covid communications plan ([EXHIBIT TC42a], see 3.4 Roles and Responsibilities). Meetings between Welsh Government and Public Health Wales communications teams were daily (Monday to Friday) during the early stages of the pandemic, and reduced to three times a week as the intensity decreased as per the timeline below:
- Daily meetings between WG and Public Health Wales communications representatives started in February 2020 (on or around 11 Feb).
 - These reduced to twice weekly (Mondays and Wednesdays) from around April 2021.
 - Meetings reduced to weekly (Mondays) in January 2022.
 - Weekly meetings ended in May 2022.
39. During the Covid-19 response Public Health Wales established, or was part of, specific additional multi-agency meetings, to convey specialist public health information and advice to strategic partner organisations. The following provides examples of this.
40. **Public Health Strategic Coordinating Support Group – PHSCSG.** At the beginning of the pandemic, Public Health Wales was being requested to attend multiple strategic partner meetings including individual Local Resilience Forums/Strategic Coordinating Groups (LRFs/ SCGs – there are four in Wales) and the Welsh Government briefings of Local Resilience Forum chairs. Applying the learning from previous incidents (notably the response to Ebola virus disease in 2014), Public Health Wales agreed with the four Local Resilience Forum chairs and Welsh Government officials (Civil Contingency and Chief Scientific Officer), to establish a single point of communication with the four Local Resilience Forums/ Strategic Coordination Groups and other strategic partners.
41. A Strategic Coordination Support Group (Public Health) was established, chaired by Public Health Wales, which met for the first time on 23 March 2020. This group, chaired by the lead Strategic Director for Public Health Wales, met weekly throughout 2020 and into 2021, with the frequency only being reduced to fortnightly and then three weekly, in later phases of the response and prior to the group standing down on the 27 May 2022. The group provided a two-way single point of communication between

Exhibit
TC43INQ000191836
Exhibit
TC44INQ000191838
Exhibit
TC45INQ000191840
Exhibit
TC46INQ000191837

strategic partner organisations, Public Health Wales and the Welsh Government's Chief Scientific Adviser for Health and included presentation of the latest epidemiology, modelling and reasonable worst case scenario documentation. The meetings largely followed a consistent format throughout this period focused on the current situation report (epidemiology), Welsh Government updates, actions from previous meetings and discussions on key issues/update. An example set of minutes and epidemiological reports are provided as exhibits and copies of all papers are available to the Inquiry Team if required [EXHIBIT TC43, EXHIBIT TC44, EXHIBIT TC45, EXHIBIT TC46]. The Terms of Reference [EXHIBIT TC47 INQ000056269] outlined the roles and responsibilities of the group as being to:

- a. Provide a single point of communication to Strategic Coordinating Groups (SCGs) and ensure consistency in interpretation, guidance and strategic direction in relation to health protection, microbiology, epidemiology, and wider public health matters.
- b. Work with Strategic Coordination Groups to consider and provide guidance/response to local questions and challenges relating to the above, as they arise.
- c. Facilitate the provision of and consistency in advice from local public health resource supporting individual Strategic Coordination Groups.
- d. Consider all aspects relating to the wider public health system workforce, including mutual aid (e.g. Local Authority Environmental Health resource, public service occupational health workforce).
- e. Identify and consider relevant strategic aspects of response including for example ethical considerations and other issues not yet identified.

42. **Local Authority Chief Executive Briefing.** Following the emergence of the first new (Alpha) variant of Covid-19, a regular epidemiology briefing was established for local authority chief executives, with the chairs of the Strategic Coordinating Groups also invited. The first briefing took place on the 20 December 2020 (following the policy decisions and announcements by the Welsh Government the previous day). The hourly briefing was then established on a fortnightly basis from that point, moved to monthly in March 2022 and moved to quarterly in May 2023. The informal briefing was generally provided by the Professional Lead for Health Protection, one of the Incident Directors, and the Public Health Wales Chief Executive and was an opportunity to share and provide interpretation of the latest epidemiology with local authority chief

executives. (Note: Briefing of NHS chief executives was already in place as part of normal business arrangements between NHS leaders).

43. **Health and Social Services Group (H&SSG) Coronavirus Planning and Response Group.** This group was established by the Welsh Government and attended by NHS Wales and social care organisations. Public Health Wales attended initially through the lead Strategic Director and communicated the latest Covid-19 epidemiology to partners. The first meeting was held on the 20 February 2020.
44. **Directors of Public Health Briefing.** From the 10 March 2020, Public Health Wales provided regular briefings for Health Board Directors of Public Health. These were short informal meetings to share relevant information. The frequency of these changed during the pandemic response, initially weekly and then fortnightly and then were later transitioned back into general business as usual monthly meetings in September 2020. Public Health Wales Strategic Directors did not hold regular meetings with Directors of Public Protection but invited the Chair of this group to join occasional meetings to discuss specific topics. Representatives of the Directors of Public Protection in Wales were included in the Public Health Wales led Public Health Strategic Coordinating Support Group.
45. **Public Health Wales / Welsh Government / Wales Ambulance Service NHS Trust (WAST) meeting.** From the 28 January to 3 March 2020, Public Health Wales instigated a daily informal catch-up meeting between Public Health Wales, members of the Chief Medical Officer for Wales' team and the Welsh Ambulance Service NHS Trust (WAST). Co-ordinated by the Public Health Wales Deputy Director for Public Health Services, these meetings facilitated the exchange of information between the Public Health Wales Incident Management Team (IMT) and the Chief Medical Officer for Wales' response team. This was not a decision-making forum and relevant information was conveyed back to each organisations' response infrastructure.
46. **Public Health Wales / Chief Medical Officer for Wales meetings.** From the 26 January 2020, informal catch-up meetings took place between Public Health Wales and the Chief Medical Officer for Wales. Further information is provided below in Paragraph 175.
47. **Public Health Wales / Health Board Meetings.** During February 2020, Public Health Wales convened a number of meetings between itself and the health boards and other

NHS trusts in Wales in order to provide advice and assist discussions about the necessary system-wide response in Wales. For example, these meetings supported the early implementation of home and community testing facilities across Wales, in the absence of other structured response arrangements.

48. **Other meetings.** The Director General for Health and Social Services/NHS Wales Chief Executive in the Welsh Government, established a minimum of once a week meetings with senior Welsh Government officials and NHS Chief Executives from the second half of February 2020. On occasion, the Welsh Government also held meetings with senior Welsh Government officials and NHS Chairs and Chief Executives with the Minister for Health and Social Services often joining these meetings.

At various points in time, Public Health Wales joined Strategic Coordination Group meetings called by the Local Resilience Forums to provide interpretation of the prevailing epidemiology and potential impact of new variants, and to answer any questions. Public Health Wales was also part of the local and regional Incident Management Team structures that were set up as part of the Test, Trace and Protect response and regularly provided specialist health protection advice on various topic areas.

49. Public Health Wales provided evidence to the Health, Social Care and Sport Committee on four occasions during the pandemic. Committee members asked a range of questions on Public Health Wales's involvement in the response structures and for views on policy decisions. These attendances also formed part of the Health, Social Care and Sport Committee's inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales which took place between March 2020 and April 2021.
50. Public Health Wales played a key role in supporting the public, the Welsh Government and partners including the NHS, social care, local authorities, education, businesses and the third sector during our response to Covid-19. We provided system leadership across a number of key areas through the provision of specialist and expert public health advice, information, intelligence and support. Examples of advice include:
- a. **Specialist professional advice** on specific phases of the pandemic, immunisations, infection prevention control and personal protective equipment, including supplementary guidance for health and social care

professionals, sampling and testing, surveillance and national and local public health interventions.

- b. **Advice to inform and consider the broader population health harms from the pandemic and international learning** from Covid-19. This included the direct and indirect harms on population health and well-being and the socio-economic impacts across Wales. This included Health Impact Assessments, a Welsh Health Equity Status Report and an International Horizon Scanning Report series.
- c. **Incident response:** The provision of health protection advice following notification of an incident to support incident response including infection prevention and control measures.
- d. **Advice on guidance** in relation to prevention actions in care homes and enclosed settings more broadly.

51. Advice took many forms both formal and informal, as part of general discussions, and was provided on a daily basis in the course of meetings, discussions and other forums. This often included Welsh Ministers, the Chief Medical Officer for Wales, the Director General Health and Social Services/NHS Wales Chief Executive and other Welsh Government officials including the Director General of Covid-19 Crisis Coordination. Advice could be commissioned from the Welsh Government or other stakeholders or could be generated internally and sent to Government / other stakeholders.

52. Advice was provided by the executive officers, and Incident Directors of Public Health Wales, informed by the appropriate specialist expertise, and senior professionals across the organisation. From October 2020, formal advice was provided to the Welsh Government by 'Advice Notes'. Official advice is approved by the lead Strategic Director/Executive Team Director and, where appropriate, the Chief Executive shared the advice developed by the technical senior professionals. Where the lead Executive or Chief Executive determined that wider engagement is required with the Executive Team, Board or other expert staff, this was instigated where time permitted. More often than not, approval was by the lead Strategic Director and this has continued through to today with approval by the National Director of Health Protection and Screening Services/Executive Medical Director, who remains the lead Executive.

53. During the pandemic, there were some examples where our response to the Welsh Government was considered by the whole Board, for example, the Public Health Protection Response Plan [EXHIBIT TC10 as above] and the Health Protection

Business Case [EXHIBIT TC48 INQ000056270] submitted in November 2020 to the Welsh Government for Ministerial approval to further expand our health protection resource.

54. Generally, advice provided was not published, on the basis that it was expert professional advice to inform Welsh Government or Ministerial decision making. Often, Public Health Wales advice will form only one part of the advice received and considered by the recipient in the making of a decision(s). Of note, Public Health Wales was (and is not) a decision-making body in this context.
55. The Public Health Wales Board had a role to assure itself that the provision of expert advice from the organisation was provided in a timely manner, by suitably qualified and experienced staff. Board members received formal advice for information.
56. The Chief Executive and the senior management team (four of whom served in strategic response roles through the significant phases of the response) provided leadership to the response from Public Health Wales and served as the principal strategic and executive contacts with the Welsh Government and strategic partners including local authorities and health boards and Trusts. The scale of the demands arising from the pandemic required Public Health Wales to re-prioritise its activities during January and February 2020 and to focus on the response to Covid-19.
57. The required response to the pandemic resulted in the organisation needing to scale up core health protection, surveillance and microbiology functions to a level that has never been undertaken before. These included the provision of advice and information on all aspects of the health protection response including management of the virus and measures to reduce its transmission, risk assessment, pandemic and local outbreak management, infection prevention and control, sampling and laboratory testing, genomic sequencing, and advice on guidance and scientific developments.
58. Generally, professional advice was developed by specialist Public Health Wales staff relating to a specific topic and provided on both a reactive and proactive basis. Internal governance arrangements (Gold and Incident Management Team) allowed for wider internal discussion to discuss the epidemiology, evidence and response. The pace and scale of the demands meant that there will have been many occasions where advice would have been provided by specialist staff in the course of day-to-day activities and

the frequent interactions with the Welsh Government (and other stakeholders), which would not have been formulated into a formal Advice Note.

59. Public Health Wales staff also contributed to technical advisory groups both within Wales and across the four UK nations.

Additional Covid-19 Funding

60. Public Health Wales did require additional funding from the Welsh Government to support its work during the pandemic.
61. Additional funding was made available for specific capital developments including testing equipment and the establishment of additional laboratory space. Revenue funding was also provided to cover the associated pay and non-pay costs to deliver the response and to support the additional staff recruited as a result of bespoke business cases approved by the Welsh Government. In addition, Public Health Wales received specific funding for its screening recovery programme in 2020-21 and 2021-22.
62. On the 6 March 2020, as part of the Month 11 financial close down process, Public Health Wales notified the Welsh Government that there was a step up in the financial requirements to support its Covid-19 response. The Welsh Government response received the same day confirmed financial support was available **[EXHIBIT TC49 INQ000056271]**.
63. On the 24 March 2020, Public Health Wales submitted a capital funding request to the Welsh Government for MAST (starlet and Nimbus) Covid-19 testing platforms and ePlex platforms **[EXHIBIT TC50 INQ000056272]** to ensure that the necessary testing platforms were in place. Approval letters were received from the Welsh Government on the 25 March 2020 **[EXHIBIT TC51 INQ000056273, EXHIBIT TC52 INQ000056274]**.
64. On the 7 May 2020, a Business Case for the establishment of an additional Microbiology Testing Laboratory in Imperial Park (IP5), to support the scale up in Covid-19 testing, **[EXHIBIT TC53 INQ000056275]** was submitted to the Welsh Government. A scrutiny meeting was then held on the 20 May 2020 with Welsh Government officials and Specialist Estate Services, in the NHS Wales Shared

Services Partnership. Agreement was reached on £3m works cost, £1m equipment cost and a £1m contingency, the contingency to be accessed only if agreed with shared services estates. The Welsh Government approved the laboratory (IP5 Laboratory 1) business case on the 2 June 2020 **[Exhibit TC54 INQ000056276]**.

65. At the request of the Welsh Government, contracts in respect of IP5 Laboratory 1 novated on the 10 August 2020 to the Department of Health and Social Care in England to support the UK pandemic response and lighthouse laboratory testing capacity. On the 7 December 2020, Laboratory 2 in IP5 was handed over from the contractors to Public Health Wales. The Public Health Wales Covid-19 testing Laboratory 2 became fully operational on the 4 January 2021.
66. In August 2020, a business case **[EXHIBIT TC55 INQ000056277]** was approved by the Welsh Government to improve turnaround times (TAT) and enhance the laboratory resilience to manage the Covid-19 demand in the longer-term. The case supported was to deliver rapid (<4 hours) testing capacity for Covid-19 on all acute hospital sites plus timely (<12 hours) high throughput testing regionally. This was complementary to the development of the laboratory in Imperial Park 5, which was primarily focused on delivering high-throughput Covid-19 testing and serology. It included the recruitment of 162 whole time equivalent additional (WTE) staff. Funding for the pay associated with this has been added to Public Health Wales' core allocation, with non-pay costs being claimed on an actual cost basis.
67. Additional investment was provided to Public Health Wales on an actual cost basis to support the Covid-19 vaccination programme. This included facilitating promotional campaigns, undertaking attitudinal surveys, delivering an enhanced flu campaign, funding additional nursing and surveillance, and enhanced epidemiological capacity to support vaccine effectiveness and safety studies.
68. On the 16 September 2020, the capital funding element of the business case for scaling up Covid-19 testing, reducing turnaround time and increasing resilience, was approved by the Welsh Government, with all additional six 'Hot Laboratories', providing rapid Covid-19 testing in hospitals, live at the end of November 2020.
69. In February 2021, a business case was approved by the Welsh Government to increase expert health protection capacity and resilience **[EXHIBIT TC56 INQ000056280]**. This included the recruitment of 103.9 additional WTE permanent

roles within Public Health Wales. These critical posts were required to support the Covid-19 response and deliver the minimum level of resilience and sustainability to our ongoing Covid-19 response and support the NHS through the delivery of critical microbiology and health protection services (e.g. infection prevention, Test Trace Protect and population surveillance).

70. In April 2021, the Welsh Government approved a business case to provide a sustainable and resilient whole genome sequencing service for SARS-CoV-2. This included additional staff and capital equipment to enable the current sequencing equipment to be fully utilised, and to extend the capacity of Public Health Wales' PenGU to sequence SARS-CoV-2 **[EXHIBIT TC57 INQ000056281]**. Genomics data was generated, analysed, and provided by Public Health Wales to:
- a. Help understand the epidemiology and spread of SARS-CoV-2, including:
 - i. Monitoring of interventions (e.g., vaccination).
 - ii. To estimate community spread, identify/quantify imports into Wales and the wider UK and identify the likely origin of imported cases. This work included estimating epidemiological parameters (e.g., growth). This information was also used to inform models developed in Wales, by Swansea University.
 - iii. To track changes in the virus (e.g., identifying the presence of variants in the population and monitoring changes in the numbers of cases caused by a given variant over time).
 - iv. To identify trends in the SARS-CoV-2 population that needed investigation/response.
 - b. Unambiguously characterise clusters of cases to:
 - i. Determine hospital transmission and support hospital outbreak prevention and control efforts.
 - ii. Support outbreak investigations in the community, including workplaces such as food producing factories.
 - iii. Track and understand the spread of SARS-CoV-2 in institutional environments such as prisons.
 - c. Understand the biological behaviour/changes of SARS-CoV-2 to identify mutations that may:
 - i. Be relevant to drug resistance
 - ii. Alter the behaviour of the virus (e.g., cause increases in disease severity, transmissibility, etc)

- iii. Be of concern or impact vaccine effectiveness/immune escape.
 - d. Monitor/identify changes in the viral genome that affect diagnostic test effectiveness.
 - e. Support international efforts to understand and respond to SARS-CoV-2. In effect, we had to, globally, unpick a new pathogen at extreme speed. This global 'research response' was driven by genomic data.
71. This work saw Public Health Wales generate data and analysis on its own and as part of collaborative efforts with academics (e.g. through the COG-UK consortium) and other public health agencies (e.g. UKHSA). In some cases, Public Health Wales played a supportive role, and the submission/sharing of results with Welsh Government would have been done by the lead of the report, rather than Public Health Wales itself. The Welsh Government also had access to genomic analyses generated by other agencies (such as UKHSA), some of which used data generated by Public Health Wales (Welsh SARS-CoV-2 genomes, or genome data for SARS-CoV-2 cases sequenced by Public Health Wales). Public Health Wales sequenced over ten thousand English SARS-CoV-2 genomes, over the course of the pandemic.
72. Public Health Wales also contributed to a range of research outputs which were published in peer reviewed journals, and made its genomic data freely available to the global research community, which may have yielded other analyses that were also used by the Welsh Government.
73. The Welsh Government would need to provide specific information on exactly how the genomics data and analysis generated/provided was used, but the above provides an overview of the intent of genomics data and analysis undertaken using SARS-CoV-2 genomic information, provided by Public Health Wales.
74. In exercising its role and functions, Public Health Wales was not held back in any way by the funding made available by the Welsh Government. There are no examples of insufficient funding curtailing the ability to fulfil Public Health Wales' role and functions in a timely manner in relation to the pandemic.

Types of data made directly available over the course of the pandemic

75. It is important to note that, while the ways in which data was shared changed over the course of the pandemic, the way that data and analysis was provided was through three general routes:

a. Direct to the Welsh Government

This was by:

- i. reports, issued by Public Health Wales to Welsh stakeholders (e.g., CDSC variant reporting)
- ii. reporting of data/analysis to technical groups operated by the Welsh Government (e.g., TAG)
- iii. direct communication to the Welsh Government following questions by email/during meetings (e.g. specific questions asking about new variants).
- iv. specific analyses requested by Welsh Government (e.g., analyses to look at imports of cases into Wales).
- v. the outcomes of incident management processes, which reported to the Welsh Government.
- vi. indicators fed to the Welsh Government dashboard.

b. Direct to stakeholders across the UK, including the Welsh Government

This was by:

- i. UK-wide internal reporting, (e.g., the COG-UK coverage report)
- ii. reports to/generated by UK-wide entities with Public Health Wales input (e.g., the COG-UK reports, which were submitted to SAGE).
- iii. UK-wide or international reports to which Public Health Wales had input (e.g., UKHSA technical reports)

c. Direct to the public/into the public domain

This was by:

- i. public reports/information (e.g., the COG-UK MicroReact)
- ii. research papers, published in peer reviewed journals (e.g. the D614G paper published by Cell).

Alert Levels in Response to the Pandemic

76. Public Health Wales had no role in the determination of the national alert level set by either the UK or the Welsh Government. The Welsh Government had no role in the internal Public Health Wales determination of response levels.

77. Internally, in line with its own Emergency Response Plan (2018 version), Public Health Wales determines its organisational response level to any given incident. For Covid-19, Public Health Wales set this at an 'enhanced' level from 25 February 2020 and this remained the case until the 31 August 2021 when the response level was de-escalated to 'normal'. The response level was notified to the Welsh Government and frequently reviewed at Public Health Wales' Gold meetings.
78. The Public Health Wales Emergency Response Plan defines the criteria for de-escalation as:
- a. reduction in internal resource requirements
 - b. reduced severity of the incident
 - c. reduced demands from partner agencies or other government departments
 - d. reduced public or media interest
 - e. decrease in geographic area or population affected.
79. The assessment undertaken in August 2021 **[EXHIBIT TC58 INQ000056284]** against the above criteria was that all of the criteria were either met or partially met, which represented more confidence in moving towards a normal response. The Welsh Government had no role in this assessment.
80. From the 31 August 2021, Gold meetings were stood down and the Public Health Wales response to the pandemic was integrated into 'business as usual' activities at which point the organisation had secured considerable additional resource embedded across its health protection and microbiology services as a result of investment by the Welsh Government (business cases referred to in Additional Covid-19 Funding section above).

Public Health Wales 2018 Emergency Response Plan

81. On 7 January 2020, Public Health Wales Health Protection colleagues were invited to a briefing organised by Public Health England to be informed about a new pneumonia-like illness in China. The invitation to the briefing included colleagues from Northern Ireland, Scotland and England. However, we are unable to confirm who attended the briefing. The briefing note **[EXHIBIT TC59]** summarises the information given verbally at the briefing meeting on the 7 January. The note describes that China has reported cases of pneumonia associated with Wuhan City, Hubei province, to the World Health

Exhibit
TC59INQ000191857

Organization (WHO), with the latest report of 44 cases as of 3 January 2020. Investigations did not find any known pathogen and so it was stated that this possibly represented a novel pathogen. The briefing requested that clinicians should be aware of possible cases of pneumonia in travellers from China, and to investigate and report them through usual routes, in the context of reporting for other conditions such as avian influenza. The situation was described as evolving, with further updates expected.

82. On the 8 January 2020, Public Health Wales' Communicable Disease Surveillance Centre (CDSC) provided a briefing to the Welsh Government and the NHS in Wales, by way of a briefing note **[EXHIBIT TC60]**. This briefing note contained the same information as the Public Health England briefing of the 7 January 2020, with some modifications to the requested actions relating to investigation and reporting structures in Wales. Public Health Wales then began to attend a Four Nations Incident Management Team convened by Public Health England.

Exhibit
TC60INQ000191859

83. Following this, and in response to the emerging information about the outbreak in China and its potential to spread to other countries, Public Health Wales invoked its Emergency Response Plan on the 22 January 2020. The governance of the response was reviewed from time to time throughout the period January 2020 to June 2022 as the demands arising from the pandemic changed and adjustments were made as necessary to the response from Public Health Wales. An overview of how the plan guided its approach, and the adjustments that were made during the course of the pandemic, is provided below.
84. The Emergency Response Plan provides the overarching framework for managing emergencies by the organisation and outlines the command-and-control arrangements. However, the plan should not be read in isolation and there are a number of supporting documents including the Emergency Response Handbook **[EXHIBIT TC61 INQ000056285]**, Terms of Reference for Gold and Silver response Groups as well as a Silver Group Concept of Operations **[EXHIBIT TC62 INQ000056286]**, and an Emergency Response Telephone Directory **[EXHIBIT TC63 INQ000056287]**. In addition, there are a number of incident specific guidance such as, chemical, biological, radiological and nuclear.
85. In line with best practice, the organisation aims to review its Emergency Response Plan at least yearly. In 2018, when the latest version was approved, the key change that was implemented related to response levels; with the organisation moving from

five to three defined levels of response. This was undertaken following learning identified after a look back exercise conducted in January 2018. The three response levels were chosen by Public Health Wales in the knowledge that Public Health England had moved to a similar model, thus providing greater consistency between organisational responses, and greater clarity to determine actual and foreseen impacts of an incident/emergency on the organisation and the need to establish command and control mechanisms. The plan was approved by the Executive and Board.

86.

Exhibit
TC64INQ000191863

On the 6 November 2020, an additional document, the 'Framework for Deciding Emergency Response Plan Level' [EXHIBIT TC64], was developed by the Emergency Planning Team to support the Public Health Wales Gold Group to assist the determination of the emergency response level as detailed within the Public Health Wales Emergency Response Plan. The document was informed by identified best practice i.e., Joint Emergency Services Interoperability Principles (JESIP) Decision Controls.

87. At the end of 2019 and the beginning of 2020, as part of the routine health protection surveillance and sharing of intelligence of emerging hazards and threats, an increasing threat from China in relation to the 'Wuhan Virus' was identified. An Incident Management Team, chaired by an Incident Director, was established on the 23 January 2020.
88. Following the declaration of an 'enhanced incident', in line with the Public Health Wales Emergency Response Plan, several actions were undertaken. This included the establishment of a Silver Group on the 28 January 2020. A lead Strategic Director (the Executive Director of Public Health Services and the lead executive for emergency planning and response) was appointed to provide strategic oversight of the incident. It is the role of the Strategic Director to determine whether a Gold group is required.
89. On the 25 February 2020, a Gold Group was established to provide strategic oversight and direction on the Public Health Wales response to Covid-19, chaired by the Strategic Director. Reporting to the Gold Group the Public Health Wales Silver Group's guiding objectives were to implement strategic decisions and priorities and to take responsibility for the management of the organisational response to the incident at the tactical level, for example, the mobilising of staff. The roles and responsibilities of the Public Health Wales Gold and Silver Groups were outlined in the following documents: Public Health Wales Emergency Response Plan; Silver Group Terms of Reference

Exhibit
TC7INQ000056345
Exhibit
TC8INQ000056343

and Standing Agenda; Gold Group Terms of Reference and Standing Agenda (**see Exhibits TC7 and TC8 as above**).

90. Meanwhile, the Public Health Wales Incident Management Team provided operational and tactical technical level leadership of the organisation's response to Covid-19. The Incident Management Team operated under the Strategic direction of the Public Health Wales Gold Group. Its guiding objectives were to interpret strategic direction, coordinate activities and assets, and develop a tactical plan for implementation through the operational response groups / cells established within Public Health Wales.

91. Following the submission of the Health Protection Response Plan to the Welsh Government, and the establishment of the Welsh Government's Test, Trace Protect Strategy, Public Health Wales developed its internal Stage 1 Implementation Plan for Test, Trace Protect which was focused on rapid implementation from the 4 May 2020 to the 8 June 2020 [**Exhibit TC65 INQ000056288**]. Its Stage 2 Implementation Plan [**Exhibit TC66 INQ000056289**], which included an assessment of the Stage 1 Plan, commenced from the middle of June 2020 until the development of an in-year variation to the organisation's Operational Plan which was approved by the Board on the 29 October 2020 and spanned from 2020 – 2022 [**Exhibit TC67 INQ000056290**].

92. A number of key outputs and reports were produced for each of the milestones laid out in the Operational Plan [**Exhibit TC67 as above**], thereby demonstrating their achievement. Those key products are listed below:

Exhibit
TC67INQ000056290

a. Outputs relating to homelessness:

- i. No place like home? Exploring the health and wellbeing impact of COVID-19 on housing and housing insecurity [**Exhibit TC68 INQ000056310**]
- ii. Preventing homelessness in care experienced individuals. [**Exhibit TC69, Exhibit TC70, Exhibit TC71**]

Exhibit TC69 INQ000191868
Exhibit TC70 INQ000191870
Exhibit TC71 INQ000191871

b. Outputs relating to Futures:

- i. Inequality in a Future Wales: Areas for action in work, climate change and demographic change [**EXHIBIT TC72, Exhibit TC73**]
- ii. Communities and Climate Change in a Future Wales. [**EXHIBIT TC74, Exhibit TC75, Exhibit TC76**]

Exhibit TC72INQ000191872
Exhibit TC73INQ000191873

Exhibit TC74INQ000191874
Exhibit TC75INQ000191875
Exhibit TC76INQ000191876

- c. Output on mental wellbeing impact assessment:
- Exhibit TC77INQ000191877
Exhibit TC78INQ000191886
Exhibit TC79INQ000191887
Exhibit TC80INQ000191889
- i. Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term. [Exhibit TC77, Exhibit TC78, Exhibit TC79, Exhibit TC80]
- d. Outputs relating to Adverse Childhood Experiences, domestic abuse, violence:
- i. Understanding the Impact of COVID-19 on Violence and ACEs Experienced by Children and Young People in Wales Interim Report [Exhibit TC81]
- Exhibit TC81INQ000191890
- ii. A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences [Exhibit TC82]
- Exhibit TC82INQ000191891
- iii. Webinar: Addressing the 'Shadow Pandemic' through a public health approach to violence prevention [Exhibit TC83]
- Exhibit TC83INQ000191891
- iv. Addressing the "shadow pandemic" through a public health approach to violence prevention [Exhibit TC84]
- Exhibit TC84 INQ000191893
- Exhibit TC85INQ000191894
- v. Uncharted Territory Review [Exhibit TC85]
- vi. Health and Wellbeing Support for Displaced People (Updated version) [Exhibit TC86]
- Exhibit TC86INQ000191895
- vii. Covid-19 help for refugees and asylum seekers - multilingual booklet [Exhibit TC87]
- Exhibit TC87INQ000191896
- e. Trauma informed communities in Wales:
- i. Trauma-informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity. [Exhibit TC88]
- Exhibit TC88INQ000191897
- f. The impact of behavioural risk factors on communicable diseases:
- i. A systematic review of reviews – by our World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk). [Exhibit TC89]
- Exhibit TC89INQ000191898
- g. The International Health team at the WHO Collaborating Centre developed and published the following reports to identify the impacts from Covid-19 on

socio economic activity, vulnerable groups, and employment that may result in the greatest health harms and inequalities and that can be also mitigated:

- i. A series of International Horizon Scanning and Learning reports to inform the pandemic response, including wider socio-economic and inequalities impacts, specifically a Summary Report on the impact of COVID-19 on increasing the Health Gap and Vulnerability and a Summary Report on the 'Impact of COVID-19 on Mental Health and Increasing Vulnerability' (2022) **[Exhibit TC90 INQ000056291, Exhibit TC91 INQ000056292]**
- ii. An economic modelling report on the Economic Consequences of COVID-19 Pandemic Outbreak on Health Indicators and Health Service Use in Wales (2020) aiming to forecast the potential economic consequences of COVID-19 on Longstanding Illness (LSI), taking into account the impact on unemployment. **[Exhibit TC92 INQ000056341]**
- iii. 'Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales'. Welsh Health Equity Status Report aiming to help inform and support a sustainable response and recovery from COVID-19 in Wales, placing health equity at its heart **[Exhibit TC93 INQ000056340, Exhibit TC94]**

Exhibit TC94INQ000191904

93. For initial context it is important to state that 'Border Control' is not a devolved function to Wales and is the responsibility of the UK Government (Home Office and Border Force Agency). As such, Public Health Wales was reliant on decisions and policies for Border Controls agreed at a UK Government level. In June 2020, the Welsh Government requested Public Health Wales to provide information to returning travellers and Public Health Wales worked with UK Government partners to put in place arrangements to implement the public health aspects of UK border control of Covid-19 in Wales. We have provided information on 'International travel' in paragraph 206. As health is devolved in Wales, health policy and emergency Covid-19 legislation were the responsibility of the Welsh Government. As such, Public Health Wales worked with both UK Government Border Controls and the Welsh Government on restrictions relating to arriving travellers. Data on arriving travellers were provided by the Home Office (HO) from June 2020 onwards. A defined dataset was provided daily

(Monday to Friday), with the Monday data including weekend arrivals. To manage this aspect of the response, Public Health Wales established a Ports and Border Cell to:

- a. Manage Home Office data on international travellers arriving into Wales
- b. Collate, manage and advise on information coming through the secure portal from PHE (and occasionally Scotland or other countries) into Wales and for information to be sent to other countries
- c. Provide specialist public health advice relating to cross border and travel issues, including answering queries
- d. Public Health Wales put in place a range of notification operating protocols and 'Frequently Asked Questions' (FAQs) to manage the function.
- e. Initially, the processing of these data was carried out by Public Health Wales. It was then used to provide all arriving travellers with information about the restrictions that they were subject to and passed to the regional Test, Trace, Protect teams (TTP) to support contact tracing.

94. In January 2021, a new Surge team (based within Cardiff Council and operating on behalf of the Welsh Government) took over the processing and management of all arriving traveller information from Public Health Wales.
95. Information coming into Wales was uploaded to the national contract tracing system, CRM (customer relationship management), by the Public Health Wales administration team by a Standard Operating Procedure. In relation to arrangements that were in place for the sharing of information for cross border control between England and Wales, relating to international travellers, the Home Office provided Public Health Wales with a list of all international travellers who stated that an address in Wales was their "destination". This was based on information collected in the mandatory Passenger Locator Forms (PLF), which were created and managed at a UK Government level. As the PLF, and rest of the arriving traveller process, was controlled by the UK Government, requesting changes to data collection processes and raising concerns about data quality proved to be challenging.
96. The sharing of information in relation to such cases and contacts in international travellers 'cross border' was managed, from August 2020, using agreed 'operating protocols' [Exhibit TC95]. Please note, in these documents the reference to 'port health' refers to situations where an individual has passed through a controlled point of entry in to or exiting from the UK, such as a relevant UK airport or ferry port or railway

Exhibit
TC95INQ000191905

Exhibit
TC95INQ000191905

station. Illustrating using an example of a Welsh resident (case/contact), arriving back in an English airport. This was identified and actioned in accordance with section 2.1 of the protocol [**Exhibit TC95 - above**]. PHE (as data supplier) referred Welsh residents identified as arriving in England on a daily basis to Public Health Wales. Referrals came via a secure route and were upload to the Wales CRM for regional public health action. A record was maintained listing the total referrals from England per day and any exceptions. Once identified, cases/contacts received advice letters/contact and advice in relation to action relevant to the circumstances. This can be illustrated by the communications and advice (FAQs) used when the Red, Amber and Green country designations were introduced and revised [**Exhibit TC96, Exhibit TC97, Exhibit TC98, Exhibit TC99**]. Reciprocal arrangements were in place for English residents identified in Wales [**section 2.2 Exhibit TC95 as above**] in that these details were also entered onto the CRM, extracted and shared on a daily basis with PHE, by the regional teams in Wales.

Exhibit
TC96INQ000191906
Exhibit
TC97INQ000191907
Exhibit
TC98INQ000191908
Exhibit
TC99INQ000191909

Exhibit
TC95INQ000191905

97. Public Health Wales understands that the intended use of this information and system by the Welsh Government, was to use the information on arriving travellers to provide up to date information to travellers on the current restrictions/requirements that were in place based on their point of origin. This being in accordance with UK Border Controls for international travel and Wales Covid-19 legislation, so as to control and manage the spread of Covid-19 in the population. We have outlined our advice to the Welsh Government on international travel in paragraph 206 In June 2020, the Welsh Government requested Public Health Wales to provide information to returning travellers. Public Health Wales drafted the scripts for such communications which were approved by the Welsh Government. The information was sent to returning travellers by phone calls and later moved to email communication (with a 10% sub-set being contacted by phone) [**Exhibit TC96, Exhibit TC97, Exhibit TC98, Exhibit TC99 as above**].

Exhibit
TC96INQ000191906
Exhibit
TC97INQ000191907
Exhibit
TC98INQ000191908
Exhibit
TC99INQ000191909

98. In terms of the Live Free Fear campaign, Public Health Wales did not play a role in this campaign other than reposting and promoting campaign messages produced by the Welsh Government.
99. The Keep Wales Safe campaign was developed by the Welsh Government as a campaign mechanism to communicate through a consistent national brand. Public

Health Wales, along with Health Boards and Local Authorities, used the branding in our materials to support consistent messaging about COVID-19.

Exhibit
TC66INQ00056289

100. With reference to the Stage 2 plan highlighted in **[Exhibit TC66 as above]**, Public Health Wales took a number of actions to strengthen its plans and processes to ensure that public health information was consistent. This was achieved through daily informal Teams meetings between Welsh Government Communications and Public Health Wales Communications leads. Public Health Wales assisted with providing spokespersons to support technical briefings where appropriate. Public Health Wales Communications also attended Local Resilience Forum meetings to share and align public messaging to ensure consistency. We do consider that we achieved the aim of working closely with colleagues in the Welsh Government's Health and Social Care Communications team. We maintained regular, constructive and collaborative contact throughout the pandemic.

Exhibit
TC100INQ000191635
Exhibit
TC101INQ000191636
Exhibit
TC102INQ000191640
Exhibit
TC103INQ000191641
Exhibit
TC104INQ000191642
Exhibit
TC105INQ000191643
Exhibit
TC106INQ000191652
Exhibit
TC107INQ000191653
Exhibit
TC108INQ000191654

101. Public Health Wales provided regular reports on the epidemiological situation for Covid-19. These increased in number and detail over the pandemic, often in response to requests from stakeholders. In addition, many specific information requests were also answered, along with individual studies. Please see **[EXHIBIT TC100, EXHIBIT TC101, EXHIBIT TC102, EXHIBIT TC103, EXHIBIT TC104, EXHIBIT TC105, EXHIBIT TC106, EXHIBIT TC107, EXHIBIT TC108, EXHIBIT TC109, EXHIBIT TC110, EXHIBIT TC111, EXHIBIT TC112, EXHIBIT TC113, EXHIBIT TC114, EXHIBIT TC115, EXHIBIT TC116, EXHIBIT TC117, EXHIBIT TC118, EXHIBIT TC119, EXHIBIT TC120, EXHIBIT TC121, EXHIBIT TC122, EXHIBIT TC123, EXHIBIT TC124, EXHIBIT TC125, EXHIBIT TC126]** for examples. These would be requested verbally at TAG meetings, or on related calls, or by email to Public Health Wales. TAG was not the only commissioner of surveillance reports, changes to reports or specific information or study requests, which arrived in the Communicable Disease Surveillance Centre (CDSC) from multiple sources during the pandemic. The Welsh Government was one of the main commissioners, with multiple contacts involved, but we also received requests relating to the media, health boards, clinicians, and PHE (amongst other). Examples are as above.

Exhibit
TC108INQ000191654
Exhibit
TC109INQ000191655
Exhibit
TC110INQ000191657
Exhibit
TC111INQ000191658
Exhibit
TC112INQ000191659
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TC113INQ000191660
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TC114INQ000191661
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TC116INQ000191663
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TC117INQ000191664
Exhibit
TC118INQ000191665
Exhibit
TC119INQ000191666
Exhibit
TC120INQ000191669
Exhibit
TC121INQ000191670

102. As the organisation moved into a new phase of the response, with operational plans in place, as referenced above, the Public Health Wales Silver Group stood down on the 11 June 2020. The Incident Management Team maintained reporting arrangements to the Public Health Wales Gold Group and Strategic Director through the Incident

Exhibit
TC122INQ000191672
Exhibit
TC123INQ000191673
Exhibit
TC124INQ000191674
Exhibit
TC125INQ000191676
Exhibit
TC126INQ000191677

Director. On the 31 August 2021 when the level of response was de-escalated to a standard response, the Gold Group and Incident Management Team were stood down and the Covid-19 response was led by the Health Protection and Screening Services Directorate with the establishment of a COVID Co-ordination Group (CCG) and COVID Executive (COVID-Ex) as the decision-making forum, reporting to the Executive Team and Board. CCG and COVID-Ex were merged into a single COVID Management Team on the 25 August 2022.

103. Meanwhile, from early in the pandemic, multi-agency command and control structures were established across Wales by the Welsh Government and Local Resilience Fora. Emergency Planning in the UK is driven by the principle of subsidiarity, where decisions are taken at the lowest appropriate level (individual, community, locality, or national) and co-ordination is at the highest necessary level. Public Health Wales had to adapt to ensure mechanisms for the coordination and provision of expert public health advice that addressed the needs of the system in which the organisation was operating. This included all four Strategic Coordinating Groups 'stood up' and multiple other strategic stakeholders including all the local authorities in Wales, all demanding information and advice.

Technical Advisory Group ('TAG')

104. The Technical Advisory Cell is the core team of Welsh Government civil servants that provides a secretariat function for the Technical Advisory Group and its associated subgroups. The Technical Advisory Group provides coordination of scientific and technical advice to support the Welsh Government decision makers during emergencies.
105. The Technical Advisory Cell provides:
- a. regular weekly updates to senior Welsh Government officials about emerging Scientific Advisory Group for Emergencies (SAGE) outputs, Welsh modelling forecasts and up-to-date situation reports
 - b. modelling forecasts for NHS Wales, Local Resilience Forums and Strategic Coordination Groups
 - c. technical briefings to external stakeholders to inform discussion

- d. advice about Scientific Advisory Group for Emergencies outputs for policy officials
 - e. coordination for the wider Technical Advisory Group and its associated subgroups, in addition to publication of Technical Advisory Group consensus statements to support planning and decision making.
106. The Technical Advisory Group met on average twice a week and included scientific and technical experts from across the Welsh Government, NHS Wales and academia who provided advice and guidance to the Welsh Government in response to Covid-19.
107. The Technical Advisory Group had a number of sub-groups including Modelling and Socioeconomic subgroup, Virology and Testing Technical Advisory Group, Risk Communication and Behaviours Group, International Intelligence Group, Environmental Science Group, Children and Education Group. Research and Development Group and a Socio-Economic Harms Subgroup.
108. There was a weekly meeting of Technical Advisory Group subgroup Chairs to agree commissions and emerging areas of concern that required further information and discussion at TAG.
109. The advice and guidance was brought together to form Technical Advisory Group Consensus Statements to sit alongside the weekly Technical Advisory Cell summary of advice situation reports.
110. Subject matter experts in Public Health Wales were invited to join the Technical Advisory Group.
111. In the initial days, it was mainly the incident directors who were attending. Subsequently, it was expanded to include more experts from Public Health Wales. There was usually a standing item on the agenda around epidemiology update – and it was Public Health Wales members who provided this. Public Health Wales also contributed directly to Technical Advisory Group outputs - summary situation reports and technical briefings. Public Health Wales independently produced epidemiology outputs, which were used in Technical Advisory Group reports as appendices. Public Health Wales (co) chaired a number of sub-committees of TAG. These were Virology and Testing-TAG, Risk Communication and Behaviours sub-Group, and the Children and Education Sub-Group.

112. In terms of the Welsh Government role, the chair of the Technical Advisory Group was shared between Welsh Government officials. A number of other Welsh Government policy officials attended Technical Advisory Group at various points and provided updates or sought updates on specific questions. It was made clear that the role of Technical Advisory Group is advisory only and not a decision-making group.
113. Public Health Wales cannot say the extent to which the input from the Technical Advisory Group impacted upon Welsh Government decision making.

Co-operation with other Organisations

114. In the UK context; in early January 2020, Public Health Wales joined the Public Health England (PHE)-led Covid-19 Incident Management Team, together with public health representatives from Scotland and Northern Ireland. The Incident Management Team was established by PHE in its role as the UK National Focal Point for international health regulations in order to share information about the Wuhan virus outbreak. Public Health Wales does hold some documentation in relation to the Public Health England (PHE)-led Covid-19 Incident Management Team meeting as supplied at **[EXHIBIT TC127]**. Public Health Wales disseminated this information in briefings to the Welsh Government and the NHS in Wales. During the first three months of the pandemic, the Public Health England-led Incident Management Team was the principal source of epidemiological information. It led on the development of case definitions used in the UK, and on guidance and scientific developments including testing.
115. The information received by Public Health Wales was shared with the Welsh Government and with the NHS in Wales, at first directly through communications to senior NHS staff and, from February 2020, through the Health and Social Services Group (H&SSG) Coronavirus Planning and Response Group set up by the Welsh Government.
116. Public Health Wales continued to liaise with Public Health Scotland, after it was established in April 2020, and the Public Health Agency of Northern Ireland throughout the pandemic either as part of wider groups or sometimes directly to discuss approaches.

Exhibit
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117. During the first few months of the pandemic, as genomic sequencing data on the virus (that came to be known as SARS-CoV-2) became available, Public Health Wales joined the Covid-19 Genomics UK Consortium and, from early March 2020, became a significant contributor of genomic sequences to the Consortium and internationally through the World Health Organization. The outputs from Public Health Wales's genomic sequencing activities have informed advice given to the Welsh Government, for example, on virus transmission in local outbreaks.
118. In the first months of the pandemic, Public Health Wales also received information from the Advisory Committee for Dangerous Pathogens (ACDP) on risks and categorisation of SARS-CoV-2, which it interpreted for the Welsh Government. Public Health Wales also attended NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group) as an observer.
119. In the first few months of the pandemic, Public Health Wales did not have any access to the deliberations (papers and discussions) of SAGE – the Scientific Advisory Group for Emergencies – until the Welsh Government, through its Chief Scientific Adviser for Health, secured a formal mechanism by which Public Health Wales would be better sighted on technical information from SAGE. Initial access was provided through the Welsh Government and then Objective Connect (a secure file sharing and collaboration solution used by Welsh Government) to TAG members. In April 2021, Public Health Wales was admitted as an observer to SAGE; it is not a voting member and cannot ask questions but now has direct access to papers and discussions.
120. In April 2020, Public Health Wales was invited to set up a Wales site for the Oxford Vaccine Group Covid-19 vaccine trial. This was accepted and the organisation actively led the trial participation for Wales.
121. From June 2020, when border restrictions were first introduced in the UK and Wales, Public Health Wales liaised indirectly with the Foreign, Commonwealth and Development and Home Offices of the UK Government, through the Welsh Government, in order to obtain data on travellers to Wales (through ports of entry, principally Cardiff Wales Airport). Public Health Wales also provided advice to the Welsh Government on travel restrictions, for example, return to home self-isolation. Within the UK, data sharing and intelligence on cross-border (England and Wales) cases and contacts were developed by Public Health Wales in liaison with NHS Test and Trace in England, following the establishment of the latter in June 2020.

122. During 2020, Public Health Wales was in contact with the Department of Health and Social Care in England principally in relation to sampling and testing methods and developments. This included testing strategy and supplies via the Devolved Administrations Strategic Testing Group (DACDOT), novel testing methods, the development of IP5 Lab 1 (Lighthouse Lab), the decommissioning of IP5 Lab 1, the development of IP5 Lab 2 (Public Health Wales's Covid-19 Lab) and the development of test information flows from Lighthouse Laboratories. Throughout the pandemic, Public Health Wales has also had contact with a range of commercial providers of laboratory equipment and supplies.
123. Public Health Wales also liaised with the UK Government's Department of Justice, through the Welsh Government, in relation to Covid-19 testing in prisons.
124. Following its establishment in May 2020, Public Health Wales has received information from the Joint Biosecurity Centre (JBC) established in England, on the epidemiological status of the Covid-19 pandemic, risk categorisation for variants and the use of this information for testing planning in England. Public Health Wales has advised the Welsh Government on the interpretation and application of this information. The interpretation and application of information from the Joint Biosecurity Centre (JBC) primarily occurred from multiple meetings and outputs from Public Health England which were then reported on by Public Health Wales for the Welsh Government. This would have included the JBC outputs being discussed daily and the Public Health England update meetings.
125. Public Health Wales attended the UK Infection Prevention Control (IPC) Guidance Cell from its inception in early 2020. The Cell was chaired by a Consultant Microbiologist from Public Health Wales between April 2021 and May 2022. Guidance developed through this group informed the advice given to the Welsh Government on IPC issues related to Covid-19. Public Health Wales was also a member of the Four Nations Healthcare Associated Infections and Anti-microbial Resistance Surveillance Group, whose existence pre-dated Covid-19, bringing together the surveillance leads from each of the UK nations for healthcare acquired infection and antimicrobial resistance. It was through this group that the definition of nosocomial Covid-19 was agreed.
126. Public Health Wales also attended the Personal Protective Equipment (PPE) Decision Making Committee, since it was convened by NHS England/Improvement in May 2020.

Separately, Public Health Wales sat on the Welsh Government PPE countermeasures group throughout the pandemic from February 2020. Our role was to provide IPC guidance for PPE and consumables (who needs what, products, guidance on packs for social and primary care). This meeting ceased in September 2020 when it became the Welsh Government Covid-19 vaccine and consumables logistics event (planning), which Public Health Wales still attends, with the focus more latterly being on the planning of Covid-19 boosters.

127. Prior to the pandemic, Public Health Wales attended the four UK Nations Health Protection Oversight Group (HPOG), and from April 2021, the UK Health Protection Committee. The HPOG met infrequently during the initial pandemic response, but work continued notably in relation to the agreement of the Common Framework for Health Protection and Health Security (EU Transition) during the run-up to the UK's exit from Europe on the 31 January 2020 and in the final stages of transition ending on the 31 December 2020. From October 2021, the UK Health Protection Committee received summary updates on each country's Covid-19 position and response.
128. All these relationships informed the Public Health Wales response and its advice to the Welsh Government.
129. In terms of global interactions; Public Health Wales has links directly with several international organisations including the World Health Organization (WHO) Headquarters, WHO/Europe, the International Association of National Public Health Institutes (IANPHI) and EuroHealthNet.
130. The relationship with the WHO Headquarters is through our Executive Director of Policy and International Health, who is also the Director of our World Health Organization Collaborating Centre on Investment for Health and Well-being. The Collaborating Centre develops, collects and shares information and tools on how best to invest in better health, reduce inequalities, and build stronger and more resilient communities in Wales, Europe and worldwide. The designation builds on a long-standing relationship and partnership with the WHO, working closely with the WHO Regional Office for Europe, the European Office for Investment for Health and Development in Venice, Italy as well as other WHO offices and networks.
131. Following a request from the Chief Medical Officer for Wales in April 2020, for Public Health Wales to take on a greater role on Covid-19 international horizon scanning, it

Exhibit
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established an International Horizon Scanning and Learning work stream as part of its response, to inform the evolving Covid-19 public health response and recovery in Wales. This was a Wales-specific initiative, initiated following a request by the Chief Medical Officer for Wales (email from WHO CC Director confirming the request from the Chief Medical Officer for Wales [EXHIBIT TC128]), aiming to provide dynamic overview of and learning from key global health organisations and other countries, which were ahead in the pandemic curve in order to inform Wales' response and recovery measures. The World Health Organization Collaborating Centre (WHOCC) produced and published a series of reports that focused on Covid-19 international evidence, data, experience, guidance, and measures, as well as recommendations, transition and recovery approaches, to understand and explore solutions to address the ongoing and emerging health, well-being, social and economic impacts (potential harms and benefits) of Covid-19. The International Horizon Scanning and Learning reports were intended to dynamically inform the Welsh Government's and Public Health Wales' response to the Covid-19 pandemic, including policy (non-pharmaceutical) and public health measures, transition and recovery approaches. For this purpose the reports were sent to the Welsh Government's Technical Advisory Group (TAG) Subgroup on International Intelligence, the Chief Medical Officer for Wales and the NHS Wales Chief Executive; and to Public Health Wales' Chief Executive, Executive team, Board and Gold Command Group. To our knowledge, the Chair of the TAG Subgroup on International Intelligence sent the reports to the Welsh Government's TAG and Technical Advisory Cell (TAC). In addition to its use in informing the Public Health Wales response, the International Horizon Scanning and Learning work stream has been aligned with and fed into the:

- a. Welsh Government Office for Science, particularly into the Technical Advisory Group (TAG) subgroup on International Intelligence
- b. Welsh Government Technical Advisory Cell (TAC), Chief Scientific Advisor for Health, Chief Medical Officer for Wales, Director General for Health and Social Care / NHS Wales Chief Executive, and Chief Scientific Advisor for Wales.

132. Between April 2020 and the 28 June 2022, Public Health Wales published 43 International Horizon Scanning and Learning reports; of these, 39 were addressing specific Covid-19 related topics and issues. Additionally, two thematic evidence summary reports were published: The first on the impact of Covid-19 on increasing the Health Gap and Vulnerability [EXHIBIT TC90 as above] and the second on the impact

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of Covid-19 on Mental Health and Increasing Vulnerability [EXHIBIT TC91 as above]. Furthermore, two interactive summary calendars were developed to bring together all the learning in clear and concise key messages and recommendations from March 2020-March 2021 and April 2021-March 2022 [EXHIBIT TC129 INQ000056293, EXHIBIT TC130 INQ000056294].

133. On the 21 May 2020, the WHO Collaborating Centre delivered a 'COVIDnar' (webinar) in conjunction with WHO European Regions for Health Network on 'Wales' Recovery from Covid-19: Informed by Evidence, Engaging with the Public' reporting on the International Horizon Scanning and Learning work.
134. The WHO CC also took part in a EuroHealthNet webinar and delivered a webinar with IANPHI.
135. From 2012 to 2016, Public Health Wales was an associate member of the International Association of National Public Health Institutes (IANPHI) and, in October 2016, it became a full and active member. Through its membership of IANPHI, Public Health Wales has access to insights and experiences of half the countries in the world across all WHO regions – 111 national public health institute members in 95 countries (December 2021).
136. In April 2019, the Executive Director of Public Health Services in Public Health Wales became the Chair of the IANPHI European Regional Network. Through the Executive Director, Public Health Wales was in close contact with IANPHI from the start of the pandemic.
137. On the 11 March 2020, the Executive Director of Public Health Services, as Chair of the European Regional Network, convened an online meeting of European Directors of National Public Health Institutes to discuss the pandemic. At this meeting it was agreed to organise further short webinars on subjects of interest to regional members as part of a wider programme of webinars IANPHI was starting to plan. This became the IANPHI Covid Webinar series that still continues. In the first eight months of the pandemic IANPHI delivered seven webinars and representatives of Public Health Wales attended six of these.
138. A webinar held on the 22 October 2020 was organised by the WHO Collaborating Centre at Public Health Wales. Titled 'Balancing Investment for Well-being and Health

Equity in the Context of Covid-19', the webinar outlined current and potential challenges and impacts of Covid-19 (and related response measures) on population well-being, equity, social and economic development, and highlighted the importance of urgent and sustainable investment in wellbeing and health equity (see earlier paragraph on the work of the Collaborating Centre during the pandemic).

139. To March 2022, IANPHI delivered 13 webinars and Public Health Wales representatives attended 10 of these and presented at a number of them. The webinars provided useful intelligence and an opportunity for information exchange. For example, the webinar with South Korea and the bilateral discussion with the Robert Koch Institute in Germany, both in April 2020, revealed several insights about the structural preparedness and the requirements necessary for an effective early response including laboratory capacity for testing, human resources necessary for contact tracing and coordination of the response in the first phase. These insights informed the development of the National Health Protection Response Plan, which was submitted to the Welsh Government on 4 May 2020.
140. A list of international webinars took place as per **[EXHIBIT TC131 INQ000056296]**.

Access to Information to Advise Welsh Government – Nature and Spread of Covid-19 in Wales

141. Public Health Wales had access to a range of expert, medical and scientific information from within the UK and internationally as set out in detail above. This information was collated within Public Health Wales and was factored into the advice given to the Welsh Government as necessary.
142. Public Health Wales provided professional advice to a range of stakeholders including the Welsh Government, the health and care system, local government, education and businesses. Welsh Government officials were primarily responsible for collating and analysing the advice for Ministers. Public Health Wales was occasionally asked to comment on draft ministerial submissions.
143. There were requests for advice on a range of emerging issues. The advice was provided through various routes such as - by email, over telephone, at meetings and, since October 2020, formal written Advice Notes to the Chief Medical Officer for Wales to inform Welsh Government policy and decisions.

144. As detailed earlier in this statement, a number of new groups/meetings/response cells were stood up during the response and through those groups, Public Health Wales had nominated representatives who provided the advice. Examples of such groups include: Covid Intelligence Cell, Covid Intelligence Group, Scientific Advisory Group for Emergencies, Health and Social Services Group (Welsh Government), Health Protection Advisory Group, GOLD, Public Health Wales Strategic Coordinating Support Group, Technical Advisory Group.
145. Up until October 2020, there was no formal system in place by which the Welsh Government could seek advice from Public Health Wales through a single interface. Advice and support up until then was being requested through multiple channels and contacts within Public Health Wales. This did make it challenging to track the advice and support being provided, hence a formal system was put in place to address that challenge.
146. The key mechanisms for sharing and assimilating information within Public Health Wales were through the Incident Management Team (IMT) and during the period of enhanced response at Gold meetings and Strategic Director/Incident Director meetings. Reports on evidence synthesis, people surveys and behavioural insights were shared with Incident Directors to inform the professional advice provided by Public Health Wales. With reference to these reports, between April 2020 and March 2022, Public Health Wales conducted a public engagement telephone survey “*How Are We Doing in Wales?*” to track how coronavirus and related control measures were affecting the public’s health and wellbeing. Approximately 27,000 Wales residents aged 18 years or over participated. The survey aimed to question a representative sample of the general public across Wales every two weeks initially, with periods later in the pandemic using a three or four weekly interval. The survey typically accessed around 600 people in each sample. The public engagement survey reports can be found at: **[EXHIBIT TC132, EXHIBIT TC133, EXHIBIT TC134]**. A trends report published in summer 2022 presented trends in responses over the two-year survey period (April 2020 to March 2022) to a selection of core questions and examined differences in responses by deprivation, gender and age: **[EXHIBIT TC135]**. Incident Directors were also subject matter experts on: Health Protection, Testing, Treatment and Diagnostics; Infection, Prevention and Control; and Communicable Disease Surveillance.

Exhibit
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Exhibit
TC133INQ000191685
Exhibit
TC134INQ000191686

Exhibit TC135
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147. The drafting of formal Advice Notes to the Chief Medical Officer for Wales was typically led by an Incident Director and developed in conjunction with other experts. These were formally signed off by the lead Strategic Director prior to submission. From October 2020, Public Health Wales provided formal written advice to the Chief Medical Officer for Wales on key issues emerging during the Covid-19 pandemic. To date (October 2022) Public Health Wales has submitted 31 formal Covid-19 Advice Notes on a range of topics including: Control Measures for Alert Level 0, Management of incidents and outbreaks in care homes, Management of COVID clusters in Educational Settings, Reduction of period of self-isolation, Respiratory Virus Testing during Winter, and Testing in Hospitals for SARS-CoV-2. Most of the Advice Notes were formally requested by the Welsh Government and were used to inform Ministerial briefings, policy and decision-making.
148. Other principal sources of data were used to inform the advice provided to the Welsh Government including;
- a. **Clinical reports** - Initially in January and February 2020, notifications of cases from clinicians for which information was collected by means of a minimum dataset form and also the 'First few 100' form [EXHIBIT TC136 INQ000056297, EXHIBIT TC137 INQ000056298, EXHIBIT TC138 INQ000056299], developed by Public Health England and shared across the UK. This information was usually gathered by Health Protection Teams, and later involved contact tracing teams.
 - b. **Laboratory testing** - Initially all testing was done at Public Health England laboratories. Public Health Wales rapidly developed a SARS-CoV-2 test and validation for this was completed on 31st January 2020. The Chief Medical Officer for Wales approved the Public Health Wales test on the 7 February 2020 and parallel Public Health England testing ceased after that date.
- Initially, the laboratory test results were linked to epidemiological data on reports using spreadsheets and reconciliation of lists. As the activity scaled up, this was then changed to using our routine electronic laboratory datasets (Datastore and Tarian) which then became the main source of Covid-19 testing information.

Further sources of information on Covid-19 testing became available in line with changes to testing provision. Public Health Wales started to receive data from PCR testing in the UK Lighthouse laboratory network in July 2020, with the first report including these data on the 12 July 2020. Later, in January 2021, it started to receive data on lateral flow testing from the Department of Health and Social Care in England and NHS Digital in England. These datasets came to Public Health Wales through Digital Health and Care Wales (DHCW).

Data from private laboratories and from English testing in the Second Generation Surveillance System were not included with the exception of some individual cases early in the pandemic.

- c. **Genomics datasets** – Covid-19 genome sequencing in Wales was generated and analysed by Public Health Wales' Pathogen Genomics Unit (PENGu). Data from sequencing done elsewhere was also obtained via PENGu colleagues, from sources such as Cloud Infrastructure for Microbial Bioinformatics (CLIMB).
- d. **Travellers to the UK** - Information on new arrivals from specific countries was shared by the All Wales Arriving Traveller Team who obtained it from the Home Office. This group was commissioned by the Welsh Government and employed by Cardiff Council as a National TTP Team, tasked to monitor all Wales resident travellers arriving back in the UK.
- e. **Immunisation datasets** - Wales Immunisation System collated Covid-19 vaccination data from a registered population.
- f. **Population data** - for denominators in calculating incidence and prevalence was gathered from the Office for National Statistics (ONS) and GP registered population estimates.
- g. **ICNET** - A system that collates all hospital administrative data linked to microbiology results, enabling identification of hospital admissions and deaths.
- h. **Field epidemiology** – A range of field epidemiology work was conducted including the Merthyr mass testing case-control study; hospital outbreaks

(gathered by healthcare epidemiologists); and other outbreak investigations such as the investigation into the poultry processing plant in Anglesey.

- i. **Deaths data** - Two main sources were used for mortality reporting. Public Health Wales's rapid mortality surveillance form, along with other routes such as emails, was used by health boards to report Covid-19 related deaths. The electronic form for deaths reporting started on the 24 March 2020. For less timely but more complete data on deaths, ONS data on deaths including Covid-19 causes was used. Death data from ICNET (itself linked to the hospital Patient Administration Systems) was also used in linkage studies for hospitalised cases.
- j. **Outbreak data** - From health protection team reports recorded on the Tarian system. Additional data from the closed settings cell which initially collected information on institutional outbreaks.
- k. **Serosurveillance** - Blood samples from Welsh Blood Service (blood donors) with testing done in Cwm Taf University Health Board and data provided to Public Health Wales, which started on the 27 June 2020.
- l. **Contact tracing data** – this was linked with testing data to identify certain settings (e.g. schools) and occupations (e.g. educational staff).
- m. **School absence data** – Total absence and absence related to Covid-19 was received from the Welsh Government.

149. Within our Communicable Disease Surveillance Centre (CDSC) there was a regular surveillance meeting to agree and report on methods and practical issues. In addition, specific meetings across the wider Public Health Wales team, and through our Incident Management Team, took place to agree data flows and protocols in response to specific changes e.g. new variants, new technologies (e.g. genotyping), and changes in travel policy.

150. The main route of presentation for data was the Public Health Wales Incident Management Team. A standard set of data was provided to the Incident Management Team.

151. Surveillance data, both routine and ad hoc requests, were provided to various groups, these included:
- a. Health boards – Directors of Public Health; regional team link meeting
 - b. Welsh Government – TAG, Health Protection Advisory Group, Incident Management Team chairs, CIC, CIG, education group; other specific meetings
 - c. Incident management teams for specific outbreaks
 - d. Incident teams and related meetings for hospital outbreaks
 - e. UK-wide Incident Management Team
 - f. Strategic coordination group meetings (epidemiological update).

Statistical Modelling

152. Public Health Wales applied scenario models developed in England to assess demand on the NHS in Wales. Public Health Wales worked with academic colleagues to apply methods to measure the effective reproduction number and doubling time for the epidemic in Wales. This was implemented as a form of 'now-casting' and the results were subsequently reported regularly in routine surveillance outputs, thus informing action.
153. The statistical modelling work undertaken by Public Health Wales formed part of a suite of similar such outputs produced by various other partners, such as academic groups, SAGE and its sub-groups. These outputs were discussed at TAG and were included either in the main TAG outputs or as supplementary information to such outputs.
154. Public Health Wales was also part of a sub-group of SAGE, called SPI-M (Scientific Pandemic Influenza Group on Modelling) and contributed to the outputs of the group. These included medium term projections on the epidemiology of Covid-19, potential impact on policy changes and estimating the effectiveness of various NPIs.
155. In terms of the structures and processes developed for the consideration and discussion of modelling; Initially, Public Health Wales engaged through occasional attendance at SPI-M and PHE modelling groups, saw modelling papers produced in the UK with implications for Wales and summarised notes of these meetings for Incident Management Team /senior colleagues. On an individual basis, it ran basic models in the first few weeks, using data from China reported on at the Public Health

England Incident Management Team, in order to estimate the basic reproductive number.

156. When NHS England produced figures for NHS demand based on Imperial College modelling, Public Health Wales gained access to the assumptions and figures behind these (initially through a pdf presentation) and translated these into Wales-applied estimates for cases, hospitalisations and deaths.

157. To share this information and learning, on the 1 April 2020, Public Health Wales established a Four Nations modelling group including the Welsh Government, NHS England, Public Health Scotland, Scottish Government and Northern Ireland. Public Health Wales attended this group's meeting on the 6 April and received documents for this meeting and three following meetings as per **[EXHIBIT TC139, EXHIBIT TC140, EXHIBIT TC141, EXHIBIT TC142]**. This does not include the meetings that took place on 15 April 2020 and 27 May 2020 because, to the best of our knowledge, Public Health Wales did not attend these meetings and did not receive the related documents.

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Exhibit
TC140INQ000191693
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158. This group then took the modelling work further and gradually transitioned to Welsh Government officials who took over the predictive/scenario modelling elements.
159. Public Health Wales was then able to obtain code for the generation of these modelling figures from NHS England. This was provided to it and its Public Health Observatory ran these models to generate estimates for the impact on Wales (March/April 2020).
160. Public Health Wales took early advice from Professor John Edmunds, Dean of Faculty of Epidemiology and Population Health at the London School of Hygiene and Tropical Medicine, in the pandemic that short-term estimates of growth were a reasonable approach and asked colleagues in CDSC to develop these growth and doubling time estimates for cases and hospitalisations. These were refined over the pandemic to produce geographical-specific estimates and became part of its routine outputs. In terms of identifying Professor Edmunds as the source of advice, at the stage in which modelling was prominent in SAGE discussions, [Public Health Wales CDSC] contacted John Edmunds as a SAGE/ SPI-M member who had links to Wales to enquire about modelling approaches. At that time, Public Health Wales did not have existing capacity for modelling in the same way as academic partners such as the London School of Hygiene and Tropical Medical and Imperial College, nor a modelling group linked to SPI-M, (as was the situation with PHE). It did not seem to be valuable to try to replicate

the extensive models developed by these groups at this point, but with existing knowledge and skills within CDSC, Public Health Wales was able to derive short term estimates of the growth rate of cases in the community and hospital. John Edmunds was asked, (as part of a discussion on modelling more generally), if this approach was reasonable. John Edmunds agreed that such an approach was reasonable and therefore Public Health Wales started to produce such growth rate and reproductive number estimates as part of Public Health Wales routine outputs. The Welsh Government, through TAG, was informed of this discussion and subsequently received the growth rate and reproductive number estimates for the Wales population, as part of Public Health Wales routine reporting. Public Health Wales confirms that it did not seek scientific or public health advice from any other named experts in a similar way. We have previously described our attendance at/ engagement with for example 'UK expert committees' such as the four UK Nations Health Protection Oversight Group (HPOG), and from April 2021, the UK Health Protection Committee [see para 126 above]

161. In March 2021, Public Health Wales was invited to join SAGE as an observer and was then able to see modelling outputs more routinely. In May 2022, Public Health Wales was invited to SPI-M as a member.

Reporting Evidence and Data to Welsh Government

162. Public Health Wales did not have a specific role in presenting complex data and modelling so that it could be understood by Ministers etc. This role was undertaken by the Welsh Government's Technical Advisory Group
163. Public Health Wales did have a role in interpreting and presenting its own data and information in a way which was clear and understandable to a range of partners and the public. Examples of this include:
- a. Daily, weekly Summary Covid-19 surveillance/ epidemiology reports
 - b. Weekly Covid-19 school based reports
 - c. Outputs from the Public Health Wales public surveys and Adherence Confidence Text Surveys.

164. In terms of Summary surveillance / Epidemiology reports; The design and frequency of reporting of these reports was discussed and agreed with key partners including the Welsh Government. These reports were prepared on a regular (daily / weekly) basis and included presentation through the:

- a. Public Health Wales website and later a public web-based dashboard
- b. Circulation of additional clear summary weekly narrative reports with Executive Summary findings
- c. Distribution of a supporting PowerPoint slide deck to key partners
- d. Verbal presentation and interpretation of data/ information at various partnership meetings and fora by Strategic/Incident Directors or CDSC specialists.

165. It is understood that senior Welsh Government officials and Ministers directly received these reports and used them to assist in their own understanding of the Covid-19 situation. Public Health Wales reached this conclusion because Public Health Wales sent these reports directly to Welsh Government officials and throughout regular meetings, calls and emails from Welsh Government colleagues, we were advised that the reports were being used and interpreted in the Welsh Government. Another indication of this was the large volume of requests for clarification and extension of reports that we received during the course of the pandemic. Whilst Public Health Wales provided reports, analyses, interpretation and advice, we cannot precisely say how this translated into actions and policy. Some routine reports that were shared directly with the Chief Medical Officer for Wales and sometimes the Minister for Health and Social Services include:

- a. Routine surveillance report
- b. Routine schools surveillance report
- c. Emailed responses from WG officials

The full list comprises:

Exhibit TC100INQ000191635	- Enhanced Weekly-Schools-Report 03112021 [EXHIBIT TC100 as above],
Exhibit TC101INQ000191636	- RE FOR ACTION Escalating rates in the Wrexham area [EXHIBIT TC101 as above]
Exhibit TC102INQ000191640	- 20210712 PHW Epi Review Wrexham Approved [EXHIBIT TC102 as above]
Exhibit TC103INQ000191641	- 20210711 Wrexham DeepDive Report over60s [EXHIBIT TC103 as above]
Exhibit TC104INQ000191642	- Wrexham DeepDive Report All Age [EXHIBIT TC104 as above],

Exhibit TC105INQ000191643	- Health Board epidemiological summary reports as at 9am 12122021 [EXHIBIT TC105 as above],
Exhibit TC106INQ000191652	- Powys Daily Epi Summary 2021-12-12 [EXHIBIT TC106 as above],
Exhibit TC107INQ000191653	- SBUHB (Swansea Bay University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC107 as above],
Exhibit TC108INQ000191654	- Wales Daily Epi Summary 2021-12-12 [EXHIBIT TC108 as above],
Exhibit TC109INQ000191655	- ABUHB (Aneurin Bevan University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC109 as above],
Exhibit TC110INQ000191657	- BCUHB (Betsi Cadwaladr University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC110 as above],
Exhibit TC111INQ000191658	- C&VUHB (Cardiff and Vale University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC111 as above],
Exhibit TC112INQ000191659	- CTMUHB (Cwm Taf Morgannwg University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC112 as above],
Exhibit TC113INQ000191660	- HDUHB (Hywel Dda University Health Board) Daily Epi Summary 2021-12-12 [EXHIBIT TC113 as above],
Exhibit TC114INQ000191661	- LFT Sampling Report Date [EXHIBIT TC114 as above],
Exhibit TC115INQ000191662	- Merthyr case control paper 1a [EXHIBIT TC115 as above],
Exhibit TC116INQ000191663	- PHE care home discussion [EXHIBIT TC116 as above],
Exhibit TC117INQ000191664	- Public Health Wales COVID [EXHIBIT TC117 as above],
Exhibit TC118INQ000191665	- Public Health Wales Variant Surveillance Update [EXHIBIT TC118 as above],
Exhibit TC119INQ000191666	- RE 2019n-CoV IMT official sensitive meeting [EXHIBIT TC119 as above],
Exhibit TC120INQ000191669	- Confirmed case summary 15042020 [EXHIBIT TC120 as above],
Exhibit TC121INQ000191670	- RE Summary of all confirmed cases of COVID-19 between 3011 and 06122021 by Local Authority [EXHIBIT TC121 as above],
Exhibit TC122INQ000191672	- Daily Summary - All confirmed Episodes 10122021 [EXHIBIT TC122 as above],
Exhibit TC123INQ000191673	- Daily Summary - All confirmed Episodes 10122021 [EXHIBIT TC123 as above],
Exhibit TC124INQ000191674	- Schools Daily Report [EXHIBIT TC124 as above],
Exhibit TC125INQ000191676	- Schools Daily Report [EXHIBIT TC125 as above],
Exhibit TC126INQ000191677	- Variant technical group 6 [EXHIBIT TC126 as above],

166. In addition to the above, specific information and reports were prepared in relation to key settings, for example, Schools/Education. These reports were similarly circulated to key partners on a regular basis.

167. Public Health Wales advice and formal written Advice Notes were based on a continuing and developing understanding of the evidence base, informed also by knowledge, intelligence and experience from its own disease surveillance and local health protection response in Wales. The advice was also informed by surveys on health and well-being including the Public Health Wales Adherence, Confidence and Text Survey (ACTS) and the public engagement survey undertaken by our WHO Collaborating Centre on Investment for Health and Well-being which was reporting on the views, and behaviours of the public.

168. Through the Public Engagement Survey, Public Health Wales surveyed the general public initially every week, and later moving to fortnightly and then monthly. The survey examined:

- a. Views on restrictions being implemented
- b. Self-assessed levels of infection
- c. Compliance with restrictions
- d. Uptake of testing options, vaccination, etc
- e. Confidence in the NHS, public sector and government
- f. A variety of measures of physical and mental well-being.

169. The 'How are we doing in Wales' survey started on 3rd April 2020 [see Paragraph 145 above]. It then ran weekly until the end of July 2020; fortnightly from September 2020; and monthly from December 2021. The number of survey rounds was 48 and there are 43 Published Reports **[EXHIBIT 132 as above]**, with the most recent survey being run in March 2022. The number of survey rounds was 48 and there are 43 Published Reports **[EXHIBIT TC132 as above]**, with the most recent survey being run in March 2022. There is an end-pandemic trends analysis "Trends in health and wellbeing during the coronavirus pandemic April 2020 to March 2022" **[EXHIBIT TC143]** which was the final report at the end of the public engagement survey.

Exhibit
TC132INQ000191684

Exhibit
TC132INQ000191684

Exhibit
TC143INQ000191696

170. Each survey report was shared with the Welsh Government, including the Chief Medical Officer for Wales, the Director General for Health and Social Services/NHS Wales Chief Executive, the Head of Public Health Research for Welsh Government. Questions were chosen with input from across Public Health Wales, and in consultation with the Welsh Government, on a routine basis. However, it also included items from other key stakeholders following an appropriate request. We have included the submitted evidence as examples of a:

- a. typical weekly report from early and mid-way through the pandemic
- b. mid-pandemic trends analysis
- c. report following the end of the public engagement survey.

Information not Available to Public Health Wales Which May Have Assisted

171. Public Health Wales had most of the relevant systems and sources necessary to advise the Welsh Government on the pandemic and their specific questions. The information supplied was generally sufficient for the main decisions, but for some areas (for example ethnicity data and knowledge of occupation) complete and accurate data were not available and so some specific questions could not be answered. Early in the pandemic we also lacked Wales-specific statistical models so needed to adapt those developed in English institutions.

Internal Opinions on Advice

172. As outlined above, Public Health Wales provided advice to the Welsh Government in many different forums and through different mechanisms during the defined period. This ranged from formal Advice Notes from October 2020, to staff attending meetings and taking part in various discussions. Public Health Wales utilised its established emergency response mechanisms, such as Gold and the Incident Management Team, to discuss, consider and debate various matters. In addition, Public Health Wales staff were also part of four nations' arrangements, where they provided professional advice, for example, in the UK Infection Prevention Control Guidance Cell.

173. Public Health Wales employs many specialist professional staff in a variety of topic areas and purposely deployed these staff into a variety of situations to offer their professional advice based on evidence, data, experience and their ability to respond and interpret an emergency response as it unfolds. This was particularly the case during the early stages of the pandemic where multiple professional staff were mobilised, during a fast paced and ever-changing emergency situation, to represent Public Health Wales at various meetings that were taking place simultaneously.

174. Using the Gold and Incident Management Team structures, and recognition of named 'lead experts' for key areas including epidemiology, virology, clinical microbiology, and

sampling and laboratory testing, as well as leads established for specific areas arising during the response to the pandemic including closed settings, Public Health Wales created fora and mechanisms to resolve internal differences of opinion and agree a single position. Furthermore, since October 2020, all Advice Notes followed a formal process.

Non-Pharmaceutical Interventions – Advice to Welsh Government

175. During the pandemic Public Health Wales provided specialist advice to the Welsh Government to inform its discussions and decision making on NPIs. This advice was provided during all stages of the response: Contain, Delay, Mitigate and Recovery and by a number of routes.
176. **Attendance at specialist meetings:** Specialist colleagues from Public Health Wales were invited to attend and provided expert contributions to support the Wales Chief Scientific Adviser Health and the Wales Technical Advisory Cell. Through a Technical Advisory Group, Public Health Wales made contributions to NPI discussions including:
 - a. Modelling work in Wales
 - b. Support to subgroups on testing and children/ education
 - c. Support to subgroups of Scientific Advisory Group for Emergencies through Technical Advisory Cell – SPY M, SPY B, and more recently Hospital Onset of Covid Subgroup
 - d. Extensive support has also been provided to the UK IPC cell.
 - e. Specialist senior staff were invited to and attended the Welsh Government Covid Intelligence Cell (CIC) and meetings with Welsh Government officials to get updates on any major changes in relation to 21 day review.
177. Public Health Wales staff (Consultants in Communicable Disease Control (CCDC) and Consultants in Health Protection (CHP)) providing local specialist support also attended the weekly Welsh Government Covid Intelligence Group (CIG), led by Welsh Government, and contributed local health protection intelligence which was used to update the CIC. This was complemented by regular informal engagement between our Strategic Directors and the Chief Executive and the Chief Medical Officer for Wales and members of his team. On one occasion, specialist Public Health Wales staff were invited to attend the Welsh Government Cabinet to give direct specialist update and

advice to inform the second lockdown announcement of 18 December 2020 regarding the first Kent Variant.

178. Documentation for CIG meetings, including agendas and summary actions, was co-ordinated and shared by Welsh Government. Public Health Wales does hold some documentation in relation to this meeting and examples fall into the following categories:

Exhibit
TC145INQ000191698

Exhibit
TC146INQ000191699

Exhibit
TC147INQ000191700

Exhibit
TC148INQ000191701

Exhibit
TC149INQ000191702

Exhibit
TC150INQ000191707

Exhibit
TC151INQ000191709

Exhibit
TC152INQ000191710

Exhibit
TC153INQ000191711

- a. Terms of Reference **[EXHIBIT TC144]** **Exhibit TC144INQ000191697**
- b. Agendas and records of summary actions of CIG shared by Welsh Government – see **[EXHIBIT TC145, EXHIBIT TC146, EXHIBIT TC147, EXHIBIT TC148, EXHIBIT TC149, EXHIBIT TC150]**
- c. Examples of written epidemiology summaries presented to the CIG – see **[EXHIBIT TC151, EXHIBIT TC152, EXHIBIT TC153]**
- d. Examples of situational reports produced by the Welsh Government following CIG meetings. **[EXHIBIT TC154, EXHIBIT TC155, EXHIBIT TC156, EXHIBIT TC157]**

Exhibit
TC154INQ000191712

Exhibit
TC155INQ000191713

Exhibit
TC156INQ000191714

Exhibit
TC157INQ000191715

179. It should be noted that Public Health Wales representatives attending CIG, also gave real time, verbal summary updates in relation to cases and incidents in each region of Wales. Similar summary information was shared with the internal Public Health Wales Incident Management Team. NB From August 2021, Public Health Wales was also invited to attend an internal Welsh Government, called the Covid Intelligence Cell. Public Health Wales was invited as an external member. The professional lead for Health Protection attended this regularly, with the role of providing an update of the epidemiological summary and to clarify any technical issues/questions raised by the other WG attendees from various government departments.

180. The CIG (originally named Covid Intelligence Cell) was established by the Welsh Government, through the Chief Medical Officer for Wales' Health protection Advisory Group in August 2020 and was chaired by Welsh Government with papers facilitated by Welsh Government officials. The key function of the Covid-19 Intelligence Cell was to provide oversight and understanding of the transmission dynamics of Covid-19 across Wales and to provide relevant, timely situational awareness, assessment and insight into cases of Covid-19 in Wales (See Terms of Reference **[EXHIBIT TC144 as above]**). The CIG meeting was attended by Public Health Wales representatives (including Lead epidemiologist, Communicable Disease Surveillance Centre and Consultants in Communicable Disease Control / Health Protection providing regional

Exhibit
TC144INQ000191697

support across Wales). The intention was to a) provide timely situational awareness, assessment and insight into cases at regional level with a national overview and b) to discuss data arising from Test, Trace and Protect activity and Technical Advisory Cell. The meeting was held twice weekly, with some variation in frequency during the pandemic response.

181. Public Health Wales representatives interacted with the Chief Medical Officer for Wales frequently from late January 2020 as the pandemic rapidly escalated. In addition to formal pre-arranged meeting in diaries, there were also regular informal meetings that took place from the 26 January. Given the fluidity of the situation, there were numerous meetings and other interactions with the Chief Medical Officer for Wales which do not always feature in individual's diaries, and for which there were no minutes or notes. These were not decision-making meetings. Our records show that the following types of meetings took place between representatives of Public Health Wales and the Chief Medical Officer for Wales as follows:

- a. 26 January 2020 – Start of Public Health Wales/ Chief Medical Officer for Wales informal meetings
- b. 28 January 2020 – Start of daily information exchange between Public Health Wales and Chief Medical Officer for Wales officials, in which the Chief Medical Officer for Wales may have been present on occasion.
- c. 24 February 2020 – Public Health Wales senior staff met with the Chief Medical Officer for Wales to take stock of the Covid-19 situation in Wales and share information and advice
- d. 18 April 2020 - Conference call between the lead Strategic Director for Public Health Wales, Chief Medical Officer for Wales and the President of the Robert Koch Institute in Germany to compare international practice
- e. 18 December 2020 – Specialist Public Health Wales staff, including the Deputy Director, Public Health Services, were invited to attend the Welsh Government Cabinet to give direct specialist update and advice to inform the second lockdown announcement of 18 December 2020 regarding the first Kent Variant.
- f. 19 January 2021 – Ministerial meeting on the Kent Variant, involving Public Health Wales' lead Consultant Epidemiologist and the Consultant Clinical Scientist, and the Chief Medical Officer for Wales

- g. 28 November 2021 – Telephone conversation on a probable Omicron case between Public Health Wales's lead Strategic Director, and the Chief Medical Officer for Wales
- h. 9 December 2021 – Meeting between Public Health Wales (including the lead Consultant Epidemiologist and the Public Health Wales Consultant Clinical Scientist, Wales Specialist Virology Centre) and the Chief Medical Officer for Wales on the Omicron Variant
- i. 15 December 2021 – Follow up meeting between Public Health Wales (including the lead Consultant Epidemiologist and the Public Health Wales Consultant Clinical Scientist, Wales Specialist Virology Centre) and the Chief Medical Officer for Wales on the Omicron Variant.

182. Public Health Wales received an initial request from the Minister for Health and Social Services, by the Chief Medical Officer for Wales, for a briefing on the new Variant of Covid-19, by email on the afternoon of Friday 18 December 2020. The request was to receive a briefing for the Minister for Monday 21 December [email/ **Exhibit TC158**]. An initial short draft summary briefing was shared back in an email from the Public Health Wales interim Executive Director of Health Protection and Screening Services with the Chief Medical Officer for Wales that same afternoon (18 December 2020), with receipt acknowledged [**Exhibit TC159, Exhibit TC160, Exhibit TC161**]. On Saturday 19 December 2020, two senior members of Public Health Wales staff (the lead Consultant Epidemiologist and the Public Health Wales Consultant Clinical Scientist, Wales Specialist Virology Centre) were asked to join the Welsh Government Cabinet meeting. Colleagues attended and updated the First Minister and the Cabinet about the situation regarding new information that Public Health Wales had received about the arrival of Alpha (Kent variant) into Wales. This would have been in line with the information contained in the draft written summary briefing. Public Health Wales colleagues continued to prepare and update a full written briefing on the new variant and a 'summary PDF briefing note' was sent by email from the Public Health Wales interim Executive Director to Welsh Government officials (including the Chief Medical Officer for Wales) and other key partners on the morning of Sunday 20 December 2020 [**Exhibit TC162, Exhibit TC163**]. On the afternoon of 20 December, the Public Health Wales team completed a full written briefing note and a 'full PDF Ministerial briefing document' was sent by email from the Public Health Wales Professional lead consultant in Health protection/ Public Health Wales Incident Director to Welsh Government officials, with receipt acknowledged [**EXHIBIT TC164, EXHIBIT TC165**].

Exhibit
TC158INQ000191716

Exhibit
TC159INQ000191717
Exhibit
TC160INQ000191720
Exhibit
TC161INQ000191721

Exhibit
TC162INQ000191722
Exhibit
TC163INQ000191724

Exhibit
TC164INQ000191725
Exhibit
TC165INQ000191727

Exhibit
TC166INQ000191728

This briefing consolidated the information that had been given previously both verbally and in writing during 19 and 20 December 2020. The Welsh Government policy decision was published on the 19 December and referenced the Cabinet meeting and the receipt of advice from 'senior medical and scientific advisers'. (Written Statement: Alert level four restrictions (19 December 2020) [EXHIBIT TC166]).

Exhibit
TC10INQ000056350

183. **Public Health Protection Response Plan;** On the 22 April 2020, the Chief Medical Officer for Wales asked Public Health Wales to develop a public health protection response plan. The plan we developed was submitted to the Welsh Government on the 4 May 2020 [EXHIBIT TC10 as above].

184. The plan submitted to the Welsh Government was a comprehensive Public Health Protection Response Plan to inform the prevention, containment and management of Covid-19 including contact tracing. This became the operational delivery plan for the Welsh Government's Test, Trace Protect Strategy that was published on the 13 May 2020.

185. **Public Health Wales Advice Notes;** From February 2020 to September 2020, Public Health Wales advice was mainly provided through the meetings and processes described above. In October 2020, Public Health Wales adopted an additional approach to providing advice to the Welsh Government in the form of formal written Advice Notes. These were drafted by a team of staff including Incident Directors and other experts that incorporated the broader health harms perspective. The Advice Notes were often requested, following meetings with the Chief Medical Officer for Wales. Each Advice Note was approved by the Strategic Director and submitted directly to the Chief Medical Officer for Wales and Director General of Health and Social Services/NHS Wales Chief Executive in the Welsh Government. This additional approach also corresponded with the time in the response where Public Health Wales started to provide advice which balanced the impact of potential outcomes, for example; the need to balance different considerations: reducing transmission, protecting essential health and social care services, and minimising wider harm effects including mental well-being and those arising from impacts on the economy.

186. Previously, Public Health Wales advice had focussed on the prevention, management and control of Covid-19 as a new infectious disease. In particular, Public Health Wales advised in October 2020 (Advice Note 2) [EXHIBIT TC167 INQ000056300] that the

next framework for response needed to balance a regulatory approach with an approach that sought to enable our population to adopt and maintain the right behaviours with access to simple messaging and knowledge to help them make informed, 'risk-based' decisions.

187. The first such Advice Note was submitted on the 10 October 2020. Since that date, 31 formal Advice Notes have been submitted in total. Many of the Advice Notes submitted included specific advice on the implementation of these NPIs, or to amend, extend or end their use.

188. The receipt of each Advice Note was acknowledged by Welsh Government officials, and we understand that the content was used, amongst other sources of information, to contribute to their discussions and subsequent decisions made by Ministers. Positive feedback was received in relation to the style, content and timeliness of the advice [EXHIBIT TC168, EXHIBIT TC169, EXHIBIT TC170, EXHIBIT TC171, EXHIBIT TC172, EXHIBIT TC173].

Exhibit
TC168INQ000191730
Exhibit
TC169INQ000191731
Exhibit
TC170INQ000191734
Exhibit
TC171INQ000191735
Exhibit
TC172INQ000191736
Exhibit
TC173INQ000191737

Specific NPI Advice

189. **Lockdown in Wales;** Public Health Wales had no involvement in advising the Welsh Government on the national lockdown of March 2020.

190. As the pandemic progressed and the Welsh Government considered restrictions further, Public Health Wales did advise on the appropriateness of reintroducing similar March 2020 lockdown restrictions. This advice was contained in Advice Note 1 issued on 12 October 2020 [EXHIBIT TC174 INQ000056301] and Advice Note 5, which was issued on the 11 December 2020 [EXHIBIT TC175 INQ000056302]. Public Health Wales was consulted on large-scale events and did get involved in response on a risk-assessed basis, for example, NATO and the UEFA Champions Cup Finals. To the best of our collective knowledge and according to records, Public Health Wales did not receive a formal request for advice from the Welsh Government regarding the Wales v Scotland Six Nations rugby match, nor the Stereophonics concert. The Welsh Government's then Minister for Health and Social Services, Vaughan Gething, visited Public Health Wales's offices in Cardiff late morning on the 13 March 2020, the day before the scheduled Wales versus Scotland rugby fixture. There was an informal discussion between the Minister, the Incident Director at the time, and Public Health

Wales' Chief Executive prior to the Minister visiting our National Contact Centre in the same building. The discussion included a brief conversation about this fixture. The Incident Director recollects that there was uncertainty about the level of risk posed by the event itself, but there was particular concern about the risk of significant numbers of people travelling to Cardiff and the impact of crowding in pubs and other venues and public spaces. Overall, our recommendation was to postpone or cancel the match, but the Minister advised that, at that time, the Welsh Government's position remained for the game to proceed. There was nothing recorded from this discussion. The match was subsequently cancelled. We cannot say why we were not asked for formal advice on these events.

191. **Circuit breakers;** Specific advice to the Welsh Government relating to the use of 'Circuit breaker' NPIs was included in the following Advice Notes

- | | | |
|---------------------------|----|---|
| Exhibit TC174INQ000056301 | a. | Advice Note 1 – 12 October 2020 [EXHIBIT TC174 as above]. |
| Exhibit TC167INQ000056300 | b. | Advice Note 2 - 24 October 2020 [EXHIBIT TC167 as above] |
| | c. | Advice Note 4 - 7 December 2020 [EXHIBIT TC176 INQ000056303] |
| Exhibit TC175INQ000056302 | d. | Advice Note 5 – 11 December 2020 [EXHIBIT TC175 as above] |
| | e. | Advice Note 6 – 15 December 2020 [EXHIBIT TC177 INQ000056304] |

192. The Advice Notes in December 2020 were particularly focused on the worsening Covid-19 incidence and recommended the need for additional restrictions. Specific reference to re-introducing restrictions similar to those used in March 2020 (lockdown), was included in Advice Note 5.

193. Specific Reference was also made to the role of circuit breakers in the Advice Note 23 on the 1 November 2021 [EXHIBIT TC178 INQ000056305], which provided advice, based on learning and evidence on the future use of Non-Pharmaceutical Interventions during scenario 'COVID URGENT' of the Welsh Government Coronavirus Control Plan.

194. **Working from home;** Advice on working from home, (where possible), was a consistent part of Public Health Wales's advice and one that it promoted as part of its own organisational arrangements. The advice was implicitly and explicitly included in early Advice Notes including:

- | | | |
|---------------------------|----|--|
| Exhibit TC174INQ000056301 | a. | Advice Note 1 – 12 October 2020 [EXHIBIT TC174 as above] |
|---------------------------|----|--|

Exhibit TC167INQ000056300	b.	Advice Note 2 - 24 October 2020 [EXHIBIT TC167 as above]
Exhibit TC176INQ000056303	c.	Advice Note 4 - 7 December 2020 [EXHIBIT TC176 as above]
Exhibit TC179INQ000056306	d.	Advice Note 5 – 11 December 2020 [EXHIBIT TC179 as above]
Exhibit TC177INQ000056304	e.	Advice Note 6 – 15 December 2020 [EXHIBIT TC177 as above]
	f.	Advice Note 7 – 14 January 2021 [EXHIBIT TC179 INQ000056306]

Public Health Wales's WHO Collaborating Centre also produced and published a Health Impact Assessment on Staying at Home and Social Distancing in June 2020 [EXHIBIT TC180 INQ000056307], a report on The Public Health Impact of Home and Agile Working in Wales in November 2020 [EXHIBIT TC181 INQ000056309], and another Health Impact Assessment on Exploring the Health and Well-Being Impact of COVID-19 on Housing and Housing Insecurity in November 2021 [EXHIBIT TC68 INQ000056310 as above]. We can confirm that these documents were shared with the Welsh Government.

195. **Reduction of person to person contact;** Reducing person to person contact was also a consistent part of Public Health Wales advice and was part of the first 10 Advice Notes (October 2020 – February 2021).
196. In particular, in response to increasing Covid-19 infection levels in December 2020, Advice Note 5 (11 December), Advice Note 6 (15 December and Advice Note 7 (14 January 2021), had a specific focus on reducing person to person contact and social distancing.
197. Subsequently, with Covid-19 infection levels decreasing, Advice Notes focussed on easing these NPIs in specific settings notably in School/Education settings (Advice Note 8 -22 January 2021) [EXHIBIT TC183 INQ000056311], and then wider settings (Advice Note 10 - 20 February 2021) [EXHIBIT TC184 INQ000056312].
198. Based on progress in vaccination of the population, later Advice Notes covered scenarios of varying these NPIs based on vaccinations status (Advice Note 14 – 6 July 2021) [EXHIBIT TC185 INQ000056313].
199. Similarly, Advice Note 15 (7 July 2021) [EXHIBIT TC186 INQ000056314] provided advice on easing/lifting these NPIs.
200. Advice Notes also covered aspects of periods of self-isolation for people with Covid-19 infection. These were relevant to potential risk for person-to-person transmission.

The changes to self-isolation periods happened at various times. The reduction from 14 days to 10 days on the 10 December 2020, and from 10 to seven days on the 31 December 2021 and finally from seven to five days on the 28 January 2022. We did not provide any specific advice on the first change (from 14 to 10 days) and did not have any concerns about that change. For the second change (10 days to seven days) Public Health Wales provided advice in Advice Note 24 (24 December 2021) **[EXHIBIT TC187 INQ000056315]** and for the third change (seven days to five days) in Advice Note 26 (18 January 2022) **[EXHIBIT TC188 INQ000056316]**. Public Health Wales' advice was to confirm its support to those proposed changes, with the caveats as outlined in the respective Advice Notes.

201. Specifically, Advice Note 18 (22 July 21) **[EXHIBIT TC189 INQ000056317]** provided related advice on 'exception for isolation' for vaccinated individuals and Advice Note 18 (22 July 2021); Advice Note 24 (24 December 2021) and Advice Note 26 – (18 January 2022) relate to advice on self- isolation periods specifically.
202. Advice also covered aspects of periods of self-isolation for people with Covid-19 infection and their contacts. These were relevant to potential risk for person to person transmission.
203. On the 8 December 2020, the period of isolation for cases of Covid-19 was reduced from 14 days to 10 days. This was a decision taken at a UK level and agreed by Chief Medical Officers, but without direct input from Public Health Wales.
204. Advice was given through the Virology and Testing TAG, which included representatives from Public Health Wales, to support discussions around the isolation of cases and contacts, and duration of outbreaks (and thereby isolation) in closed settings. (TAG Briefing paper: Infectivity of Covid-19 (ST013 - 1st November 2020), VT-TAG advice regarding the reduction of the time period for a Care home outbreak from 28 days to 20 days for the Social Care Testing Infection Control and Prevention Group (ST030 – 10th December 2020) **[EXHIBIT TC190 INQ000056318, EXHIBIT TC191 INQ000056319]**.
205. Additional advice was given through less formal routes on occasion. For example, on the 10 December 2020, email advice was sent to the Chief Medical Officer for Wales' office that self-isolation of contacts working within Health and social care should remain

Exhibit TC193
INQ000191760

at 14 days [EXHIBIT TC192 INQ000056321, EXHIBIT TC193, EXHIBIT TC194 INQ000056323].

206.

Exhibit TC187
INQ000056315

Advice Note 24 (24th December 2021) [EXHIBIT TC187 as above] dealt with the potential to reduce the self-isolation period for cases. The advice supported the introduction of a policy that would allow individuals to be released from self-isolation after day seven if they had had a negative Lateral Flow Test on day six and day seven.

207.

Exhibit TC188
INQ000056316

Advice Note 26 (20th January 2022) [EXHIBIT TC188 as above] dealt with further potential to reduce the self-isolation period for cases. The advice supported a policy of sequential daily Lateral Flow Device (LFD) testing on days five and six of isolation and release for any individuals having two negative LFD results.

208.

There were specific Advice Notes (Advice Note 17 - (17 July 2021) [EXHIBIT TC195 INQ000056324] and Advice Note 22 (23 September 2021) [EXHIBIT TC196 INQ000056325] relating to Social Care settings, which gave specific advice on NPIs including this aspect in a Social Care setting. There was also a specific Advice Note related to behavioural insight (Advice Note 23 – (1 November 2021). 'Using behavioural science to increase the prevalence of personal protective behaviours in the COVID-19 pandemic response'. [EXHIBIT TC178 as above]

Exhibit
TC178INQ000056305

209. **Social distancing;** Similar to 'reducing person to person contact', maintaining social distancing was also a consistent part of Public Health Wales' advice and was part of the first 10 Advice Notes (October 2020 – February 2021).

210. **The use of face coverings;** Specific guidance on face coverings for healthcare services was provided in the UK COVID-19 IPC guidance. Population and other sector use of face coverings was influenced by the IPC guidance and also by WHO guidance. A major change to the IPC Guidance came into effect in April 2020, when it was felt that due to evidence of widespread community transmission, healthcare workers should wear PPE including medical masks (Fluid-repellent surgical masks) for all patient encounters. With regard to face coverings for the general population in Wales, this was a decision taken by Welsh Government without specific advice from Public Health Wales. Public Health Wales supported the decision once announced but were not asked to advise in advance of the initial decision being made.

Exhibit
TC183INQ000056311

211. The IPC guidance was regularly updated during the pandemic and advice on “universal masking” / extended use of facemasks changed according to prevalence of the infection and associated government policy. However, our general advice also referenced this NPI both implicitly and explicitly, recommending continued use of face coverings including in School settings for example (Advice Note 8) **[EXHIBIT TC183 as above]**.
212. **Travel in and out of Wales;** International travel was covered in advice relating to the Coronavirus Control Plan Alert levels (0-4) **[EXHIBIT TC197 INQ000056326]**.
213. In addition, two Advice Notes (11 and 12) were specifically focussed on ‘Safe return from international travel’ for Wales and provided advice on restricting international travel (March 2021) **[EXHIBIT TC198 INQ000056327]** and the need for a clear strategy for Wales to manage the risks of returning to International travel – Advice Note 12 (April 2021) **[EXHIBIT TC199 INQ000056328]**
214. **Repatriation;** Two Advice Notes were specifically focused on Recovery. Public Health Wales submitted an Advice Note 16 to the Chief Medical Officer for Wales on the 16 July 2021 **[EXHIBIT TC200 INQ000056329]** on Moving to Recovery for COVID response. At the request of the Welsh Government, it was asked to focus this Advice Note on three key areas:
- a. Health Protection Response
 - b. Microbiology – testing and service delivery
 - c. Broader harms to population health.
215. Public Health Wales also submitted an Advice Note 20 to the Chief Medical Officer for Wales on the 8 September 2021 **[EXHIBIT TC201 INQ000056330]** on Ongoing Control of Covid-19 during Recovery and Autumn/Winter 2021. The Chief Medical Officer for Wales wanted advice on the ongoing control of Covid-19 during Recovery and the lead into winter 2021. The recommendations were:
- a. Continued efforts were needed to improve Covid-19 vaccination amongst all eligible groups with specific focus on populations with relatively low uptake
 - b. Promote uptake of Influenza vaccine amongst all eligible groups as outlined in the Chief Medical Officer for Wales’ letter

- c. Reinforce general communication and behaviour change messaging
- d. Sector specific actions, as outlined in the note, were needed to cover hospitality and mass gatherings, schools and educational settings and workplaces
- e. Encourage the use of face coverings in indoor areas as per current government policy
- f. Monitor signals from routine surveillance systems including genomic surveillance to detect emergence of any new variants
- g. Monitor NHS and Social Care capacity (both for bed capacity and workforce availability) with a view to identifying, early, any indicators that would overwhelm the system.

216. **General NPI's;** A specific Advice Note (Advice Note 23 on the 1 November 2021)

Exhibit
TC178INQ000056305

[EXHIBIT TC178 as above] focussed on Non-Pharmaceutical Interventions during the 'COVID URGENT' scenario of the Coronavirus Control Plan. Public Health Wales' recommendations were a staged introduction of NPIs guided by the epidemiology. In Stage 1, concurrent introduction of:

- a. Re-introduction of Social distancing
- b. Cease all mixing between households, except where single person household can form a bubble with one another household
- c. Supplementary actions such as protection of the vulnerable individuals in vulnerable settings (e.g. shielding of the elderly), stricter testing policies, closure of public transport and wider mandated use of face coverings
- d. Ban public gatherings and mass events
- e. Implement a night-time curfew, noting there is a delicate benefit/harm balance.

217. In Stage 2, sequential introduction of:

- f. Closure of non-essential retail businesses
- g. Closure of Secondary Schools
- h. Closure of Primary Schools.

218. On the 14 December 2021, the Welsh Government requested advice on the impact of Omicron on Alert levels. Public Health Wales responded to indicate whether the restrictions that were in place for Delta are sufficient for Omicron, given the emerging

evidence about transmissibility and clinical severity. Public Health Wales referred to Advice Note 23, which is set out above.

Acceptance of Public Health Wales Advice by the Welsh Government

219. The advice provided to the Welsh Government by Public Health Wales appeared to be well received and it understands that the advice was incorporated into the decision-making process of the Welsh Government. During the pandemic response, Public Health Wales received a number of communications from Welsh Government to this effect as per **EXHIBIT TC202, EXHIBIT TC203, EXHIBIT TC204, EXHIBIT TC205.**

Exhibit TC202
INQ000191770
Exhibit TC203
INQ000191771
Exhibit TC204
INQ000191772
Exhibit TC205
INQ000191773

220. However, it is important to recognise that the Welsh Government will have received advice from a number of sources, in addition to the advice provided by Public Health Wales. There may well be instances where the totality of advices received by the Welsh Government resulted in decisions which adopted certain parts of one advice with less weight being given to others. That does not mean to say advice was rejected or not followed in that decision making process. Overall, the Inquiry Team would be better assisted by the Welsh Government explaining their approach to advice received rather than Public Health Wales providing a singular perspective which risks inaccuracy.

Welsh Government Meetings attended by Public Health Wales Concerning NPI's

221. Exhibited to this statement [**EXHIBIT TC206 INQ000068103**] is a chronology of the significant meetings Public Health Wales attended with the Welsh Government where advice was given surrounding NPIs.
222. The Welsh Government was responsible for keeping a record of meetings arranged / hosted by them. Public Health Wales did not take responsibility for making records of such meetings.
223. Public Health Wales provided advice to decision makers, principally in the Welsh Government, and did not take part in forums where significant decisions were taken. The meetings that Public Health Wales attended were often attended by multiple other stakeholders, most of whom would contribute, prior to the First Minister, or the Minister for Health and Social Services or the Cabinet taking relevant decisions.

224. The table below contains a list of announcements / decisions by Welsh Government and a list of meetings Public Health Wales attended in proximity to those announcements / decisions. It is not possible to state with certainty whether any advice given by Public Health Wales was accepted or rejected in relation to specific interventions, for the reasons discussed above. However, it can be said that the advice provided by Public Health Wales on NPIs was well-received and that it would have informed the decision-making process.

Welsh Government decision or announcement surrounding Non-Pharmaceutical Interventions	Meetings identified in close proximity
3/3/20: UK Coronavirus Action Plan published	<ul style="list-style-type: none"> • 20/2/20 - Welsh Government Health and Social Services Group (HSSG) Coronavirus Planning and Response Group • 4/3/20 - Meeting between Andrew Goodall (Director General Health and Social Services Group (WG)/NHS Wales Chief Executive), and NHS Wales Chief Executives
18/3/20 – 23/3/20: Closure of schools in Wales, forced closure of businesses, stay at home and social distancing announcement.	<ul style="list-style-type: none"> • 06/3/20 - Welsh Government Health and Social Services Group (HSSG) Coronavirus Planning and Response Group • 13/3/20 - Welsh Government Health and Social Services Group (HSSG) Coronavirus Planning and Response Group • 13/3/20 - visit by Minister for Health and Social Services to Public Health Wales headquarters • 20/3/20 - Welsh Government Health and Social Services Group (HSSG) Coronavirus Planning and Response Group

	<ul style="list-style-type: none"> • 23/3/20 - Public Health Strategic Coordinating Support Group
8/5/20: Lockdown in Wales extended for a further three weeks, with some minor changes on exercising and re-opening of businesses	<ul style="list-style-type: none"> • 2/4/20 - Welsh National COVID-19 Test Plan Task and Finish Group Meeting • 10/4/20 - Welsh National COVID-19 Test Plan Task and Finish Group Meeting • 16/4/20 - Meeting involving Minister and Deputy Minister for Health and Social Services, local authority leaders and Public Health Wales • 20/4/20 - Local Resilience Forum on Covid-19 testing • 23/4/20 - Welsh Government Health and Social Services Group (HSSG) Coronavirus Planning and Response Group • 28/4/20 - Welsh Government COVID-19 Planning and Response Group • 1/5/20, 8/5/20 - Public Health Strategic Coordinating Support Group • 5/5/20 - Welsh Government COVID-19 Planning and Response Group • 5/5/20 - Welsh Government Technical Advisory Cell (TAC)
29/5/20 – 3/6/20: Change from 'stay at home' to 'stay local' message in Wales, including changes to social distancing and timetable for reopening of businesses and return to school. Contact Tracing begins in Wales.	<ul style="list-style-type: none"> • 12/5/20 - Welsh Government COVID-19 Planning and Response Group • 12/5/20 - TAC • 12/5/20 - Meeting involving Minister for Health and Social Services, Public Health Wales and the Welsh Local Government Association on testing and contact tracing • 14/5/20 - Public Protection Strategic Oversight Group

	<ul style="list-style-type: none"> • 18/5/20 - Meeting involving Minister for Health and Social Services and Public Health Wales on Covid-19 testing. • 19/5/20 - Welsh Government COVID-19 Planning and Response Group • 19/5/20 - TAC • 22/5/20 - Public Health Strategic Coordinating Support Group • 26/5/20 - Public Health Wales meeting with Minister for Health and Social Services to discuss Test Trace and Protect preparations and readiness for mass contact tracing by 31st May 2020 • 26/5/20 - Meeting with Welsh Government on Testing Strategy • 28/5/20 - TAC • 29/5/20 - Test Trace and Protect (TTP) Programme Oversight Group • 2/6/20 - Welsh Government COVID-19 Planning and Response Group • 4/6/20 - TTP Programme Oversight Group
6/7/20: Travel restrictions eased, extended households now permitted	<ul style="list-style-type: none"> • 9/6/20 - Welsh Government COVID-19 Planning and Response Group • 11/6/20 - TTP Programme Oversight Group • 12/6/20 - TAC • 19/6/20 - TAC • 19/6/20 - TTP Programme Oversight Group • 23/6/20 - Welsh First Minister meeting with Public Health Wales to discuss Health protection (Coronavirus, International Travel) (Wales) Regulations 2020

	<ul style="list-style-type: none"> • 23/6/20 - Welsh Government COVID-19 Planning and Response Group • 26/6/20 - TAC • 02/07/20 - TTP Programme Oversight Group
10/7/20: further easing of lockdown restrictions	<ul style="list-style-type: none"> • 3/7/20 - Public Health Strategic Coordinating Support Group • 5/7/20 - TAC • 7/7/20 - Welsh Government COVID-19 Planning and Response Group • 9/7/20 - TTP Programme Oversight Group • 10/7/20 – TAC
18/8/20: Welsh Government Coronavirus Control Plan issued	<ul style="list-style-type: none"> • 22/7/20 - TAC Sub Group (Children and Education) first meeting, then monthly to present • 28/7/20 - Welsh Government COVID-19 Planning and Response Group • 31/07/20 - TTP Programme Oversight Group • 4/8/20 - Meeting involving First Minister, Minister for Health and Social Services and Public Health Wales on Wrexham Maelor hospital • 4/8/20 - COVID Core Group meeting with Welsh Cabinet on international learning • 06/08/20 - TTP Programme Oversight Group • 7/8/20 - TAC • 14/8/20 - TAC • 14/8/20 - Public Health Strategic Coordinating Support Group • 13/08/20 - TTP Programme Oversight Group

	<ul style="list-style-type: none"> • 18/8/20 - Welsh Government COVID-19 Planning and Response Group
7/9/20: First local lockdown in Wales takes effect for Caerphilly County Borough Council, followed by Rhondda Cynon Taf County Borough Council (16/9/20) and further areas	<ul style="list-style-type: none"> • 21/8/20 – TAC • 28/8/20 - TAC • 28/8/20, 4/9/20 - Public Health Strategic Coordinating Support Group • 04/9/20 - TAC • 22/9/20 - First Minister meeting to discuss COVID restrictions • 27/9/20 - First Minister and other Ministers meet with South Wales local authority leaders and chief executives, health board chairs and chief executives, Public Health Wales and Welsh Government officials on local restrictions • 29/9/20 - First Minister and other Ministers meet with North Wales local authority leaders and chief executives, health board chairs and chief executives, Public Health Wales and Welsh Government officials on local restrictions. • 01/10/20 - First Minister meeting with local authority leaders and chief executives, health board chairs and chief executives and Public Health Wales to discuss the review of Local Health Protection Areas.
19/10/20: 17 day circuit break lockdown for Wales announced (stay at home, businesses close, some school restrictions)	<ul style="list-style-type: none"> • 07/10/20 - Meeting with First Minister on care homes • 09/10/20 - TAC • 11/10/20 - Welsh Government/Public Health Wales 'National assessment Meeting'

	<ul style="list-style-type: none"> • 13/10/20 - Meeting on Caerphilly County Borough Council • 16/10/20 - TAC • 23/10/20 Meeting with Welsh Government to discuss Post Firebreak
24/11/20: UK wide rules for the Christmas period agreed (relaxation of travel, larger bubbles)	<ul style="list-style-type: none"> • 13/11/20 – TAC • 20/11/20 – TAC
16/12/20: Wales moves to Alert Level 4 from Christmas Day (non-essential retail and services to close post Xmas, tighter restrictions on mixing, travel).	<ul style="list-style-type: none"> • 4/12/20 – TAC • 11/12/20 - TAC
19/12/20: Level 4 restrictions brought forward in Wales	<ul style="list-style-type: none"> • 19/12/20 - Public Health Wales specialists attend Welsh Government Cabinet meeting on the new variant VUI 2012/01 • 20/12/20 - First technical briefing on new variant with local authority chief executives, Strategic Coordinating Group chairs, Welsh Government.
29/1/21: Level 4 restrictions extended for a further three weeks	<ul style="list-style-type: none"> • 5/1/21 - Meeting with the Minister for Education and Minister for Housing and Local Government on the return to school. • 8/1/21 - TAC • 15/1/21 - TAC • 19/1/21 - Meeting with Minister for Health and Social Services on the Kent Variant. • 22/1/21 - Follow up meeting on the Kent Variant with the Minister for Health and Social Services. • 22/1/21 - TAC • 25/1/21 - Monthly Ministerial catch up • Variations and Mutations of Concern (VAMC) Oversight Group • 29/1/21 – TAC

19/2/21: Lockdown to continue for further three weeks. Plans for partial reopening of society.	<ul style="list-style-type: none"> • 15/2/21 – TAC • 17/2/21 - VAMC Oversight Group (first meeting, then monthly)
12/3/21: Easing of lockdown restrictions announced, including change to 'stay local' and return to face to face school lessons from 15 March. Continued easing through April and May.	<ul style="list-style-type: none"> • 9/3/21 – TAC • 12/3/21 – TAC
18/6/21: First Minister confirms lifting of Covid-19 restrictions in Wales will be postponed for four weeks due to Indian variant.	<ul style="list-style-type: none"> • 8/6/21 – TAC
14/7/21: Welsh Government confirms that most Covid-19 restrictions will be lifted on 7 August.	<ul style="list-style-type: none"> • 2/7/21 – TAC
29/10/21: First Minister announces new measures to tackle Covid-19 in Wales, including extension of Covid-19 pass scheme	<ul style="list-style-type: none"> • 15/10/21 – TAC
17/11/21: No changes to Covid-19 rules. Wales to remain at alert level zero.	<ul style="list-style-type: none"> • 5/11/21 – TAC
10/12/21: First Minister confirms Covid-19 rules will be reviewed on a weekly basis in response to the Omicron variant.	<ul style="list-style-type: none"> • 27/11/21 - Welsh Government Omicron (Nu) IMT • 28/11/21- Meng Khaw, National Director of Health Protection and Screening Services and Executive Medical Director (Public Health Wales) and the Chief Medical Office for Wales telephone conversation • 29/11/21 - Welsh Government Omicron IMT • 6/12/21 - 9/12/21 – daily Welsh Government Omicron (Nu) IMT meetings • 6/12/21 - Public Health Strategic Coordinating Support Group

	<ul style="list-style-type: none"> 15/12/21 - Discussion involving the Chief Medical Officer and Public Health Wales on Omicron and the impending wave.
21/12/21: Fines to be levied on employees and employers who are not remote working without good reason.	<ul style="list-style-type: none"> 10/12/21 – TAC
26/12/21: Wales moves to Alert Level 2, including restrictions on social gatherings and return of two metre social distancing.	<ul style="list-style-type: none"> 10/12/21 – TAC
14/1/22: First Minister confirms most Covid-19 restrictions to be lifted over the next two weeks if cases continue to fall.	<ul style="list-style-type: none"> 7/1/22 – TAC
10/2/22: First Minister confirms that rules can start to be lifted, including Covid-19 passes from 18/2 and mandating of face coverings from 28/2.	<ul style="list-style-type: none"> 21/1/22 – TAC 10/2/22 – TAC
24/3/22: further Covid-19 restrictions to be removed from 28/3, including face coverings.	<ul style="list-style-type: none"> 4/3/22 – TAC

Evolution of NPI Advice

225. Public Health Wales advice and formal written Advice Notes were based on a continuing and developing understanding of the evidence base, informed also by knowledge, intelligence and experience from our own disease surveillance and local health protection response in Wales. As our understanding of the impact of NPI's on transmission, infection and death rates increased, our advice was appropriately modelled to take all such learning into account. This is clear from the Advice Notes produced such as:

a. The Advice Note 2 of the 24 October 2020 **[EXHIBIT TC167 as above]**

Exhibit TC167INQ000056300

highlighted that Wales was moving into a phase in our response to Covid-19, of needing to **enable and support** our population in Wales to live safely with the virus - protecting themselves, their family members, friends and co-workers, until a new safe, effective vaccine becomes available. Its conclusion was that the next framework for response needed to balance a regulatory approach with an approach that sought to enable the population

to adopt and maintain the right behaviours with access to simple messaging and knowledge to help them make informed, 'risk-based' decisions.

Exhibit TC179INQ000056306

b. Advice Note 7 (14 January 2021) [EXHIBIT TC179 as above] Public Health Wales advised that *'there is evidence of the presence of the UK "new variant" VOC202012/01 across all areas of Wales. This variant is more transmissible and there are concerns that current alert level 4 restrictions will not be sufficient to contain it. There is also emerging evidence that it may be associated with a higher case-fatality ratio. We note the further restrictions announced in Scotland on 13.01.21. There are also concerns regarding the emergence and establishment of other variants such as the RSA variant VOC202012/02 and new lineage, named P.1 (descendent of B.1.1.28) in Brazil and the further measures needed to contain these'*.

c. Public Health Wales submitted an Advice Note to the Chief Medical Officer for Wales on the 8 February 2021 [EXHIBIT TC207 INQ000056331] on – *'Using behavioural science to increase the prevalence of personal protective behaviours in the Covid-19 pandemic response'*. The advice drew on evidence from the World Health Organisation and Public Health Wales' engagement/ surveys and specifically focussed on the need to:

- i. Understand people: collect and use evidence for targeted, tailored and effective policies, interventions and communication
- ii. Engage people as part of the solution
- iii. Help people to reduce risk while doing the things that make them happy.
- iv. Acknowledge and address the hardship people experience, and the profound impact the pandemic has had on their lives.

226. From February 2021, Public Health Wales supported a Variant and Mutation Oversight Group which linked to the UK Variants Task Group and co-ordinated emerging surveillance, and evidence in relation to Variants of Covid-19. This intelligence and experience was used to inform advice relating to NPIs, both in relation to implementing restrictions e.g. Advice Note 7 above, and easing them e.g. Advice Note 28 relates to the recommended easing of NPIs based on the lesser impact of Omicron variant.

227. The positive impact of the population vaccination programme. For example, Advice Note 14 (6 July 2021) 'Variation of non-pharmaceutical interventions on the basis of vaccination history' **[EXHIBIT TC185 as above]** provided specific advice to the Welsh Government, following a rapid assessment of advice and set out the rationale behind the different NPIs and the evidence on vaccine effectiveness in this context.

Exhibit
TC185INQ000056313

228. Evidence Based advice on use of NPIs during a Covid Urgent Scenario. On the 8 October 2021, the Welsh Government issued the 'Coronavirus Control Plan: autumn and winter 2021 update' **[EXHIBIT TC208 INQ000056333]** 1 which outlines the strategic intent and approach to managing Covid-19 over the autumn and winter. The plan emphasises the need to maintain baseline measures throughout the period and additionally, describes two potential scenarios – Covid Stable and Covid Urgent – which could lead to different responses. Public Health Wales Advice Note 23 (1 November 2021) **[EXHIBIT TC178 as above]** provided evidence based advice on what Non-Pharmaceutical Interventions (NPIs) could be considered in the event of the COVID Urgent scenario. The Advice Note explicitly drew on and summarised published evidence on effectiveness of NPIs (evidence - see Advice Note 23 and web links 'Evidence Base of Effectiveness of NPIs').

Exhibit
TC178INQ000056305

229. Advice on NPIs based on evidence from 'new devices' etc. Public Health Wales advice in relation to NPIs also evolved in light of developments in technology and notably testing. For example, Advice Note 26 (18 January 2022) **[EXHIBIT TC188 as above]**, Public Health Wales submitted an Advice Note to Chief Medical Officer for Wales on a reduction in isolation period (person to person contact) supported by LFD testing for cases of Covid-19. The context was the change in policy in England on self-isolation of Covid-19 cases with the possibility of individuals to be released from isolation if they have negative LFD tests on Days five and six.

Exhibit
TC188INQ000056316

230. Our advice continued to make recommendations, recognising that any decisions need to balance different considerations: reducing transmission, protecting essential health and social care services and minimising the wider harm effects including those arising from impacts on the economy and, notably, the wider impact on population health outcomes in the medium/long term (for example, undiagnosed and untreated conditions, and other health harms including mental health) as well as any unintended impacts arising from further interventions.

231. No information on testing has been provided in this statement we understand that this will be addressed in a later module. All Advice Notes have however been provided.

Different Categories of People Including at Risk or Vulnerable Groups and those with Protected Characteristics in the Advice of Public Health Wales

232. The Health Protection Response Plan recognised the need to understand and provide epidemiology and advice in relation to different cohorts of the Welsh Population, including at risk and vulnerable groups
233. From October 2020, the formal Public Health Advice Note submissions generally highlighted the need for certain specific 'at risk' and 'vulnerable' (including the cohort identified as needing to 'shield') groups to be separately considered, targeted or prioritised. The advice referenced the need to consider both the direct harms of Covid-19 infection and the 'broader public health harms' on such groups.
234. A number of Public Health Wales Advice Notes, and other key briefings, throughout the response contained specific references to 'at risk' groups, 'vulnerable' groups and groups with 'protected characteristics': Examples include:

a. At Risk Groups:

Exhibit TC176INQ000056303

- i. Advice Note 4 (7 December 2020, post firebreak) **[EXHIBIT TC176 as above]** provided advice for very vulnerable groups (those 'shielding' to take additional precautions, referencing published Welsh Government/Chief Medical Officer for Wales guidance.

Exhibit TC179INQ000056306

- ii. Advice Note 7 (14 January 2021) **[EXHIBIT TC179 as above]** provided advice to progress the rapid vaccination of groups at risk of severe infection and/or hospitalisation.

Exhibit TC178INQ000056305

- iii. Advice Note 23 (1 November 2021) **[EXHIBIT TC178 as above]** provided advice for consideration to be given to issuing targeted messages before reintroducing NPIs, so that those most at risk have the option to stay at home, if the numbers reach a certain threshold

b. Vulnerable Groups

- i. Public Health Wales gave specific and targeted advice and guidance in relation to 'vulnerable groups' residing in Residential Care Homes
- ii. Public Health Briefing Note (March 2021) – Moving to a New Normal **[EXHIBIT TC209 INQ000056334]** –highlighted how routine asymptomatic testing could be used in some settings and situations e.g. where the incidence is rising and there is a risk of outbreaks in a vulnerable population.
- iii. Advice Note 12 (14 April 2021) **[EXHIBIT TC199 as above]** – related to variation of NPIs based on vaccine history, but included specific exemption advice for those that work directly with patients who are at significant risk of being non-immune / highly clinically vulnerable
- iv. Advice Note 19 (25 August 2021) **[EXHIBIT TC210 INQ000056335]** on the management of Covid-19 clusters in educational settings included specific advice for Enhanced risk assessments of vulnerable individuals and individual settings with e.g. additional support needs.
- v. Advice Note 20 (8 September 2021) **[EXHIBIT TC201 as above]** on the ongoing control of Covid-19 during Autumn/Winter 2021 including advice to provide additional safeguards and protection for people who may be more vulnerable to Covid-19.
- vi. Advice Note 21 (16 September 2021) **[EXHIBIT TC211 INQ000056336]** on Respiratory Virus Testing/Contact Tracing for winter 2021/2 contained advice that consideration is given to a move to a testing and contact tracing strategy based on protection for the vulnerable from severe disease caused by SARS-CoV-2 and other respiratory viruses including influenza.

c. Groups with Protected Characteristics

- i. Advice Note 14 (6 July 2021) **[EXHIBIT TC185 as above]** – focused on variation of NPIs based on vaccination status and highlighted how differential rules for vaccinated and unvaccinated adults will have a greater impact on ethnic minorities.
- ii. Advice Note 16 (16 July 2021) **[EXHIBIT TC200 as above]** – focused on moving to the recovery of Covid-19 response, highlighted the need to include addressing existing and new vulnerabilities with interventions aimed at children and young people; minority ethnic

groups; disabled, those living in/at risk of deprivation and poverty; and those who are marginalised and socially excluded.

- iii. Public Health Wales undertook specific surveillance work to highlight the uptake of vaccination, highlighting inequalities and the need for additional support for e.g. Black, Asian and Minority Ethnic groups, communities in deprived areas.
- iv. During the Covid-19 response, Public Health Wales published the organisation's Equality Report 2020/21. This included specific examples of how Public Health Wales had worked with different communities across Wales to improve their experiences of the services we provide. Chapter 6 highlighted some of the work undertaken which was reported by protected characteristic to show what has been done for each group.

d. Vulnerable Groups – Residential Care homes

- i. In the initial phases of the response, Public Health Wales established an Enclosed Setting Cell with a specific focus on residential care homes and other high-risk settings, for example, prisons. Specific advice and guidance on relevant NPIs was developed. This included partnership working with Local Authorities, particularly Environmental Health, in relation to the provision of advice and support to such settings, the development of specific operational procedures, pathways and training.
- ii. Learning from the response during the previous waves of Covid-19, Public Health Wales was involved in the ongoing assessment of impacts on vulnerable people (e.g. in care home settings). Public Health Wales contributed to and published guidance in relation to vulnerable people in the Care Home Setting, throughout the pandemic response. In addition, specific Advice Notes in relation to NPIs and vulnerable people in residential care homes was provided in July 2021 and September 2021.
- iii. For example, Advice Note 17 (17 July 2021) **[EXHIBIT TC195 as above]** focussed on the 'Management of COVID Outbreaks and Incidents in Care Homes' and initiated discussion about the rationale for a different approach to the management of cases in care homes.

Exhibit TC195INQ000056324

Assessment the Impact of NPIs upon Existing Inequalities in Wales.

235. In relation to health inequalities and multiple deprivation, the pandemic shone a light on the inequalities and incredible hardship faced by different groups, which required Public Health Wales' focus and action to address them. Some of the highest death rates from Covid-19 were recorded in Wales. Of the six localities in the UK reporting the highest death rates per capita, five are located in Wales, with the highly deprived areas of Merthyr Tydfil and Rhondda Cynon Taf comprising the top two locations.
236. Public Health Wales undertook specific surveillance on the uptake of the Covid-19 vaccine, highlighting the variation in uptake rates across communities in Wales and recommending targeted approaches by health boards.
237. Public Health Wales undertook, or commissioned, a range of research, including research on self-isolation adherence in Wales amongst contacts **[EXHIBIT TC212 INQ000056337]**. On the 11 November 2020, Public Health Wales launched the Adherence Confidence Text Survey (ACTS), which was an embedded text message survey amongst adult (18+ years) contacts of Covid-19 cases identified through the Test, Trace Protect system. Findings on the enablers and barriers to maintaining self-isolation were received internally (Incident Management Team and GOLD) and externally (Test Trace Protect Programme Board and Directors of Public Health). This provided evidence on trends in relation to planning for self-isolation, access to support, perceptions of trust in authorities and vaccination intentions.
238. In depth qualitative research on self-isolation in Wales amongst contacts – Public Health Wales designed a qualitative study (Contact Adherence Self-isolation Behavioural Insights Survey) amongst a representative sample of Covid-19 contacts to provide more in depth insights on potential barriers to self-isolation. This was a telephone survey amongst a representative sample (sex, age, Wales Index of Multiple Deprivation quintile, Local Authority) of Covid-19 contacts known to Test Trace Protect and who had been asked self-isolate. On the 21 April 2021, key findings were shared directly with the Welsh Government **[EXHIBIT TC213 INQ000056338]** at their request to inform a Health and Social Care Committee recommendation in relation to Welsh Government evaluating the rates of self-isolation compliance, with a view to understanding the potential barriers to self-isolation and whether any further action is required to address them. This included highlighting which groups of contacts were found to be at greater risk of experiencing challenges during self-isolation.

239. Financial challenges linked to self-isolation and perceptions of the Self-isolation Support Scheme among people contacted by the Test, Trace, Protect Service in Wales - building on work by Public Health Wales, in January 2021, the Welsh Government with Public Health Wales commissioned Beaufort Research Ltd to carry out in-depth qualitative study amongst those eligible for the Self-Isolation Support Scheme launched in November 2020. The findings offered in-depth qualitative insight into the accessibility and effectiveness of the scheme for a sample of a population who disclosed experiencing some financial difficulty attributed to the pandemic **[EXHIBIT TC214 INQ000056339]**.

240. The Welsh Health Equity Status Report **[EXHIBIT TC93 INQ000056340 as above]**, developed and published by the WHO Collaborating Centre at Public Health Wales in March 2021, aimed to help inform and support a sustainable response and recovery from Covid-19 in Wales, placing health equity at its heart. It reinforces our understanding of how interdependent individual and societal well-being, and the wider economy are, towards achieving prosperity for all.

241. The 'International Horizon Scanning and Learning' reports have been dynamically developed by the WHO Collaborating Centre to inform the Covid-19 response and recovery and related NPIs in Wales. The reports varied in content to highlight specific issues pertinent to the pandemic at the time of publication. Two summary reports bringing together learning on the wider impacts of Covid-19, specifically on health inequalities and vulnerability, and on mental health and well-being, were published.

These are: Summary Report On the impact of COVID-19 on increasing the Health Gap and Vulnerability **[EXHIBIT TC94 as above]** and Summary Report on The Impact of COVID-19 on Mental Health and Increasing Vulnerability **[EXHIBIT TC95 as above]**.

Exhibit
TC94INQ000191904
Exhibit
TC95INQ000191905

242. The WHO Collaborating Centre developed a report **[EXHIBIT TC92 INQ000056341 as above]**, Economic Consequences of COVID-19 Pandemic Outbreak on Health Indicators, which aimed to forecast the potential economic consequences of Covid-19 on Longstanding Illness (LSI) based on the relationship between change in unemployment rate and LSI 2020/21-2022/23.

NPIs and the Border with England

243. Public Health Wales did not give specific advice on measures to restrict the movement of individuals between England and Wales, or for that matter, with other devolved

nations of the UK. Nor was it asked to provide advice on this. Public Health Wales advised that opening international borders would increase the risk of Covid-19 incidence in Wales and suggested a more cautious approach. However, as the decision was made at the UK Government level, it would not have made sense for Wales to have its own separate restrictions. This was also at the time when international flights to Cardiff remained suspended. All passenger movement into Wales, was mainly, coming in from England airports.

Lessons Learnt and Challenges Faced by Public Health Wales in Responding to the Pandemic

244. **Scaling up our Response;** One of the key challenges for us was scaling up our health protection and microbiology (testing) response in the initial phases and then sustaining and evolving it through the progression of the pandemic. Key elements are outlined below:
245. **Human Resources;** In the first three weeks of the pandemic, when there were no cases in the UK, the response was led and staffed by the Health Protection and Microbiology Divisions. However, by the end of the month, and after the WHO declaration of a Public Health Emergency of International Concern and a change of case definition (both occurring on 30 January 2020), enquiries to Public Health Wales increased and therefore an email was sent to all staff asking for support to the enhanced response.
246. On the 7 February 2020, there was a further change in case definition, expanding the number of countries from which travellers would need to be screened. This was publicised in the media, following which there was a very sharp increase in enquiries to Public Health Wales and an increase in demand across our health protection team. An additional internal call for volunteers therefore went out on the 10 February 2020. By the 20 February, over 80 staff had stepped forward to volunteer. A message from the Chief Executive and lead Strategic Director, published on the Public Health Wales intranet on the 21 February, updated staff on the current situation and gave notice of the likely need for further mobilisation. This also enclosed guidance on remuneration for additional hours worked.
247. Over the following week senior health protection staff set out their expectations of the human resources the organisation would require mobilising based on information at the time. In response, the lead Strategic Director requested the Director of People and

Organisational Development to develop a plan to address the requirements envisaged by the Health Protection team. Each Director was asked to review what staff could be released.

248. Meanwhile, given the significant increase in number of enquiries that Public Health Wales was receiving, a national contact centre was established. An email from the lead for the organisation's facilities and estates manager illustrates the activities taking place behind the scenes to support this development. At the same time Public Health Wales was engaging with health board colleagues through January and February to help them establish the necessary infrastructure for what was to come, including Covid-19 sampling arrangements. This meant that Public Health Wales was not only trying to scale its own response up during February but also filling the gaps in the arrangements in some health boards. This was before the first confirmed case in Wales on the 27 February 2020.
249. On the 28 February 2020, an all-staff communication was published by the Chief Executive **[EXHIBIT TC216 INQ000056342]** setting out the unprecedented increase in activity relating to Covid-19 and the need to rapidly scale up our organisational response. It advised that our response would continue for the foreseeable future and that the number of staff members required to support this increase in demand in order to keep our population safe would also need to increase. As a result, supporting the Covid-19 response was identified as the sole organisational priority.
250. Over the next week, enquiries to Public Health Wales rose sharply and new rotas for the specialist health protection staff were drawn up. However, following the move from containment to delay on the 13 March 2020, and the move to testing in-patients, the pressure on the national contact centre dropped and significant demand for specialist health protection advice continued. The period during the national lockdown (from 23 March) allowed Public Health Wales to regroup. It was during this period that the Health Protection Response Plan was developed, which transferred the majority of the contact tracing activity out of Public Health Wales. Public Health Wales still needed its redeployed staff but they were directed into other activities including the closed settings cell and scaling up the advice and support to partners across the country. Later in 2020, some of the most senior non-health protection consultant staff were also redeployed into health protection consultant roles.

251. On the 4 May 2020, Public Health Wales submitted the 'Health Protection Response Plan' **[EXHIBIT TC10 as above]** to the Chief Medical Officer for Wales following a request by him on the 22 April 2020 to develop it. The process for the development of the Plan included consultation with health board and local authority chief executives. This articulated the model for what became the Welsh Government Strategy of Test, Trace Protect. This introduced a new operating and workforce model for the Wales response to Covid-19 with respective roles and responsibilities articulated for Public Health Wales, health boards and local authorities. This then required Public Health Wales to develop training modules, role profiles, advice and support to health board and local authority partners to assist them in mobilising and skilling up their local workforce for the purpose of activities such as contact tracing. Public Health Wales developed its Stage 1 and Stage 2 plans for its own implementation of Test, Trace Protect and, in October 2020, approved an in-year variation to its Operational Plan for the organisation. These plans demonstrate the evolving phases of the pandemic and their impact on the utilisation of the workforce and the organisation's focus.
252. Providing substantial real-time advice and support to the Welsh Government, NHS and social care partners, care homes, local authorities, education facilities and businesses was a particular challenge during 2020 and in meeting multiple and simultaneous expectations from all partners.
253. On the 13 November 2020, following ongoing discussions with Welsh Government officials, Public Health Wales submitted a business case to the Welsh Government for Ministerial approval to further expand its health protection resource. On the 15 January 2021, Public Health Wales received a letter from the Welsh Government, acknowledging the need for critical resilient investment in the organisation and seeking clarity on the urgent/ critical health protection resources required, so as to be able to have separation between some resilience choices short-term, and the broader and more long-term discussions about status and developments in the health protection system, which they felt needed to find greater support from the system and stakeholders. In response to the letter, Public Health Wales reviewed the original business case submission and, on the 29 January 2021, resubmitted the details of urgent/ critical posts that were required to provide the minimum level of resilience and sustainability for Public Health Wales' ongoing Covid-19 response. On the 10 February 2021, the business case was approved. This enabled it to recruit an additional 103.9 Whole Time Equivalent staff to increase its health protection response.

254. **Covid-19 Testing;** Scaling up the Covid-19 testing capacity for Wales was a significant challenge in the first few months of the pandemic. Competing with the majority of countries worldwide that were simultaneously doing whatever possible to secure Covid-19 test kits, testing consumables and reagents and testing platforms (machines), was extremely challenging and resulted in a very fragile and insecure global supply chain. Whilst Public Health Wales continued to increase its testing capacity, the picture was ever changing. On occasion, what it believed to have been secured with a company/charter flight on one day had then fallen away later that day or in the subsequent days. This made it extremely challenging for it and also for the Welsh Government. Of note, while it was incrementally scaling up its capacity, Public Health Wales was always able to meet the demand on it for testing in Wales on any given day.
255. As the pandemic progressed, and the testing activity increased, Public Health Wales needed to increase its workforce in the laboratories, its laboratory capacity and the logistics of flowing samples around to its laboratories in order to meet rapid turnaround times for Covid-19 results. At the end of July, early August 2020, following discussions with Welsh Government officials, it was asked to submit a business case for the rapid scaling up of staff, equipment and infrastructure for Covid-19 testing in order to ensure the rapid turnaround of results across Wales. It submitted a business case to achieve this and received Ministerial approval in August 2020. This resulted in an additional 162 staff into the microbiology labs, and support staff, across Wales, six new local rapid 'Hot Labs' in hospitals across Wales with additional equipment for the pre-existing nine 'Hot Labs'.
256. These measures enabled Public Health Wales to develop a sustainable and resilient testing capacity for Wales to complement the testing being provided for Welsh residents through the UK Government Lighthouse laboratories.
257. **Creating new systems, services and infrastructure;** In the early stages of the pandemic, particularly from the end of January through February 2020, Public Health Wales was rapidly scaling up new systems, services and infrastructure. This included establishing a significantly expanded national contact tracing resource during the containment phase of the pandemic. Despite being outside its formal scope, it established a National Contact Centre which was a national call handling and advice centre for all settings in relation to guidance, signposting and many aspects that we were not fully equipped to respond to. This resource was significantly used by care

home staff before resource was significantly used by care home staff before the support was transitioned to seven Health Board/ regional services during the summer of 2020.

258. Setting these up required rapid scaling up of staff, call handling infrastructure and the move to remotely connected call handling to a level and intensity that the organisation had never previously been required to do. Similarly, it established an Enclosed Settings Cell for facilities such as care homes, prisons, schools, in order to provide advice and support in the absence of any other such resource. Public Health Wales' challenges in all of this infrastructure was ensuring that respective roles and responsibilities did not become confused and its partners were able to fulfil their functions.
259. **Working Beyond its Skills;** In the early stage of the pandemic, on occasion Public Health Wales found itself taking on additional activities that it was not skilled to undertake. This was often because of a real-time need for action and there was no other obvious (local or national) organisation that was fulfilling any similar activity.
260. An example of this is having to run a mass sampling centre in Cardiff City Stadium when Public Health Wales became aware on the 1 April 2020 that Deloitte had erected it, as part of the UK Government's testing plans, with no prior notice to Public Health Wales or the Welsh Government. Over the following days, it established a whole set of processes, mobilised its staff and opened the centre which it ran for 61 days until Cardiff and Vale University Health Board was able to accept it and it was handed over to them to manage. At that time, Public Health Wales also became directly involved, working closely with Welsh Government officials, in mapping the logistics and sites for mass sampling centres across Wales and with negotiations with Deloitte and the Department of Health and Social Care in England, for their placements in Wales. It required military support to do this.
261. **Clarity of Roles and Responsibilities;** As alluded to above, in the first few months of the pandemic, Public Health Wales was providing support, advice, guidance and resources to the public, Welsh Government Ministers and officials, the NHS, local authorities, care homes, education setting and businesses. It also had a number of national contact points with members of the public and partners which meant that they knew how to contact the organisation. On occasion, there was confusion as to who was responsible for what - within and between partners and from the perspective of

the public and, because the organisation was engaged across all aspects of the pandemic, there were occasions where frustrations were incorrectly aimed at it.

262. This improved as the months progressed and with the Health Protection Response Plan and Test Trace Protect in place, it was clearer who was responsible for what.
263. **Suspending and Reactivating its Core Public Health Functions and Activities;** Public Health Wales is an organisation that provides a diverse breadth of public health activities, services and functions. In January and February 2020, as it mobilised the majority of its staff across the organisation into the response, this resulted in the need to suspend the majority of non- Covid-19 activity.
264. In relation to its national population screening programmes, on the 18 March 2020, and following risk assessments and discussions with Welsh Government officials, Public Health Wales wrote to the Welsh Government **[EXHIBIT TC217 INQ000056346]** recommending the temporary suspension of Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. Antenatal Screening Wales, Newborn Bloodspot Screening and Newborn Hearing Screening programmes were not paused as these all have short window of intervention and can prevent impactful complications for newborns and these continued throughout the pandemic. The recommendation considered the Welsh Government announcement of plans to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resource to support the pandemic; and UK Government guidance to stop non-essential social contact and travel. Welsh Government officials confirmed their acceptance of the recommendation and a proactive press release was released on the 20 March 2020 which included a quote from the Minister for Health and Social Services. As Covid-19 cases started to reduce from May 2020, plans to reinstate Covid-19 safe screening pathways against agreed criteria were implemented and the risk based, and phased implementation of the paused programmes started from June 2020.
265. Public Health Wales continued to provide the Help Me Quit smoking cessation national call centre in order to provide such support to people in vulnerable times.
266. In order to undertake key work in relation to the broader direct and indirect population health harms resulting from Covid-19, whilst it did not have the required staff available

to focus on this area, Public Health Wales released considerable investment in order to commission activities of work and bring additional staff in to undertake rapid work in this area. It established a Population Health Group in August 2020 in order to focus on the broader population health harms, and it produced and published a series of key reports in relation to the broader harms through the pandemic.

267. Public Health Wales commenced a programme to risk assess the reactivation of its activities, services and functions, and from June 2021, its remaining public health functions were gradually reactivated over the following three months as staff were repatriated back to their former roles.
268. Reflecting on the impact of lessons learned by Public Health Wales through decisions made by the Welsh Government, it has identified two key outcomes. Firstly, the creation of a single point of contact for communications or requests from the Welsh Government which allowed it to ensure the right personnel were involved in responses. Secondly, it decided to formalise the provision of advice to the Welsh Government from October 2020; this allowed it to succinctly collate advice from different sources within the organisation and assist in keeping a record of advice provided.

Public Health Communications

269. In discharging the organisation's duties under the Civil Contingencies Act [2004], Public Health Wales has a longstanding role pre-dating the Covid-19 pandemic in developing and communicating public health messaging relating to emergencies including outbreaks and incidents of communicable disease.
270. The messaging and communications approach are agreed jointly between the organisations involved in multi-agency planning and response through local resilience fora (planning) and Strategic Coordination Groups (response).
271. Specifically in relation to communicable disease prevention and control, in line with the Communicable Disease Outbreak Plan for Wales (latest version July 2022) **[EXHIBIT TC218 INQ000056347]**, messaging and communications approach are agreed jointly between the organisations involved in a multi-agency Outbreak Control Team. Throughout the course of the pandemic, Public Health Wales used the latest Communicable Disease Outbreak Plan for Wales in place at the time. At the outset of

the outbreak this was the version published April 2014, this was updated in July 2020, and again in July 2022. We used the principles of the plan in relation to Covid incident management and shared lessons learnt for example, the Two Sisters food plant outbreak in July 2020 as per **EXHIBIT TC219**.

272. Communication channels for these activities can include public-facing communications through media and digital channels, direct communications with affected members of the public, as well as communications for stakeholders including government, other elected officials, local health boards, local authorities, emergency services, other partners and employers.
273. During the pandemic, Public Health Wales' marketing and communication activity was coordinated with the Welsh Government by email, and through meetings between Public Health Wales Communications and Welsh Government Communications officers.
274. During the specified period, Public Health Wales used advertising campaigns, social media, joint press conferences with the Welsh Government and stakeholder communications to convey public health messages.
275. Its role was in communicating to stakeholders and the public what actions they should take to mitigate the harms of Covid-19. All messages were aligned to the Welsh Government regulations in force at the time.
276. Public Health Wales had a role in delivering the following:
 - a. A daily web statement relating to the overall pandemic, and specific outbreaks and incidents around Wales. Initially the statement was circulated to Welsh Government officials in advance for comment, and later the statement was discussed at daily meetings with Welsh Government's communications team. From the 12 March 2020, updates on the number of Covid-19 cases in Wales were published as part of the daily statement, with the agreement of the Welsh Government. From the 6 April 2020, updated covid-19 case numbers and the numbers of people who had died were reported on the Public Health Wales surveillance dashboard.
 - b. During the first wave, Public Health Wales produced public health protection posters for ports, primary care settings, health and social care

settings. The information was regarding advice for travellers from specific destinations, or those showing symptoms of Covid-19, and replicated the latest information at the time from the Department of Health and Social Care in England.

- c. “Wash your hands” messaging campaign in line with the UK government (1 February 2020 to the 27 March 2020)
- d. In partnership with the Welsh Government, a “Stay at Home” messaging campaign (27 March 2020 to the 27 April 2020).
- e. *How Are You Doing* well-being campaign to address the negative impact of Covid-19 on the mental, physical and social well-being of people in Wales. The campaign included TV, radio and social media advertising (14 April to 31 May 2020). This remained an ongoing web resource.
- f. An advertising campaign to encourage pregnant women to get the Coronavirus vaccine, as evidence shows that pregnant women are at a higher risk of severe illness and hospital admission compared to non-pregnant women (October 2021).
- g. Press releases to the media relating to the overall pandemic, and specific outbreaks and incidents around Wales.
- h. Social media content including:
 - i. Daily updates on the number of cases and deaths in Wales.
 - ii. Activity to encourage Covid-safe behaviours as restrictions eased after the second wave.
 - iii. A fortnightly questions and answer video series called ‘Ask the Expert’ enabling two-way conversations between members of the public and its Public Health Experts.
 - iv. Content tailored to vulnerable groups that promoted the mental health sources of support available to them. This included telephone helplines and online courses.
 - v. Activity in support of specific campaigns.
 - vi. WhatsApp messages for hard to reach groups.
 - vii. Supports Welsh Language interviews as part of the Chief Medical Officer for Wales announcements and press conferences.
- j. Support from Public Health Wales’ spokespeople for Technical Briefings with media partners, coordinated by the Welsh Government. Vaccination advertising campaign to promote accurate and reliable information about the flu vaccine with eligible audiences (September 2020).

- k. Vaccination advertising campaign to promote accurate and reliable information flu and Covid-19 vaccines with eligible audiences (September 2021).
 - l. Development of specific messages and materials for dissemination through a network of community leaders and stakeholders across the third sector.
 - m. Regular e-bulletin going for Public Health Wales' external stakeholders.
277. Public Health Wales engaged in public health messaging relating to a wide range of Wales specific issues. These included communications relating to specific clusters, incidents and outbreaks of Coronavirus in Welsh settings; communications relating to Wales-specific restrictions introduced by the Welsh Government; communications relating to Wales-specific surveillance, testing and diagnostics arrangements; communications relating to the impact of the pandemic on our own population-based screening programmes; communications relating to Wales' role in the development of vaccines; communications relating to the impact of the pandemic on services in the Welsh NHS; communications to encourage safe behaviours during Wales-specific events, e.g. sporting events (organic social media posts shared through stakeholder channels).
278. In order to counter misinformation; Public Health Wales undertook:
- a. Moderation of comments in response to its own social media posts, including deleting posts and blocking social media users who were spreading disinformation
 - b. Media and public communication advising people to use only trusted sources of information, and to beware of scam emails and misinformation leaflets
 - c. Publication of a Public Health Wales guide for Welsh public sector communications teams and people working in social media to help them deal with disinformation
 - d. The commissioning of a specialist misinformation communications consultancy to produce moderation process and guidelines for tackling mis/disinformation specifically relating to the rollout of Covid-19 vaccinations to pregnant women. This strategy was then adopted for all social media content on its channels.
279. In order to monitor the effectiveness of Public Health Wales messaging, full evaluations were conducted following campaigns delivered by Public Health Wales. Evaluation

methodology varied but included analysis of the number of engagements with campaign content on social media, evidence that campaign messaging had reached its intended audience and evidence of increased awareness where possible.

- 280. Media engagement was evaluated where possible by reviewing resulting news coverage to ensure that key messages were carried, and that coverage was proportionate to the risk.
- 281. Stakeholder feedback relating to Public Health Wales communications was monitored through routine/normal stakeholder channels, i.e. Meetings with the Welsh Government, health board heads of communications, Public Health England.
- 282. In terms of what worked and what did not work in the context of public health messaging, Public Health Wales has the following observations;

a. What seemed to work well:

- i. The publication of a daily statement was an effective way of meeting media and public demand for information relating to the Covid-19 pandemic in Wales
- ii. Setting up a dedicated social media cell to respond to engagements from members of the public
- iii. Co-ordination/planning with central Welsh Government communications team
- iv. Digital insights such as social listening as well as feedback from the social media cell were key to helping shape our proactive social media content. It was able to track trending themes or topics and it produced proactive content to add value
- v. Enabling two-way conversations with members of the public through regular Questions and Answers sessions with its Public Health experts
- vi. Working with trusted partners and influencers to disseminate public health messages via trusted voices in local communities and running its own stakeholder events
- vii. The creation of a WhatsApp group of key, primarily third sector, stakeholders in order to disseminate 'easy share' messaging relating to the pandemic and later, the Covid-19 vaccine, via trusted voices in local communities

- viii. Guides relevant to communications produced by Public Health Wales' Behavioural Science Cell – for example 'Using behavioural science in public communications to prevent transmission of Covid-19' – were valuable in producing effective messaging and materials.

b. What did not work as well / could have been improved:

- i. Translation services and accessibility – it could have done more to make its information accessible to more people. For example, people whose first language is not English, or for people with hearing / sight loss, or other accessibility requirements.
- ii. Qualitative evidence gathered from its social media channels indicated that at times where the regulations or policies differed between England and Wales, some members of the public were confused. At times, Public Health Wales monitored some comments on social media noting divergence in public health advice between Wales and England.

283. Public Health Wales has not monitored any evidence that different messaging by the UK Government or other devolved administrations impacted on the clarity of messaging specific to Wales.

284. Specialist behavioural science-informed advice was given in mainly responsive ad-hoc form in the early stages of the pandemic by its Behavioural Science Unit. Public Health Wales established a small Behavioural Science Support Cell in mid-June 2020 (see below), at a time of extreme operational pressure, to gather and use behavioural science approaches and techniques to optimise the health protection response. Prior to this, existing collaborative working relationships resulted in ad hoc conversations between Public Health Wales professionals and the Welsh Government policy leads on advice to inform the Welsh Government public communications in relation to lifestyle behaviours and current public health risks and programmes, in the context of Covid -19. An example is on 1 May 2020, a Welsh Government policy lead requested advice in relation to smoking behaviours and Covid-19 [**Exhibit TC220, Exhibit TC221, Exhibit TC222**]. The Public Health Wales specialist team response provided advice / evidence on the impacts of Covid-19 on people who smoke and recommendations for clinicians to encourage patients to quit.

Exhibit TC220
INQ000191794
Exhibit TC221
INQ000191797
Exhibit TC222
INQ000191798

285. The Behavioural Science Support Cell contributed to improving the impact of messaging; the operation of services for health protection, and a safer recovery; and development of policy options. The tasks of the cell included:

- a. Bringing together expertise in evidence, research and evaluation, behaviour change, and communication from across the organisation
- b. Facilitating/undertaking behavioural systems mapping, around agreed priority public health protection behaviours
- c. Actively contributing to the provision of expert health protection advice around the contact tracing activity of health boards and local authorities
- d. Developing test and learn processes to iterate and improve behaviour change elements of health protection interventions.
- e. Liaising with and share lessons with behavioural science experts across the UK and Internationally in relation to incident response
- f. Providing support and advice in relation to Test Trace Protect and Keep Wales Safe campaigning. In the main this occurred as inputs to the Risk Communication and Behavioural Insights Subgroup of TAG.

286. More proactive project work to apply behavioural science to public messaging included the development of the 'How are you doing?' public web resource and associated campaign in April 2020, and a workshop for Welsh Government communications teams on using behavioural insights. A workshop with the Welsh Government Communications team was held on 16 June 2020. This short, remotely delivered (Skype) session used a worked example (face mask use on public transport) to consider how to systematically apply behavioural science to optimise public messaging. PowerPoint slides were used to talk through potential objectives, barriers, consequences and framing. **[Exhibit TC223]**. The workshop resulted from discussions with the Welsh Government Communications team colleagues and was organised by colleagues in Public Health Wales' Health and Well-being Division. No minutes/ actions from the workshop were recorded.

Exhibit
TC223INQ000191799

287. Previous plans to further develop behavioural science capacity in Public Health Wales were disrupted by the pandemic response, and re-established in mid-2021, with the launch of a Behavioural Science Unit in May 2022 **[Exhibit TC224, Exhibit TC225]**.

Exhibit
TC224INQ000191800
Exhibit
TC225INQ000191801

288. From July 2020, a Risk Communication and Behavioural Insights Sub-Group of Technical Advisory Group provided the main channel for coordinating and applying behavioural science to the overall pandemic response. Professor Ann John of Swansea University chaired this from July 2020, and Public Health Wales staff were members. Public Health Wales' Director of the Behaviour Science Unit took on the co-chair role in June 2021.
289. The group provided strategic advice at key points in the pandemic; informed the regular (21d) reviews of regulations and interactions of the Coronavirus Control Plan; contributed to topic specific advice and facilitated real-time discussions on a wide range of priority issues, particularly with Welsh Government communications leads.
290. Public Health Wales behavioural science expertise and advice contributed to: Test, Trace and Protect impact through work on scripts and training call handlers; optimising vaccine uptake – segment specific and population-wide; work around barriers to distancing in healthcare staff; issuing a mis- and dis-information guide and training; and carrying out empirical research as mass test events were operated, with direct observation of adherence to COVID-safe behaviours at two events, in collaboration with Bangor University.
291. Throughout the period there was regular liaison with behavioural science colleagues working in the UN (International Covid-19 Behavioural Science and Policy Group), WHO (Risk Communication and Community Engagement ad-hoc group) and weekly conversations with those engaged in similar activity in the UK home nations (and for a period of time, the Republic of Ireland).

The Public Health and Coronavirus Legislation and Regulations

292. Public Health Wales was approached for comment on whether Covid-19 should be made a notifiable disease and it responded confirming its agreement. The request was received from the Chief Medical Officer for Wales' office. Copies of correspondence exchange are attached [**EXHIBIT TC23 and EXHIBIT TC24 as above**].

Exhibit
TC23INQ000191804
Exhibit
TC24INQ000191805

293. Public Health Wales had no involvement in the drafting of the Coronavirus Act 2020. However, in February 2020, the Welsh Government shared with Public Health Wales new Health Protection (Coronavirus) Regulations 2020 and asked for its advice on their

adoption in Wales. Public Health Wales advice to Welsh Government was as follows:
"There are four possible approaches that could be taken in Wales. The Welsh Government could:

- Decide not to introduce the regulations and rely on existing public health legislation.*
- Strengthen existing instruments, for example, Part 2A Orders.*
- Adopt and apply the regulations in Wales without amendment.*
- Amend the regulations before applying in Wales to ensure their appropriate use as 'powers of last resort'.*

Each of these approaches has practical implications that would need to be carefully assessed and planned if the regulations are to be implemented. Should Welsh Government support the need for a review of the regulations to assess the possible approaches, their effects and the implications for implementation then Public Health Wales would be happy to provide support."

294. The Welsh Government introduced the Health Protection (Coronavirus) Regulations on 26 March 2020. In relation to the appropriate use of 'powers of last resort', the Welsh Government followed the course of action described in the second bullet point above **[EXHIBIT TC27 as above]**.

Exhibit
TC27INQ000191808

295. On the matter of the Welsh Local Government Association, Public Health Wales has always worked collaboratively with the Welsh Local Government Association. Regarding the Health Protection (Coronavirus) Regulations, the WLGA designated a co-ordinator to work with us to develop an amended protocol for implementation. Public Health Wales did not provide advice to individual Local Authorities.
296. In a briefing note prepared by Public Health Wales for the Welsh Government **[EXHIBIT TC226 INQ000056348]**, it noted that the new regulations being introduced in England only applied to a specified infectious disease (2019-nCoV) that constitutes a "serious and imminent threat to public health" and the instrument was made without a draft being laid before, and approved by a resolution, of each House of Parliament and this was justified by "reason of urgency". The briefing from Public Health Wales drew attention to the human (public) health, professional, organisational and societal issues raised by the regulations. The note also reminded the Welsh Government of the existing legislation in place in Wales and the option of using existing powers, Health Protection (Part 2A Orders) (Wales) Regulations 2010, with enhancement to the

process for its use, to acknowledge the “urgency” expressed in the Health Protection (Coronavirus) Regulations 2020.

297. Following receipt of this advice, Public Health Wales agreed with the Welsh Government to develop amendments to the protocol in place for the use of existing regulations in Wales, specifically to enable them to respond to the “urgency” associated with Coronavirus. Over the course of a month, Public Health Wales developed and agreed a new protocol for the use of Part 2A Orders, following legal scrutiny and by agreement with the Chief Magistrate, Health Boards and Local Authorities in Wales.
298. Public Health Wales implemented a regular public survey to examine compliance with the legislation and regulations as well as other population health and well-being issues throughout the pandemic. The survey aimed to question a representative sample of the general public across Wales every two weeks initially, with periods later in the pandemic using a three or four weekly interval. The survey typically accessed around 600 people aged 18 years or over in each sample. The trends by month are identified in the attached report. However, the causes of changes in such measures are likely to be multi-faceted and so it is difficult to pick out or attribute any specifically linked to alleged breaches of the legislation and regulations by Government officials either in Wales or the UK more widely or linked to individual events or incidents.

Recovery Planning

299. Shortly after the peak of the Omicron wave of the pandemic in Wales, Public Health Wales began to develop its thinking on the communicable disease control plan for a Covid-19 endemic, with a view to transition from pandemic to endemic response.
300. The Public Health Wales Lead Executive Director shared their initial thinking regarding an endemic response plan at a meeting of the Public Health Wales Chair and Chief Executive with the Minister for Health and Social Services on the 17 January 2022.
301. The Minister requested that Public Health Wales work closely with the Chief Medical Officer for Wales to develop a plan of action to move towards a ‘Living with COVID’ plan, focussing on three key elements:
 - a. The communicable disease element and pandemic preparedness/readiness:

- i. Diagnostics and Therapeutics
 - ii. Surveillance and Evidence
 - iii. Prevention and Control
 - b. The burden of disease element (and clinical risk for, and in, the population)
 - c. The broader population harms to health and society.
302. Public Health Wales' Chief Executive sent an email to the Chief Medical Officer for Wales on 21 January 2022 to initiate the work [EXHIBIT TC227 INQ00056349].
303. A meeting was organised for Public Health Wales and Welsh Government officials to discuss this further on the 27 January 2022, culminating in a note drafted by Welsh Government officials to inform the Minister of progress.
304. Internally, within Public Health Wales, a task and finish group (the COVID Transition Group – CTG) was established by the Lead Executive Director to develop the communicable disease control element of the 'Living with COVID' plan – the endemic response plan. The group held its inaugural meeting on 25 January 2022, bringing together representatives from across Public Health Wales to contribute.
305. The endemic response plan focussed on three key areas of development:
- a. Diagnostics and Therapeutics
 - b. Surveillance and Evidence
 - c. Prevention and Control.
306. A lead(s) was identified for each of these areas – these leads were also subject matter experts for the theme. The theme leads co-ordinated input from across the organisation and other subject matter experts.
307. An initial draft presentation of the endemic response plan was shared with Directors of Public Health on the 7 February 2022 for comments, in advance of a presentation to the Welsh Government COVID Transition Group on the 8 February 2022. The Public Health Wales thinking helped to inform the Welsh Government transition plan, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic' which was published on the 4 March 2022.

308. A working draft of the Public Health Wales Communicable Disease Control Plan for endemic response continued to be developed by the CTG.
309. The Public Health Wales Communicable Disease Surveillance Centre Lead developed a business case for respiratory disease surveillance, including proposals for monitoring levels of infection in high-risk settings, such as care homes and hospitals, and in the community through sentinel surveillance networks in primary care and pharmacies. This was submitted to the Welsh Government on the 14 June 2022 for consideration. The business case was in response to the significant changes in the testing strategy and response to COVID-19 that occurred in 2022 (dropping of PCR testing, restricting of Lateral flow testing) across the UK. With the removal of mass community testing, all nations needed a new plan for surveillance; during the pandemic, surveillance had relied heavily on this mass testing via PCR and lateral flow. The planning also drew on guidance from WHO on integrating respiratory surveillance following the pandemic. The surveillance plan was developed as part of wider work to move from pandemic to endemic response. The 'Living with COVID' plan was first discussed with the Minister for Health and Social Services, Eluned Morgan, on 17 January 2022, and further developed with Welsh Government officials, including the Chief Medical Officer for Wales. The key elements of the plan were 'Diagnostics and Treatment', 'Surveillance and Evidence', and 'Prevention and Control'. Public Health Wales prepared a draft surveillance plan as part of the 'Living with COVID' plan, setting out a proposal for an integrated surveillance plan for SARS-CoV-2 and other respiratory infections. The draft plan was presented to a Welsh Government-led COVID transformation board, the COVID Intelligence Group and the Technical Advisory Group before being developed into a business case, which was submitted to the Chief Medical Officer for Wales and Director of Health Protection in Welsh Government on 14 June 2022. The business case was considered by Welsh Government officials and initial feedback was provided by the Director of Health Protection on 29 June 2022. There was agreement of the need to establish an effective surveillance system to provide timely information to aid effective risk assessment and risk management decisions to reduce harm from respiratory viruses. Clarity was sought on aspects of the business case, including demonstrating value, impact of not funding options, such as serosurveillance, operationalisation of school surveillance, and public communication of surveillance data. Public Health Wales responded to the comments on 1 August 2022 and in response the Director of Health Protection provided an early indicative request to prioritise community sentinel and SARI surveillance for the coming months. Funding was confirmed by Welsh Government on 16 September 2022, providing part-year

funding for Sentinel GP surveillance, Sentinel Care Home surveillance, Sentinel SARI network, Network engagement training and resources, and for genomic sequencing. On 23 January 2023, full funding for integrated respiratory surveillance and COVID testing was allocated 2023/24 on a non-recurrent basis.

310. With regard to 'A Review of the Health and Social Services Group Response Structure to COVID-19', dated 29 September 2020 (September 2020 Report), which has been disclosed by the Welsh Government to the UK Covid-19 Public Inquiry Team, Public Health Wales has not been able to find evidence that we received this report at the time it was written. We have provided comments to the specific paragraphs highlighted by the Inquiry Team. However, it should be noted that this report was drafted in September 2020 and reflects the Welsh Government's reflections on operating arrangements during the early period of Wales' response. As a result, it reflects a point in time where arrangements were developing to meet an evolving and rapidly escalating situation. We can confirm that we were in ongoing communication with the Welsh Government throughout the pandemic period, with regular reflections on improvements to be made whilst working together.

- 3.11 With reference to the specific paragraphs of the September 2020 Report highlighted by the UK Covid-19 Public Inquiry Team, I note the following:

- a. In relation to paragraph 1.12, Public Health Wales was aware of the use of multiple dashboards for different purposes during the Covid-19 response. These dashboards were developed by multiple organisations, including Public Health Wales, the Welsh Government, and the UK Government – the latter of which is still currently publicly available.

Public Health Wales developed its own dashboard with multiple tabs of information, which was informed on an evolving basis by requests for the publication of further information from the Welsh Government and other key stakeholders. At the request of the Welsh Government, Public Health Wales also shared some data flows of Covid-19 surveillance information with the Welsh Government on a daily basis. Similarly, at the request of the UK Government, Public Health Wales shared some data flows of Covid-19 surveillance information with UK Government on a daily basis and continues to do so.

- b. With regards to paragraph 2.2, and in relation to communications protocols, respective organisational roles (e.g. Welsh Government and Public Health Wales) were agreed and articulated within Communications Plans. An example exhibit has been provided within this response (**EXHIBIT TC42a** above). Mechanisms were in place, as reflected in responses to other parts of the Welsh Government report, for the raising and escalation of any issues/concerns.
- c. In relation to paragraph 3.7, both in hours and out of hours mechanisms were in place throughout the pandemic between the Welsh Government and Public Health Wales to respond to urgent queries. This included through our emergency response arrangements (e.g. key roles such as lead Strategic Director, Incident Director and formal organisational groups such as Gold and the Incident Management Team). In addition, regular meetings were also held between Welsh Government Officials and Public Health Wales and escalation arrangements were in place, if required, to deal with any issues that arose.

While no specific examples are provided within the September 2020 Report, it is possible that there may have been some delays in responding to requests. This is likely for a number of reasons, including the need to develop an agreed public health position/response to queries raised or the practicalities of managing multiple requests. However, Public Health Wales was assured that arrangements were in place for any issues of concern to be resolved (or escalated if required) and endeavoured to respond as promptly as possible within the context of an emerging pandemic response.

- d. In relation to paragraph 3.13, and as set out in response to paragraph 3.7 of the September 2020 Report, arrangements were in place for the management of requests. While no specific examples are provided, it is possible that there may have been some delays in responding to requests. This is likely for a number of reasons, including the need to develop an agreed public health position/response or the practicalities of managing multiple requests. When responses were finalised and internally quality assured, responses (including media queries) were provided to stakeholders, including the Welsh Government. Information on the

communications protocol, including roles and responsibilities, is provided in response to paragraph 2.2 of the September 2020 Report.

312. From the beginning of the pandemic, Public Health Wales played a key part in the system-wide effort to respond effectively to the challenges that Wales faced from Covid-19. The organisation also recognised, from an early stage, the impact of the broader and longer-term implications for the people of Wales. Throughout this, its staff worked above and beyond, demonstrating their professionalism and expertise as they have worked tirelessly to protect the public and support Wales' response to Covid-19. They have done this in the context of fundamental societal change, and while balancing the responsibilities of family, friends and to themselves. I would like to take this opportunity to thank them enormously for their unrelenting dedication and commitment.

Statement of Truth

I believe that the content of this corporate witness statement is true to the best of my knowledge and belief.

Signed:

Personal Data

Dr Tracey Cooper – Chief Executive of Public Health Wales

Dated: 1 August 2023